

AMSAODD NEWS

American Medical Society on Alcoholism & Other Drug Dependencies

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AMSAODD Sponsors 1st National Conference on Nicotine Dependence

To anyone in the chemical dependency field, the scene is familiar: a church basement decorated with AA posters, slogans, and literature. A long table surrounded by folding chairs. At each place, a styrofoam coffee cup, an opened pack of cigarettes, an overflowing ashtray ... and a sober alcoholic.

Thousands of Alcoholics Anonymous meetings are held worldwide every day. Over a million people are "clean and sober" in AA, yet an estimated 75% to 90% of recovering people smoke cigarettes.

This includes chemical dependency counselors. And even some physicians.

CD treatment usually avoids the issue of tobacco dependence. But AMSAODD physicians have been increasingly aware that the entire field should address the diagnosis and treatment of nicotine addiction, and smoke-free issues. That is why AMSAODD sponsored the First National Conference on Nicotine Dependence Sept. 22-25 in Minneapolis. Co-sponsor was the Minnesota Smoke Free 2000 Coalition. Of the over 300 participants from 41 states, nearly half were physicians, as were half the presenters.

The conference offered a kaleidoscope of nicotine-related presentations: history, pharmacology, diagnosing nicotine dependence, nicotine withdrawal and detox, insurance, smoke-free CD units, smoke-free medical centers, smoking cessation (inpatient, outpatient, clinics, group and individual counseling, concurrent with alcoholism treatment, separate from alcoholism treatment) and legislation. SA (Smokers Anonymous), AA, and Al-Anon meetings were held at the hotel mornings and evenings.

According to keynoter Ronald Davis, MD, director of the U. S. Office of Smoking and Health, 77% of smokers say they would like to quit.

Until March 1, 1985, no alcoholism treatment facility in the U.S. was known to be smoke-free. Then Alina Lodge in Blairstown, New Jersey, famous for its long-time success in

treating the "reluctant alcoholic," became the first.

Its policy now includes no smoking while patients are on therapeutic leave, "just as we expect there to be no drinking or drugging while on leave," declared director Geraldine O. Delaney. In her speech at the conference, she said that "coming off cigarettes is no different than coming off any mood- or mind-changing drug," and that continued recovery from nicotine addiction includes "not trying even one puff, associating with non-smokers, learning deep breathing and other exercises, breaking up habit patterns associated with smoking, cleaning up reminders of smoking and repairing damage around the home done by smoking, attending non-smoking meetings of AA, NA, OA, and finding a support group for non-smoking." Mrs. Delaney further recommends that a person "get rid of all the cigarettes in your house, just as I hope you removed all the alcohol and pills when you quit drinking and using. Spray your house, your closets, your clothes, your car, to get rid of the cigarette smell."

Why are most alcoholism treatment centers reluctant to go smoke-free?

Among the typical excuses:

- we can't afford to have that many empty beds;
- the smokers on my staff might quit;
- it's dangerous to take "everything" away too soon from a recovering alcoholic/addict;
- we can't risk relapse: a recovering person who craves a cigarette might pick up a drink or other drug instead;
- our facility might try it after we see what happens at some of the smoke-free CDU's;
- it's part of our long-term plan. We'll be smoke-free in about five years;
- we do *restrict* smoking! There's none allowed during: group ... individual therapy ... lectures. They can't smoke in: bedrooms ... dining areas ... TV lounge areas ... some staff offices ...

How valid are these excuses?

An AMSAODD tobacco subcommittee chaired by R. Jeffrey Goldsmith, MD, of Cincinnati, surveyed 19 smoke-free chemical dependency units. Dr. Goldsmith reported to the conference that institutions do indeed frequently fear that "patients will refuse admission and go elsewhere if they cannot smoke."

(cont. on p. 2)

(Cont. from p. 1)

Yet, over the course of a year, only "occasional staff" quit work in any of the 19 CDU's due to their inability to stop smoking. And, very few patients refused admission because of a facility's no smoking policy. More than half the CDU's told this committee that the best time to ask alcoholics to quit smoking is during detox from other chemicals. Four CDU's, however, suggested "spreading over time." Most had no program for nicotine dependence.

