

ASAM NEWS

American Society of Addiction Medicine

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

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Overflow Audience for Drug Debate in Phoenix

Legalization of Drugs

A DEBATE on the ISSUE

LeClair Bissell, MD (pro)

Max A. Schneider, MD (con)

Sheila B. Blume, MD (moderator)

Friday, April 27, 5:00-6:30 PM,

Phoenix

OPEN FORUM: ALL INVITED

This announcement was in every registration packet, and was also prominently displayed as a poster. By 5:00 the 50-odd seats were filled, and over 65 people stood around the edges of the room or sat on the floor in front. An estimated 100 more were turned away.

The mood was expectant, emotional, intense.

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Ruth Fox Endowment Fund Official Launching in Phoenix



(l. to r.) ASAM executive director James F. Callahan, DPA
with co-chairs Jasper G. Chen See, MD, and
William Hawthorne, MD

ASAM's first fund-raising effort is an ambitious one, with a goal of raising \$1 million by April 1991. Kick-off for the Ruth Fox Memorial Endowment Fund was April 28 at ASAM's annual luncheon, complete with a ribbon-cutting ceremony (see photo above).

(continued on p. 10)

**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.**

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Overflow Audience for Drug Debate

(continued from page 1)

Moderator **Sheila B. Blume, MD,**

chair of ASAM's Public Policy Committee which sponsored the debate, explained that Drs. **LeClair Bissell** and **Max A. Schneider** would each present briefly, followed by open audience comments to be limited to two minutes apiece.

Dr. Bissell offered a disclaimer for her "pro" position in the debate, then said that "legalization wouldn't stop addiction, but would widen acceptance of addictions as an illness. The main hope for legalizing would be to do away with problems spawned by the Black Market for drugs: jails, dogs, border guards, troops, etc. and to get rid of corruption, in other countries as well as among our own officials. A lot of people are vested in keeping drugs illegal and prices up. But legalizing certain drugs would *not* be better unless we used Madison Avenue tactics. Companies like RSR/Nabisco have shown us how to market tobacco -- let's use their tactics in reverse!"

Dr. Schneider asked: "To whom would you legally dispense drugs? In most states, tobacco is illegal if you're under 16, yet kids start smoking at age 7 to 9. The drinking age in most states is now 21, yet kids begin to drink in their teens. So how would you police another legal drug, like marijuana or cocaine?" Pointing out that the use of drugs is directly proportional to their availability, he said, "I can't vote for legalization but the answer is probably somewhere in between," and added that "jail won't cure alcoholism after a DWI, but treatment will."

Several in the audience mentioned the current lack of an effective plan from the federal government to cope with the drug problem. The well-publicized "drug war" features interdiction and law enforcement over treatment, prevention, or

Legalization of Drugs A DEBATE on the ISSUE

help for families.

"If we legalized cocaine, the death rate would be so high that the Nazi holocaust would pale," declared **William Glatt, MD,** of California.

Peter Rostenberg, MD, of Connecticut spoke of the "enormity of the problem: 250,000 heroin addicts in New York City alone. If we mandate treatment for them, who will do it? And how? I'd like to see a little bit of legalization and a lot of treatment."

In an emotional speech about marijuana being legal in her state, **Joyce E. Braun, MD,** of Oregon, said, "Our high school dropout rate is the highest in the nation. We are also number one for crime, for gangs, and the rape rate.

"At the time marijuana was legalized in Oregon... people believed that it didn't hurt anybody to use it."

At the time marijuana was legalized, there was no education about it; people believed that it didn't hurt anybody to use it."

"Illegalization has not worked," argued **Gary M. Eaton, MD,** of San Diego. "The barbarians are at the walls. This is a common enemy inside our country and we *can* do something about it."

Dr. Blume asked the audience, "What do you want ASAM and NCADD to do about policy development?"

Time was too short for everyone to comment. Highlights: "ASAM should take its expertise to the national scene and tell politicians what we know about treatment. Education, treatment, and awareness would lead to drug control." ... "How about taking away the either/or viewpoint? Allow drugs to be produced, but don't make them legal. Put the money that's going into chasing drug dealers now into helping addicts instead." ... "How about a major conference on the subject?" ... "Work specifically on one drug -- I'd choose cocaine." ...

"Have we decided that it's better to be addicted to alcohol than to cocaine?" ... "Propose that the government set up experiments to determine which way to go based on scientific fact, not on emotion." ... "We need a strong effort to educate MD's, RN's, and suppliers."

"We are some of the worst pushers," declared Dr. Bissell at the end. "I'd like to see every ASAM member go to his or her local hospital with a proposal that no one write a prescription for a mood-altering drug for any colleague without entering it professionally in that person's chart."

Drs. Bissell and Schneider will continue the debate on November 29 at SECAD in Atlanta (The Southeastern Conference on Alcohol and Drug Abuse). **John N. Chappel, MD,** will moderate.



Max Schneider, MD (at podium) addressed packed room with fellow panelist LeClair Bissell, MD (l.) and moderator Sheila B. Blume, MD

CONFERENCE DIGEST

Ruth Fox Course

A record 470 registered for the annual Ruth Fox Course for Physicians April 27 in Phoenix, directed again this year by Drs. Lynn Hankes and Charles L. Whitfield.

Presentations covered historical perspectives, CD literature update, psychopharmacology, MRO's, sexual compulsion, anabolic steroids, psychiatric and addiction models of treating eating disorders.

This year's speakers: Drs. Maxwell N. Weisman (former course director), Kenneth O. Jobson, John P. Morgan, William Hawthorne, Stanley E. Gitlow, Jennifer P. Schneider, Bruce H. Woolley, James E. Mitchell, and David B. Altman.

Hawthorne Challenges Insurance Companies

In a dynamic presentation "Who's Managing the Patient? Changing Patterns in Reimbursing Addiction Treatment," William B. Hawthorne, MD, offered the following, drawn in part from his experiences in dealing with insurance companies in Massachusetts (see ASAM NEWS Jan.-Feb. 1990, p. 3).

