

ASAM NEWS

American Society of Addiction Medicine

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

Vol. V, No. 4

July - August 1990

Published Bimonthly

See survey on page 3
to report problems with
insurance coverage for
your patients

AMA Will Assign Code for Addiction Medicine in '91

Addiction medicine will join 85 other self-designated practice specialties in the AMA Physician Masterfile. The AMA House of Delegates approved ASAM's resolution (#72) on June 26. The AMA Board of Trustees is expected to act on it this summer.

The code letters that will designate addiction medicine were not yet known when *ASAM NEWS* went to press. The implicit choice, 'AM,' is already used for aerospace medicine, 'A' stands for allergy, 'CD' for cardiovascular diseases.

The AMA forms with the new code will not be ready until early 1991.

"This approval is a step forward in acknowledging addiction medicine as a field of practice," ASAM executive director James F. Callahan, DPA, told *ASAM NEWS*. "The code will provide the public with access to physicians who practice in addiction medicine, and will enable ASAM to gather reliable data on these physicians, and on their education and training. This information will help ASAM to develop courses and conferences on addiction medicine."

"For years I've been an OS (other specialty)," said **J. Thomas Payte, MD**, of San Antonio. "It's exciting to know that I'll finally be able to state 'addiction medicine,' which I've been practicing all along anyway."

The AMA Physician Masterfile contains more than 600,000 physicians' records. Data are collected from U.S. and Canadian medical schools, hospitals and training institutions, medical societies, the National Board of Medical Examiners, state licensing agencies, Educational Commission for Foreign Medical Graduates, American Board of Medical Specialties, Federation of State Medical Boards, Surgeons General of the US Government, and from physicians themselves, according to Catherine M. Bidese of the AMA in the June *AMWA Journal* (*American Medical Writers Association*).

(continued on page 14)

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**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.**

ASAM Members Urged to Report Denial of Care

Dear ASAM Member:

The Reimbursement Subcommittee of the ASAM Standards & Economics of Care Committee is aware that difficulty with reimbursement for care in addiction medicine is a major problem confronting ASAM's membership and the patients we serve. At our meeting in Phoenix in April 1990, we decided that we need a solid data base by which to ascertain the magnitude of the problem, and from which we can focus our efforts to improve delivery of appropriate services to our patients with the disease of addiction.

We ask you to *please* take one or two minutes to fill out a copy of the form (*on p. 3*) each time one of your patients is denied access to addictive disease care which you think is clinically appropriate, based on your comprehensive and individualized assessment and care planning efforts.

We suggest that you, and your staff members who are in contact with managed care agencies and third party pay-

ers, keep a supply of these forms handy, so that you can fill one out and mail it to ASAM as soon as an incident occurs and the details are fresh in your mind.

Issues we hope to address by this process:

- To what extent are patients in America uninsured or under-insured for the treatment of the condition of chemical dependency?
- To what extent is access to care being denied arbitrarily?
- Are there certain regions of the country in which this is more of a problem than others?
- Are problems with reimbursement for care occurring at high frequency for certain third party payers?
- Are problems with restriction of access to care happening at high frequency with certain managed care entities?
- What sort of credentials are held by individuals who convey the message that access to care is being denied?

The purpose of the form is not to initiate intervention by ASAM in individual reimbursement cases. Rather, it is

to compile information that can facilitate remedial efforts by ASAM in the future.

The Standards & Economics of Care Committee believes it is vital for ASAM's membership to have this kind of data base available. Your cooperation with this project will be greatly appreciated.

Subcommittee on Reimbursement
ASAM Standards & Economics
of Care Committee

Please fill in your identifying information at the top of the Incident Report Form and then make photocopies for future use, keeping that one as the original.

PHYSICIAN

to work in area of
substance abuse for rural upstate
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Ron Weller
Vice-President of Development
Behavioral Health, Inc.
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Baton Rouge, La. 70809
(504) 929-7980 Collect



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



**ACCESS TO CARE DENIAL
INCIDENT REPORT FORM
ASAM STANDARDS & ECONOMICS
OF CARE COMMITTEE**

(Please photocopy as needed)

Your Name _____

Your State _____

ASAM/AMSAODD Certificate No. _____

Check if not certified by ASAM

Patient Age _____ Patient Sex _____

Principal Diagnosis (ICD/DSM Code) _____

I. PATIENT'S CURRENT LEVEL OF CARE (LOC)

- Outpatient Clinic: Gen Med/Surg/Psych Care
- Hospital Inpt: Gen Med/Surg/Psych Care
- Hospital Inpt: Addictive Disease Detox
- Hospital Inpt: Addictive Disease Rehab
- Residential Inpt: Addictive Disease Rehab
- Addictive Disease Outpt: Intensive Rehab
- Addictive Disease Outpt: Gen Add Med Serv
(Outpatient Diag Eval or Ongoing Care)
- Other: _____

II. ADDICTION MEDICINE LOC REQUESTED

- Inpatient Detox
- Outpatient Detox
- Hospital Inpatient Rehab
- Residential Inpatient Rehab
- Intensive Outpatient Rehab
- Residential Extended Care (Halfway House)
- Methadone Maintenance
- Outpatient Ongoing Care
- Other: _____

III. ACTION REQUESTED

Admit to Services Extension of Current Services

IV. STATED REASON FOR DENIAL OF REQUEST

- Benefit not covered in policy (policy has no coverage for this level of care/type of service)
- Benefit for this level of care exhausted:
 - Dollar limits met
 - Days of stay limit met
- Level of care not medically necessary because of insufficient degree of:
 - biomedical comorbidity
 - psychiatric comorbidity
 - family/occupational support system deficit
 - environmental/cultural support system deficit

- psychological denial/resistance to treatment
- intensity/chronicity of addictive disease process
- NO GROUNDS GIVEN by denying agent
- Other: _____

V. LEVEL OF CARE RECOMMENDED BY MANAGED CARE AGENCY

- Outpatient Detox
- Residential Inpatient Rehab
- Intensive Outpatient Rehab
- Residential Extended Care (Halfway House)
- Methadone Maintenance Clinic
- Outpatient Ongoing Care and Addiction Medicine, with or without Pharmacotherapy
- ***No Care in Addiction Medicine***
- Other: _____