For a CDU to go smoke-free, it was reportedly helpful to have the "strong opinion of a strong leader." Other cited aids: "changing attitudes toward passive smoke," "physician pressure," "concern for nicotine dependence," and "staff pressure."

In describing a study of recovering alcoholics who had quit smoking, Janet Bobo, MSW, of Seattle, said: "The two most frequently used strategies were reliance on the principles of AA and finding a buddy for moral support." She agreed with others that "alcoholism treatment personnel traditionally have been wary of directly urging the recovering client to give up smoking. One concern is that the stress of nicotine withdrawal might precipitate a drinking relapse," and that "little research has been done on this question."

Conference chair Richard D. Hurt, MD, who is director of the Smoking Cessation Center at the Mayo Clinic, said that the Mayo Medical Center in Rochester, Minnesota, went smoke-free in 1987 "with a limited exception permitted in a few specified common areas available only to psychiatry and chemical dependency inpatients." Mayo psychiatrists reportedly felt that it would be too difficult for these patients to stop smoking while hospitalized for other stressful things. This has long been a general view held by treatment personnel in the CD field.

The role of the tobacco industry was reviewed by John Slade, MD, of New Jersey. He is chair of AMSAODD's tobacco committee.

"Tobacco has caused the greatest epidemic of the twentieth century," declared Dr. Slade in a speech at the conference. He said that "measures by the tobacco industry to maintain cigarette sales in the face of compelling evidence of harm" include:

--pushing filter cigarettes in the early 1950s, in response to evidence that smoking causes lung cancer. "It took only about five years for filter cigarettes to get half the market," said Dr. Slade.

--producing so-called "low tar, low nicotine" cigarettes in the mid-1960s, in response to the U. S. Surgeon General's 1st Report on Smoking, which officially warned of health hazards from tobacco. Dr. Slade said that these cigarettes were designed to discourage smokers who are concerned about their health from quitting, and to make "continued nicotine dependence more acceptable."

--in the face of ever-greater evidence of harm from smoking, particularly the 1986 and 1988 U. S. Surgeon General's Reports on Smoking, which concluded respectively that secondary smoke is a cause of lung cancer, and that nicotine is

highly addictive, tobacco companies searched for a "socially acceptable product" to be an alternative nicotine delivery system. The one delivered by the R. J. Reynolds Company, called *Premier*, is "the most sophisticated and the best financed."

Premier, an inhaler, was scheduled for test marketing as a cigarette in St. Louis, Phoenix and Tucson in early October.

"If it is marketed as a cigarette," Dr. Slade warned in his speech, "Premier will make it more difficult to bring under control the terrible epidemic of disease and death caused by tobacco."

The conference generated a large number of questions. Physicians in the chemical dependency field will be interested in one posed to *AMSAODD News* by the director of a small extended care rehab in Rochester, Minnesota. June Davis of The Gables, which has a "long-term plan" to go smoke-free, asked: "Do any CD facilities give a pulmonary function test as part of the general medical checkup for primary treatment? And if impairment is found, how is the patient's smoking handled?"

Tapes of the conference are available from: Infomedix, 12800 Garden Grove Blvd, Ste F, Garden Grove, CA 92643. Phone toll-free: 800-367-9286. In California: 800-922-9286.

UNIVERSITY OF MINNESOTA Minneapolis

Dept. of Psychiatry seeks a **Psychiatrist** to fill a faculty position as assistant professor with a probationary appointment towards tenure. The position entails commitment to research and training. The successful applicant will share with other faculty members responsibility for a treatment team involved in the care of psychiatry, especially substance abuse disorder, and cross cultural psychiatric care. This team, in addition to treating patients, has the responsibility of training residents, medical students, and psychology interns.

Applicants should be board eligible, with demonstrated interest and ability to do psychiatric research. The University of Minnesota is an equal opportunity educator and employer and specifically invites and encourages women and minority applicants.

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Joseph Westermeyer, M.D.
UMHC Box 393
University of Minnesota Hospitals
Minneapolis, Minnesota 55455

ABOUT AMSAODD

New Executive Director Sought

Emanuel Steindler has announced that he will retire as executive director of AMSAODD after January 1, 1989, because he wants to pursue, as a consultant, "editing, writing, and networking with other organizations, on behalf of AMSAODD and other medical and health organizations."