A Physician's Bill of Rights for Managed Care

by William B. Hawthorne, MD

That managed care:

1. Not be used to undercut mandated benefits available for the treatment of addictive disease.
2. See that reviews are conducted in an efficient and equitable manner.
3. Provide timely access to needed treatment.
4. Give financial support to a wide variety of treatment alternatives.
5. Avoid creating a schism between outpatient and inpatient treatment, recognizing that they are part of one continuum of care.
6. Assure that review organizations are appropriately licensed and regulated in the states in which they operate.
7. License all health care professional reviewers (MD, RN, PhD, etc.) in states where the patient is receiving care.
8. Set appropriate limitations on the role of non-physician screeners.

The late Ruth Fox, MD
ASAM's founder
and first president



9. Establish standard procedures and clinical norms among different plans and reviewers.
10. Should ignore specious "national length of stay standards or norms."
11. Insist that reviews be individualized and involve sufficient chart review and clinical discussion to understand the particulars of the case.
12. Require that reviewers have sufficient knowledge of the field to make appropriate recommendations.
13. Eliminate excessive paperwork and "administrative nightmares" for patients and providers.
14. Protect the confidentiality of all medical records, especially in self-insured or employer programs.
15. Avoid the pretense that a prior drug use history amounts to a "preexisting condition" and allows for the denial of benefits.
16. Provide a fair, independent and arms-length appeal process for disputes.

Medical Scientific Meeting in Phoenix

About 1,230 attended the combined ASAM/NCADD (National Council on Alcoholism and Drug Dependence) national conference April 26-29 in Phoenix, Arizona. Of these, a record 860 registered for ASAM's 21st annual medical-scientific conference. Program chair was **Marc Galanter, MD**.

Reviewing ASAM's last six annual meetings, attendance has risen steadily with the society's membership's growth: from about 400 in 1985, to 700 in 1988, to 860 this year. Attendees represent from one-quarter to one-fifth of the total ASAM membership; about half of these also register for the Ruth Fox Course for Physicians.

ASAM general sessions included: adolescent substance abuse; AIDS in CD treatment settings; pharmacological treatment of substance abuse; assessing severity and outcome in addictions; adolescent treatment (NIDA); alcohol toxicity; cross-cultural issues in addiction; medications for treating addictive disorders (NIDA); drug abuse-induced chronic neurochemical alterations; physiological and pathophysiological effects of cocaine; molecular biology and addiction: introduction for clinicians (NIAAA); model addiction medicine treatment; receptors in addiction and treatment.

Ten workshops and six courses covered a wide range of subjects in the addictions. Based on number of pre-registrants, the three most popular courses were: "Outpatient Techniques for Drug Abuse Treatment" (**David E. Smith, MD**, and **Lupe West**); "Pharmacologic and Behavioral Interventions into the Treatment of Cocaine Dependency" (**Paul H. Earley, MD**); "Dual Diagnosis: Treatment Techniques" (**Dolores Burant, MD**, **Richard Ries, MD**, and **Jeremy A. Stowell, MD**).

The four most popular workshops were: "Psychological Treatment Issues: Counseling, Psychotherapy and Medications in Recovery" (**James Fine, MD**, **Margaret Bean-Bayog, MD**, **Anne Geller, MD**, **Richard Rosenthal, MD**); "Benzodiazepines Risks and Benefits in Chemical Dependence and Anxiety Disorders" (**Robert L. DuPont, MD**, **Sidney H. Schnoll, MD, PhD**, **Anthony B. Radcliffe, MD**); "Sexual Addiction: Red Flag for Chemical Dependency Relapse" (**Jennifer P. Schneider, MD, PhD**); "Recovery-Oriented Psychotherapy" (**Joan Ellen Sweben, PhD**).

Conference Tapes

Audio tapes of this conference are available from InfoMedix, 12800 Garden Grove Blvd, Ste F, Garden Grove, CA 92643-2043. Phone: 800-367-9286 (in Calif, 800-992-9286). FAX: 714-537-3244.

Next Year: Boston

Next year's annual medical-scientific conference will take place at The Boston Marriott Copley Place in downtown Boston, April 18-21, 1991.

New Definition for Alcoholism Announced at Press Conference

The March-April issue of *ASAM NEWS* broke the story of the new definition of alcoholism on page one. In Phoenix on April 25, ASAM and NCADD held a joint press conference to announce the new definition, which was devised over a two-year period by a committee of 27 experts that included 15 ASAM physicians.



Robert Morse, MD, (r) with ASAM president Jasper Chen See, MD, at press conference

"We wanted a definition that is scientifically accurate, clinically viable, and acceptable to the lay public," said the definition committee chair **Robert Morse, MD**. "Our committee included physicians, scientists, and recovering people. The two most important things to us were the primary disease concept -- that once you have alcoholism, no one knows how to reverse the process,

and the use of denial in the definition as part of the process."

The press conference drew about 50 people.

ADAMHA Focus Groups Need Physicians

Saul M. Levin, MD, of the Office for Treatment Improvement of ADAMHA (Alcohol, Drug and Mental Health Administration) needs physicians to volunteer for two-day focus groups to be held in the fall of this year in Atlanta, Chicago, Dallas, Salt Lake City, New York and San Francisco. Each focus group will be 20 to 25 people, about half clinicians. A major purpose: to identify barriers to health care that face CD patients, and to suggest ways of resolving these barriers. In the spring of 1991, a national conference will examine results of these regional focus groups. Dr. Levin spoke to ASAM's board, and at the society's annual business meeting, in April.

Contact: **Jeanne G. Trumble, MSW**, Assoc. Regional Health Admin. for Alcohol, Drug Abuse, & Mental Health Programs, PHS Region VII, 601 E. 12th St, Room 501, Kansas City, MO 64106.

Regional Director Nominations Deadline July 15

The terms of four regional directors-- 3, 4, 6, and 8--will soon expire, and ASAM's New York office is accepting nominations for the openings until July 15. Each includes a seat on the ASAM Board. Nominations can be by a state chair, or by petition of 10 active ASAM members in the region.

Board members pay their own travel and hotel expenses for meetings.