VI. PATIENT'S TYPE OF REIMBURSEMENT

- Medicare
- Medicaid/Medical Assistance
- County/City Government Health Care Funds
- Prepaid Capitated Care - e.g. HMO
- Managed Indemnity Coverage - e.g. "Commercial Insurance"
- Employer/Union Self-Insured Plan
- Uninsured Patient/Doesn't Qualify for Government Assistance

VII. PARTY DENYING ACCESS TO CARE

- Medicare Gatekeeper
- Medicaid/Medical Assistance Gatekeeper
- Local Government Agency Funds Gatekeeper
- HMO Prior Authorization Agent
- Managed Care Co. Subcontracted by HMO
- Commercial Insurance Prior Authorization Agent
- Managed Care Co. Subcontracted by Insurance Carrier
- Employer/Union Benefits Manager or Benefits Dept. Agent
- Managed Care Co. Subcontracted by Employer/Union

Name of Third Party Payer _____

Name of Managed Care Agency _____

Name of Person You Spoke With _____

Credentials of Person You Spoke With:

- Certified ASAM Member
- Non-Certified ASAM Member
- Physician
- RN
- Other (Specify): _____

Is this person licensed? Yes No Refused to tell
Med/Nursing License No. _____

Refused to tell

Date Denied Access to Care _____

Return to: American Society of Addiction Medicine,
5225 Wisconsin Ave NW, Suite 409, Washington, DC 20015.
Phone: (202) 244-8948.

"6892 Questionable Doctors"

by Penelope P. Ziegler, MD

On July 5, 1990, the Public

Citizens Health Research Group published "6892 Questionable Doctors," a list of physicians throughout the United States who have been subject to official disciplinary action by their state medical boards or by a federal agency.

Predictably, the publication of this list has received widespread and dramatic attention in the media. For example, a June 29 front page article in *USA Today*, began, "If there are any bad doctors in town, their names are on a list and, for the first time, anyone who wants it can get it."

The assumption that physicians whose names appear on the list are "bad doctors" has led the American Medical Association to express concern, since the list makes no attempt to distinguish between those disciplined for serious offenses and those cited for minor infractions. The doctor whose license has been suspended for sexual misconduct or criminal negligence appears beside the physician who was late filing Continuing Medical Education credits with the board. The reputations and professional practices of physicians with medical records backlogs, or other matters not related to clinical competence, could be damaged by the indiscriminate nature of the listings.

Similar civil liberties, confidentiality, and privacy issues have been raised by the AMA and other medical organizations in regard to the National Practitioner Data Bank. This congressionally mandated interstate computer system will store information on malpractice payments and disciplinary actions involving licensure and/or clinical privileges. The Data Bank, expected to start up in 1989 but delayed by bureaucratic reviews, will at least contain some details about the nature of the physician's problems, something which "6892 Questionable Doctors" does not attempt to do.

[The Data Bank will open Sept. 1, according to *American Medical News* on July 27. The AMA has published a booklet for members to explain how the bank operates--Ed.]

FROM MY POINT OF VIEW

For addictionists, there are areas of concern about both of these projects which have not been addressed directly by the AMA. An unknown but probably substantial percentage of the doctors listed are chemically dependent. Some of these have entered recovery and may have been abstinent from alcohol and other drugs for years, practicing now with no evidence of impairment. Others are currently in treatment and can be expected to resume practice in the future with no risk to their patients. Still others are actively addicted and impaired, and do present a danger to the public, as well as to themselves.

Unfortunately, neither the "Questionable Doctors" list nor the Data Bank attempts to differentiate between the doctor who, due to active addiction or other impairment, is incapable of safe and competent functioning, and the practitioner who, through treatment, has been restored to health and full professional capacity. Both reinforce a moral model which permanently labels and condemns alcohol and drug "abusers." This model is harmful, not only to addicted physicians but also to the general public.

Heretofore, a chemically dependent physician usually has been in an advanced stage of addictive disease before being reported to a medical board, impaired physicians' program, or other disciplinary or advocacy organization. Often the physician's colleagues, family members, and even patients have been aware of the situation for some time but did not want to report the individual, in part through fear that the doctor would be punished rather than helped. Therefore, the sick doctor continued to practice in an impaired condition, endangering his or her patients in the process.

But now, the knowledge that once reported, a practitioner will carry the permanent label of "bad doctor," can only lead to further delay in obtaining treatment for those in need.

The medical community's response to addictive disease in its members in a punitive rather than therapeutic manner, or failure to protest when others do so, undermines efforts to bring all chemically dependent patients into early treatment and recovery.

This also promotes a political climate which advocates funding for law enforcement at the expense of treatment programs. In particular, we practitioners who specialize in addiction medicine have a responsibility to speak out in support of treatment and recovery for our colleagues, as well as our patients.

◆
Dr. Ziegler is medical director of Bethany Center in Honesdale, Pennsylvania. She is a member of the ASAM Publications Committee.

ASAM NEWS welcomes comments. Please send your thoughts about this article to Lucy B. Robe, editor; we will publish responses as space permits.

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Review Course Syllabus
Available
mid-September
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Hear ye! Hear ye!

**A survey
of family physicians
is coming
from the
ASAM
Family Practice
Caucus**

Return it by October 26.

**(We need the results
for a meeting
on November 1st.)**

Thank you!

IDAA 41st Annual Meeting

Boca Raton, Florida

International Doctors in AA again offered a full concurrent track to Al-Anon members at an annual meeting. Featured topics: Al-Anon's Steps I through XII, individually addressed over two days (IDAA has long done this with AA's Steps), and "Sex and Intimacy." In the evenings, "Alanonathons" ran parallel with "Alkathons."

An estimated one-third of the 850 conference registrants at the Boca Raton Resort and Club in Boca Raton, Florida, Aug. 1-5, were spouses or significant others.

875 at Newcomers Dinner

A record 875 packed the Newcomers Dinner. This is where first-timers at an IDAA annual conference introduce themselves, give their sobriety date (which can vary from several days to many years) and make a few *short* remarks. Using two microphones and efficient stage management, 137 people (40 more than in 1989) spoke in 150 minutes! While most were physicians, these speakers included 11 new dentists; four veterinarians; three psychologists; one pharmacist; three medical students. (IDAA membership is open to these disciplines and to other doctoral-level medical scientists, as well as to physicians.) Again this year, the proportion of women newcomers who addressed the dinner guests was low: only 12 of the 102 physicians were women. But this reflects IDAA's total membership: only about 350 of the 3,300 members are women.