When Steindler joined AMSAODD in January 1987, the society had fewer than half its current 3,400 members; had just given its first Certification Examination and first Review Course; had no seat in the AMA House of Delegates; had just begun to publish this newsletter; had not yet staged national AIDS or Nicotine Dependence conferences; sent out no regular press releases.

One of Steindler's major accomplishments was helping AMSAODD win a seat on the AMA Board of Delegates last June.

"I've enjoyed this job very much and hope to continue serving the organization in capacities that would make best use of my attributes and skills," Steindler said. "AMSAODD has now grown to the extent where it needs additional administrative help." Steindler will continue in his present position until a new director is found.

"AMSAODD's executive director is responsible for implementing the society's policies in public affairs, certification and professional education," Steindler told *AMSAODD News*. Other duties include fiscal management, financial resource development, membership retention and expansion, public and professional communication, liaison within AMSAODD (board, the 30 committees, and staff) as well as with other organizations.

The AMSAODD Search Committee wants a candidate with a minimum five years' management experience. A degree in business administration or health sciences (this could of course include an M.D.) or related areas, is essential. Association experience in chemical dependency is desirable.

Advertisements were scheduled to run in October in half a dozen national publications, including CD trade, general health, and prestigious daily newspapers.

Anyone interested in applying for this position may send a resume, and a letter indicating salary history and pertinent skills, attributes and accomplishments, to:

AMSAODD, 12 West 21st St, New York, NY 10010.

AMA Alternate Delegate

David E. Smith, MD, has been appointed by AMSAODD president Margaret Bean-Bayog, MD, to be AMSAODD's alternate delegate to the American Medical Association's House of Delegates. Jess Bromley, MD, is the AMSAODD delegate.

New Books:

Keeping Hope Alive: Proceedings of the 2nd Annual Forum on AIDS and Chemical Dependency [sponsored by AMSAODD Feb. 1988 in Phoenix] (Manisses Communications Group, PO Box 3357, Wayland Sq, Providence, RI 02906-0357)

Warning Signs: A Parent's Guide to In-Time Intervention in Drugs and Alcohol Abuse by William C. Van Ost, MD, and Elaine Van Ost (Warner Books)

Reminder: Med-Sci Abstracts Due Nov. 10

AMSAODD's 20th Annual Medical-Scientific meeting will be April 27-30 at the Hyatt Regency in Atlanta. The conference will also mark the 35th anniversary of AMSAODD's founding.

The special abstract forms were sent to all AMSAODD members, and are also available from conference manager Louisa Macpherson, phone (203) 227-7084.

Deadline for receipt of abstracts is Nov. 10.

Accepted abstracts will be presented in either oral (track) or poster sessions; accepted abstracts will be considered for publication in *Alcoholism: Clinical and Experimental Research*.

The deadline to submit courses and workshops was Oct. 10.

Conference registration forms will be sent to the AMSAODD membership in mid-January, 1989.

Nominations for Board, Regional Directors, by Dec. 28

Three of the seven AMSAODD Board seats for director-at-large will be open for election or re-election by the membership this winter. The seats are currently held by Drs. Marc Galanter and Stanley E. Gitlow of New York City, and David E. Smith of San Francisco.

AMSAODD officers (president-elect, secretary, treasurer) and five regional directors will also be elected or re-elected: officers and the three directors-at-large for two years, regional directors for four.

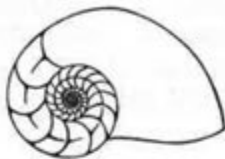
Although the Nominating and Awards Committee, chaired by Max A. Schneider, M.D., will propose candidates, AMSAODD members are also welcome to submit nominees. For an officer or a director-at-large, a nominating petition needs 25 signatures of active members.

A regional director can be nominated by a state chair or by petition of at least 10 AMSAODD members from that region. The regional directors whose current terms are expiring are Drs. Charles S. Lieber (I), Anthony B. Radcliffe (II), Al J. Mooney III, (V), Donald M. Gallant (VII), and Joseph C. MacMillan (IX).

