

AMSAODD NEWS

American Medical Society on Alcoholism & Other Drug Dependencies

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548 Pass AMSAODD Exam

Five hundred and forty-eight physicians passed the most recent AMSAODD Certification Exam, given Dec. 17, 1988, to 669 physicians in Chicago, Los Angeles, New Orleans, and New York.

A total of 1,826 physicians have been certified by AMSAODD since 1986, the first year that this medical society offered the certification.

This means that about half of AMSAODD's more than 3,500 members are certified by the society.

No exam will be given in 1989; the next will be in December of 1990. AMSAODD membership is one requirement for sitting for the exam.

(more on certification p. 5)

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Ruth Fox, MD 1895-1989

**AMSAODD is a society of 3,500 physicians
who are concerned about alcoholism and other drug dependencies
and who care for persons affected by these illnesses.**

CONFERENCE DIGEST

AMSAODD's Third AIDS & CD Forum

Nearly 200 participants gathered in Miami for AMSAODD's Third National Forum on AIDS and Chemical Dependency Feb. 2-4.

New this year: registrants were assigned to one of 19 round tables, each with a facilitator, for the duration of the meeting. Most tables included either a PWA (person with AIDS), someone who was HIV positive, or someone living with a PWA.

The small groups discussed issues and made recommendations, which were combined, condensed, and presented back to the audience. For example, after presentations on special populations (adolescent, black, gay, women/pediatrics, Hispanic, psychiatric/dual diagnosed, rural/low incidence), each table was asked to discuss barriers to prevention and treatment strategies for one specific group. Cumulative suggestions were later shown the audience on transparencies.

Everyone interviewed by *AMSAODD News* said that this system of small groups not only made the conference emotionally rewarding, but also helped to make each participant feel like a useful contributor. At the conference close, registrants, facilitators, and speakers gave the PWA's a long standing ovation, and some people wept openly.

Women/Pediatric

Conference co-chair **Lori Karan, MD**, of Medical College of Virginia in Richmond, said that 52% of the 81,000 women with AIDS reported by the CDC are IV drug addicts. They tend not to see themselves as at risk and often do not tell their sex partners that they are either IV drug users or HIV positive, nor do they demand safe sex. Not only do half of these women risk bearing a child born HIV positive, but their pregnancies may prohibit their being accepted by some CD treatment programs. These women are ill prepared for motherhood: they focus on their own drug use, their babies are born drug-addicted which makes them "problem children," yet they believe that these children will solve all their emotional problems. Most wind up with incomplete custody.



Lori Karan, MD

Methadone, CD and AIDS

A panel of four physicians: **Sidney Schnoll, MD, PhD**, **Mary Jeane Kreek, MD**, NIAAA director **Enoch Gordis, MD**, and **James T. Payte, MD**, discussed methadone maintenance. Drug addicts who share needles are a particularly high risk group for exposure to the HIV virus.

Dr. Kreek, of Rockefeller and Cornell universities in New York City, described a study of long-term methadone users which indicates that, since methadone does not appear to affect the immune system, the drug seems to be a safe one for HIV positive people to take. "Lab and clinical test results show that methadone does not negatively affect immune functions and, if anything, allows normalization of some aspects of immune function which is abnormal during heroin addiction," Dr. Kreek told *AMSAODD News*. "It improves with steady-dose, long-term methadone treatment."

Luncheon speaker **Charles R. Schuster, PhD**, director of NIDA, also said research shows that methadone is not an immunosuppressant.

Peptide T

Pharmacologist **Candace Pert, PhD**, of the National Institutes of Mental Health, gave a lively description of a three-year effort to research, study, and arrange testing and licensing for Peptide T, "a promising new non-toxic drug for AIDS."

Findings from the first Phase I trial in L.A. (the first of three stages of safety trials) of the FDA approval process at the University of Southern California:

Six patients with AIDS received up to 2 mg Peptide T intravenously three times a day for three to four weeks. Exclusion Criteria: AZT or immunomodulatory drugs for 30 days prior to entry, Active-OI. All showed statistically significant improvements in attention, memory and other tests of mental functioning. Two had unilateral neurological impairments which cleared up completely in seven days. Watery diarrhea and psoriasis cleared during the test period. Five patients gained six or more pounds; one gained 17 pounds. All reported increased energy and sense of well-being, corroborated by nurses who documented greater activity. No consistent improvement in T4 cells could be detected, however increases in total T8 cells, which often precede T4 cell increases, occurred in several of the patients. No toxicities were observed.

"The scientific evidence that Peptide T is a logical, scientifically sound possible therapy for AIDS is compelling," Dr. Pert's office told *AMSAODD News* later. "The clinical data on the total of 13 patients in Sweden (*The Lancet*, Jan. 17, 1987, p. 159) and California, who have received this therapy to date, is very supportive considering the small dosage and short time Peptide T was administered."

Pros and Cons of HIV Testing in CD Units

The pros and cons of HIV testing in chemical dependency units were discussed by **Tom Zuck, MD**, of Cincinnati, **Robert Niven, MD**, of Detroit (former NIAAA director), **Stephan J. Sorrell, MD**, of New York City, and Benjamin Schatz, Esq., of San Francisco.