IDAA has always tried to offer "scholarships" to those who cannot afford to attend its annual meeting. This year the Florida conference hosts and donations by IDAA members nationally provided a record 76 scholarships. Donors' badges sported a yellow sticker with a smiling face. Many at the Newcomers Dinner microphones thanked IDAA for helping them to attend.

Three athletic competitions were offered: golf and tennis tournaments, and a 5-K run. Winners received prizes at the closing banquet. Non-competitive sports included air boat rides, and deep sea fishing trips where a woman physician caught a 35-pound tuna.

About 35 Alateens had a busy supervised program, and they attended the speeches at the Saturday night banquet.

Special mutual-help meetings included: women; gay/lesbian; veterinarians; psychologists; pharmacists; dentists; and chiropractors.

CME Program

The Scientific Session on Thurs. Aug. 2 was co-sponsored by ASAM; all five speakers were Floridians. In "Addictions from A to Z," Fred Frick, MD, (ASAM member) focussed on new information about serotonin transmission, genetics, and nicotine addiction. In "The Cardiology of Chemical Dependence," Wayne Siegel, MD, said that cocaine has a "profound effect on the heart that lasts for some time." Adverse effects are much like those from alcohol and include: arrhythmia, coronary spasm and decreased flow, decreased myocardial tonicity, and hypertension. "Sexuality and Intimacy Issues in Recovery" by Marilyn Volker, EdD, was included in the Al-

CONFERENCE DIGEST

Anon track; her talk drew hundreds from that group to the final section of the CME Program.

Dr. Luke

Again this year he wore his long, bright yellow ribbon, with GODFATHER in gold letters. The Newcomers Dinner crowd gave Dr. Luke R. standing ovations before and after his 10-minute speech. Luke was secretary-treasurer of International Doctors in AA from 1960 until 1988. He was in a wheelchair, but the husky voice with the midwestern accent, familiar to so many alcoholic physicians whom he helped over the years, was as sure as ever.

"It does my heart good to see all these smiling faces, and to know I had a part in starting many of you in AA," he said.

Luke got sober in AA 33 years ago. He first met AA's co-founder, Bill W., at an anniversary meeting in Akron, Ohio. "I learned early on not to argue with him," he said. What Luke *really* meant was that he learned not to *give in* to Bill.

He reminisced again this year about how Bill W. tried repeatedly to obtain IDAA's mailing list, in order to promote nia-cin as therapy for alcoholics. [In the 1960s, there was a notion that megadoses of vitamin B-3 could help alcoholics stay sober. This was originally fostered by Drs. Hoffer and Osmond of Canada, through their work with schizophrenics who were also alcoholics.] Although he was in awe of AA's co-founder, Luke refused to yield the IDAA list to Bill W. He described one cold Ohio evening when Bill phoned before he had his overcoat and galoshes off. One hour later, Luke was still telling Bill "no" even though he hadn't as yet removed his coat! "I never did give Bill our list of doctors because I felt anonymity was so deadly important to physicians. But Bill never stopped trying!"

Luke stressed Bill's supportive attitude toward IDAA. IDAA has never had any dues or fees, and at one point "We were down to our last sheet of stamps and our last few envelopes. Bill was at that meeting when I said we needed stamps. We collected \$450, which bailed me out of that emergency. Bill was the most exciting, interesting, and brilliant man I ever met. His teaching and attitudes are important to us still."

What Is IDAA?

"The aims of International Doctors in AA are those of Alcoholics Anonymous," states the organization's informational letter written by Dr. Luke. "As an AA group, our primary purpose is in carrying the message to other alcoholics, particularly alcoholic doctors." IDAA has a strictly confidential mailing list (held by the secretary-treasurer) of over 3,300 names. There are no dues. The membership requirements are the same as for AA, plus a doctor's desire to belong to IDAA.

Next year's IDAA meeting: Hyatt Regency Hotel, Vancouver, British Columbia, Canada, Aug. 1-4, 1991. ASAM will again co-sponsor the CME portion of the program.

IDAA's current address: Box 444, Center City, MN 55012. Phone: (612) 835-4300.

IDAA's new address: In October, 1990, the IDAA office will move to PO Box 199, Augusta, MO 63332.

Contact: Dr. Dick McK.

Task Force on Specialty Status Studies the Options, Prepares Report

The ASAM Task Force has evaluated the merits of various alternatives for achieving specialty status for addiction medicine. The Task Force has examined as many as 10 options from the perspective of ASAM's objectives -- for the short term: from two to four years from now; the intermediate term: between five and 10 years from now; and the very long term: more than 10 years from now.

Among the options under consideration are a certificate of special or added qualifications under one specialty board, such as the American Board of Psychiatry and Neurology; or under two or more boards, either with different examinations, or the same examination, as is done for the Certificate of Added Qualifications in Geriatrics that is offered by the American Board of Internal Medicine and the American Board of Family Practice. These options are being considered in combination with plans for ASAM to continue to offer certification. The list also includes options for the very long term, such as establishment of a new conjoint (modified) board or a new primary specialty board, either of which could be accepted as a member of the American Board of Medical Specialties (ABMS).

A final report and recommendation are being prepared for the ASAM Board meeting of November 11, 1990.

(GBJ & EMS)

COMMITTEE NEWS

AIDS & Chemical Dependency

Proceedings of ASAM's 4th National Forum on AIDS and Chemical Dependency, held last February in Miami, have just been published in

AIDS PATIENT CARE - A Journal for Health Care Professionals (vol. 4, #4, August 1990). Papers included: conference chairs Drs. Mel Pohl and Larry Siegel, Mervyn F. Silverman, Robert W. Wood, Beny Primm, Peter A. Selwyn, Lionel Resnick, Renslow Sherer, Janet L. Mitchell, Keith Barton.

Copies of this issue are available *free* on request to ASAM members. Please write the New York office, 12 West 21 St, New York, NY 10010.

Nonmembers can contact the magazine's publisher: Mary Ann Liebert, Inc., 1651 Third Ave, New York, NY 10128. Phone: (212) 289-2300.

Child/Adolescent

ASAM's First National Medical Conference on Adolescent Addictions will be held June 20-23, 1991, in Atlanta. Conference co-chairs are Peter D. Rogers, MD (chair of this committee) and Martha A. Morrison, MD.

Ethics

New ad hoc committee; chair is LeClair Bissell, MD. Charged to develop ASAM Ethical Guidelines or Standards.

International

Conway Hunter, Jr., MD, has announced the next committee meeting: Montreux, Switzerland, Oct. 7.