Deadline for receipt of nominations is December 28, 1988. AMSAODD has no formal petition for this; just send a letter with the signatures to AMSAODD headquarters in New York.

Ballots will be mailed to the membership in mid-February. Deadline for receipt of ballots will be March 28. Election results will be announced at the AMSAODD Annual Breakfast Meeting Friday morning, April 28, in Atlanta.

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This beautiful community offers a progressive, culturally rich lifestyle within a rural environment. Located in Vermont ski country, both downhill and cross country skiing are popular. There are five excellent colleges within a one hour drive. Both the local public and private school systems are well regarded. The area is very stable economically, containing primarily service oriented industries. This is an excellent area to develop all aspects of your life.

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Patricia Kassel
Psychiatric Placement Specialist

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CONFERENCE DIGEST

IDAA ANNUAL MEETING

International Doctors in Alcoholics Anonymous' 39th Annual Conference drew 760 registrants to Baltimore's inner harbor area August 3-7. Conference Chair was Dr. Joe. C.

AMSAODD co-sponsored a one-day CME program, "The Family, Adult Children, and Recovery." Chaired by Maxwell N. Weisman, MD, the speakers were Joseph Cruse, MD, Sharon Wegscheider-Cruse, Charles L. Whitfield, MD, and Mary Jackson.

Dr. Whitfield, author of "Healing the Child Within," said that a chemical dependent should be in recovery for six months to three years before beginning any therapy for adult child issues, and that ACOA (Adult Children of Alcoholics) recovery can take from two to five years.

Psychotherapist Mary Jackson described a new Twelve Step Program, Co-Dependents Anonymous (CODA) for people who are "addicted to relationships." Headquartered in Phoenix, Arizona, there are now 400 registered meetings.

The rest of the IDAA conference was packed with more lectures, panels, workshops, discussions, AA meetings, Al-Anon and Alateen meetings (the latter drew about 40 kids), a luncheon harbor cruise, a hotel luncheon that featured Dr. Don MacK., two dinners, one with former Senator Harold Hughes of Iowa, and the farewell Sunday breakfast.

The Saturday luncheon, hosted by Dr. LeClair B., was in honor of Dr. Luke R., secretary of IDAA since 1960, who just retired from the position. Luke was wearing a large, bright yellow ribbon that said "Godfather;" he got a long standing ovation from the hundreds at the luncheon, most of whom are personal friends. Luke said that there were about 60 to 70 doctors at his first IDAA meeting in 1957. For the first time, he said, he had felt "at home" and as if he "belonged to AA at last." After Luke turned his official IDAA duties over to Dr. Dick McK. of Minneapolis, new IDAA secretary, Dick assured the audience that he "will retain confidentiality in IDAA the same as Luke did--very, very carefully. The IDAA list will never go to anyone."

Throughout the conference, AA's Big Book was discussed in depth, chapters 1-11, with a different leader for each workshop. Special group meetings included "Sober Seniors," women, couples intimacy, psychologists, singles. There were hospitality rooms for AA/Al-Anon, Alateen, psychologists, gay/lesbians.

The traditional Friday evening Newcomers Banquet, chaired by Dr. Douglas T., drew a reported 800. This is the

evening that first timers at an IDAA annual conference introduce themselves and give a *brief* talk, including sobriety date, followed by enthusiastic applause for each.

Dr. James W. of California described his recent trip to the Soviet Union. Treatment for alcoholism there means "late stage alcoholism." There are no recovering people on staff he said, but physicians are trained as psychiatrists and as "narcologists." Alcoholics spend 30 days outpatient at a "sobering up station." Detox involves the same medications as are used in the United States, but aversion is the most common form of treatment. Counseling is individual and "primarily to scare patients. Blood alcohol is drawn daily. With a "bit of superficial counseling," the goal is to go back to work every day. Alcoholics are so registered for five years; relapse means a 30-90 day inpatient program featuring talks, group therapy, education about the evils of alcohol. Another relapse means a two-year labor-oriented program. Another relapse means a five-year program in the Ukraine.