Dr. Niven, who said that "all CD units should offer/urge voluntary high quality HIV testing, with limits on confidentiality," presented the potential benefits of screening:

- relief from anxiety for the "worried well" (those in high risk groups who worry that they may be HIV positive but who test negative). And some who test positive are relieved: "even bad news is better than worry."

for those who test positive:

- increased motivation to engage in healthy behaviors,
- increased time to "get their affairs in order," and to respond both to decreasing health and to new treatments which will emerge.
- screening procedure may add to impact of general discussion with patients, and may enhance healthy behaviors.
- screening is consistent with treatment of other health problems, and may contribute to decreasing the stigma that is associated with AIDS.

- test results will enhance data base for research studies.

As did most of the speakers, including Dr. Sorrell, Dr. Niven emphasized the importance of **high quality counseling before and after HIV testing is done.**

Dr. Sorrell presented the "cons" of testing:

- prejudicial issues: such as possible job loss; women known to be HIV positive may lose their homes and insurance.
- therapeutic impact of testing: in a two-month study of 36 patients (1/3 HIV positive, 1/3 HIV negative, and 1/3 who chose not to be told test results) half of those who tested positive went on a drug binge, "acting out" at the news, compared with 30% whose urine still tested "dirty" in the other two groups.

- defocusing in CD treatment unit: if two or three patients are HIV positive, everyone focuses on *them*, instead of on their own recoveries.

"As a physician, I feel that testing is unwarranted," concluded Dr. Sorrell. "I do not recommend testing unless the client is involved in a long-term ongoing relationship in which testing is part of the relationship."

Mr. Schatz, who is director of of the AIDS Civil Rights Project, National Gay Rights Advocates, in San Francisco, said that the key is: will the test be valuable to the patient? Does the patient understand "informed consent?"

Does the patient understand the possible ramifications, such as discrimination?

According to Mr. Schatz, "people who have, or are perceived to be at risk for AIDS, have been fired from their jobs, evicted from their homes, refused services by businesses and

government agencies [including some insurance companies], and denied visitation with their children. Doctors who treat people with AIDS have been evicted from their offices, while other medical personnel have simply refused to offer treatment. Even after death, discrimination may persist; several funeral homes have refused to accommodate the bodies of people who have died of AIDS."

And "people with positive test results have been denied employment, child visitation privileges and even bail because of their antibody status. In addition, the military, the Job Corps, the Peace Corps, and the United States Foreign Service have established a policy of rejecting job applicants who test positive for HIV antibodies."

Other considerations: Must test results be told to the state? Should the patient inform sex partner(s)? Needle partner(s)?

"Do not assume that your staff all understand about violating medical ethics and confidentiality," warned Schatz. If one person tells just one other, "the news can get all over town."

"And be careful what you write in a patient's medical chart. Some insurance companies will no longer insure HIV positive people."

Conference Evaluations

"Evaluations were mixed," **Melvin I. Pohl, MD**, conference co-chair, told *AMSAODD News*. "This is because people came to the conference looking for state-of-the-art knowledge. Everyone wanted facts, answers, and tools to take home with them. Instead, much of what they got was *more* questions, but they were *state-of-the-art* questions."

Dr. Pohl is medical director of PRIDE Institute in Minnesota.

Proceedings of the conference will be published in *Journal of Psychoactive Drugs*.



Melvin I. Pohl, MD

Tapes of the presentations are available from Infomedix, 12800 Garden Grove Blvd, Ste F, Garden Grove, Ca 92643. Phone: (714) 530-3454.



Next AMSAODD AIDS & CD Forum: Feb. 22-24, 1990, Miami. Chair: Dr. Pohl, co-chair: Dr. Siegel.

Larry Siegel, MD, chair
AMSAODD Committee on
AIDS and Chemical
Dependency



PRESIDENT'S MESSAGE

In my two years as president, and the four years before as Certification Committee chair, AMSA has become AMSAODD and now probably ASAM. It has grown rapidly and changed radically, from a

small personal group with three 3-hour board meetings a year and no money, into a complex institution of increased stature and influence.

Membership has quadrupled to over 3,500. Half the members are now certified by AMSAODD; we hold an annual certificate ceremony. We have joined the AMA House of Delegates. Over 30 committees are active in many enterprises, including a new annual conference on nicotine dependence, and four position statements ratified by the board.

The organization is fueled by a huge number of members who volunteer large investments of energy, skills, and money (in unreimbursed travel expenses and lost time from work). These include all board and committee members.

We are also supported by a skilled and dedicated staff, which has coped with wild growth and rapidly changing job descriptions with resourcefulness and good humor.

Although I could name dozens of people, I would like to thank several who have particularly helped me in my presidency, and who knew me when:

Claire Osman, who was unfailingly gracious while keeping us organized.

Gail Jara and Tony Radcliffe, who taught me all I know about certification, and without whose patience, persistence, and belief in our goal, it would never have happened.

Bill Hawthorne, for trying to keep us solvent and solid.

Manny Steindler, who made my life as president much more livable, and who made me look good.

Lucy Barry Robe, who developed this newsletter into a powerful communication system for transmitting information and ideas. As the organization has grown too large for personal and informal channels, this publication has become a crucial link between committees, board, officers, and membership. She has made it look easy and inevitable. Without her work, members would have very little way of knowing where they were needed, how to participate and contribute, what activities were underway, and what they were getting for their dues.

And finally, because they allow me to leave my job confident that the society is in good hands, I want to thank the new executive director; and especially **Jasper Chen See**, incoming president, who brings his stature, calm, and diplomatic skills to implement his passionate belief that everyone in the alcoholism field can work together toward our shared goals. Thank you all.

