

# ASAM NEWS

American Society of Addiction Medicine

Vol. VI, No. 1

January-February 1991

Published Bimonthly

## Coping with Managed Care

ASAM urges members to give the new *Policy Statement on Managed Care and Addiction Medicine* to third party payers, including insurance companies, HMO's, managed care agencies, and state legislators. See p. 3

## Inside

494 Pass ASAM Exam . . . . .	6
4 New Regional Directors . . . . .	2
14 Run for 7 Board Seats . . . . .	4
Conjoint State/Nat'l Membership? . . . . .	13
Policy Statement:	
Managed Care . . . . .	3
SECAD 90 . . . . .	10
New Book for Newly Sober . . . . .	8

### Departments:

About ASAM . . . . .	6
Calendar . . . . .	16
Letters to the Editor . . . . .	12
My Point of View . . . . .	7
Ruth Fox Memorial Endowment Fund . . . . .	14-15
Masthead . . . . .	8

## President's Report on Specialty Status

by Jasper G. Chen See, MD

The last issue of *ASAM NEWS* reported that the ASAM Board has adopted short term, intermediate, and long range goals for seeking specialty status for addiction medicine. Let me outline the steps we will take to implement the board's action.

First, I should emphasize that ASAM will continue to offer certification (and recertification) for the foreseeable future. Although there will be no 1991 exam, ASAM will contract with the National Board of Medical Examiners for the development and administration of the 1992 certification examination.

Regarding our objectives for recognition of addiction medicine as a specialty, we will approach them incrementally. In the short term, through liaison with the specialty societies in the primary care specialties, particularly medicine, family medicine and psychiatry, we will encourage and stimulate educational programs in addiction medicine for all physicians. These efforts are in line with what is sometimes called the mainstreaming of addiction medicine: giving all physicians the knowledge and skills to identify addiction and intervene or refer as appropriate. In addition, ASAM will continue its efforts to foster fellowship training in the addictions for those who seek a more focused clinical and/or research experience.

Through all these efforts, we will try to encourage interest in the establishment of Certificates of Added Qualifications (CAQs) by Member Boards of the American Board of Medical Specialties (ABMS). The American Board of Psychiatry and Neurology (ABPN) has already announced it will seek ABMS approval for a CAQ in Addiction Psychiatry.

We have made great strides in advancing the field of addiction medicine and in promoting access to quality and effective care for the addicted patient, and we will continue to be advocates for education of all physicians because that is the most appropriate strategy to advance the field. Some society members believe this strategy will lead to

(continued on p.9)

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

**NEW REGIONAL DIRECTORS  
ON ASAM BOARD**

**Barthwell, Graham,  
New to Board**

**Region VI (Midwest)**

**Andrea G. Barthwell, MD**

Chicago, IL

ASAM Certification 1986

*Specialty:* Addiction Medicine

*Present Title:* Medical Director,  
Interventions.

*ASAM Cmtes:* Co-chair, chair,

Chicago Review Course;

*Chair,* Cross-Cultural Clinical Concerns;

*Co-chair,* 1991 State of the Art in Addiction Medicine (Orlando);

*Member:* Methadone; Review Course. *Board,* Illinois Society of Addiction Medicine (ASAM state chapter).



**Region III (Northeast)**

**Allan W. Graham, MD**

St. Johnsbury, VT

ASAM Certification 1986

*Specialty:* Internal Medicine, Family Practice

*Present Title:* Associate Medical Director of Founders Hall, Alcohol and Drug Treatment Program named after Dr. Bob Smith.

*ASAM:* State chair, Vermont; *Chair,* Region III Annual Meeting 1988.



*These four physicians were elected to the ASAM Board by their respective regions. Terms: two years, 1991-93.*

**Region VIII (West)**

**Sandra Jo Counts, MD**

Seattle, WA

ASAM Certification 1986

*Specialty:* Addiction Medicine

*Present Title:* Medical Director Residence XII; private practice.

*ASAM Board:* Region VIII representative since 1985 ;

*ASAM Cmtes:* Chair, Section on Clinical Issues;

*Member:* Executive (since 1987), Constitution & Bylaws;

*Former Member:*

Credentialing,

Certification,

AIDS, Methadone.



**Region IV (Ohio + Penn.)**

**Peter D. Rogers, MD**

Youngstown, OH

ASAM Certification 1986

*Specialty:* Addiction Medicine, Pediatrics and Adolescent Medicine

*Present Title:* Medical Director, Addiction Services, Belmont Pines Hospital.