Atercare includes some self-help groups, but no AA or psychotherapy. Wherever he went on the two-week tour, Jim found people keenly interested in Alcoholics Anonymous. He passed out a good deal of literature, and at a final seminar he asked why AA is not used in the Soviet Union? The answer was that AA is a "secret assembly" and as such would require a narcologist to run each group.

Next year's IDAA Annual Conference will be in San Antonio, Texas: August 3-7, 1989, at the Marriott Rivercenter. More information available from Dr. F. E. S., Program Committee, IDAA, Suite 101, 12500 Network Blvd, San Antonio, TX 78249-3302.

**"... carry the message to
other alcoholic doctors..."**

What Is IDAA?

"The aims of International Doctors in AA are those of Alcoholics Anonymous," states a brochure signed by the organization's long-time secretary, Dr. Luke R. "As an AA group, our primary purpose is in carrying the message to other alcoholics, particularly alcoholic doctors.... The majority of our members are medical doctors--physicians, surgeons, psychiatrists, and other medical specialists. Our membership also includes dentists, psychologists, veterinarians, and medical scientists. At present, we have a strictly confidential mailing list (held by the secretary-treasurer) of more than 2,500 names. ...

"No demands are made upon the member doctor... when members request the names of other AA doctors in their locality, this is given only with the consent of all parties involved. ...There are no dues... The only requirement for membership is the doctor's desire to belong..."

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The second year is designed to develop leaders in the field of chemical dependency on an optional basis. Individuals are encouraged to function in administrative, teaching and research capacities.

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Monarch Psychiatric Services,

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CPC Afton Oaks Hospital in San Antonio, TX, a 130-bed freestanding psychiatric hospital, is seeking a Program Director for our new Codependency Unit. Afton Oaks successfully operates an adult and adolescent chemical dependency unit, as well as separate psychiatric programs. Qualified applicants include psychiatrists with expertise in family dynamics and recovery related to codependency issues. Please respond to:

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DO YOU REMEMBER?

20 years ago...

"In the 1960s, we used to have our board meetings in Ruth Fox's apartment in New York City. There were only about six of us: Ruth, Marvin Block, Frank Seixas, Stan Gitlow, Luther Cloud and me. Our main thrust was to interest other physicians in learning more about alcoholism..."

Maxwell N. Weisman, MD, Baltimore, MD

[The most recent AMSAODD Board Meeting, held last April 20, in Arlington, Virginia, drew 42 physicians and six staff! --Editor]

14 years ago...

"NCA declares abstinence 'necessary' for recovery

An alcoholic may not return with safety to the use of alcohol in any form, according to a position statement regarding abstinence released by the Board of Directors

of the National Council on Alcoholism (NCA). This statement has been approved by the Executive Board of the American Medical Society on Alcoholism....

Hartford extends insurance coverage to alcoholism

The Hartford Insurance Group has announced that, under its group medical expense insurance policies, it will now handle the cost of treatment for alcoholism just like treatment for any other illness.

According to Lawrence J. Rupp, vice president and actuary in The Hartford's group insurance operations, the company is acting in response to Governor Messkill's approval of legislation, effective May 10, which requires all new group medical expense insurance policies issued or substantially amended in Connecticut to include such a provision."

Physician's Alcohol Newsletter

Oct. 1974, [published by NCA and AMSA*]

* AMSA = former name of AMSAODD.

The "NCA/AMSAODD Position Statement Regarding Abstinence" dated Sept. 16, 1974, is available from AMSAODD, New York office.

[Do any readers have historical anecdotes about AMSAODD they would like to share in this space? Please write editor Lucy Robe, *AMSAODD News*, 15 Ridge Rd, Cold Spring Harbor, NY 11724.]

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Qualifications: BC/BE Internal Medicine/F.P. AMSAODD certification/eligible preferred. Please send resume to: St. Luke's Health System, 1800 E. Van Buren, Phoenix, AZ 85006. Attn: Joan Java/Human Res. or call (602)251-8336.