DENVER, COLORADO

Kaiser Permanente Medical Care Program, at the foot of the Rocky Mountains in Denver, seeks full time permanent alcohol/chemical dependency physician. The primary responsibility of this position is to work with our administrative and clinical staff in expanding our alcohol/chemical dependency programs. Other responsibilities include program development, patient care, provider and member education, liaison role with community contracted providers, quality assurance and utilization management.

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For information, please contact:

V. A. LaFleur, M.D.
Colorado Permanente Medical Group, P.C.
10350 East Dakota Avenue
Denver, CO 80231

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EOE

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Please send CV to:
Milton S. Davis, M.D., Ph.D.
CEDARS SINAI MEDICAL CENTER
Thalians Mental Health Center, 8730 Alden Drive

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The position includes a faculty appointment at the University of Medicine & Dentistry of New Jersey-Robert Wood Johnson Medical School, with the opportunity for teaching medical students, residents and a variety of mental health trainees. Salary and faculty rank are commensurate with experience. Interested Psychiatrists should submit their curriculum vitae to **Frank A. Jones, M.D., Medical Director, Adult Services, UMDNJ-Community Mental Health Center at Piscataway, 671 Hoes Lane, P.O. Box 1392, Piscataway, NJ 08855-1392.** The UMDNJ is an Affirmative Action/Equal Employment Opportunity Employer, m/f/h/v, and a member of the University Health System of New Jersey.

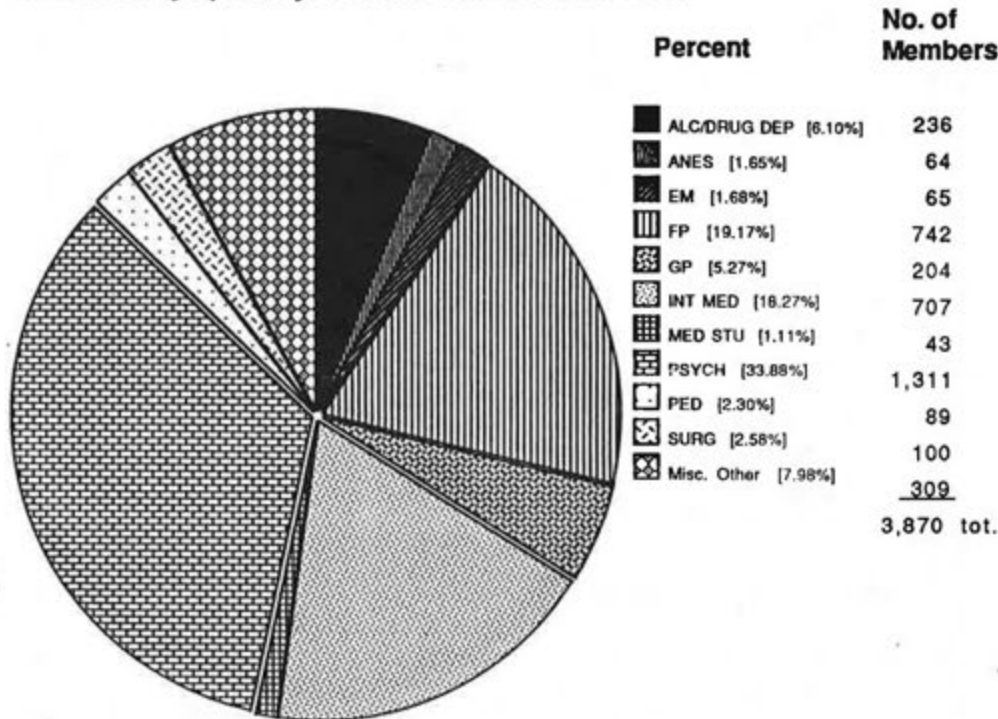
UMD
NEW JERSEY

Profile of ASAM Members' Specialties

Ever wonder how many other ASAM members share your specialty? The Membership Committee prepared the pie charts below, which show that distribution by specialty has remained remarkably consistent, when comparing members as of 1989 with new members who joined after April 1989. While psychiatrists form the largest single group, they still represent barely more than a third of ASAM's membership.

In this April 1990 profile of new members, designation is by specialty of initial training.

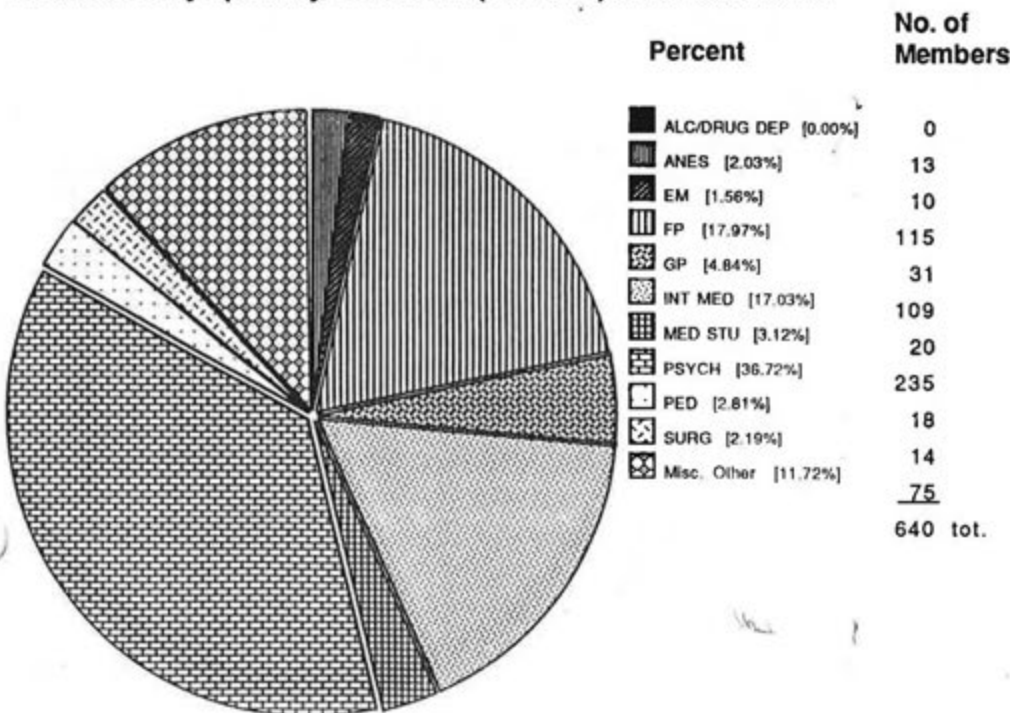
Distribution by Specialty of ASAM Members as of 4/89:



Legend:

- ALC/DRUG DEP: Alcohol and Drug Dependence
- ANES: Anesthesiology
- EM: Emergency Medicine
- FP: Family Practice
- GP: General Practice
- INT MED: Internal Medicine
- MED STU: Medical Student
- PSYCH: Psychiatry
- PED: Pediatrics
- SURG: Surgery (All)
- Misc. Other: All Other

Distribution by Specialty of 640 New (4/89-4/90) ASAM Members:



ASAM NEWS

Editor: Lucy Barry Robe

15 Ridge Rd.
Cold Spring Harbor
NY 11724

Phone: (516) 367-6692

ASAM -Washington:

James F. Callahan, DPA
Executive Director
Suite 409
5225 Wisconsin Ave, NW
Washington, DC 20015
Phone: (202) 244-8948
FAX: 202-537-7252

ASAM-New York:

Claire Osman, 12 West 21 St
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Phone: (212) 206-6770
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Please contact:

David C. Meek, MD, Sub-chief,
Alcohol and Drug Program
The Permanente
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2025 Morse Avenue
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There is an excellent opportunity for a Psychiatrist to join the Division of Addictive Disorders, Department of Psychiatry, at the Louisiana State University School of Medicine.

The position carries a full time academic appointment with rank appropriate to the individual's academic background, and offers opportunities for research, teaching and other academic pursuits. Clinical responsibilities include working on a Chemical Dependency Research Unit at a well established, private, fully accredited hospital located in downtown New Orleans.

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**ASAM's 1989
Financial Report** (right)
was distributed to members
at the ASAM Annual Meeting
Phoenix, Arizona,
April 27, 1990

American Society of Addiction Medicine, Inc. Condensed Statement of Support, Revenue and Expenses Year Ended December 31, 1989

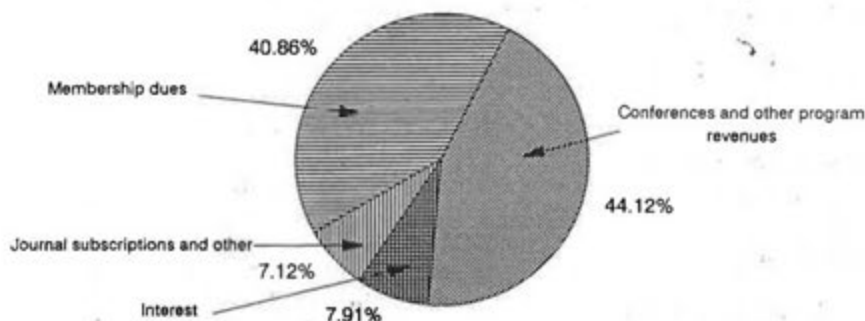
SUPPORT AND REVENUE:

Membership dues	\$457,438
Conferences and other program revenues	493,960
Interest	88,535
Journal subscriptions and other	79,665
Total support and revenue	<u>1,119,598</u>

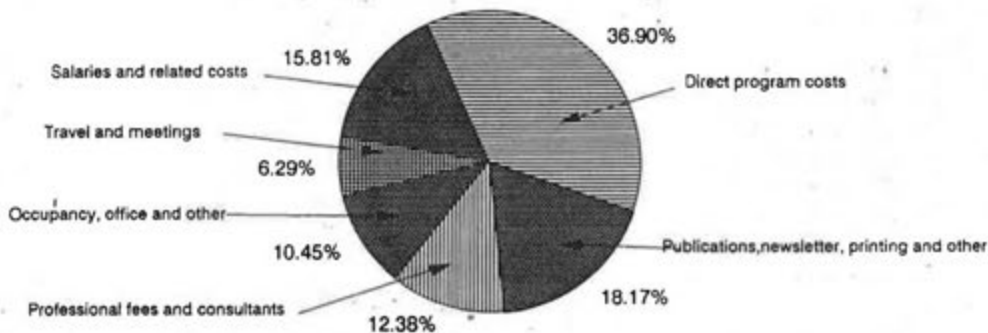
EXPENSES:

Salaries and related costs	176,776
Direct program costs	412,632
Publications, newsletter, printing and other	203,116
Professional fees and consultants	138,407
Occupancy, office and other	116,825
Travel and meetings*	70,373
Total expenses	<u>1,118,129</u>
Excess of support and revenue over expenses	<u>\$1,469</u>

Support and Revenue



Expenses



*Board/committee members are not reimbursed for their board/committee travel and hotel expenses.

The financial information presented herein is condensed from the audited financial statements of ASAM for the year ended December 31, 1989. ASAM will be pleased to provide upon request copies of the complete financial statement from which this information was taken, together with all footnotes and the unqualified report of our independent auditors.

ASAM NEWS 1989 Financial Report

Expenses	\$ 50,410
Income (ads + subscriptions)	<u>-38,628</u>
Cost to ASAM	\$11,782 *

* Actual cost to ASAM of writing, publishing, and mailing 6 newsletters a year: **\$3.27 per member**

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Total Pledged (as of 6/18/90) \$274,960

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Leah E. Williams, MD
T. Edward Yielding, MD

What Is the Ruth Fox Endowment Fund?

In 1965 ASAM had 100 members ... in 1985, 1,600 members ... in 1990, 3,600 members ... and still growing!

ASAM's many goals include: to gain ABMS recognition of addiction medicine; to educate the more than 600,000 U.S. physicians about addiction medicine; to sponsor more addiction medicine conferences; to publish a journal of addiction medicine; to improve quality and effectiveness of addiction medicine care; to influence public and corporate policy; to be involved in clinical research; to increase the number of state chapters; to have a membership of 5,000 by 1992.

In order to achieve these and other goals, ASAM must have a strong fiscal base; hence this fund, named after ASAM's founder. Campaign co-chairs are **Jasper G. Chen See, MD**, ASAM president, and **William B. Hawthorne, MD**, ASAM treasurer, who want to thank those who have already pledged or given. **Lynn Hankes, MD**, served as initial co-chair; he is in large measure responsible for the campaign's success to date. Regional chairs are listed to the left, along with the 28 state captains designated to date. There will be area coordinators overseeing team leaders, who will direct solicitors, who will contact donors directly beginning in September. One hundred percent of the board and staff have pledged.

Ruth Fox Memorial Endowment Fund target: \$1 million by April 1991.

COMMITTEE NEWS

AIDS & Chemical Dependency

Committee is revising *Guidelines for Facilities Treating Chemically Dependent Patients at Risk for AIDS or Infected by HIV Virus* (originally published by ASAM in 1987).

Next year's AIDS Forum: Stanford Court Hotel, San Francisco, February 21-24, 1991.

Committee recommends more emphasis on AIDS in the ASAM certification exam ... Efforts to form liaisons with National Medical Association, American Academy of Family Practice, and Physicians Association for AIDS Care will be instituted.

Cross Cultural Clinical Concerns

"We are involved with some educational efforts with the National Medical Association's membership. Some of our members will be presenting at the NMA annual meeting in Las Vegas in August 1990."

Committee is still looking for members; interested parties should write to chair **Andrea G. Barthwell, MD**, at Interventions, 1234 S. Michigan Ave., Chicago, IL 60605.

International Members

Annual dues are now \$100 for any ASAM member who lives outside the USA, with the exception of Canada and U.S. territories ... Membership Chair: **Kevin O'Brien, MD**.

Medical Education

Committee plans to develop and maintain a resource library of books, tapes, and slides. This could include audio and/or videotapes of Ruth Fox Course presentations and of ASAM Review Course speakers; Cork Foundation slide series; books by ASAM authors; books sent to ASAM for review. ASAM members could borrow either for personal or for local medical education efforts, at nominal cost of shipping + handling ... Chair: **James Halikas, MD**.

Medical Care In Recovery

This Committee wants data on patients who relapse after using mood-altering medications.

"If you, or any of your patients, have experienced this, we would appreciate a summary of each case report." With enough case reports, the committee hopes to initiate a true study of the issue. "To date, there has not been much good scientific information. Anecdotally we all know that it occurs. However, I'm afraid that before certain colleagues in our profession discontinue using benzodiazepines in their recovering patients, we will need to come up with some firm documentation."

Send reports to: **Gary C. Wainer, DO**, Medical Director, MacNeal Hospital, Dependency Treatment Center, 3249 South Oak Park Avenue, Berwyn, IL 60402 ... Chair: **Marigail Wynne, MD**

Nicotine Dependence

The committee continues to monitor the experiences of CD treatment units in dealing with tobacco smoke and with

nicotine addiction. Contact **Jeff Goldsmith, MD**, at (513) 558-2016 to report your experiences. Information collected will be presented at the Nicotine Dependence Conference in San Diego, Sept. 6-9.

Led by **Geoffrey Kane, MD**, the committee is developing a policy statement on reimbursement for the treatment of nicotine dependence. This is in conjunction with ASAM's Standards of Care Committee ... Chair: **John Slade, MD**.

Physician Assistance/Physician Health

After eight years of service and networking, the Physician Assistance Committee's activities will be included in the new committee on Physician Health. Physician Assistance Chair **Charles L. Whitfield, MD**, "thanks the members of his committee for their contributions."

Daniel H. Angres, MD, of Lombard, Illinois, is chair of the Physicians Health Committee.

Public Policy

Mailing List Rental

The ASAM Board decided that mailing labels of the ASAM membership list can be rented out for single use, provided that all mailings are accompanied by the following statements:

- no implication that this is an official ASAM mailing;
- not identified as a special mailing for ASAM members (includes **not** using salutation "Dear ASAM member") ...

Public Policy Chair: **Sheila B. Blume, MD**.

Standards & Economics of Care

Admission and Discharge Criteria for levels of care are still not completed. Field comment draft will likely be available in the fall.

Reimbursement Subcommittee is developing an "incident report" which will be publicized when ready. This will enable us to develop a central data pool of problem situations where managed care has jeopardized access to quality care.

Standards of Care Subcommittee will begin process of developing practice guidelines for alcohol and other drug withdrawal: (This was the most requested "Practice Guidelines" item in the *ASAM Survey on Standards & Economics of Care* of Nov.-Dec. 1989) ... Chair: **David Mee Lee, MD**.

State Chapter Members Must Also Belong to ASAM

The ASAM Board voted in April to amend the bylaws, so that to be a member of an ASAM state chapter, a person must be a member in good standing [e.g. dues paid] of ASAM.

New State Chapter: Illinois

The ASAM Board approved Illinois as a state chapter. The society now has seven state chapters: California, Florida, Georgia, Illinois, Maryland, Ohio, and Pennsylvania.

MEDICAL DIRECTORS

Psychiatry & Chemical
Dependency
Southern Indiana
Dallas, Texas

Parkside Medical Services Corp., a not-for-profit, behavioral health care company, specializes in quality chemical dependency treatment programs at approximately 100 facilities nationwide. Candidates must be BC/BE in Psychiatry. ASAM Certification preferred.

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Please call Winnie Tailer collect at: 617-639-1090, or send CV to:
Parkside Medical Services Corp.,
Little Harbor, Marblehead, Massachusetts 01945

TENNESSEE

Addictionist

Opportunity for a physician with background in family practice or internal medicine with certification or experience in substance abuse treatment to associate with an established family practitioner in Kingsport, Tennessee, an expanding family community at the foothills of the Great Smokey Mountains. Excellent opportunity for established referral base and call coverage.

CONTACT:

Valerie Faro
Hospital Corporation of America
One Park Plaza
P.O. Box 550
Nashville, Tennessee
37202-0550
1-800-251-2561 (Outside of Tennessee)
1-800-342-2110 (Inside of Tennessee)

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6593 Wilson Mills Road, Cleveland, Ohio 44143-3404
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Psychiatrist/Addictionist

to join a well-known private practice in Kensington, MD (DC area). Salary, partnership, practice assumption are open. Joseph F. (Joe C.) Chambers, MD, 12112 Heritage Circle, Veirs Mill Road, Wheaton, MD 20906. Ph: (301) 949-1722

Our Experience Shows!

We're Behavioral Health, Inc. of Louisiana.

Since 1976, we've run free standing CD units, managed CD and Psych treatment ventures and cooperated in joint CD and Psych programs in hospital settings.

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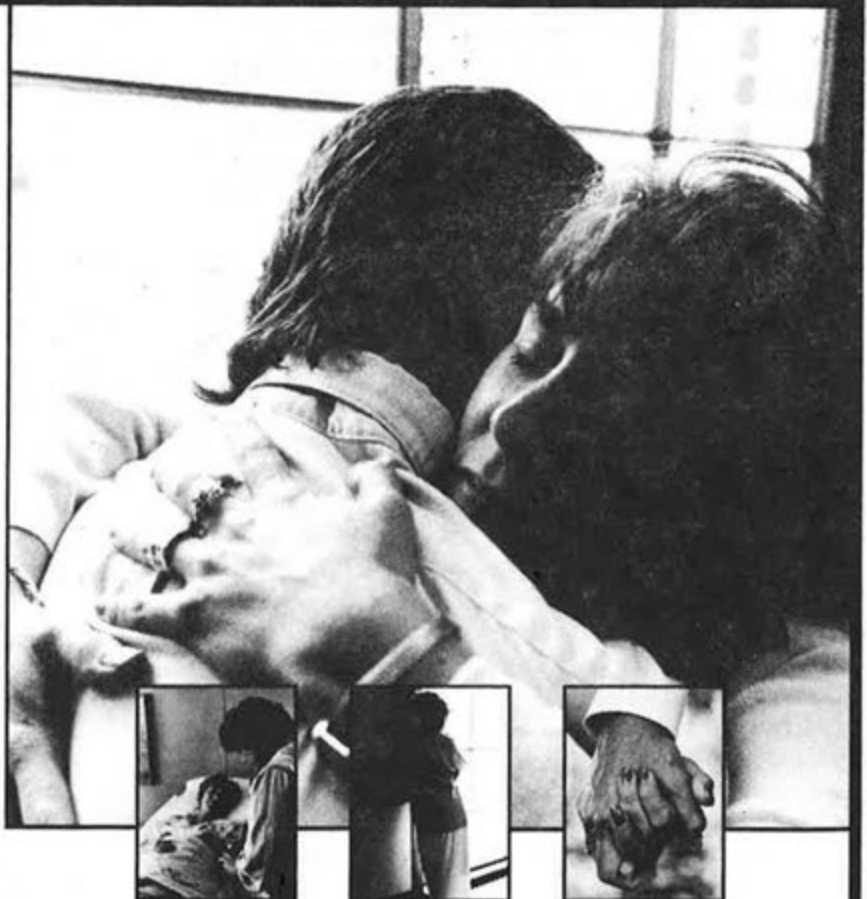
We'd like to talk with you!

To discuss participation in developing Joint Venture/Managed Care programs in your area, please contact:

Ron Weller
Vice-President of Development
Behavioral Health, Inc.
8017 Jefferson Hwy., Suite A-1
Baton Rouge, La. 70809
(504) 929-7980 Collect



Behavioral Health Inc. is a division of the General Health System



MEMBERS IN THE NEWS

Awards

ASAM Annual Award: to internist Stanley E. Gitlow, MD, of New York City "in commemoration of outstanding contributions to the advancement of knowledge about alcoholism and other drug dependencies and in grateful recognition of unstinting dedication to healing the sick and troubled victims of these illnesses."

An ASAM member since the 1950s, twice president, member of many committees, current chair of Publications, Dr. Gitlow is the co-editor of *Alcoholism: A Practical Treatment Guide* (Grune & Stratton) which is one of the most popular clinical books in the field. He is well-known in the professional field for his integrity, and in recovering circles for listening carefully to, and learning from, his alcoholic patients. A full professor at Mt. Sinai School of Medicine, Dr. Gitlow is "one of the great circuit speakers," according to Margaret Bean-Bayog, MD, who presented his award at the ASAM luncheon April 28....



Stanley E. Gitlow, MD

ASAM 2nd Young Investigator Award: to psychiatrist Kirk J. Brower, MD, of the University of Michigan Dept. of Psychiatry, who graduated in 1981 from the University of California-Irvine Medical School. The award includes \$1,000 for expenses to attend ASAM's annual conference. Dr. Brower presented "Symptoms of Dependence on Anabolic Steroid" as senior author on April 27....

Marty Mann 2nd Annual Founder's Award: from NCADD to LeClair Bissell, MD, for her "enormous contribution to the understanding of chemical dependency and addiction medicine." In accepting the award on April 26, Dr. Bissell said that Marty Mann was one of the people who encouraged her to go to medical school in the 1950s.

◆
To Ann Birch, MD, of Seneca Falls, NY, the John Q. Award from the Finger Lakes Council on Alcoholism. Although retiring July 1 as medical director of a detox program in Waterloo, Dr. Birch, 69, plans to continue working part-time for five clinics and agencies!....

The New Jersey Health Officers Association gave the Frank J. Osborne Award "for meritorious achievement in public health" to John D. Slade, MD, of New Brunswick, New Jersey, chair of ASAM's Nicotine Dependence Committee. Dr. Slade is the fifth physician in 27 years to win. On April 26, at

the Philip Morris annual meeting in Richmond, he spoke in support of "a shareholder resolution calling for a review committee on the effects of the company's marketing on smoking by children, and on how profits from sales of Marlboros to minors should be spent. The measure received enough votes to be assured of a spot on the agenda for 1991."

Have you recently won an award?

Please send details to Editor, ASAM NEWS, 15 Ridge Road, Cold Spring Harbor, NY 11724.