Margaret Bean-Bayog, MD
President 1987-1989

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* A complimentary copy has already been sent to all AAP members.



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ABOUT AMSAODD

Five Regional Directors Elected

Results of the recent election of five regional directors are in. Each region voted for its own director, deadline for ballots was March 27. Terms run four years beginning this month.

Region I: **Marc Galanter**, MD, of New York City.

Region II: **Garrett O' Connor**, MD, of North Hollywood, California.

Region V: **Lynn Hanks**, MD, of Miami, Florida.

Region VII: **Ken Roy**, MD, of Chalmette, Louisiana.

Region IX: **Elmer H. Ratzlaff**, MD, of Vancouver, Canada.

Attention Certified Members

A field test is scheduled for Friday, April 28, during the Medical-Scientific Conference in Atlanta. Anyone certified by AMSAODD can sign up to be one of 60 who will have dinner hosted by the AMSAODD Exam Committee, and to field test the questions for the 1990 exam. To reserve a space or for more information, call Gail Jara at (415) 428-9091.

Certificate Ceremony Saturday April 29 in Atlanta

This year's AMSAODD luncheon will again feature the awarding of certificates in person to members who passed the 1988 AMSAODD certification exam.

The luncheon will be at the Hyatt Regency Atlanta in Peachtree Center, during the AMSAODD Medical-Scientific Conference, on Saturday, April 29, at noon.

As in 1987 and 1988, a photographer will be available to take pictures of physicians with their AMSAODD certificates directly after the ceremony.

Conference registration materials, including information about this luncheon, were sent to all AMSAODD members the end of January.

Certification Terminology

The following certification terminology was recommended by the AMSAODD Board in April 1987, and was published in the May 1987 issue of *AMSAODD News*. At its Feb. 1989 meeting, the board voted to republish this information, in hopes that all members who have been certified by AMSAODD will use it as a guide on their c.v.'s and public relations material.

• For c.v.'s

Certified in alcoholism and other drug dependencies through examination by the American Medical Society on Alcoholism and Other Drug Dependencies (physician adds individual date and certificate number).

(continued)

• Official Meaning of Certification

"AMSAODD certification" signifies that the recipient is knowledgeable and expert in the field of alcoholism and other drug dependencies as demonstrated by successful completion of a written examination.

"Certified members" are those certified by AMSAODD as knowledgeable and expert in the field of alcoholism and other drug dependencies.

Syllabus Sale Ends Apr. 30

The \$15 sale price for AMSAODD's Review Course Syllabus, as announced in the Jan.-Feb. issue of *AMSAODD News*, will end April 30. The Review Course Committee decided to use this version of the syllabus again for the 1989 course in Orlando, Florida, Oct. 19-21. Registrants will receive the syllabus free.

After April 30, the syllabus price will be \$35 for AMSAODD members and \$45 for nonmembers. The 394-page book is available from the New York office.

Board Urges Comprehensive Prescription Drug Diversion Control

The AMSAODD Board called for improved monitoring of controlled drugs by both the federal government and individual states, including appropriate intervention when these drugs are manufactured, distributed, or prescribed for nontherapeutic purposes. (See *Position Statement p. 7*)

The statement reports the success of the AMA's prescription abuse data synthesis (PADS) project, and recommends that PADS be adopted in all states. Now operating in half the states, PADS gives both regulators and the health professions specific information on who is diverting which drugs and for what purpose.

"Identifying the perpetrators not only aids law enforcement, but it offers a potential for remedial measures, such as continuing education, in cases where practitioners are unwittingly misprescribing," AMSAODD's executive director E. M. Steindler told the AMSAODD Board Feb. 5.

AMSAODD sent the new position statement, with a press release, to federal and state agencies concerned with the regulation of controlled substances.

Board Deplores VA Alcohol/Drug Cuts

At its February meeting the AMSAODD Board approved the following official statement, which was sent to the VA Central Office and to the US Senate Committee on Veteran Affairs:

"AMSAODD deplores what are, in effect, disproportionate reductions in support for the treatment of alcoholism and other drug dependencies by the Veterans Administration. These treatment services are already underfunded in relation to the breadth and gravity of the problem."

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POSITION STATEMENT

AMSAODD Position Statement on Policies to Counteract Prescription Drug Diversion

Background of the Problem

Diversion of prescription drugs, including non-therapeutic use, is a part of society's overall drug problem that is of special concern to physicians. Several measures have been proposed to combat this problem, using educational, rehabilitative, and disciplinary approaches.

Policy Statement

AMSAODD strongly supports measures to counteract prescription drug diversion that do not violate the confidentiality of the physician-patient relationship, including:

1. Education of physicians and all other health professionals licensed to prescribe, dispense, or administer prescription drugs.
2. Analysis of patterns of manufacture, distribution, and sales of psychoactive drugs which have abuse potential.
3. Analysis of patterns of prescribing of these drugs by individual practitioners.
4. Intervention in cases of manufacture, distribution, or prescription of these drugs for non-therapeutic purposes, including education, rehabilitation, and legal sanctions as appropriate.
5. Improved monitoring of controlled drugs, by both the federal government and the individual states.
6. Because of the record of success of the Prescription Drug Abuse Data Synthesis (PADS) system in developing information and intervention strategies that are useful in combating the problem of prescription drug diversion, AMSAODD endorses this program of the American Medical Association, and recommends its adoption in all states.