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NEW MEMBERS

The following physicians joined or rejoined AMSAODD after the July issue of *AMSAODD News* went to press:

August:

George C. Apostolou, Piscataway, NJ
 Akin O. Ayeni, College Park, GA
 Andrew M. Baer, Baltimore, MD
 Ilene Rae Blacksberg, Bogota, NJ
 Michael J. Bohn, Madison, WI
 Shelly Brooks, Waco, TX
 Otto E. Campos, Hauppauge, NY
 Lawrence A. Churchville, Townsend, MA
 Rolando de la Torre, Skoki, IL
 Lynne Pendleton Deane, Charlottesville, VA
 Michael Robert Delman, E. Islip, NY
 Peter A. Demaria, Jr., Philadelphia, PA
 Mary C. Des Rosier, Mandan, ND
 Robert M. Duplis, Longwood, FL
 William M. Edmonstone, N. Stonington, CT
 John E. Emmel, Isle of Palms, SC
 Robert C. Haakenson, Forest City, IA
 Janie V. Hinson, San Pedro, CA
 Alfonso D. Holliday, Gary, IN
 Roy J. Hotz, Jr., Kingsville, TX
 Michael A. Keer, Munster, IN
 Charles Roger Kendrick, Kennebunk, ME
 Nosrat Khajani, Fort Worth, TX
 Phillip J. Kurello, Lehman, PA
 George J. Lampka, Oak Park, IL
 Perry Irvine Lupo, Greenville, SC
 Herbert C. Munden, Austin, TX
 George S. Nettles, Lumberton, NC
 Linda A. Norris, Lisbon Falls, ME
 George M. Nowak, Atlanta, GA
 Don D. Olsen, Ogden, UT
 Carol Paris, Morgantown, WV
 Timothy Markoe Rivinus, E. Providence, RI
 William C. Ryan, Somerset, PA
 Robert L. Seecof, Oxnard, CA
 Leslie R. Shauf, Portales, NM
 I. Harold Smelson, Westfield, NJ
 R. E. Stowers, Medford, OK
 Dean Stueland, Marshfield, WI
 John Mills Talmadge, College Station, TX
 Eugene Thompson, Rockville Centre, NY
 Mark Waynik, Fairfield, CT
 Jerry F. Zesiewicz, Schaumburg, IL

September:

Barbara J. Albertson, Chicago, IL
 Mitchell E. Bailey, Santa Rosa, CA
 Macaran A. Baird, Syracuse, NY
 Louis H. Beechnau, Ravenna, MI
 Veltin J. Boudreaux, Newton, KS
 Paul C. Broun, Americus, GA
 Lawrence S. Brown, Jr., Jamaica, NY
 Bernice Z. Brown, Glendale, CA
 Richard W. Carpenter, Morehead, KY
 William H. Carranza, Bronx, NY
 Kenneth G. Davis, Conroe, TX
 Marco De Simone, Pontiac, MI
 C. Wayne Gallops, Springfield, MO
 Dale J. Giolas, Libertyville, IL
 Richard N. Goldberg, Kensington, CT
 Jeffrey D. Hambleton, Monroe, WA
 Thomas Hart, Oakland, ME
 Daniel R. Hatcher, Yorkville, IL
 Abilio A. Hernandez, Los Angeles, CA
 Arnold J. Hill, Marlboro, MA
 G. H. Holman, Amarillo, TX
 Noel S. Howard, Potomac, MD
 Rex J. Howard, Whitney, TX
 Raymond Iglecia, Norfolk VA
 Eddie D. Johnson, Shreveport, LA
 James R. Jones, Orange, TX
 Son Hong Le, Pomona, CA
 Eric London, Belle Mead, NJ
 W. Thomas Love, Chicago, IL
 Richard D. Mackay, Cape Coral, FL
 Richard T. Marnell, Cincinnati, OH
 David Kent Nace, Elizabethtown, PA
 Paul Ohliger, Laguna Niguel, CA
 Stella V. Pagano, Ossining, NY
 Richard I. Porter, Yankton, SD
 Sylvia R. Spavento, Buffalo, NY
 Henry Archer Sakow, North Augusta, SC
 Robert Simon, Barrington, IL
 Jerome M. Statman, Plano, TX
 Horace Charles Stevens, Riverside, CA
 Randall Lee Stevens, Terre Haute, IN
 Ernesto Tano, Miami, FL
 Rodger L. M. Taylor, Dayton, OH
 R. C. Trotter, Dodge City, KS
 W. J. Van Ruden, Hutchinson, KS
 George W. Vick, Knoxville, TN
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 Stanley M. Yantis, San Francisco, CA

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Atlanta, GA 30329 Phone: (404) 636-2766

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Please send CV to: Frank McNight, M.D.