*ASAM Board:* Region IV representative since 1988;

*ASAM Cmtes:* Chair, Child/ Adolescent; Medical Conference on Adolescent Addictions (June 20-23, 1991, Atlanta)

*Member:* Program Cmte;

Joint ASAM/NAATP

Task Force for Patient

Placement Criteria.



**ASAM Public Policy Statement****Managed Care and Addiction Medicine****Background**

Concern over rising costs of health care, coupled with a perception that much care is unnecessary or provided inefficiently, has given rise to "managed care" as a way to control expenses in both the public and private sectors.

In this context, "managed care" refers to mechanisms by which interested third parties, such as insurance carriers, seek to influence the treatment decisions of practitioners and patients. The term has been applied to health maintenance and preferred provider organizations (HMO's and PPO's) whose payment systems offer incentives for providers to increase efficiency. The effect of such systems is to reduce costs by reducing services.

Perhaps the most extensive form of managed care is utilization review that occurs not after the completion of patient treatment, but during the time treatment is in progress. Pre-admission, admission, and length-of-stay reviews may be conducted by telephone, by mail, by on-site chart review, or by a combination of these methods.

ASAM has identified several pertinent issues in the relationship of managed care to addiction medicine.

1. Cost considerations too often outweigh considerations of what might be the most efficacious treatment for the patient. Policies and practices of insurers place arbitrary limits on number of admissions, patient days or visits. Services are then further restricted in utilization review or other managed care procedures, when patients are most often assigned to predetermined categories (e.g. cocaine users versus heroin users), than considered individually. Such practices, especially in pre-admission screening, tend to reinforce the reluctance of many addicted persons to seek necessary health care services in the first place, with a consequent negative effect on overall quality of treatment.

2. In evaluating service costs, employers, payers, and managed care agencies tend to focus narrowly on short-term savings, rather than broadly on long-term savings that are achievable through successful treatment and recovery. Long-term savings that may be realized, for example, in reduced spending for overall health care of the patient and family, or through increased job productivity, seldom are entered into the cost-benefit equation.

3. Because of the relative scarcity of physicians and other clinicians who are skilled in addiction medicine, there has been a tendency to allow determinations of the appropriateness of addiction treatment services to be made by persons who lack experience in the addictions field. The credibility of managed care organizations among addiction treatment providers depends on whether they employ qualified personnel who can make informed recommendations for coverage and reimbursement.

4. The interface between cost containment decisions and clinical decisions involves complex ethical and quality-of-care issues. Recommendations on length-of-stay and levels of care by managed care agencies often are tantamount to practicing medicine. While physicians, hospitals, and other professional and institutional providers are subject to credentialing, accreditation, and other standards of practice and licensure, managed care agencies are not held to similar accountability.

**Position of ASAM**

1. Treatment costs should be carefully monitored by providers, third-party payers, and managed care agencies, but the paramount consideration in evaluating the need for any addiction treatment service should be the therapeutic value of the service at a given time for a given patient.

2. Addiction medicine services should be provided in the most economical manner possible, consistent with the welfare and well-being of the patient and with effective treatment of his or her disease state. This means treatment should be individualized to match patients to the most efficient treatment plan, and patients should have timely access to levels and modalities of treatment appropriate to their condition. The confidentiality of patient records should be safeguarded in all cases.

3. The long-term benefits of individualized, comprehensive treatment should be taken into account by managed care agencies, and be carefully compared to any short-term savings and long-term costs that might result from care of substandard quality.

4. Peer review should be precisely that - review by one's peers. It should be performed only by persons who are experienced in, and knowledgeable about, addiction medicine. Written standards that are uniform to all managed care operations in the addictions field should be developed to delineate review procedures and qualifications of personnel.

5. Insurance coverage and benefits should be available for all recognized clinical conditions and legitimate treatment modalities and settings that are recommended by the patient's physician. Treatment planners should consider the extent of the patient's support resources; family and home environment; the nature and severity of the patient's addictive disease; and any associated physical or mental health problems.

6. Review should be conducted in an efficient and equitable manner. Extensive documentation and frequent review discussions detract from treatment intensity and therapeutic efforts of providers and patients. Published clinical standards, guidelines, and criteria that are promulgated and endorsed by responsible professional organizations in addiction medicine should be consistently applied as the basis for utilization review.

Direct concurrent review discussion should be reserved only for those cases where an individual is atypical, or when some extenuating circumstances must be considered.