**Adopted by AMSAODD
Board of Directors
Feb. 5, 1989**

Copies of this and other AMSAODD position statements are available free by writing:
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12 West 21st Street, New York, NY 10010

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COMMITTEE NEWS

Standards & Economics of Care

David Mee Lee, MD (chair) reports that the committee has "completed the process of reworking the Cleveland Criteria" for adult admission, transfer, and discharge in multiple standards of care. (See *AMSAODD News* July-Aug. 1988, p. 3.)

A joint committee of AMSAODD and NAATP (National Association of Addiction Treatment Providers) members plans to produce one document for the field that will meld and supersede the others. "The goal is to subsume all of the separate statements on criteria that the Standards & Economics of Care Committee has been working on during the past several years into one set of comprehensive guidelines," said Dr. Mee Lee.

Two New Committees Seek Members: Members-in-Training

Anyone interested in this new committee can contact the co-chairs:

David Gastfriend, MD, West End Group Practice, Mass. General Hospital, Fruit Street, Boston, MA 02114.
Phone: (617) 726-2712.

Daniel Glatt, 50 Wilvey St, Apt. 1, Tarrytown, NY 10591. Phone: (914) 332-7410.

Includes medical students, house officers, fellows, and foreigners in their first year of medical practice. Initial goal of this committee is to increase AMSAODD membership in these categories.

Cross-Cultural Clinical Concerns

Andrea Barthwell, MD, chair of the new Committee on Cross-Cultural Clinical Concerns, would like to hear from AMSAODD members interested in serving on this committee and/or in meeting informally during the AMSAODD Medical-Scientific Conference in Atlanta this month.

The committee plans to explore clinical and research issues in the treatment of addictions in minority groups.

Dr. Barthwell's office is at 1234 South Michigan, Chicago, IL 60605. Phone: (312) 663-1020.

Membership

Dues for retired members will be \$15 per year, beginning in 1990. Of 15 retired members approved by the board in February, five have belonged to AMSAODD since the 1960s.

A new category of member was approved by the board: "disabled, currently unemployable." These names will be submitted for board approval in same fashion currently followed for retired members.

LeClair Bissell, MD, is chair.

Methadone

AMSAODD has given qualified support to an FDA/NIDA proposal to help stem the spread of AIDS in IV drug users.

The proposal is for temporary minimum methadone maintenance service for narcotic addicts who are on waiting lists for traditional comprehensive maintenance treatment.

AMSAODD acknowledged that providing methadone to persons who might otherwise continue IV drug use could reduce the incidence of HIV infection. However, the society predicted that if minimum services do not include screening urine for other drugs, and the capability of offering additional treatment for polydrug addiction, the plan would not deter some narcotic addicts from injecting "non-opioid drugs, especially cocaine, before or after receiving their daily oral methadone dose at the clinic."

To insure the best possible patient care, AMSAODD recommended that this interim treatment be directed by a physician knowledgeable in addiction medicine who understands "addictive diseases and their processes."

J. T. Payte, MD, chairs this committee.

Trauma

Joseph J. Zuska, MD, has retired as chair. A former president of AMSAODD, Dr. Zuska has also retired from Saint Joseph Hospital in Orange, California, where he was the founding director of Family Recovery Services. "I am retiring to devote my time to hobbies and living," Dr. Zuska wrote *AMSAODD News*.

Old-timers will recall how Dr. Zuska founded the Naval Alcoholism Program: in 1965, he persuaded the US Navy to start alcoholism education and outpatient treatment in a small Quonset hut at the Naval Station in Long Beach, California. A weekly AA meeting was also held in the hut. "Two years later we opened an 80-bed clinic in an obsolete World War II barracks," Dr. Zuska told *Alcoholism Update* in 1981. "With this pilot research project, the program was on its way."

Max A. Schneider, MD, another former AMSAODD president, is the hospital's new medical director of Family Recovery Services.

Carl A. Soderstrom, MD, of Baltimore, will be the new committee chair.

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IN MEMORIAM

Ruth Fox, MD AMSAODD Founder Dies at 93

"Pioneer: one who ventures into unknown or unclaimed territory to settle."

The American Heritage Dictionary

Ruth Fox, MD, 93, AMSAODD's founder and first elected president, died in her sleep March 24 at a nursing home in Washington, DC.

In 1954, AMSAODD was called the New York Medical Society on Alcoholism. Members met in Dr. Fox's apartment on East 52nd Street in New York City. When it became the American Medical Society on Alcoholism (AMSA) in 1967, she was elected the first president. Her vice president was Marvin A. Block, MD, who - in a poignant coincidence - also died last month (*see p. 11*).

Dr. Fox had found that alcoholics in her psychoanalytic practice did not recover when she used conventional analytic approaches. According to Enoch Gordis, MD, current director of the NIAAA, an associate who knew her well, she would joke that her patients "got lots of insight and stayed drunk!" Then, "in a remarkable act of intellectual courage" Dr. Fox began treating alcoholics with new techniques.

"She taught the sitting patient about alcoholism as a disease, explained the value of AA, and prescribed Antabuse, which she herself brought over from Denmark," said Dr. Gordis. "She brought AA meetings into her living room for her patients, and introduced group therapy and psychodrama as well. She was largely responsible for beginning the effort to bring alcoholism into the mainstream of medical concerns. She was a graceful and lucid writer on alcoholism and its treatment, an irresistible lecturer, and an extraordinarily gifted therapist to watch in action.... We are all her heirs...."

Dr. Fox graduated from Rush Medical College in Chicago. She also studied medicine in Paris, Vienna, Frankfurt, Peking, Denver, and New York City.

She was a fellow of the American Psychiatric Association, the New York Academy of Medicine, the American Academy of Psychoanalysis, the American Public Health Association, and the American Society of Clinical Hypnosis. She was the first medical director of the National Council on Alcoholism (in 1958), and she received NCA's Silver Key Award in 1972.

In 1973, Dr. Fox received the AMSA Medal (now the annual AMSAODD Award). In 1980, the year after she retired, AMSAODD started the Ruth Fox Course for Physicians, a highlight of the annual AMSAODD Medical-Scientific

Dr. Fox



conference. The Ruth Fox Course, which attracts hundreds of doctors, will be given this year on Thursday, April 27, at the Hyatt Regency Hotel in Atlanta.

Dr. Fox not only treated hundreds of patients as a psychiatrist, but she also published widely on alcoholism, beginning in 1952 with "Psychotherapeutics of Alcoholism," a chapter in *Specialized Techniques of Psychotherapy*. She wrote books, chapters in colleagues' books, and numerous scientific articles, on topics from treatment to family, industrial, and pharmacologic issues.

She lectured regularly, trying to educate doctors and others about alcoholism as a disease.

Alcoholism, Its Scope, Cause and Treatment, by Dr. Fox and Peter Lyon, was published in 1955 by Random House. The book's eloquent ending is still pertinent today:

"It remains only to say a few words about whether alcoholism can be cured ... Alcohol is a drug. It is a toxic drug. It performs certain useful functions for society as a whole, and for a large number of people it constitutes a pleasant ingredient in a beverage. But surely it is incorrect to say that he is a completely well person who is able to drink a toxic drug without doing himself damage. It would seem more correct to say he is a completely well person who, understanding why he once needed such a toxic drug to get along in life, now no longer has any slightest desire to depend on it.

"The completely healthy man - physically, mentally, and emotionally - is the man who needs to repose no reliance on a drug ... The goal we should aim for is a society in which there will be more of us sufficiently free of tension, sufficiently capable of amity and love for our fellows, that drugs will be confined to the medicine shelf. In such a society, reality could be so pleasant that there would be no need to seek a temporary euphoria."

◆
"We are all her heirs..."

Enoch Gordis, MD
NIAAA Director

Marvin A. Block, MD

AMSAODD's First VP - Age 86

With deep sorrow, this newsletter must report the sudden death of an invaluable cohort, Marvin A. Block, MD, of a heart attack. He was 86.

When this writer was but learning the nature of alcoholism, Marvin Block had already dedicated his lifelong professional efforts to the prevention, early detection, and treatment of the disease.

Born and trained in Buffalo, he initiated treatment services at his local hospital, and teaching efforts at his medical school (SUNY Buffalo). He took his concept of the disease nature of alcoholism to the American Medical Association. While chairing the AMA's subcommittee on alcoholism, Marvin realized one of his proudest accomplishments: the affirmation by organized medicine that alcoholism is an illness and that its care is the responsibility of physicians.

Although proud of the physician's role, Marvin never lost sight of the importance of other dedicated workers in this field. He was a close friend of Marty Mann and of the National Council on Alcoholism. He was president of the Buffalo Council on Alcoholism, vice president of the National Council on Alcoholism, and, for many years, chair of the committee on alcoholism of the Medical Society of the State of New York (MSSNY). He wrote and edited a number of well-received texts on this subject.

I had the good fortune to meet Marvin in the early 1950s, through the fledgling New York Medical Society on Alcoholism (now AMSAODD). He invited me to write a chapter for one of his textbooks, and later, to join his MSSNY Committee. In the 1960s, he became active in AMSA (another former name of AMSAODD); he served as our initial vice president. I had the honor of presenting the first AMSA Medal of Achievement to him in 1972. In the mid 1960s, we initiated the Physicians Section of The Utah School of Alcohol Studies together. Just a few years ago, I was invited to Buffalo to present Marvin with an award in recognition of his dedication and service in his chosen field.

Wherever I met Marvin during the early years, his wife



Lillian was invariably with him; during her long battle with rheumatoid disease, his dedication to her and their mutual pleasure with the other's company was sheer delight to see. After he lost Lillian a few years ago, Marvin's activities seemed suddenly to pause for the first time. But even then, his willingness to work hard and long in his profession won out. He assisted Dr. Herb Peyser and me with our textbook on alcoholism, re-joined the committee on alcoholism of MSSNY, and participated in the treatment of impaired physicians in New York State.

"...one of his proudest accomplishments: the affirmation by organized medicine that alcoholism is an illness..."

This past January, inclement weather failed to deter Marvin from attending one of our Committee meetings, even though it meant traveling from Buffalo to Lake Success. As usual, the sparkle in his eye and the sprightliness of his step were equaled only by his sartorial splendor. He complained that all of the men in his tennis group had progressively expired over the years, and his game was finally limited to playing in a foursome with their widows!

Godspeed, good friend, and I hope that tennis and Lillian's good company await you.

Stanley E. Gitlow, MD
New York, NY

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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LETTERS TO EDITOR

Dear Editor:

In response to the AMSAODD (ASAM) call for input about ineffective or redundant pharmaceuticals which might be taken off the market (*AMSAODD News, Nov.-Dec., p. 12*) I propose the following for consideration.

Sedatives/hypnotics

Glutethimide (Doriden), *methyprylon* (Noludar), *ethchlorvynol* (Placidyl), *ethinamate* (Valmid). These agents have been superseded by benzodiazepines for all of their formally acceptable medical uses, and all are significantly dependence-producing.

Meprobamate (in all its forms). Also superseded by benzodiazepines and also addictive, although less troublesome than those listed above.

Tuinal. I cannot think of any legitimate therapeutic use for a barbiturate combination product such as this one. There may also be some redundancy among the individual barbiturate products on the market; e.g. *secobarbital* and *pentobarbital* are very similar and their use is really limited to detoxification from sedative/hypnotics.

Benzodiazepines

These are valuable agents, but there are too many "me-too" benzos on the market. I would suggest the following candidates for elimination on the grounds of redundancy: *halazepam*, and *chlorazepate* (Tranzene). There are also sev-

"... there are too many 'me-too' benzos on the market."

eral pointless benzo combination drugs, including *Limbitrol* (*chlordiazepoxide* and *amitriptyline*) and *Menrium* (*chlordiazepoxide* and *estrogens*) which have minimal if any therapeutic usefulness.

I do not (yet) believe that *alprazolam* (Xanax) should be taken off the market. But, I do believe that, because of its potential for more rapid addiction and more severe withdrawal symptoms, this drug is significantly more hazardous than other benzodiazepines, and it should be controlled more tightly (e.g. as a Schedule II drug).

Anorexics

Phenmetrazine (Preludin). This is possibly the most addictive of a generally dubious class of pharmaceuticals.

Miscellaneous

Carisoprodol (Soma). Undoubtedly the most addictive of all non-controlled pharmaceuticals available in this country, with no unique therapeutic value.

Part of the problem with these agents, as well as with several other drugs no longer marketed in the United States, is that manufacturers respond to their declining reputation in this country by unloading them in Third World countries such as Mexico. Thus they not only cause problems in the country of their original destination, but also they are easily diverted and make their way back to the U.S.

I agree that it might be appropriate for AMSAODD to work towards a reevaluation of some dependence-producing pharmaceuticals. I would be happy to contribute some time to this effort.

Jonathan E. Berman, MD
Chemical Addiction Rehabilitation Section
Veterans Administration Medical Center
Portland, OR

Dear Editor:

I had been unaware of this situation. [See *New York Times* letter below--Ed.] What can be done from AMSAODD's point of view to deal with this absurd and potentially tragic situation?

I would like to be involved in AMSAODD's response to this, as an addictionologist who is also a psychiatrist, and, additionally, as a physician who is outside of the State of New York, and who thus might be considered to have some objectivity.

Michael M. Miller, MD
Eau Claire, WI

On Dec. 8, 1988, *Harvey L. Lerner, MD, of Smithtown, Long Island, New York, wrote the following letter to the New York Times. Dr. Miller's letter was in response to it:*

"New York State scrupulously shields from the government the identity of people who are tested for acquired immune deficiency syndrome or who may have AIDS but wish not to be tested, even when others are placed at risk by this policy.

"But, beginning Jan. 1, a prescribing doctor must send the name of every patient who uses even the smallest quantity of a minor tranquilizer (*Librium, Valium, Xanax*) to the state agency that deals with drug abuse. These files may eventually become available to employers, mortgage lenders and life insurance companies.

"Why is the privacy of the victim of a panic disorder, who might need *alprazolam*, less sacred than that of an intravenous drug user, who might have AIDS?"

Dear Editor:

I wish to cast my vote against an AMSAODD stance regarding "good drug/bad drug" determinations.

At first blush, Dr. Steven Martin's argument (*AMSAODD News, Nov.-Dec., p. 12*) is quite compelling. However, it represents a personal prejudice based on false syllogism.

AMSAODD is an organization of physicians dedicated to the treatment of alcoholism and other chemical dependencies. We are not a temperance society, we are not pharmacologic nihilists, nor should we attempt to dictate which chemicals should or should not be within the medicinal armamentarium.

I, for one, shall continue to teach, educate, empathize and treat; then to allow for the individual dignity of choice. Attempted prohibition has proven itself to be ineffectual in every human act from eating apples to sexual preference. Even physicians could profit from learning not to throw stones.

I do not believe that AMSAODD should allow itself to be seduced into nonproductive arguments regarding drug efficacy or value.

Robert H. Peterson, MD
Veterans Administration Medical Center
U.C. San Francisco, Dept. of Psychiatry
Fresno, CA

Dear Editor:

I attended the Florida chapter of AMSAODD meeting in Ft. Lauderdale Jan. 28. As reported in the Jan.-Feb. issue of *AMSAODD News*, Irl Extein, MD, of Florida's Fair Oaks Hospital, said that he uses drugs in cocaine withdrawal to relieve enough distress to keep the patient in treatment and thus to prevent relapse.

Between Sept. 1986 and Nov. 1988, Hanley-Hazelden treated 141 patients with primary cocaine addiction. Of these, 73 smoked crack, 41 snorted cocaine, and 10 were primarily IV users.

In these patients, cocaine withdrawal symptoms during the first week were primarily guilt, fear, anxiety, tremor, slight diaphoresis, insomnia, and craving for cocaine. These were mostly resolved within seven days of admission, and none required sedative or any other drugs for control or for relief.

We have found that the vital factor for reducing fear, anxiety, paranoia, and craving for cocaine early in the treatment of cocaine addiction is not drugs. Instead, it is immediate involvement in the CD treatment process, with the care and support of staff and peer group.

I will present these findings in more detail in a poster "Cocaine Withdrawal Without Medication" during the AMSAODD Medical-Scientific Meeting in Atlanta on Apr. 29.

Gerald A. Summer, MD
Hanley-Hazelden Center, West Palm Beach, FL



WHEN THE "MERRY-GO-ROUND" ISN'T SO MERRY ANYMORE

For those who have gone round and round with alcohol getting nowhere...for those who want to get off drugs but can't...and for their families who've been taken

along on the ride...there's treatment and recovery at Mediplex managed facilities.

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And all supported by an extensive aftercare network designed to serve client needs throughout transition and into that new way of life.

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Conifer Park, Scotia, NY (518) 399-6446
Mountain Wood, Charlottesville, VA (804) 971-8245
Spofford Hall, Spofford, NH (603) 363-4545

GRANTS

200 Medical Student Scholarships Available for Summer 1989

The J. M. Foundation with the Scaife Family Foundation is again offering medical student scholarships - 200 of them this year - for alcohol and drug studies at 14 one-week to three-week institutes and summer schools across the country. Scholarships cover room, board, and travel. Two new programs included this year are: Brown University's Center for Alcohol and Addiction Studies, and Johns Hopkins Medical School.

Some 700 medical students have participated in this program since it began in 1984, "a rare opportunity for medical students to become knowledgeable about a major health problem which is not adequately addressed in medical education."

Information:

The J. M. Foundation, 60 E. 42 St, Ste 1651, New York, NY 10165. Phone: (212) 687-7735.

Scaife Family Foundation, PO Box 268, Pittsburgh, PA 15230. Phone: (412) 392-2905

Robert Wood Johnson Grants "Fighting Back" Deadline May 1

AMSAODD member W. Anderson Spickard, Jr, MD, professor of medicine at Vanderbilt University, is director of a new Robert Wood Johnson Foundation grant program called *Fighting Back*.

"This is an eight-year program which will make available \$26.4 million to support community initiatives to reduce the demand for illegal drugs and alcohol in communities with populations of 100,000 to 250,000 persons," Dr. Spickard told *AMSAODD News*. "As a physician with a deep commitment and long experience with patients with alcohol problems, it occurred to me that other members of AMSAODD would like to know about *Fighting Back* and may, in fact, want to take leadership roles in applying for grant funds in eligible communities."

Up to 12 U.S. communities can receive one- or two-year planning grants of \$100,000 per year. Eight communities will be selected to carry out their strategies for education, prevention, treatment, and aftercare, using subsequent grants of \$3 million each over five years.

Deadline for "letters of intent" from eligible applicants is May 1, 1989; and for completed proposals is Sept. 1, 1989.

Application guidelines are available from:

W. Anderson Spickard, Jr., MD, Room 2553,
The Vanderbilt Clinic, 1301 22nd Ave South
Nashville, TN 37232-5305.

MEDICAL DIRECTOR CENTER FOR ADDICTIVE DISEASES

Baylor University Medical Center, a 1455 bed teaching hospital that operates a 54 bed addictive disease program, is currently seeking a dynamic individual for the position of Medical Director. Will be responsible for direction of patient care, clinical supervision, program planning and marketing. A thorough understanding of addictions and treatment methods, and licensure in the state of Texas, are required. Please send inquiries in confidence to: Nancy Viamonte, AVP, Baylor University Medical Center, Collins Administration, 3500 Gaston Ave, Dallas, TX 75246 or call (214) 820-3576.

ST. LUKE'S HEALTH SYSTEM CHEMICAL DEPENDENCY

We are recruiting for a fulltime employed Staff Physician to be responsible for adult inpatient detox/rehab and adult/adolescent outpatient programs. Hospital based, 12-step philosophy, BC/BE Internal Medicine or Family Practice preferred. AMSAODD certified or eligible.

Good benefits. Please forward resume to: Lisa Sparks, MD,
c/o St. Luke's Health System
Employment Office
1800 E. Van Buren
Phoenix, AZ 85006
or call (602) 251-8336

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CHEMICAL DEPENDENCY Northeast Ohio

A full-time salaried position as Medical Director of Alcohol and Drug Treatment Center located in a 814-bed affiliated teaching hospital of the Medical College of Ohio. The duties include clinical direction, as well as coordination of training program for medical students and residents assigned to the center for an educational experience. Preferred candidate should be BE/BC by AMSAODD. The hospital is located in the fourth largest city in Ohio. Excellent salary with benefits is offered. For further information, contact:

Pat Kassel
VHA Physician Placement Services
2000 Warrington Way
Suite 250, Louisville, KY 40222
1-800-626-1857
In KY 1-800-292-1856

Chemical Dependency Fellowships

<i>State</i>	<i>Facility</i>	<i>Contact/Address</i>	<i>Phone</i>	<i>No. Offered</i>
New York	St. Vincent's Hospital & Medical Center of New York	Neil Goldman, MD, Chief Alcoholism Service, Dept. of Psychiatry St. Vincent's Hospital & Medical Center of New York 203 West 12th Street, New York, NY 10011		1
New York	New York Hospital/ Cornell Univ. Medical Center	Robert B. Millman, MD NY Hospital/Cornell Univ. Medical Center 411 E. 69 St, New York, NY 10021	(212) 746-1249	1
Texas	Charter Hospital of Dallas	Michael J. Healy, MD Medical Director, CDU Charter Hospital of Dallas 6800 Preston Rd, Plano, TX 75024	(214) 964-3939	1
Virginia	Medical College of Virginia Hospitals/Virginia Commonwealth Univ.	Sidney H. Schnoll, MD, PhD, Chairman Substance Abuse Fellowship Division of Substance Abuse Medicine Medical College of Virginia Hospitals Box 109, MCV Station, Richmond, VA 23298-0109	(804) 786-9914	1

ADDICTIONOLOGIST**FP/IM/PSYCH**

Full time position available to work in association with two other MD's in a hospital chemical dependency program which includes adult/adolescent inpatient, day hospital, and outpatient treatment services.