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Full time staff physician needed at Fenwick Hall Hospital, a 46-bed addiction treatment hospital located outside of Charleston, S.C. Must be B/C or B/E in psychiatry. Must be knowledgeable about addictive disease; AMSAODD certification desirable. Send CV to:

Jeraud G. Hammond, Assistant Administrator

Fenwick Hall Hospital

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SECAD 1988

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LETTERS to EDITOR

We are always delighted to hear from AMSAODD readers. Please write a Letter to the Editor--this is your column!--

Editor

Dear Editor:

I am writing in response to the letter from Dr. Massman in the July 1988 *AMSAODD News*. Increasing concern regarding tobacco addiction is necessary until we rid the field of all the denial and delusions.

Of course recovering persons experience more withdrawal symptoms from nicotine than non-recovering people. That is what is known as addiction. It is not surprising that alcoholics have more trouble withdrawing from diazepam than non-alcoholics. By now, everyone in the treatment field should understand cross-addiction.

At the recent Congressional hearings on Smoking and Health it was pointed out that one of four smokers will die from smoking. With 80% of recovering people still addicted to tobacco products it is not surprising that this is by far the leading cause of preventable death.

Recovering has to mean a holistic change in life and that needs to include smoking cessation. It is dangerous to delay such a monumental task to the outpatient setting without the support available in a chemical dependency program. What better place to quit a drug than in a drug treatment program!

I would hate to see a program allow cocaine addicts to drink alcohol and smoke marijuana because they did not want to cause stress or weaken their efforts at quitting cocaine. Nicotine, caffeine and all drugs are part of the total problem of chemical dependence.

True recovery means total abstinence from all drugs and all compulsive behaviors, including sugar binging, other eating disorders and gambling.

Thomas B. Burnison, MD
Navarre, FL

Dear Editor:

The April 1988 meeting of AMSAODD included an unscheduled and spirited discussion of how to improve the current name of our organization. There was agreement that the "American Medical Society on Alcoholism and Other Drug Dependencies" was overly long and awkward. Some wished to compress the title to focus on "dependencies;" others felt a nostalgic attachment to "alcoholism" and were reluctant to strike it from the masthead. (It is a measure of how much our treatment population has changed that the previously unattractive alcoholic patient has become to many the most desirable portion of the clinical spectrum.) Unmentioned but even worse is the

organization's acronym: AMSAODD. Some of our leadership skirt around the problem by gulping it--"AMSOD!"--but the fact is that a fledgling specialty does not earn its spurs by becoming known as the AMSAODDballs of medicine.

I write to call attention to another aspect of naming our specialty that grates upon one's ear: "addictionology." The term is a shotgun marriage, between a suffix and a full-grown, freestanding word--"addiction." Those medical specialty names which sound more natural involve contraction--urology, cardiology, otology, nephrology. Addictionology is like suicidology (the word exists) or internal medicinology, psychiatrology, dependencyology, and willful misconductology (all of which, I hope, do not and will not.) Our Soviet counterparts have an interesting scientific name for their field, but it conjures up an image of dispensing methadone all day: "narcology." Is there no Greek or Latin stem, to join with "-ology," that is both descriptive and less cumbersome than addictionology? To paraphrase Karl Marx, etymologists of the world, unite! You have nothing to lose but your names.

George Ubogy, MD
Greenwich, CT

Dear Editor:

I wish to thank *AMSAODD News* for helping me to get a grant from the National Institutes of Health to do a research project in our hospital on In-patient versus Out-patient treatment of alcoholism. In one of last summer's issues (1987) you included a note concerning requests for grant proposals recently funded by the Drug and Alcohol Legislation of 1986.