Medical Care in Recovery

New subcommittee: Chronic Pain and Addiction; its chair: Seddon R. Savage, MD, of New Hampshire.

MRO

New chair is Donald Ian MacDonald, MD, of Washington, DC, taking over from Max A. Schneider, MD.

Nicotine Dependence

Committee will meet in San Diego during ASAM's 3rd National Conference on Nicotine Dependence this Sept. 6-9. Chair: John Slade, MD.

Trauma

New co-chair with Carl Soderstrom, MD, is Peter Rostenberg, MD, of Connecticut.

AMA Commends Bromley, Smith

ASAM's delegates to the AMA Jess Bromley, MD, and alternate David E. Smith, MD, were acknowledged at the AMA House of Delegates meeting for having recruited 25 new members to the American Medical Association from ASAM.

MEMBERS IN THE NEWS

Public TV Show Features Four ASAM Physicians

Drs. LeClair Bissell, Anne Geller, Stanley E. Gitlow, and Enoch Gordis were featured on "We Never Talked About My Drinking", 1-hour documentary June 27 on Connecticut Public Television. Focus: identifying and treating alcoholics in general hospitals. Tape available from: Bibulophile Press, PO Box 757, Bantam, CT 06750. Price: \$35.

AA's 55th in Seattle

Non-AA physician presenters at the International Convention of Alcoholics Anonymous, which celebrated AA's 55th anniversary in Seattle July 5-8, included Drs. Gitlow and Gordis. An estimated 45,000 attended the convention.

Schneider Wins Two

Max A. Schneider, MD, received two awards this summer: 1) the ninth annual Marty Mann Award for excellence in alcoholism and addiction communication from the *The Counselor* magazine and the Foundation for Alcoholism Communications, in June at NADAAC, and 2) the second Sidney Cohen Award from UCLA in July (the first was given last year to David E. Smith, MD).

FOR YOUR PATIENT

Letter a Recovering Patient Can Give to a Physician About Medications

This letter comes from William H. C. Dudley, MD, of the Psychiatric Associates in Meridian, MS. A psychiatrist, Dr. Dudley was certified by ASAM in 1986.

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

Dear Doctor:

I am receiving [inpatient] [outpatient] treatment at _____ . I have been diagnosed as having the disease of addiction, and I accept this diagnosis.

My doctors here have recommended that I ask you to make this letter a part of my medical record, to be available for your future reference.

My drug of choice is _____. However, according to current knowledge of the disease of addiction, any one of a variety of other drugs and medications which alter one's state of alertness, mood, or thought process could stir up my nervous system in a way that might trigger a relapse.

My doctors in addiction medicine offer the following suggestions for managing my future medical problems:

- *Acute medical emergencies involving severe pain* (examples would be myocardial infarction, acute abdomen, trauma, post-operative situations) should be treated vigorously with an effective narcotic type medication. I should not be deprived in any way of the full benefits of pain relief. However, I should be kept in the hospital until narcotics can be safely and humanely withdrawn. I should not be sent home with or on any tranquilizers, sleep medication, or opiate-related type of medication.

- For *chronic benign pain* (examples would be chronic back pain, arthritis, headaches) my symptoms should be managed in a non-chemical fashion, with the exception of such drugs as acetaminophen, aspirin, or ibuprofen. I understand that I must put up with a certain amount of discomfort, but that the harm from more powerful medication would far outweigh the good.

- For *psychiatric problems, including anxiety and depression*, I should be referred for evaluation to a psychiatrist with special expertise in addiction. Generally speaking, a person with addiction should not have any kind of chemotherapy for anxiety or depression, or for any psychiatric problem other than the major psychoses, such as schizophrenia and manic depressive illness. Even then, these major psychoses should be diagnosed only by the most rigorous criteria.

For your reference, I am enclosing a list of medications which my doctors here recommend that I avoid.

This letter does not represent an effort to compromise your own good medical judgment. My doctors here and I only hope that you will find the information about addiction medicine helpful.

Respectfully,

(the patient)



Massachusetts General Hospital/ Spaulding Rehabilitation Hospital



Positions in Affiliated Programs



Affiliated Addictions Program ASSISTANT DIRECTOR

Full-time position for BC/BE Psychiatrist dedicated to excellence in the treatment of patients with addictive disease. Assistant Director of multi-discipline inpatient unit and Staff Psychiatrist in outpatient and consultation in general hospital. Competitive salary, excellent benefits; Harvard Medical School appointment.

Send curriculum vitae to:

Harold Rosenblatt, M.D.
Director, Alcohol & Chemical Dependency Program
Spaulding Rehabilitation Hospital
125 Nashua Street
Boston, Massachusetts 02114

Affiliated Addictions Program CHEMICAL DEPENDENCE FELLOWSHIP

Two full-time, one-year appointments for PGY-5 Psychiatrists dedicated to excellence in the treatment of patients with addictive disorders. Fellows will acquire broad expertise in addictions through comprehensive training in inpatient, outpatient, general hospital and consultative settings. Harvard Medical School appointment. Opportunities for fellows to assist in training of medical students and residents and to conduct medical research.

Curriculum vitae should be sent to:

David Gastfriend, M.D.
Chief, Alcohol & Drug Dependence Treatment Unit
Massachusetts General Hospital, ACC-812
Boston, Massachusetts 02114
We are an equal opportunity employer

Note: The zip code for the Washington office is now 20015; it is no longer 20016.



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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

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Puget Sound Area

Large HMO in beautiful Puget Sound Area has a position open for a family practice physician interested in chemical dependency. The position would be a quarter time chemical dependency and three-quarters time family practice. The physician would develop and integrate chemical dependency treatment within the family practice department in the south region of the Puget Sound area.

Please send your resume to:
 Claire Trescott, M.D. ADAPT Admin., EHC111
 2700 - 152nd Avenue SE, Redmond, WA 98052

PHYSICIAN

The Charleston VA Medical Center has an opening for family practice, internal medicine, or psychiatric physician in the Alcohol/Drug Dependence Treatment Unit.

Medical University of South Carolina faculty appointment involves patient care, teaching and optional research. U.S. citizen only, BC/BE. Contact Bryon Adinoff, MD, (803) 577-5011, extension 7260. EOE.

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(608) 255-1144

POSITION AVAILABLE - CHEMICAL DEPENDENCY FELLOWSHIP
 St. Vincent Charity Hospital and Health Center and Case Western Reserve University School of Medicine are co-sponsoring a clinical and research fellowship in chemical dependency for primary care physicians. Applications for an immediate opening and a July 1, 1991 starting date are now being accepted. For information contact:

Ted Parran, Jr., M.D., Fellowship Director, Rosary Hall
 St. Vincent Charity Hospital, 2351 E. 22nd St., Cleveland, OH 44115
(216) 363-2625

POSITION STATEMENT

ASAM PUBLIC POLICY STATEMENT ON METHADONE TREATMENT

Background

Opioid dependence is a complex disease involving physiological, psychological, genetic, behavioral, and environmental factors. It shares features of other drug dependencies but often requires unique treatment strategies. No single treatment approach is effective in all cases. Abstinence, usually accepted as the primary goal of treatment, is not feasible as an exclusive goal for all opioid dependent persons.

Methadone maintenance is effective and safe and is an integral part of addiction medicine. Ideally, methadone treatment includes behavioral, psychodynamic, and 12-step approaches combined with pharmacologic interventions to provide a broad spectrum treatment for opioid-dependent patients.

ASAM Supports the Following

1. For the majority of opioid-dependent patients, methadone maintenance is most effective as a long-term modality. Withdrawal from methadone maintenance carries substantial risk associated with relapse to intravenous drug use. Withdrawal should be attempted only when strongly desired by the rehabilitated patient, and with adequate supervision and support. Individuals who have withdrawn from methadone should be carefully followed in a clinical setting and encouraged to participate in an ongoing program of recovery. In the event of relapse or impending relapse, additional therapeutic measures should be used including, when appropriate, rapid resumption of methadone maintenance and treatment.

2. Methadone maintenance should include the following modalities in addition to the provision of the drug itself: psychological and vocational services, medical care, and counseling.

3. Determination of methadone dosage by program policy is inappropriate. Dosage should be individually determined by a well trained clinician based on subjective and objective data, and be adequate for the individual patient in all cases.

4. Methadone treatment is a crucial resource to decrease the spread of HIV infection. Financial resources should be available to accommodate those seeking treatment, and to train staff to provide good quality comprehensive care.

5. Methadone maintenance is an established treatment for pregnant opioid dependent patients and may be initiated at any time during pregnancy. Methadone withdrawal is rarely appropriate during pregnancy. When attempted, methadone should be withdrawn slowly under close medical supervision and with careful fetal monitoring. Individual dose determinations are more appropriate than arbitrary low-dose policies that often contribute to relapse to heroin use, polydrug, and alcohol abuse during pregnancy. High risk prenatal care, proper nutrition, ongoing individual, family, or group counseling, to include

prenatal and parenting classes, should be offered along with methadone maintenance.

6. Methadone patients need access to inpatient and outpatient treatment for medical, surgical, psychiatric, and non-opioid chemical dependency conditions without interruption of methadone maintenance.

7. Physicians working in the field of addiction medicine require a thorough working knowledge of both laboratory and clinical research which form the basis for methadone treatment.

8. The medical direction of methadone treatment programs should be provided by physicians who are competent in addiction medicine.

9. Any regulations and guidelines pertaining to methadone treatments at the federal, state, or institutional level should enhance quality of care, foster destigmatization, encourage the development of new clinical strategies, promote individualized treatment planning, and ensure patient rights.

10. Research related to methadone treatment should be supported, including work that will contribute to improve quality of methadone treatment.

Adopted by the ASAM
Board of Directors
on April 25, 1990

Copies of this and other American Society of Addiction Medicine position statements are available free by request, in writing, from:

ASAM, 12 West 21 Street, New York, NY 10010.

IN MEMORIAM

Edwin J. Schumack, MD, 49, a North Carolina ASAM member certified in 1986, died in Chicago on May 20 of complications due to AIDS. He had completed residencies in both psychiatry and family practice and belonged both to APA and to AAFP. Dr. Schumack is survived by his parents, a sister, and his long time friend and companion, Jack Magness.

Donations will be welcomed for a memorial fund in his name, c/o R. Sullivan, RN, Unit 11-West, St. Joseph's Hospital, 2900 N. Lakeshore Drive, Chicago, IL 60657.

Membership Notice

from the Washington Office

Effective immediately, the ASAM membership records have been transferred from New York to our Washington office.

Along with this move, the membership data base is being redesigned to reflect accurate, up-to-date information on all members. These two events have resulted in a delay in publishing the ASAM Membership Directory. Although we regret the postponement, we are confident that when you receive the directory you will be pleased with it, and with the new features we plan to add.

Address Correction Requested

Please check the address label on this newsletter. If there are any changes, complete and return this form and your current mailing label as quickly as possible to:

ASAM
5225 Wisconsin Ave. NW, Suite 409,
Washington DC 20015.

We appreciate your patience during this transition from New York to Washington. (JmS)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

New Assistant Director in Washington

Jeanne-marie Smith is ASAM's new assistant director. She is a CAE (Certified Association Executive--1978) who comes to ASAM from the Institute of Business Designers in Chicago. That and other executive jobs have involved her extensively in running an association, including membership, chapter development, budget and finance, publications, board and committee liaison.

In addition to a 1986 MBA from DePaul University, Ms. Smith has a 1970 master's degree in music from Villa Schifanoia in Italy; her instrument is the piano.

Journals Popular at ASAM

The most popular discounted subscriptions ordered by ASAM members when paying their 1990 dues were:

<i>American Journal of Drug & Alcohol Abuse</i>	125
<i>Recent Developments in Alcoholism</i> book series.....	116
<i>Journal of Psychoactive Drugs</i>	108
<i>Journal of Substance Abuse Treatment</i>	107
<i>Advances in Alcohol & Substance Abuse</i>	92
<i>Alcoholism: Clinical & Experimental Research</i>	63
<i>Journal of Substance Abuse</i>	57

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The James A. Haley Veterans Hospital and the University of South Florida Department of Psychiatry are seeking a psychiatrist to help us develop our expanding substance abuse treatment program. Responsibilities include program management, direct patient care, as well as teaching and research. Time to support these latter activities is provided. The successful applicant must qualify for an academic appointment at USF. Demonstrated research interest and board eligibility are required. Mentor relationships for new investigators are available in a variety of ongoing research projects. The James A. Haley Veterans Hospital operates 150 acute psychiatric beds, 30 of which are devoted to substance abuse treatment, as well as a full range of outpatient and partial hospitalization mental health services.

Interested parties please send CV or contact Dennis R. Brightwell, M.D., Chief, Psychiatry Service, James A Haley Veterans Hospital, 13000 Bruce B. Downs Blvd., Tampa, FL 33612, 813-972-7665. VA is an EOE.



**Department of
Veterans Affairs**

Everything You Need to Know About Chemical Dependence -- Vernon Johnson's Complete Guide for Families

by Johnson Institute

The Johnson Institute is best known for pioneering intervention on alcoholics ("meaningful people presenting reality to a person in a receivable way") in the 1960s, and for recognizing the importance of educating family members of alcoholics about the disease.

Vernon Johnson's book *I'll Quit Tomorrow* is still a classic in the field. JI has published many widely-read booklets written by other experts. Dr. Johnson's comprehensive new book includes material from 17 of these publications. ASAM authors represented are: **Sheila B. Blume, MD** (women); **Timmen L. Cermak, MD** (co-dependence); **Anne Geller, MD** (anxiety; sexual performance); **Maxwell N. Weisman, MD** (relapse/slips); and **Lucy Barry Robe** (relapse/slips; blackouts).

Although long, the book is well organized and pertinent information is easy to find. Five "Parts" cover: Chemical Dependence in Individuals; Effects of Chemical Dependence at Home and at Work; Children of Alcoholics; Intervention or How You Can Help Someone Who Doesn't Want Help; How Parents Can Prevent Chemical Dependence in their Children.

Ordering info: Johnson Institute, 7151 Metro Blvd, Minneapolis, MN 55439-2122. ☎ (800) 231-5165. In Minn.: (800) 247-0484.

Price: \$19.95 (495 pp.) pub. 1990 (LBR)

The Western Journal of Medicine "Addiction Medicine" Issue - May 1990

Most of the articles in this special issue are by ASAM members:

David E. Smith, MD, guest editor, *Addiction Medicine* and the *Primary Care Physician*; **John D. Osterloh, MD** and **Charles E. Becker, MD**, *Chemical Dependency and Drug Testing in the Workplace*; **H. Westley Clark, MD, JD**, *The Role of Physicians as Medical Review officers in Workplace Drug Testing Programs*; **Lori D. Karan, MD**, *Primary Care for AIDS and Chemical Dependence*; **Martha A. Morrison, MD**, *Addiction in Adolescents*; **Steven L. Batki, MD**, *Drug Abuse, Psychiatric Disorders, and AIDS--Dual and Triple Diagnosis*; **Georgianne Hoegerman, MD**, **Sidney H. Schnoll, MD, et al.**, *Drug Exposed Neonates*; **Walter Ling, MD**, and **Donald R. Wesson, MD**, *Drugs of Abuse--Opiates*; **Wanda A. Taylor, MD** and **Mark S. Gold, MD**, *Pharmacologic Approaches to the Treatment of Cocaine Dependence*; **Karen Lea Sees, DO**, *Cigarette Smoking, Nicotine Dependence, and Treatment*; **Donald R. Wesson, MD**, *Expert Systems in Treating Substance Abuse*; **J. Thomas Payte, MD, et al.**, *Methadone Maintenance in the Treatment of Opioid Dependence--A Current Perspective*.

Ordering info: The Western Journal of Medicine, PO Box 7602, San Francisco, CA 94120-7602. ☎ (415) 882-7602.

Price: \$5.00 (175 pp.) Vol. 152, No. 5, May 1990.

BOOKSHELF

The Caregiver's Journey: When You Love Someone with AIDS

by Mel Pohl, MD,

Deniston Kay, PhD, and Doug Toft

As more and more CD and other patients contract AIDS, the need increases for people who care for these patients at home to know how to cope. Its publisher reports that this clear, complete handbook is the first AIDS resource to specifically explore the "caregiver's" role. Of interest to ASAM members, the authors compare coping as an AIDS caregiver with recovering from chemical dependency. One example: "The Twelve Steps for People with HIV Illness," (adapted from the Twelve Steps of AA in the *HIVIES Manual*.)

Dr. Mel Pohl is chief of clinical services at PRIDE Institute in Minnesota, and has chaired ASAM's 3rd and 4th National Forums on AIDS. PRIDE's "Letter an HIV Positive Patient Can Give to a Physician" was in *ASAM NEWS*, November-December 1989 (p. 5).

Each chapter begins with beautifully written anecdotes about three families: a gay couple, an extended Latino family, and a pair of heterosexual grandparents. Every family has at least one AIDS patient.

Part I, "Discovering -- Learning the Painful Truth" describes the many problems that face an AIDS caregiver, including codependence.

Part II, "Adapting -- Building a New Life" includes who has the right to know; "coasting;" facing crises.

Part III, "Tools for Acceptance" offers myriad suggestions. Many parallel recovering from CD. For example, "One of the most powerful things we can do is focus on whatever is happening today ... To live in the moment means seeing that the people we care for are *not dying* today. They are here with us, and that is enough. That is living with AIDS one day at a time."

Excerpt from Part IV, "Tomorrow": "We can remind ourselves that the person we care for is more than a condition, more than a diagnosis. The person with AIDS is a person first - not a problem to solve, not a predicament to fix. Perhaps, in the end, caregiving means only being present, listening, giving attention, loving, and remaining open. And in that state of mind, the answers will come to us in each moment, as we need them."

The book is written clearly enough for a reader of any educational background. Its sections encourage browsing yet facilitate finding pertinent material fast. This handbook could be useful to any physician whose practice includes AIDS. The authors obviously care deeply about AIDS patients and their loved ones, and their compassion radiates throughout the book.

Ordering info: Hazelden, PO Box 176, Center City, MN 55012-0176. Order No. 5115A. ☎ (612) 257-4010.

Price: \$9.95 (249 pp.) pub. 1990. (LBR)

Note: names in boldface are ASAM members.

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RUTH FOX MEMORIAL ENDOWMENT FUND

What Is the Endowment Fund?

ASAM members share a common vision: to provide effective treatment for all who suffer from alcoholism and other drug dependencies. Attaining that vision will profoundly influence many areas of medicine, and will affect nearly every family in America.

However, in order to support the many activities involved in this vision, ASAM must be fiscally sound and strong. Therefore, the society has embarked on an endowment campaign in memory of its founder, **Ruth Fox, MD**. The goal: to raise one million dollars from ASAM members and friends between April 1990 and April 1991.

Why Should I Contribute?

Your contribution to the endowment is an investment in your personal future, in the future of American medicine, and in the health and well-being of your current and future patients. One in three American families is affected by addiction, and the American Medical Association has recognized the disease of addiction as currently the most serious health problem in the United States.

Too many alcoholics and other chemically dependent people still lack adequate and effective care. Most physicians do not feel confident about diagnosing or treating addictive disease.

When appropriately treated, such as by physicians with training in addiction medicine, thousands of chemically dependent individuals and their families have been restored to good health and

productivity. Your gift will ensure that quality treatment, provided by physicians who are knowledgeable about addictions, would be available to all who seek it.

Among the benefits to be derived from a fiscally strong ASAM are the following.

ASAM'S Goals and Benefits

- Mainstreaming of teaching in addiction medicine.
- Fellowship, residency and other graduate training in addiction medicine.
- American Board of Medical Specialties' recognition of addiction medicine.
- Representation in the AMA House of Delegates.
- Representation in deliberations of national accrediting organizations such as the JCAHO.
- Representation to government offices in Washington including the Congress, the White House, NIAAA, NIDA, ADAMHA, FDA, and other agencies.
- Representation by addictionists serving on boards and committees of national medical specialties.
- Advocacy for adequate public and private health insurance for addiction treatment.
- Legal advocacy in promoting equitable and adequate medical care for addiction.
- Legal advocacy on issues affecting the practice of addiction medicine, such as managed care.
- National representation in advocating public and corporate policies that impact upon the health problems resulting from

addictions.

- Development of strong state chapters in each state.

- Development of treatment guidelines and protocols.

- Participation in clinical research on treatment outcome and effectiveness.

- Publication of a national clinical journal of addiction medicine.

- Publication of a bimonthly newsletter.
- Publication of monographs in areas of clinical concern to members.

- National and international conferences with the most eminent specialists in the clinical and research fields.

- A membership of 5,000 by 1992.

Each member of ASAM will benefit from a strong endowed society, so too will the members' patients and colleagues. A fiscally strong ASAM will also profoundly influence many areas of American Medicine. This is a strategic moment. And this moment is not for ASAM alone.

The campaign is being organized nationwide as follows: regional chairs, state captains, area coordinators, team leaders, and solicitors. The latter will contact donors directly beginning in September.

Campaign goal: to raise \$1,000,000. Each member will be asked to contribute \$3,000 over a three-year period, or whatever his or her means will permit.

Campaign co-chairs are **Jasper G. Chen See, MD**, ASAM president, and **William Hawthorne, MD**, ASAM treasurer.

Development Director is **Claire Osman** of ASAM's New York office.



*Ruth Fox, MD,
ASAM founder,
1st president*

Call for Help

The goal of the Ruth Fox Memorial Endowment Fund is to help ASAM achieve its long-term goals by giving the society solid financial resources. We are putting out a call to you, our members, to help us to identify the foundations, corporations, and treatment centers which are potential sources for contributions to the endowment.

ASAM needs your help and participation to make this important campaign be a success. If any member knows of an organization we can contact, please write to the New York ASAM office, or contact Ms. Claire Osman directly at (212) 206-6770.

Please let us hear from you.

WESTERN PENNSYLVANIA

Two Family Practitioners seeking a third. Special interest in Addiction Medicine. Please send resume to:
Bonnie Youngblood
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211 North Whitfield Street
Pittsburgh, PA 15206
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AMA Masterfile*(continued from page 1)*

The four-volume *American Medical Directory* includes the 85 self-designated practice specialties. *Specialty Profiles* offers extensive data analysis on these specialties.

For example, in 1970, only 8% of the 334,000 physicians who were listed in Masterfile were women, vs. 19% of the 586,000 listed in 1988. Primary Care Specialties (FP, GP, Ped, IM, Ob/Gyn) has remained at about 40%; Patient Care (vs. Non-Patient Care) at about 82%.

ASAM's delegates to the AMA are Jess Bromley, MD, ASAM treasurer, and alternate David E. Smith, MD, ASAM board member.

For information about the AMA Physician Masterfile contact:

Dept. of Physician Data Services,
American Medical Association,
515 North State St, Chicago, IL 60610.
Phone: (312) 464-5000.

Code for Addiction Medicine

(Resolution No. 72. A similar resolution was also submitted by the California Delegation to the AMA.)

Whereas, chemical dependency/

addiction has been declared by this House to be the most important public health problem in the United States and

Whereas, the diagnosis and treatment of alcoholism and other drug addiction as disease has been recognized by the AMA and other reputable medical organizations as a legitimate form of medical practice; and

Whereas, an increasing number of physicians are responding to the addiction problem by devoting an appreciable amount of practice time to diagnosis and treatment of addictive disease; and

Whereas, these physicians represent a range of specialties including addiction medicine; and

Whereas, codes are provided by the AMA so that physicians can self designate one or more areas in which they spend a significant number of practice hours, and

Whereas, identification in the AMA Masterfile of physicians who treat addictive disease would serve the needs of both patients and referring physicians; now, therefore, be it

Resolved: That the American Medical Association Board of Trustees add Addiction Medicine to the

self-designated specialty areas which are assigned a code in the AMA Physician Masterfile.

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Kaiser Permanente offers the career stability and support of the largest pre-paid group medical practice in America. Excellent opportunities exist now with us for internal medicine and family practice physicians, board certified (or eligible), with experience/training in addiction treatment. We offer a growing emphasis toward addiction medicine plus an active outpatient program and more.

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Scripps Memorial Hospital in La Jolla, California, has embarked on a major project to establish a top level behavioral health services institute and is currently accepting resumes for the full-time position of medical director.

The successful candidate will be a psychiatric physician experienced in chemical dependency rehabilitation and mental health programs for both adolescents and adults. Applicants must be board certified in psychiatry and eligible for California licensure.

For an information package and application, send resume and include salary expectations to: Bill Hardie, Director of Personnel Scripps Memorial Hospital 9888 Genesee Avenue P.O. Box 28 La Jolla, CA 92037

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Dr. Timothy Rowe
Director of
Psychiatric Services

P.O. Box X, Carmel, N.Y. 10512

Dear Editor:

I am not a word buff. I do not run around correcting people when they misuse a word. However, when I hear a word so inappropriately, and incorrectly, used that it costs hospitals and patients hundreds of thousands of dollars, I take notice and protest.

Such a word is "detoxification" or its abbreviation "detox." Whether modified by "subacute" or by "acute," it has no medical meaning, describes no clinical process, and, in fact, is totally misleading.

Detoxification is a natural biological process by which various chemicals that are toxic are treated by the body, usually in the liver, to nullify or block their chemical action on the body, and/or to prepare them for excretion by the kidney. It is not a medical treatment and has nothing to do with alcohol withdrawal. In fact, only after the body has detoxified alcohol is there danger of withdrawal.

Alcohol withdrawal can be trivial or severe, beginning as a simple hangover and advancing to life-threatening seizures or delirium.

I recently saw a patient in ICU -- post-op from cervical fracture after falling off a ladder. He was in full blown delirium tremens; hallucinating, fighting restraints, etc. Over the next 24 hours he consumed over 1000 mgs of IV diazepam before we were able to remove restraints.

This same patient, were he admitted for acute alcohol withdrawal, would have received on the first day sufficient diazepam to avoid the severe withdrawal that he suffered post-operatively; however, he would have required the same hourly

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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V. A. LaFleur, M.D.
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10350 East Dakota Avenue
Denver, CO 80231

(303) 344-7294
EOE

LETTERS TO THE EDITOR

monitoring. He would also have avoided IV fluids, IV medications and restraints, and several thousand dollars worth of care. Instead of thanks, third party payers would have labeled this "subacute detox" and said, "I'm sorry, we don't cover subacute detox."

The conclusion, of course, is to make a late diagnosis of acute withdrawal and to keep an open bed in ICU.

Paul Russell, MD

Traverse City, MI

[Stanley E. Gitlow, MD, chair of ASAM's Publications Committee, comments:] Rather than "Detox," I used to call this "Treatment (prevention?) of the (acute?) Withdrawal Syndrome." Does Dr. Russell have his own preference for preferred nomenclature? How about other ASAM NEWS readers?

Dear Editor:

I am medical director of an adolescent chemical dependency unit. Almost all of our adolescent patients smoke while in the hospital, but our hospital is going smoke-free on July 1 ...

This question is for Dr. Slade, regarding his article in the January-February issue of ASAM NEWS (p. 9). Has anyone approached the AMA about declaring nicotineism or nicotine dependence as a diagnosis or as a classical disease? If so, what attempts have been made and what has happened with these attempts?

Paul D. Coleman, MD

Barberton, OH

[John Slade, MD, chair of ASAM's Nicotine Dependence Committee, replies:] Although it has not directly addressed Dr. Coleman's question, the AMA has used the fact that nicotine is a drug of addiction in its advocacy work on tobacco. For instance, in its 1988 petition asking the Food and Drug Administration to classify the pseudo-cigarette, Premier, as a drug, the AMA repeatedly refers to nicotine as an "addicting substance."

Since 1980, nicotine dependence has been officially recognized as a medical condition in the American Psychiatric Association's DSM (Diagnostic and Statistical Manual).

The relevant codes in DSM III-R are:

292.00 Nicotine Withdrawal

305.10 Nicotine Dependence.

Dear Editor:

I found Peter Rostenberg, MD's, Letter to the Editor about required BAC's and drug screens for all trauma admissions at the Danbury Hospital, extraordinarily interesting. [See ASAM NEWS, January-February 1990, p. 15.]

I have strongly recommended that the St. Joseph's Hospital Emergency Room in Tucson consider instituting mandatory drug screening.

William Masland, MD

Tucson, AZ

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 two 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
- ◆
- ❑ **Georgia Chapter of ASAM 2nd Fall Conference: Pine Mountain, GA, Sept. 21-23**
Georgia ASAM, Ste 104, 1996 Cliff Valley Way,
Atlanta, GA 30329
- ◆
- ❑ **5th Annual Cape Cod Symposium on Addictive Disorders: Hyannis, MA, Sept. 20-23**
Jane Arena, North River Foundation, Inc., 475 Furnace St,
Marshfield, MA 02050
☎ (617) 834-0005
- ◆
- ❑ **AMERSA National Conference on Medical Education and Research in Drug And Alcohol Abuse: Rockville, MD, Nov. 13-16**
Susan Paquin Simpson, AMERSA Coordinator, Brown
University, Box G, Center for Alcohol & Addiction Studies,
Providence, RI 02912
- ◆
- ❑ **ASAM 1990 Review Courses:**
Chicago: Oct. 11-13 New York: Oct. 25-27
San Francisco: Nov. 8-10 Atlanta: Nov. 15-17
- ❑ **ASAM 1990 Certification Examination: Sat. Dec. 1**
Chicago; Newark, NJ; San Francisco; Atlanta.
ASAM, 12 West 21 St, New York, NY 10010.
☎ (212) 206-6770
- ❑ **ASAM Board Meeting: San Francisco, Sun. Nov. 11**
- ◆
- ❑ **ASAM Region III Annual Meeting: Worcester, MA, Dec. 8 (new date)**
Michael Liepman, MD, CD Services, OPD-2, MCCM Memorial,
119 Belmont St, Worcester, MA 01605
☎ (508) 793-6170
- ◆
- ❑ **Florida Society of Addiction Medicine (FSAM) Annual Meeting: Orlando, FL, Jan. 18-20, 1991**
Larry Siegel, MD, 520 Southard St, Key West, FL 33040
☎ (305) 296-8593
- ◆
- ❑ **ASAM 5th National Forum on AIDS & Chemical Dependency: San Francisco, Feb. 21-24, 1991**
MTS, Conference Information (AIDS), PO Box 81691,
Atlanta, GA 30366
☎ (404) 458-3382
- ◆
- ❑ **ASAM 22nd Annual Medical Scientific Conference: Boston, Apr. 18-21, 1991**
Cluny Conference Services, (Louisa Macpherson)
1013 Rivage Promenade, Wilmington, NC 28412
☎ (919) 452-4920
- ❑ **Ruth Fox Course: Apr. 18**
- ❑ **ASAM Board Meeting: Boston, Wed. Apr. 17**
- ◆
- ❑ **ASAM 1st National Medical Conference on Adolescent Addictions: Atlanta, June 20-23, 1991**
MTS, Conference Information (Adol.), PO Box 81691,
Atlanta, GA 30366
☎ (404) 458-3382
- ◆
- ❑ **ASAM State of the Art in Addiction Medicine: Orlando, FL, Oct. 24-26, 1991**

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