Mid-Maine Medical Center is a 300-bed regional referral hospital located in the Belgrade Lakes region of central Maine. One hour from coast and major ski resorts. Three hours from Boston.

Send CV to:
Richard Corbett, MD, Director
Recovery Program
Mid-Maine Medical Center
Waterville, ME 04901
EOE

**BOARD CERTIFIED PSYCHIATRIST
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Sheppard Pratt Health System, Inc., is a private psychiatric center for treatment, education and research. The Sheppard and Enoch Pratt Hospital is currently seeking a qualified Board Certified psychiatrist to serve as Service Chief for a 19-bed innovative, multi-disciplinary chemical dependency unit.

Clinical responsibilities include: pre-admission interviews; diagnostic assessments; monitoring all medically related issues; supervision of residents; and some direct patient care. Service Chief conducts individual and group therapies, leads team meetings, guides staff members, and provides educational and clinical leadership.

Qualified candidates must be Board Certified in psychiatry and possess current license to practice in Maryland at time of appointment. A minimum of 2 to 5 years of progressively responsible clinical and administrative experience is necessary.

Sheppard Pratt is located 20 minutes from downtown Baltimore, beautifully situated in a park-like setting. We offer generous salary and comprehensive benefits. Please send resume to:

Dr. Steven Sharfstein,
Vice President and Medical Director,
The Sheppard Pratt Health System, Inc.,
6501 N. Charles St,
Baltimore, MD 21285.
Phone: (301) 938-3000
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AMSAODD CALENDAR

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

Information about AMSAODD co-sponsorship from Claire Osman, AMSAODD-New York. For conference listing on this calendar, please send information directly to Lucy B. Robe, editor, at least three months in advance.

◆
• **1989 AMSAODD Medical-Scientific Conference** (also the NCA Forum): Atlanta, Apr. 27-30.

AMSAODD Board: Apr. 26

Ruth Fox Course: Apr. 27

AMSAODD Annual Breakfast Meeting: Apr. 28

AMSAODD Awards & Certificate Ceremony

Luncheon: Sat. Apr. 29

AMSAODD-New York office.

◆
• **Soberfest Conference: A Day with the Experts:** Statesboro, GA, May 4.

Willingway Hospital, 311 Jones Mill Rd, Statesboro, GA 30458.

Phone: (800) 235-0790. (Georgia: 800-242-4040)

◆
• **SECAD West: Long Beach, CA, May 17-20.**

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

Phone: (800) 845-1567

◆
• **2nd Annual Northwest Conference on Addictions:** Seattle (Bellevue), WA, May 17-20.

The Institute for Integral Development, PO Box 2172, Colorado Springs, CO 80901.

Phone: (719) 634-7943

◆
• **Healing the Child Within:** St. Cloud, MN, June 2-3.

Psychotherapeutic Resources Training Institute, 325 N. 33rd Ave, #103, St. Cloud, MN 56303.

◆
• **What Is Chemical Dependency Treatment All About?:** Laguna Hills, CA, June 7.

Community Psychiatric Centers Laguna Hills Hospital, 24502 Pacific Park Drive, Laguna Hills, CA 92656-3035.

Phone: (714) 831-1166

◆
• **Research Society on Alcoholism Annual Meeting:** Beaver Creek, CO, June 10-15.

Research Society on Alcoholism, 4314 Medical Parkway, Ste 300, Austin, TX 78756.

Phone: (512) 454-0022

◆
• **Rutgers Summer School of Alcohol Studies:** New Brunswick, NJ, June 18-23.

Education and Training Division, Center of Alcohol Studies, Smithers Hall, Rutgers University, New Brunswick, NJ 08903.

Phone: (201) 932-2190

◆
• **Legal Aspects of Addiction Medicine:** San Francisco, June 23-24.

Calif. Society for the Treatment of Alcoholism and Other Drug

Dependencies, 3803 Broadway, Oakland, CA 94611.

Phone: (415) 428-9091

◆
• **38th Annual University of Utah School on Alcoholism and Other Drug Dependencies:** Salt Lake City, UT, June 18-23.

PO Box 2604, Salt Lake City, UT 84110.

Phone: (801) 538-3956

◆
• **AMSAODD 2nd National Conference on Nicotine Dependence:** Chicago, Sept. 21-24.

AMSAODD, 6525 West North Ave, Oak Park, IL 60302.

Phone: (312) 848-6050

◆
• **AMSAODD Review Course:** Orlando, FL, Oct. 19-21

AMSAODD-New York office.

◆
• **AMSAODD 4th National Forum AIDS & Chemical Dependency:** Miami, FL, Feb. 22-24, 1990.

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

Phone: (404) 458-3382

◆
Reminder: No AMSAODD Certification Exam in 1989.
Next exam in Dec. 1990.

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