7. National accreditation standards should be developed for organizations and their personnel involved in managed care and review of addiction treatment services.

8. An expeditious and clearly delineated appeals process should be available which provides for an arms-length independent professional assessment entity that is separate from, but collaborative with, the managed care agency and third-party payer.

9. Appropriate governmental regulation of managed care agencies is recommended to assure that standards are maintained.

◆  
**Adopted by the ASAM Board**

**Nov. 11, 1990**

*(American Society of Addiction Medicine)*

## Candidates for ASAM Directors-at-Large

ASAM members will choose seven of these 14 candidates for the board. Term: 1991-95. Ballots, sent in early February, are due at ASAM by March 15. Results in next newsletter. Officers: President: Anthony B. Radcliffe, MD; President-Elect: Anne Geller, MD; Secretary: Jess W. Bromley, MD; Treasurer: William Hawthorne, MD. Term: 1991-93.

<b>Name</b>	<b>Specialty/Present Title</b>	<b>ASAM Board</b>	<b>ASAM Committees (current)</b>
Margaret Bean-Bayog, MD Cambridge, MA	Psychiatry Assistant Prof. of Psychiatry Harvard Medical School	President: 1987-89 current member, also in '80s	Chair: Nominations & Awards; Member: Executive, ASAM Journal Task Force
LeClair Bissell, MD Sanibel, FL	Internal Medicine /Addiction Medicine author, lecturer, consultant	President: 1981-83; current member, also in '70s, '80s	Chair: Ad Hoc on Ethics; Member: Membership, Publications.
Sheila B. Blume, MD Amityville, NY Cert. 1986.	Psychiatry Director, Alcoholism, CD and Compulsive Gambling Programs, South Oaks Hospital	President: 1979-81 current member, also in '70s, '80s	Chair: Public Policy; Member: Nomenclature, Publications, Task Force on Specialty Status, Joint NCA/ASAM Definition/Criteria
Dolores Burant, MD Goshen, IN Cert. 1986	Addiction Medicine Addiction Services Director, Oaklawn Hospital		Chair: Fellowship; Member: Certification Council, Dual Diagnosis, Specialty Status Task Force.
P. Joseph Frawley, MD Santa Barbara, CA Cert. 1986	Internal Medicine Chief of Staff, Schick Shadel Hospital of Santa Barbara		Chair: State Chapters; Subcommittee on Treatment Outcome; Former Chair: Finance Member: Finance, Nicotine Depend., Resources & Development; Standards & Economics of Care President: CSAM.
David R. Gastfriend, MD Boston, MA Cert. 1988	Psychiatry Chief, Mass. Gen'l Hospital Chemical Dependence Unit		Co-Chair: Members-In-Training; Member: Methadone Treatment
Stanley E. Gitlow, MD New York, NY Cert. 1986	Internal Medicine Clinical Prof. of Medicine, Mount Sinai School of Medicine	President: 1963-65 1971-73 also member in '60s, '70s, '80s	Chair: Publications; Member: Constitution/ByLaws, Cert. Exam, Nomenclature, Public Policy, Specialty Status Task Force, ASAM Journal Task Force; NCA/ASAM Definition/Criteria. Recipient Annual ASAM Award '90
David Mee-Lee, MD Marblehead, MA Cert. 1986	Psychiatry/Addiction Medicine Assoc. Medical Director, Parkside Medical Services Corp.	Regional Representative (Northeast)	Chair: Standards & Economics of Care (close involvement with NAATP in developing Criteria for Patient Placement) Member: Core Curriculum, Finance; Nominations & Awards; Nomenclature
J. T. Payte, MD San Antonio, TX Cert. 1987	Addiction Medicine Medical Director, Drug Dependence Assoc.		Chair: Methadone Treatment

<i>Name</i>	<i>Specialty/Present Title</i>	<i>ASAM Board</i>	<i>ASAM Committees (current)</i>
<b>Elmer Ratzlaff, MD</b> Maui, Hawaii Cert. 1986	<i>Family + General Medicine</i> Solo private practice	Former Regional Representative (Canada)	
<b>Max A. Schneider, MD</b> Orange, CA Addiction Medicine Cert. 1986	<i>Internal Medicine/ Addiction Medicine</i> Medical Dir., St. Joseph Hosp. Family Recovery Services Clin. Assoc. Prof. Un. Cal/Irvine	<i>President:</i> 1985-87; current member, also in '70s, '80s	<i>Chair:</i> Constitution & ByLaws; <i>Member:</i> AIDS, CME, