

ASAM NEWS

American Society of Addiction Medicine

formerly American Medical Society on Alcoholism and Other Drug Dependencies (AMSAODD)

Vol. IV, No. 6

November - December 1989

Published Bimonthly

1990 Calendar

ASAM Examination

City	Date	Hotel
Chicago	Dec. 1	O'Hare Marriott
Newark, NJ	Dec. 1	Airport Marriott
San Fran.	Dec. 1	Airport Marriott
Atlanta	Dec. 1	Airport Marriott

ASAM Review Courses

City	Date	Hotel
Chicago	Oct. 11-13	O'Hare Marriott
New York	Oct. 25-27	Roosevelt
San Fran.	Nov. 8-10	Airport Marriott
Atlanta	Nov. 15-17	Marriott Marquis

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Masthead 4

Ruth Fox Memorial Endowment Fund

Hankes to Coordinate

The ASAM Board voted in September to establish the \$1 million Ruth Fox Memorial Endowment Fund in memory of ASAM's founder. Along with ASAM's explosive growth in membership, ambitious plans to establish addiction medicine as a medical specialty, opening a Washington, DC, headquarters, and the five-year plan, come potential financial worries. "We must put ASAM on a firm fiscal basis," says president **Jasper G. Chen See, MD**.

Raising members' 1990 dues will help. So will the Ruth Fox Memorial Endowment Fund.

The campaign to raise this million-dollar endowment will be launched officially in April, at ASAM's annual meeting in Phoenix, Arizona. It will be planned by the new Resource & Development Committee, which is headed by Dr. Chen See.

Lynn Hankes, MD, of Miami, is Ruth Fox Memorial Endowment Fund Coordinator. Dr. Hankes told *ASAM News* that he will "spearhead the initial event by coordinating a meeting to train nine regional directors in Miami in February, the weekend of the ASAM board meeting." Also concurrent: ASAM's 4th National Forum on AIDS and Chemical Dependency.

The regional directors will be asked to take responsibility for their own areas of the country and to appoint captains, who will contact individuals directly about donations and pledges. ASAM fund administrator is Claire Osman.

The captains will be offered a training session in Phoenix during the ASAM annual meeting.

Certification Exam Applications Due Jan. 15

Application material was mailed to the entire ASAM membership on October 30. Members who did not receive applications, and physicians who are not yet ASAM members, can request these forms. Contact the ASAM-New York office. *(continued on p. 2)*

Survey on Standards of Care Inside

A survey by the ASAM Standards & Economics of Care Committee is in this issue. Needed: membership's most important priorities, so the committee can best represent the interests of ASAM members and their patients. *(continued on p. 7)*

**ASAM is a specialty society of 3,600 physicians
who are concerned about alcoholism and other drug dependencies
and who care for persons affected by these illnesses.**

ABOUT ASAM

1990 Certification Exam Applications Due Jan. 15 New Criteria to Sit Are In Effect

An applicant must meet each of the following criteria in order to qualify to take the 1990 certification examination:

A. A member in good standing of ASAM, with 1989 and 1990 dues paid.

(1989 dues by the time the application is submitted, and 1990 dues by Feb. 28, 1990. Anyone who joined ASAM after Sept. 30, 1989, is liable only for 1990 dues.)

Membership applications are available from the New York office.

B. Medical license in good standing in the licensing jurisdiction in which you practice, both when you submit your application, and at examination time.

C. In good standing in your medical community.

D. Successfully completed (or will have completed by June 30, 1990) an ACGME-approved residency training program in any medical specialty, or be certified by a specialty Board recognized by the American Board of Medical Specialties.

E. Completed one year full-time involvement, or one FTE, in the field of alcoholism and other drug dependencies, by June 30, 1990. The year must be in addition to, and not concurrent with, residency training. "Involvement" is defined as the clinical care of patients, education, research or administration; at least 50% of the time must be spent in the treatment of patients with alcoholism and/or other drug dependencies.

One FTE could be accomplished in a variety of ways.

Examples:

- one continuous year full time,
- two years half time,
- four months in three separate episodes.

The ASAM Credentialing Committee considers full time to be 40 hours a week, 48 weeks a year.

All applicants will be notified by Sept. 1990 concerning approval to take the examination.

"...1,826 have been certified by ASAM ..."

To date, 1,826 have been certified by ASAM as showing mastery of the knowledge which is expected of a physician in the field of alcoholism and other drug dependencies.

Recertification is required after ten years.

For further information, write Eshel Kreiter, Credentialing Project Manager, in the New York ASAM office. Or phone her at (212) 206-6770.

Florida Society of Addiction Medicine presents the

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Impaired Physicians • Psychiatry & Addiction
Cocaine Babies • Dual Diagnosis
State-of-the-Art in Addiction Medicine

KEYNOTE SPEAKER:
LeCLAIR BISSELL, M.D., PAST PRESIDENT, A.S.A.M.

REGISTRATION FEES:
Before January 5: Physicians: \$125, Non Physicians: \$70
After January 5: Physicians: \$150, Non Physicians: \$90

FOR INFORMATION & REGISTRATION:
Call Joanne Telmosse: **1-800-666-4909**

<p style="text-align: center;">CONFERENCE ON ADDICTION</p> <p style="text-align: center;">SEND REGISTRATION FEE TO FSAM</p> <p style="text-align: center;">c/o Richard Tyson, M.D. P.O. Box 8376 • Coral Springs, FL 33075</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY/STATE/ZIP: _____</p> <p>PHONE: () _____</p>	<p style="text-align: center;">(or use the coupon)</p> <p style="text-align: center;">FOR RADISSON RESERVATIONS:</p> <p style="text-align: center;">800-333-3333</p> <p>Group rate: \$69/night (Identify yourself with the FSAM)</p>
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ADDICTIONIST

The Capital Area Permanente Medical Group is a 300-physician multi-specialty practice serving the 270,000 patients enrolled in the Kaiser Permanente Medical Care program, Washington, D.C./Baltimore metropolitan area.

We are recruiting for a physician to lead our program's effort in the treatment of addicted members. A competitive salary and benefit package is offered along with an opportunity to start innovative treatment programs in this area.

If interested, please send C.V. to:

William J. McAveney, M.D.
Associate Medical Director
CAPMG
4200 Wisconsin Avenue, N.W.
Suite 300
Washington, D.C. 20016

Or call in confidence:
1-800-326-2232

POSITION STATEMENT

ASAM Policy Statement on Returning People Treated for Alcoholism and Other Drug Dependency to Work

Background of the Problem

Alcoholism and other drug dependencies are recognized as diseases by competent medical authorities world-wide. Untreated, these diseases lead to progressive deterioration in all areas of life, including work.

In contrast, the majority of persons who receive appropriate treatment are able to arrest the disease process and return to full health and productivity. Employers who foster early identification and treatment, and who return treated employees to their chosen career track without prejudice, have reaped rich rewards. Valuable experienced employees are retained, and the expenses of recruiting and training a new employee are saved.

Employers who take a punitive approach, by dismissing these employees or by limiting their career development, harm their companies as well as their employees, by losing the opportunity for early identification.

Assurance of safety can be accomplished through a program of monitoring continuing recovery. Such policies have been successful in returning physicians, airplane pilots, and many others to fully productive functioning.

Policy Recommendation

ASAM strongly recommends that all employers pursue a policy of early identification of alcoholism and other drug dependencies in their employees, with provision for appropriate treatment and return to their career track without prejudice.

This and other ASAM position statements are available free by request, in writing, from:

American Society of Addiction Medicine
12 West 21st St.
New York, NY
10010

Adopted by the
ASAM Board of Directors
April 26, 1989

ASSISTANT DIRECTOR, Alcoholism Rehabilitation Physician

Spaulding Rehabilitation Hospital, a major affiliate of Massachusetts General Hospital, seeks a board qualified psychiatrist for a dynamic 19-bed inpatient and outpatient alcoholism rehabilitation program. Physician will be the primary physician for small number of inpatients (with internal medicine consultation) and psychiatry consultant to others. Will work with a skilled multidisciplinary treatment team experienced in the area of substance abuse. Will be involved in pre-admission screening evaluations and outpatient follow-up. Will assist the Director of the Alcoholism Rehabilitation Program with administrative responsibilities including program development, outreach, patient care conferences, teaching of medical students, quality assurance and committee activities. The hospital is affiliated with Harvard Medical School and Tufts University School of Medicine. May participate in research through some existing programs or by obtaining grants. Physicians currently completing psychiatry residencies or fellowships who have some experience in the treatment of patients with substance abuse are welcome to apply. Part-time, or possibly full-time, opportunity. Spaulding is a modern, non-profit, 284-bed hospital with 13 specialty programs.

Send curriculum vitae to: **Manuel J. Lipson, M.D., Spaulding Rehabilitation Hospital, 125 Nashua Street, Boston, MA 02114.**

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The Southern California Permanente Medical Group is a well-established, multispecialty group practice. Our partnership is composed of and managed by SCPMG physicians.

We have immediate openings for board eligible/certified Psychiatrists and Internists in our **Chemical Dependency Recovery Programs** at Kaiser Permanente Medical Centers in Southern California. The positions will offer you the opportunity for professional growth and advancement as a member of an interdisciplinary treatment team within a combined inpatient/outpatient service.

Our compensation is competitive and benefits are outstanding. They include: professional liability, medical and dental coverage, vacation and sick leave, continuing education, life insurance and retirements plans. **After two years full-time employment, physicians are eligible to be considered for partnership.**

For a physician application, please call (800) 328-5278. If calling from outside of California, please call (800) 541-7946 or send your curriculum vitae to: Physician Recruitment, Dept. 010, Walnut Center, Pasadena, CA 91188-8013.

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The address for ASAM-Washington was listed incorrectly in the last two ASAM News mastheads. *Correct street number is 5225.*

ASAM NEWS

(formerly AMSAODD News)

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ASAM

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The American Society of Addiction
Medicine (formerly AMSAODD)
Co-Sponsored by NIDA & NIAAA



ASAM's 4th National Forum on AIDS and Chemical Dependency

February 22-24, 1990 / Miami, FL

*Crucial, up-to-the-minute information
for all treatment professionals...*

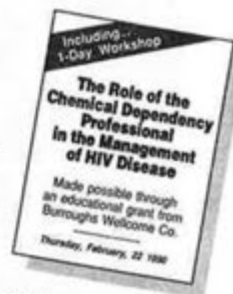
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- or mail in the coupon below (Fax # 404-458-5129):

Please send a complete conference brochure for "ASAM's 4th National Forum on AIDS and Chemical Dependency" to:

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Call (404) 458-3382 or mail to: Conference Information, Meeting and Travel Services, Inc.,
ASAM Forum on AIDS and Chemical Dependency, P.O. Box 81691, Atlanta, GA 30366.

Letter an HIV Positive Patient Can Give to a Physician

This letter comes from PRIDE Institute, 14400 Martin Drive, Eden Prairie, MN 55344. Phone: toll free 1-800-54 PRIDE. In Minn.: (612) 934-7554.

PRIDE suggests giving this letter to relevant recovering CD patients. PRIDE's medical director is Mel Pohl, MD, who is also co-chair of ASAM's 4th National Forum on AIDS and Chemical Dependency, Feb. 22-24, 1990, Miami, Florida.

PRIDE is a residential inpatient CD treatment center exclusively for lesbians and gay men.

Do other readers have 'Dear Doctor' letters they would like to share? Please send for consideration to Editor, ASAM News, 15 Ridge Rd, Cold Spring Harbor, NY 11724.

Dear Doctor:

I recently completed the first phase of

"I need your help in creating a program ... to maintain a healthy immune system."

treatment for chemical dependency. I now abstain from all chemicals that might alter my mood, and I have been -- and still am -- in a program of emotional, physical, and spiritual recovery.

In addition, I have a second diagnosis: I carry antibodies to the HIV (Human Immunodeficiency Virus). You are probably familiar with this as the virus that causes AIDS in some people.

In chemical dependency treatment, I learned a lot about HIV infection. I learned that not everybody who is infected goes on to get AIDS, and that there are people who live with AIDS for many years after they are diagnosed. I need your help in creating a program that will help me to maintain a healthy immune system.

I had an Elisa Test on _____ (date) and it was _____ (positive/negative). The Western Blot Test was performed on _____ (date) and the result was _____ (positive/negative/indeterminate). I also had a test of my T-Cells on _____ (date). My T-4 Count was _____ and my T-4/T-8 ratio was _____. My WBC was _____.

According to physicians who are experts on HIV and AIDS, if my T-Cell Count is between 200 and 500, recent studies indicate that I should be placed on zidovudine (Retrovir®, formerly AZT), 100 mg five times per day, to prevent symptoms from arising. The same zidovudine dose (100 mg five times per day) is recommended as probably appropriate if my T-Cell Count is less than 200, but in that case, I also ought to take pentamidine (LyphoMed®) treatments by inhalation, once each month, to prevent my catching pneumonia.

If you are not familiar with recent literature about these drugs, may I respectfully suggest that you consult an AIDS specialist, in our local community or elsewhere? I will gladly give you a physician's name, if you like.

FOR YOUR PATIENT

I have been told that the following are characteristic of people who survive the longest with HIV infection:

1. They accept the reality of their diagnosis.
 2. They take personal responsibility for their own health. They embrace the ability and capacity to take chances. They find a new sense of meaning in life with HIV infection.
 3. They are committed to life, to finishing unfinished business, and to meeting unmet goals.
 4. They are collaborators with their health care providers. (I need a lot of help from you in order to function as a participant, and not as an adversary).
 5. They are physically fit. They are assertive -- able to communicate and to say no.
 6. They can withdraw from taxing situations; they can and do take care of themselves.
 7. They are members of social support networks.
 8. They are involved with others who have HIV infection.
- If you can help me in any of these areas, I would greatly appreciate it.

I would like as much information as you can provide about nutrition, exercise, vitamins, and holistic measures to maintain the integrity of my immune system. Since I may consult other health care providers about these topics, please understand if I want to investigate all avenues open to me.

I would like as much information as you can give me about experimental treatments. New experimental drugs are available through "parallel tracks," which means that any physician can obtain these drugs for a patient. We can get more information through the Federal Drug Administration (FDA) or the National Institute of Allergy and Infectious Diseases (NIAID: phone: 1-800-TRIALS-A).

To support my chemical dependency recovery, I attend meetings. These include Continuing Care, and Twelve Step Groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, etc. My family will be involved in this process as well.

Regarding my disease of addiction, do you truly understand that it is unsafe for me to take *any* chemical that alters my mood? Should the need for medication for pain or depression arise, and if you are uncertain about what to do, I urge you to consult with a physician who is trained in addiction medicine before prescribing *any* medication that might be dangerous for my disease of chemical dependency.

If I become anxious, have insomnia, or any other disturbances of mood, *it is best for me not to take medication for those.*

I appreciate your interest in my medical care, and look forward to a successful and health-promoting relationship.

Sincerely yours,

(the patient)

ADDICTIVE DISEASE

Addictive Disease physician to work in freestanding hospital in Southeast in various sunbelt locations with twelve step model program.

Good starting salary and excellent fringe benefits package.

Please write: Psychiatric Health Services, 830 Mulberry Street, Suite 301
Macon, GA 31201

ATTENTION: Paul R. Coplin, M.D.

Or call Toll Free: ☎ 1-800-544-6693

Physician

The VA Medical Center has an opening in the Alcohol and Drug Treatment Unit. Applicant should be U.S. citizen with board certification or eligibility in psychiatry, family practice, or internal medicine. The position involves a faculty appointment at the Medical University of South Carolina and participation in patient care, teaching, and an active ongoing research program.

Send C.V. and names of three references to:

James D. Sexauer, MD, VAMC, 109 Bee St, Charleston, SC 29403

☎ (803) 577-5011, Ext. 7234. EOE

Medical Director/Administrator

Pioneer hospital offers challenging opportunity to individual with administrative experience and background in substance abuse and dual diagnosis.

Competitive salary and generous fringe benefits. Write:

Milton Richman, Esq., Chairman, Executive Committee

Mt. Pleasant Hospital

60 Granite Street, Lynn, MA 01904

General **psychiatrist** with substance dependence experience, full-time or subject to negotiation.

Private practice with financial support available.

Contact:

James McLean, MD, Medical Director

Saint Joseph Hospital

Box 316, Reading, PA 19603

☎ (215) 378-2176

POSITION AVAILABLE: CHEMICAL DEPENDENCY FELLOWSHIP

St. Vincent Charity Hospital and Health Center and Case Western Reserve University School of Medicine are co-sponsoring a clinical and research fellowship in chemical dependency for primary care physicians.

Applications for a July 1, 1990, fellowship position are now being accepted.

For information contact: Ted Parran Jr., MD, Fellowship Director,

Rosary Hall, St. Vincent Charity Hospital, 2351 E. 22nd St.,

Cleveland, OH 44115. ☎ (216) 363-2625

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Call/Write Lucy B. Robe, **ASAM News** (see masthead p. 4)

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Recovering couple both physicians

He: ASAM cert. addictionist/reality therapist. **She:** experiential and co-dependency therapist. seeking recovery work treating multiple addictions, co-dependency and couples issues. Willing relocate. Bob and Carol Sexton, 6302 Cypress Point Drive, Monroe, LA 71203. 318-345-1695

ASAM elig. or cert. needed. Private practice to include Med. Dir. of inpt/outpt CDU in New Orleans with 1 other ASAM certified F.P. Send CV to: Drs. Roy & McIver, APC, 3901 Houma Blvd, Ste 508, Metairie, LA 70006.
☎ (504) 455-8441

INTERNIST

sought for inpatient/outpatient hospital based chemical dependency program in Long Island, NY. Program emphasis on excellence in clinical medicine.

Excellent compensation package including paid malpractice.

C.V. to: Physician,

PO Box 598, Amityville, NY 11701.

**ASSISTANT
MEDICAL DIRECTOR**

Full time clinical and teaching opportunity in community based chemical dependency program. Inpatient and outpatient. BC-BE in medicine or psychiatry. Contact: R. Whitney, M.D., Erie county Medical Center, 462 Grider Street, Buffalo, NY 14215

WESTERN PENNSYLVANIA

Two Family Practitioners seeking a third. Special interest in Addiction Medicine. Please send resume to:

Bonnie Youngblood

Suite 240 The Medical Center East

211 North Whitfield Street

Pittsburgh, PA 15206

ASAM SURVEY

Standards & Economics of Care Survey

The ASAM Standards and Economics of Care (SEC) Committee is actively exploring issues related to the quality of care, outcome of treatment, practice parameters, and interface with third party payers and with treatment programs.

The following questionnaire has been developed by the chair of the four subcommittees working in these areas: **David Mee-Lee, MD**, ASAM-NAATP Task Force on Admission, Continued Stay and Discharge Criteria; **P. Joseph Frawley, MD**, Treatment Outcome; **Barton A. Harris, MD**, Standards of Care; and **Lester Silver, MD**, Reimbursement.

Your cooperation in completing this questionnaire will help the SEC Committee and the ASAM Board to determine what ASAM's priorities should be, and how the society might best achieve its goals and objectives in the interest of all our patients.

I. Program Criteria

ASAM is currently working with the National Association of Addiction Treatment Providers (NAATP) to set joint criteria for admission, continued stay, and discharge at various levels of care for adult and adolescent patients.

What other areas do you think the SEC Committee should pursue in developing criteria?

Please rank the following, using "1" as the highest priority, "2" as the next, etc.

_____ Criteria for managed care and utilization review;

_____ Criteria for measuring and documenting treatment progress;

_____ Other:

_____ Other:

Please write legibly in dark ink, detach this entire 4-page form from the newsletter, fold, stamp and mail. No envelope is necessary. Deadline Jan. 15

II. Practice Guidelines

The Subcommittee on Standards of Care is recommending these areas for formulation of practice guidelines: the treatment of withdrawal syndromes, especially with regard to selection and dosages of medication; components of rehabilitation programs, particularly for dually diagnosed patients; and the physician's role in long-term care according to training and experience.

How do you rank these recommendations in their importance for addiction medicine specialist? (Please use "1" as the highest priority)

_____ Treatment of withdrawal;

_____ Components of rehabilitation programs;

_____ Physician's role in long-term care;

_____ Other:

_____ Other:

_____ Other:

(SEC Survey - p. 2)

III. Treatment Outcome

The ASAM Subcommittee on Treatment Outcome is working with the California Chapter on the development of a collaborative study of addiction treatment outcome. The project will develop a data base that can be useful to a variety of providers and payers. Part of its potential may be as a monitor of quality assurance information. There is a specific interest in evaluating this kind of data base for the VA system.

Please check if you are:

_____ In the VA (Veterans Administration) system and interested in participating in this project;

_____ Experienced in doing outcome monitoring and assessment;

_____ Expert in assessment of efficacy of treatment for nicotine dependence;

_____ Interested in receiving and commenting upon the subcommittee's current draft statement on treatment outcome measures.

IV. Reimbursement

The Subcommittee on Reimbursement was created to collect information and provide advice on addiction-specific reimbursement. In the continuing quest for addiction medicine's recognition as a distinct specialty, it is important to bill for addiction-specific service and to be able to justify those services to third-party payers who may not be familiar with what addiction specialists do.

Your answers to the following questions can help the subcommittee fine-tune its efforts in the direction of what is most representative of ASAM's membership.

A. Addiction medicine should: (check one)

_____ Develop its own CPT (Current Procedural Terminology) codes;

_____ Use existing CPT codes;

_____ Use existing CPT codes with modifications;

B. Are existing CPT codes adequate for your needs?

_____ Yes (skip to E)

_____ No

C. If no, why not?

D. What new or modified codes would better suit your needs?

E. Are third-party payers aware of the kinds of services you provide?

_____ Yes

_____ No

F. Is Medicare?

_____ Yes

_____ No

Is Medicaid?

_____ Yes

_____ No

G. Have you had claims rejected for addiction-specific services?

_____ Yes

_____ No

H. Do you find it necessary to bill under non-addiction-specific diagnoses to obtain third-party reimbursement?

_____ Yes

_____ No

Comments:

I. How would you rank ASAM's possible approaches to dealing with reimbursement issues?

(Please use "1" as the highest priority.)

_____ Education/ awareness aimed at the general public;

_____ Education of specific groups (e.g., unions, personnel managers, etc.);

_____ Direct negotiations with carriers (third-party payers);

_____ Direct negotiations with individual state insurance departments;

(SEC Survey - p. 3)

_____ Direct negotiations with state legislatures;

_____ Other:

J. Of the following sampling of **addiction-specific** services, please check any which you perform, and any which are performed by others (e.g. counselor, nurse) under your supervision.

(Do not include procedures that are not addiction-specific, such as physical exams, general hospital care, etc.)

Service	Perform	Supervise
1. Assessment	_____	_____
2. Assessment with Spouse.	_____	_____
3. Group Counseling (intensive) (e.g. evening rehab)	_____	_____
4. Group Counseling (hourly).	_____	_____
5. Individual Counseling	_____	_____
6. Family Counseling	_____	_____
7. Crisis Counseling	_____	_____
8. Interventions	_____	_____
9. Telephone Consultations	_____	_____
10. Perform Urine Testing in Office	_____	_____
11. Perform Urine Diagnostic Screen	_____	_____
12. Perform Blood Testing in Office	_____	_____
13. Evaluation of Drug Screen ...	_____	_____
14. Evaluation (Court or Job Mandated) Including Written Report	_____	_____

Service	Perform	Supervise
15. Case Management Services (Legal, Social Service, Employer, etc.)	_____	_____
16. Outpatient Detox	_____	_____
17. Outpatient Medication Super- vision (e.g. disulfiram)	_____	_____
18. Inpatient Detox	_____	_____
19. Team Meetings, Staffings, Supervision	_____	_____
20. Patient Lectures	_____	_____
21. Addiction Medicine Hospital Consultation	_____	_____
22. Pain Management Consult.	_____	_____
23. Medication Management.	_____	_____
24. Other (Specify):		

V. Other Comments and Suggestions:

Your Name: _____
 (please print)

Address: _____

Thank you for your cooperation. Please fold in half, affix sealing tape, stamp and mail. No envelope is necessary. Look for survey results in a forthcoming issue of ASAM News.

(fold here, tape or staple to close)

From:

Place
25¢ Stamp
Here

**David Mee-Lee, M.D.
543 Walnut Street
Newtonville, MA 02160**

About Members

Seixas Honorary Member

In September, the ASAM Board voted honorary membership "for his distinguished and long term service" to **Frank A. Seixas, MD.**



Dr. Seixas was a member of ASAM in the 1950s, when it was the New York Medical Society on Alcoholism and met in Dr. Ruth Fox's New York City apartment. He edited a newsletter, journal, and book series for ASAM, and was a former medical director of NCA (National Council on Alcoholism).

In April 1988, ASAM (at that time still AMSAODD) gave Dr. Seixas a special award for his "many years of innovative and

outstanding service as clinician, research scientist, officer, and board member of AMSAODD."

"We are honoring his longtime loyalty and devotion to the cause of alcoholism," **Jasper Chen See, MD**, ASAM president, told *ASAM News*. "We are also grateful for the contributions of his wife, **Judy Seixas**." Mrs. Seixas has written a number of books for and about children from addicted families. They live in Hastings-on-Hudson, New York.

Morse New AMERSA president

Robert M. Morse, MD, of the Mayo Clinic in Minnesota, is new president of the Association for Medical Education and Research in Substance Abuse.

Dr. Morse is chair of the NCA/ASAM Joint Committee to Study the Definition and Criteria for the Diagnosis of Alcoholism.

Loretta Finnegan Honored

On Nov. 16, The Medical College of Philadelphia/Gimbel 1988-89 Award for an outstanding woman of the Greater Delaware Valley Area, was given to **Loretta P. Finnegan, MD**, of Thomas Jefferson University Hospital in Philadelphia. Dr. Finnegan is well known for her work in neonatal drug addiction and withdrawal.

Tribute to Fern Asma

The American College of Occupational Medicine gave **Fern E. Asma, MD**, of Park Ridge, Illinois, its Meritorious Service Award for her more than 30 years of leadership in the development of employee assistance, mental health, alcoholism, and substance abuse programs. Formerly at Illinois Bell, in 1984 Dr. Asma joined Parkside Medical Services as its Corporate Director of Occupational Medicine.



Staff Physician

At the Behavioral Pharmacology Research Unit, Johns Hopkins University School of Medicine and Francis Scott Key Medical Center, Baltimore, MD. An active and productive academic clinical research and treatment setting specializing in substance abuse. Intake assessments and continuing health monitoring and care of clinical research volunteers. Outpatient methadone clinic plus residential research unit. A supervised position appropriate for an individual in recovery or seeking clinical or research training and experience in drug abuse. Maryland license is required. Available immediately. Stipend: \$30-40K.

Contact:

Herbert Lodder
BPRU/Psychiatry
Johns Hopkins/Key Medical Center
4940 Eastern Avenue
Baltimore, MD 21224
(301) 550-0048.

ADULT PSYCHIATRIST/ ADDICTION MEDICINE SPECIALIST

Emory University School of Medicine, Department of Psychiatry, has a tenure track position for a board eligible or board certified psychiatrist with experience in treating psychoactive substance use disorders. ASAM certification is preferable; must be eligible for licensure in Georgia. The position would involve inpatient and outpatient clinical duties, teaching, liaison psychiatry, and clinical research.

Send c.v. to:

Donald Manning, M.D.
Vice Chairman
Department of Psychiatry
Emory University School of
Medicine
P. O. Box AF
Atlanta, GA 30322
AA/EOE

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Task Force on Specialty Status

Members of ASAM's new Task Force on Specialty Status are visiting boards in the primary specialties, in psychiatry and emergency medicine, as well as the American Board of Medical Specialties, and two independent boards: Medical Genetics and Forensic Psychiatry. These visits will be discussed at the next task force meeting, to be held in Miami in February.

Readers are encouraged to send questions, comments, and opinions to chair, Dr. Anne Geller, at Smithers Center, St. Lukes/Roosevelt Hospital, 428 W. 59th Street, New York, NY 10019. Please indicate whether you wish your letter to be considered for publication in *ASAM News*.

Next April in Phoenix, the task force will hold a one-hour open meeting for comments and statements from ASAM members.

BE/BC PSYCHIATRISTS

Spofford hall, a private 143-bed chemical dependency treatment facility, nationally known for its successful treatment programs, is currently seeking to fill two psychiatric positions: Chief Psychiatrist and Staff Psychiatrist. Background in chemical dependency and ASAM certified in Addiction Medicine preferred. Salary negotiable.

Please send resume to:
S. Viles,
Director of Personnel



SPOFFORD P.O. Box 225
HALL Rte.9A, Spofford, N.H. 03462

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MEDICAL DIRECTOR PRIMARY CARE PHYSICIAN

Progressive, 138-bed free-standing chemical dependency treatment center, serving adults and adolescents, located in beautiful Lancaster county, Penn., seeks medical director. Treatment philosophy consists of an individualized, Twelve Step, psychosocial, family orientation, with emphasis on specialized treatment populations.

Qualifications required: board certification in Internal Medicine or Family Practice, and experience in the treatment of chemically dependent persons. Preference for AMSAODD (now ASAM) certification.

Submit *curriculum vitae* to:
Gerald D. Shulman
Senior V.P. Clinical Programs
Addiction Recovery Corporation
12300 Twinbrook Pkwy, Ste 150
Rockville, MD 20852

PHYSICIAN

Prominent Northwest alcohol and drug treatment center is seeking physician with specialty in addiction medicine to join our medical team in serving both inpatients and outpatients, and their families. Facility is state licensed as specialty hospital and accredited by JCAHO.

Multi-disciplinary team approach under physician direction. Must be thoroughly familiar with all phases of chemical addiction diagnosis and treatment. Must be able to obtain Oregon medical license and have a minimum of three years sobriety if recovering. Compensation package competitive. Eugene is excellent recreational community of 200,000 population. Home of University of Oregon. Excellent cultural center.

One hour to coast and
one hour to skiing.

Send inquiries to:
Neil McNaughton, A.C.S.W.
Executive Director
Serenity Lane, 616 East 16h
Eugene, OR 97401.

Quit and Stay Quit Medical Treatment Program for Smokers

by Terry A. Rustin, MD

Dr. Rustin, an internist with long experience in the chemical dependency field, developed this workbook and guide for his group treatment of nicotine dependence. *Quit and Stay Quit* demonstrates his considerable talents as a therapist.

Every patient has his or her own workbook. The chapters develop topics and pose questions or exercises for the smoker, with space for written personal answers and commentary. For example: exploring individual motivation to quit smoking; considering the addictive nature of nicotine dependence; withdrawal symptoms; the many rituals associated with smoking.

Dr. Rustin

Prior familiarity with Twelve Step program concepts is not necessary; they are introduced gently as the workbook progresses. For example, powerlessness is developed by asking the patient to reflect on the crazy and extreme things occasionally done by the smoker to obtain a cigarette. Later, the patient considers major cues and triggers for smoking. In the exercise to list times of craving a cigarette, there is space to write down suggested alternatives to smoking during each situation.

The deep emotional attachments to cigarettes are explored in the chapter "Cigarettes are your best friend." Ways that cigarettes have been reliable companions, as well as the ways that they have betrayed the smoker, are developed in detail. Another chapter deals with useful alternative strategies to deal with anxiety when stopping smoking. The chapter titled "What is life?" invites the patient to explore past quitting attempts in order to find common threads in those experiences, and lessons for the present effort.

"Getting in touch with the pain" permits the patient to review the pleasures and the pains to which smoking has led. The negative aspects are explored as physical and emotional pain.

The workbook helps the smoker to approach quitting in a staged fashion, with gradual dose reductions. The exercises build on previous material in a coherent manner, to the point when the patient can discuss his or her readiness "to leave my friend, tobacco, because..." Farewell letters to cigarettes smoked, and greetings to the newly abstinent individual, are suggested exercises for the first days of recovery.

The final portions of the workbook explore attitudes about smoking, relaxation techniques, guided imagery, making amends, and preparing for relapse prevention. Maintenance skills are described. A section that explores the accomplishments involved with successfully quitting rewards the patient. For those already familiar with self-help recovery programs, an afterword puts the workbook into a Twelve Step context.

This is a program for smokers who have tried again and

BOOKSHELF



again to quit, without success. Although designed for a group setting, it can also be used for individual therapy. While my own advice to patients differs from Dr. Rustin's in some details (for instance, I advise patients against gradually reducing the number of cigarettes down to nearly zero per day before quitting) my disagreements

with him are minor ones.

This is an engaging and clearly written workbook for helping nicotine-dependent patients. A demanding program, it seems best suited for patients who are having substantial difficulties in becoming abstinent from nicotine, who are willing to make a fairly substantial commitment of time and effort, and who want a structure on which to develop a solid recovery from addiction to nicotine.

Reviewed by: John Slade, MD

New Brunswick, NJ

Ordering information: Discovery Publishing Company, 9731 Greenwillow, Houston, TX 77096. (713) 728-4473.

Version 4: 1989, Price: \$12.50, Patient Book (134 pp.); \$10.50, Facilitator's Guide; \$4.00, Smoking Dependence Scale.

White Rabbit - A Doctor's Story of Her Addiction and Recovery

by Martha Morrison, MD

In 1978, during her senior year at the University of Arkansas Medical School, the author was on "Codeine, coke, Demerol, pot, alcohol, and received the Upjohn Achievement Award (a national honor given to a medical student for outstanding research)."

In 1979, she was on "codeine, coke, Demerol, Mepergan - overdosed on Demerol and won the Outstanding Intern of the Year Award."

Beginning at age 12, Dr. Morrison was addicted to a cornucopia of drugs for 17 years. She was first hospitalized at 17. At age 29 she went into the chemical dependency treatment that led to her recovery. Today, eight years later, Dr. Morrison works in CD in Atlanta.

Dr. Morrison

Her mentor, and now her father-in-law, is ASAM board member G. Douglas Talbott, MD, who is quoted extensively in the book.

It is a fascinating, chilling, heartwarming, and provocative account of a modern woman-physician-drug addict, whose denial was enabled by the medical profession for many years until, finally, confrontation led to effective treatment.

Ordering information: Crown Publishers, Inc., 225 Park Avenue South, New York, NY 10003. 1989, Price: \$17.95 (240 pp.).



Additional Chemical Dependency Fellowships

<i>State</i>	<i>Facility</i>	<i>Contact/Address</i>	<i>Phone</i>	<i>No. Offered</i>
Georgia	Mercer University School of Medicine	Thomas Stammers, MD Alcohol & Drug Unit Charter Lake Hospital 3500 Riverside Drive Macon, GA 31209	(912) 474-6200	1
South Carolina	LifePlus	Bruce L. Eames, MD LifePlus 211 Century Drive #200A Greenville, SC 29607	(803) 242-2090	1
Ohio	St. Vincent Charity Hospital	Theodore V. Parran, MD St. Vincent Charity Hospital 2351 E. 22nd Street Cleveland, OH 44155	(216) 363-2625	1

PHYSICIAN/ "ADDICTIONIST"

We are looking for a physician "addictionist" to work with a multi-disciplinary treatment team at the VA Medical Center in Knoxville, Iowa. We offer an excellent benefit package, including your choice of a health benefit plan; life insurance, and an opportunity to participate in a tax saving and tax deferred investment in the thrift savings plan matched by an agency contribution. Benefits also include paid malpractice insurance, authorized education leave, 30 days annual leave, and 2 weeks sick leave per year.

Salary is based upon experience and qualifications.

Knoxville, Iowa, is a great place to call home. It is located in the heart of Iowa, approximately 45 miles from the capital city of Des Moines. Come and breathe our clean air and enjoy our excellent recreational facilities. Iowa schools are ranked with the top in the nation, and the Knoxville schools offer an excellent opportunity to take advantage of the well rounded educational program in a modern, small town atmosphere. The state also boasts many excellent universities, several within commuting distance of Knoxville. Travel the short distance to Des Moines to take advantage of varied cultural and entertainment activities.

For additional information concerning a medical career with the Federal Government, contact:
Dr. Stearly Alling, Chief, Psychiatry Service, Phone (515) 828-5030.

PRACTICE OPPORTUNITIES AVAILABLE

Treating chemically dependent patients requires the expertise of an experienced physician. Charter Medical has a reputation for offering high quality addictive disease programs.

Due to the growth of our hospital system, we now have several practice opportunities for physicians.

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Dear Editor:

I am concerned that we in the addiction field may not be paying sufficient attention to the interplay of addiction and violence. I am an emergency physician; director of our area's Regional Sexual Assault Management Unit; involved in the issue of domestic violence; and work in the addiction field.

I do not want to suggest a cause and effect relationship. However, too many times we all see situations where perpetrators of violent crimes are forgiven the results of their actions, simply because they were under the influence of mood-altering substances during their atypical behavior.

We who are in clinical medicine, and particularly in emergency medicine, see horror shows and zoo parades, notably on weekends when the incidence of alcohol and drug abuse escalates. The result seems to be an increase of violent activity.

Because of the tremendous financial gain involved with illegal drug use, we see another element of violence: those who profit exerting their control over others by means of violent behavior. It is easy to point the finger of blame at drug producing countries, such as Colombia. However, are we in North America not as guilty ourselves, and are we not as responsible for the deleterious effects of the drug trade here? I suggest that the only difference is that our sins are better hidden under bureaucratic veils in politics and in corporate North America.

May I suggest that ASAM consider looking in depth at the issue of violence and drug use. Perhaps this could be dealt with by one of the committees that already exists, such as the Trauma Committee, or the ASAM Board might consider establishing a separate committee to examine this poorly understood, yet tremendously important, relationship.

Leonard A. Hargot, MD
McMaster University Medical Centre
Hamilton, Ontario, Canada

Dear Editor:

I have worked diligently in the area of alcohol and drug addiction in pregnancy, and I am delighted that the *ASAM Policy Statement on Chemically Dependent Women and Pregnancy* was published in the September-October *ASAM News*. However, a critical part of any approach to this problem is a need for stabilization of women and fetuses who are toxic or in withdrawal. Programs designed for intervention or treatment cannot be carried out in patients that are not stable.

Although there is hopeful and constructive movement in this area by many individuals and groups, there is still a need for some real basic input. Without the key and critical element of detoxification/stabilization, all efforts to establish programs and procedures will be unusable.

Lance E. Monroe, MD
Tacoma, WA

LETTERS TO THE EDITOR

Dear Editor:

In the September-October issue of *ASAM News*, Sheila Blume noted three instances of local authorities taking coercive steps to prevent psychoactive drug use in pregnancy. The drugs involved in these highly publicized cases have not included nicotine, despite the fact that tobacco products cause prematurity and perinatal death, and complicate delivery. In fact, adverse intrauterine effects occur when the fetus' only exposure to tobacco smoke pollution is from the father!

The logical extension of efforts toward compelling pregnant women to not ingest harmful psychoactive drugs, would be to forbid them and their significant others to smoke tobacco products.

ASAM's forceful and articulate *Policy Statement on Chemically Dependent Women and Pregnancy* is a welcome counterweight to attempts to further criminalize addiction to psychoactive substances.

John D. Slade, MD
University of Medicine & Dentistry of New Jersey
New Brunswick, NJ

NEW MEMBERS

The following physicians joined or rejoined ASAM after the 1989 Membership Directory was published. Source: Judith Arthur.

In August and September:

Amelia Anne Alderman, Macon, GA
Saul Alvarado, Panama Zone
Gregory M. Amer, Roseville, MN
Peter C. Ankrom, Grant, FL
Gregory P. Aslanian, Lk Worth, FL
T. David Bedner, Houston, TX
Douglas R. Beu, Normal, IL
Maureen A. Bradley, Portland, OR
John L. Brodhead, Jr., L. Angeles, CA
Ronald J. Cavanagh, Tiverton, RI
Kevin Chartrand, Chardon, OH
Jim R. Clemons, Dallas, TX
William W. Daniel, Free Union, VA
Thomas A. Dukowitz, Stanford, CA
Robert B. Eanett, Lakeland, FL
H. T. Edmondson, Memphis, TN
Daniel M. Glick, Phoenix, AZ
Paul A. Grandy, Kingwood, TX
Josette Grossberg, Milwaukee, WI
Raul Jaime Guerrero, Grosse Ile, MI
Lionel Guillaume, New Orleans, LA
Robert E. Hankins, Minot, ND
William S. Herron, Atlanta, GA
Rana Hiren, Portland, OR
Keith S. Hughes, Montgomery, AL
Gregory B. Jackson, Milwaukee, WI

Said Jacob, Glendora, CA
Thomas S. Jhee, Atlanta, GA
Ann De Clue Johnson, Chicago, IL
Nancy L. Johnson, Shreveport, LA
Myra M. Kerstitch, Tucson, AZ
David H. Kiner, W. Palm Beach, FL
Steve Kuplesky, Baton Rouge, LA
Pedro Lazaro, Tampa, FL
Stuart Lerner, Malibu, CA
Ira Levin, San Antonio, TX
Lance P. Longo, Milwaukee, WI
James F. Marley, Dumont, NJ
Roy J. Mathew, Durham, NC
Donald E. Maurer, Gig Harbor, WA
Kevin S. Merigian, Cincinnati, OH
Candice Ann Moore, Nevada, MO
Carlos Robles Mora, Caguas, PR
Fred Nichols, Newark, NJ
Stuart Oserman, Park Ridge, IL
John A. Palege, Milwaukee, WI
Smita Patel, Winchester MA
Elliott R. Phillips, Newhall, CA
Marc L. Pollack, York, PA
Ronald Rebal, Bedford, TX
Eva Risling, Vancouver, Cda
R. J. Ross, Vernon, BC, Cda
Alan Rubin, Burlington, VT
Sylvia J. Schneller, Metairie, LA
Lisa R. Schroepfer, Gainesville, FL
Smith J. Shah, Wheaton, IL
Venkata K. Sharma, Kenosha, WI
N. Patricia Stockard, Shreveport, LA
Matthew B. Teolis, Sauk Village, IL
Bryan P. Tunink, Los Angeles, CA
B. A. Waisbren, Jr, Marblehead, MA
Mark S. Walmer, Tempe, AZ
Deena K. Weber, August, GA
Martha J. Wunsch, Tucson, AZ

ASAM CALENDAR

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

For conference listing on this calendar, please send information directly to Lucy B. Robe, editor, at least three months in advance.

- ◆
- ☐ **Florida Society of Addiction Medicine 3rd Annual Conference on Addiction: Orlando, Jan. 26-28.**
Richard Tyson, MD, FSAM, PO Box 8376, Coral Springs, FL 33075.
☎ 1-800-666-4909
- ◆
- ☐ **ASAM 4th National Forum on AIDS & Chemical Dependency: Miami, FL, Feb. 21-24.**
Conference Information (AIDS), PO Box 81691, Atlanta, GA 30366.
☎ (404) 458-3382.
ASAM Board Meeting: Miami, Feb. 25.
- ◆

For information about ASAM co-sponsorship of conferences, contact Claire Osman, ASAM-New York.

- ☐ **ASAM Annual Medical-Scientific Conference: Phoenix, AZ, Apr. 27-29.**
ASAM Board Meeting: Apr. 25.
Ruth Fox Course for Physicians: Apr. 26.
- ◆
- ☐ **ASAM 1990 Review Courses:**
Chicago: Oct. 11-13; New York: Oct. 25-27;
San Francisco: Nov. 8-10; Atlanta: Nov. 15-17.
- ◆
- ☐ **ASAM 1990 Certification Examination: Sat. Dec. 1,**
Chicago; Newark, NJ; San Francisco; Atlanta.
ASAM, 12 West 21 St, New York, NY 10010.
☎ (212) 206-6770
- ◆

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