Taking pen in hand, I wrote a grant proposal for "Brief, Rural, Intensive In-patient and Out-patient Treatment" and received funding beginning in June of this year. Thank you for making the newsletter such a valuable resource in distributing information about an important opportunity.

Allan W. Graham, MD
St. Johnsbury, VT

Dear Editor:

...Recently I was quoted in the *Los Angeles Times* as stating that Xanax (like any other benzodiazepine) is addicting and we have seen many cases. Within 24 hours I received 18 telephone calls, all from women. All had been taking Xanax for five months or longer, prescribed by their doctors for "panic attacks." In quizzing the callers, it was learned that all of them had been drinking between 300 and 3,000 milligrams of caffeine daily (coffee, tea, cola drinks) and the mean was 800 milligrams. If I drank 800 to 3,000 milligrams of caffeine daily I'd have a panic attack, too. Which came first: the caffeine or the Xanax? The caffeine.

Such use of Xanax is inappropriate--and that length of time of its use is inappropriate.

Max A. Schneider, MD
Orange, CA

AMSAODD CALENDAR

Meetings sponsored or co-sponsored by AMSAODD (one-time listing for co-sponsored conferences).

To assure listing, please send information to editor Lucy Robe.

• **Confronting Chemical Dependency: Midwest Addictions Conference 1988:**
Dearborn, MI, Oct. 19-23.

Samaritan Health Center,
5555 Conner Ave, Detroit, MI 48213
Phone: (313) 579-4939

• **AMSAODD Review Course:**

Los Angeles, Oct. 20-22
Chicago, Nov. 3-5
New York City, Nov. 10-12

AMSAODD, 12 W. 21st St,
New York NY 10010.

Phone: (212) 206-6770

For L.A. course, contact:

California Society for the Treatment of
Alcoholism & Other Drug
Dependencies, Ste 2, 3803 Broadway,
Oakland, CA 94611

Phone: (415) 428-9091

• **AMSAODD Board Meeting**

Chicago, Nov. 6

AMSAODD Committees:

Nov. 4: Methadone Treatment,
Medical Care & Recovery

Nov. 5: Certification, Fellowship,
Budget & Finance, Review Course,
Standards & Economics of Care,
Physician Assistance, Publications,

Nov. 6: Public Policy

• **Treating Addictions in Adolescence:**

Washington, DC, Nov. 11-12.

Health and Education Council, 7201
Roussville Blvd, Baltimore, MD 21237
Phone: (301) 686-3601

• **SECAD/88: The Southeastern
Conference on Alcohol and Drug
Abuse: Atlanta, Nov. 30 - Dec. 4.**

Charter Medical Corp, 577 Mulberry St,
PO Box 209, Macon, GA 31298

Phone: (800) 845-1567

[In Georgia: (912) 742-1161]

• **Early Diagnosis for Alcohol and
Other Drug Problems: A National
Video Teleconference: Dec. 7.**

Program Leader: David C. Lewis, MD.
Brown Univ. DATA, Seminar Division,
80 S. Early St, Alexandria, VA 22304

Phone: (800) 336-4776

• **AMSAODD Certification Exam:**

Dec. 17, 1988

Chicago, Los Angeles

New Orleans, New York

Reminder: No 1989 Exam

• **Pacific Institute of Chemical
Dependency:**

Hawaii, Jan. 2-14, 1989,

Joyce Ingram-Chinn, PO Box 1233,
Kailua, Hawaii 96734

Phone: (808) 262-0742

• **AMSAODD's 3rd Annual Forum on
AIDS and Chemical Dependency:**

Miami, Feb. 2-4, 1989

Conference Information (AIDS),
PO Box 81691, Atlanta, GA 30366

Phone: (404) 458-3382

• **1989 AMSAODD Medical-Scientific
Conference (also the NCA Forum):**

Atlanta, April 27-30, 1989

AMSAODD Board: Apr. 26

Ruth Fox Course: Apr. 27

AMSAODD Annual Breakfast

Meeting: Apr. 28

AMSAODD Awards & Certificate

Ceremony Luncheon: Apr. 29

• **AMSAODD Review Course:**

Orlando, Oct. 19-21, 1989

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