In Memoriam:

◆
Jim Crute, MD, died suddenly on March 25 at age 47. Board certified in internal medicine and emergency medicine, a former resident of Texas, he recently became Director of Addiction Medicine at the Georgia Mental Health Institute. Dr. Crute was certified by ASAM in 1987.

ABOUT ASAM

Certification Terminology

The following certification terminology has been published twice before in this newsletter: May 1987 and March-April 1989. ASAM hopes that all members who are certified by ASAM 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 Society of Addiction Medicine (*physician adds individual date and certificate number*).

• Official Meaning of Certification

"ASAM 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 ASAM as knowledgeable and expert in the field of alcoholism and other drug dependencies.

The May-June 1989 issue of *ASAM NEWS* (p. 9) explained the society's plans to seek recognition for its certification process.

• Addiction Medicine, Addictionist Not Addictionology

Reminder: the terms "addictionology" and "addictionologist" are no longer used in *ASAM NEWS* articles and advertisements.

Instead, the board suggests "addiction medicine," "addictionist," and/or "addiction medicine specialist."

ASAM hopes that its certified members will use the latter terms on their c.v.'s, public relations materials, letterheads, and business cards.

Light Turnout for Specialty Status Open Hearing

The turnout was surprisingly small for the open forum held by ASAM's Task Force on Specialty Status in Phoenix April 26. According to the announcement in the conference program, the hearing was planned for ASAM members to "present their concerns and viewpoints on the issues around the future of the ASAM certification process and the directions the society might take toward specialization." Facing the audience from a raised platform, the 12 on the task force (Anne Geller, MD, chair, and Drs. Sheila B. Blume, Dolores M. Burant, H. Blair Carlson, Marc Galanter, Stanley E. Gitlow, James Halikas, David C. Lewis, Anthony B. Radcliffe, Sidney H. Schnoll, David E. Smith, G. Douglas Talbott) seemed almost to overwhelm the 15 ASAM members (and five ASAM staff) who showed up.

At the outset: "Tell us what's going on," said someone from the audience.

"This is *your* meeting," countered Task Force chair Anne Geller, MD. "Please tell us first what's on your mind."

ASAM Members' Issues

- "My interest is controlling development of fellowships." -- Kentucky
- "There's a rumor down my way that aaPaa [The American Academy of Psychiatrists in Alcoholism and Addiction] is going to put ASAM out of business." -- Tennessee
- "The way I practice it, which is as a conjoint subspecialty with internal medicine and family practice, I have grave doubts that we can justify addiction medicine as a true total specialty. Doing formal specialty status right, with good medical school and fellowship training, would be a monstrous job so I suggest a conjoint subspecialty." -- California
- "We can't afford *not* to go for full specialty status. If we don't, where would we put addiction medicine? With internal medicine? Psychiatry? Family practice? Emergency medicine? Addiction medicine cuts across so many other disciplines it's an amalgam of many other specialties." -- Michigan
- "I favor subspecialty, because a lot of things go into addiction medicine. I can't see a med student ending up being an addictionist without any other experience or expertise. We need a wide base of knowledge, rather like in the early days of becoming a general practitioner." -- North Carolina
- "Addiction medicine should formalize what we need to know." -- Georgia
- "I want this specialty recognized by people other than ourselves. We need to be jack-of-all-trades." -- New York
- "If we went for subspecialization in one specific specialty, physicians who were board certified in that would get better reimbursement than those who were not. If we have a subspecialty in *all* specialties -- ob/gyn, internal medicine, family practice -- we'd lose the cross-fertilization of all kinds of backgrounds for our patients. Therefore, how else can we do this but to develop out *own* specialty, using our own resources? Emergency room specialists did it -- maybe we should, too" --

COMMITTEE NEWS

Massachusetts

- "Why not get a month of training for everyone who has an MD degree?" -- North Carolina

Task Force Responses

"What *do* we need to know? What *should* we be able to do?" asked certification council chair Anthony B. Radcliffe, MD. "Those of us who practice in the field want to define a body of knowledge that people who practice addiction medicine should know. And that's the ASAM certification exam."

"We've been gathering information on all the questions you raised," declared Dr. Geller. "We've talked to directors and chairs of specialty societies, and to boards, to ask their opinions about addiction medicine as a specialty. We're gathering all the information we can about what other people perceive to be feasible. Our goal is to balance the feasible against the ideal. But the ideal course we've discussed involves many imponderables."

"There's a conception that this task force has decided which way to go" added Dolores Burant, MD, who is chair of the Fellowship Committee. "We *haven't* decided the most feasible way to go. ASAM has *not* decided. You'll help us to do that."

Who will decide? "We'll gather information and debate it, resulting in a paper to give the ASAM Board," said Dr. Geller. "The board will make the decision about which way to go."

When will there be a decision? "The solution is probably a year away."

ASAM
 AMERICAN SOCIETY OF ADDICTION MEDICINE
 5225 Wisconsin Avenue NW #409, Washington D.C. 20015

3RD NATIONAL CONFERENCE ON NICOTINE DEPENDENCE

September 6-9, 1990
 San Diego Hilton
 Beach & Tennis Resort

- ▼ *Challenges of Nicotine Dependence to Addictions Field*
- ▼ *Impact on Minorities*
- ▼ *Update & New Findings on Therapeutic Approaches*

New definition for alcoholism questioned

Dear Editor:

Re the definition of alcoholism: without being sacrilegious ... to define alcoholism is almost like trying to define God ... To me, alcoholism has been an *altered reaction of the human system to the ingestion of alcohol*. And, if you want a little more wording, you can add: *creating adverse consequences of a physical, mental, behavioral and spiritual kind*.

The way it was published in *ASAM NEWS* (Mar.-Apr. issue), the long and short forms, you are throwing the whole book into the definition, practically a 'nonology,' which would be better placed in the corresponding section of a treatise on alcoholism. The present definition tries to encompass all the symptoms and possibilities, and that is just an impossible task ... Maybe the 1976 definition was not so bad after all!

Percy Ryberg, MD, Chair
ASAM History Committee
Luquillo, Puerto Rico

Dear Editor:

I feel strongly that the time has come to leave drug-specific definitions...

[Dr. Masland suggests the following abbreviated definition:]
Addiction is a disease characterized by continuous or periodic: impaired control over drug use, preoccupation with the drug, use of drug despite adverse consequences, and distortions in thinking, most notably denial.

William Masland, MD
Tucson, AZ

ASAM exam article

Dear Editor:

My compliments for publishing Dr. Altman's very clever article ("Are You Ready for Recertification?" by David B. Altman, MD, *ASAM NEWS*, March-April issue).

A comment on Question 5 (the topic was *how to deal with I. Savage, RN, of a hospital psychiatric unit*): I don't believe that there is a good choice in the five offered. The answer indicated as correct ["tell them (the nurses) that they certainly know a lot about what is

going on, and I want to work with them"] strikes me as very patronizing; I know I could never make a comment like that to nurses that I do not know. However, the article was both entertaining and thought-provoking.

Michael C. Gordon, MD
Smyrna, GA

Treating nicotine addiction

Dear Editor:

In his article "Are We Facing Up to Nicotine Addiction?" [*ASAM NEWS* Jan.-Feb. issue], Dr. John Slade advanced some valid points:

I agree that nicotine addiction is an addiction, as defined by DSM-III, and that it should be treated wherever a patient is willing to submit to treatment.

A conflict of interest would exist for an avid smoker. However, most smokers tend to respect the rights of nonsmokers, and are not as militant about it as are nonsmokers.

I disagree with Dr. Slade on the following points:

- that nonsmokers are more objective than are smokers.

LETTERS TO THE EDITOR

- that therapists and counselors who smoke should not treat patients who use tobacco products for chemical dependency. I feel that would be like telling social drinkers, or people who have never suffered from CD and are not themselves in recovery, that they cannot treat chemical dependency.

The problem seems mostly to be an attitude one: militancy, and failure to respect patients' rights to make even bad choices for themselves. I would encourage any patient to quit smoking, I would be willing to treat them if they choose that treatment, but I cannot force them to do so. As a psychiatrist, I must point out that it is a self-harm behavior which is destructive; beyond that the choice should be the patient's. I must also encourage patients to respect the health and rights of other people.

Puskoor M. Kumar, MD
Fort Worth, TX

ADDICTIVE DISEASE

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

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ATTENTION: Paul R. Coplin, M.D.

Or call Toll Free: 1-800-544-6693

Seattle area, Washington

RESEARCH ASSISTANT: CD program in large HMO has a .75 FTE position assisting director in designing/conducting clinical research; managing database. Qualifications: Masters in social/behavioral sciences, strong computer/statistical skills; knowledge of the field of chemical dependency.

Send CV and examples of written/published work to: ADAPT Administration, Group Health Cooperative, 2700 - 152nd Avenue NE, Redmond, WA 98052.

Group Health Cooperative of Puget Sound is an Equal Opportunity Employer.

STAFF PHYSICIAN

A position for a staff physician is open in the growing medical division of the nation's largest proprietary chemical dependency facility.

Dually licensed for alcoholism and substance abuse services, Conifer Park is a modern facility on a campus setting, centered in a quiet area bounded by Saratoga Springs, the Adirondack Mountains, and the state capital which is the site of Albany Medical College.

Please send resume to: ROBERT D. O'CONNOR, M.D., F.A.C.P.
Medical Director, Conifer Park, 150 Glenridge Road, Scotia, New York 12302

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.

ASAM CALENDAR

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

- ❑ **ASAM 3rd National Conference on Nicotine Dependence: San Diego, Sept. 6-9**
Meetings Unlimited, 6429 West North Ave, Ste 102, Oak Park, IL 60302.
☎ (708) 848-6050
- ◆
- ❑ **Oxford Institute Addictions Conference: Hilton Head Island, SC, Sept. 8-11**
Oxford Institute Network of Care, 825 W. Drahnner Rd, PO Box 429, Oxford, MI 48051
☎ (313) 628-0500
- ◆
- ❑ **Onsite Physicians Institute: Rapid City, SD, Sept. 15-19**
Onsite Training & Consulting, Inc., 2820 West Main, Rapid City, SD 57702
☎ (605) 341-7432
- ◆
- ❑ **Addiction Medicine: The Specialty of the 90s: Austin, TX, Sept. 21-22**
Texas Research Society on Alcoholism, 4314 Medical Pkway, Suite 300, Austin, TX 78756
☎ (512) 454-0022
- ◆
- ❑ **Midwest Addictions Conference: Romulus, MI, Oct. 3-6**
Detroit Riverview Hospital, 7733 E. Jefferson Ave, Detroit, MI 48214
☎ (313) 499-4000
- ◆
- ❑ **Recovery Connection '90: Hunt Valley, MD, Oct. 3-7**
Kelly Productions, Inc., 8 Howard St, Aberdeen, MD 21001
☎ 1-800-638-5430; (301) 272-1975
- ◆
- ❑ **International Conference on Addictions: Montreux, Switzerland, Oct. 6-14**
Agency International, 22 Lenox Pointe N.E., Atlanta, GA 30324
☎ (404) 266-2200
- ◆
- ❑ **Evaluating & Treating Adult Children of Alcoholics: Washington, DC, Oct. 11-12**
Johnson Institute, 7151 Metro Blvd, Minneapolis, MN 55435
☎ (612) 944-0511
- ◆
- ❑ **ASAM 1990 Review Courses:**
Chicago: Oct. 11-13 New York: Oct. 25-27
San Francisco: Nov. 8-10 Atlanta: Nov. 15-17
ASAM Board Meeting: San Francisco, Nov. 11
- ◆
- ❑ **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
- ◆
- ❑ **ASAM 5th National Forum on AIDS & Chemical Dependency: San Francisco, Feb. 21-24, 1991**
Conference Information (AIDS), PO Box 81691, Atlanta, GA 30366
☎ (404) 458-3382
- ◆
- ❑ **ASAM 22nd Annual Medical Scientific Conference: Boston, Apr. 18-21, 1991**
ASAM, 12 West 21 St, New York, NY 10010
☎ (212) 206-6770 or (203) 227-7084
- ◆

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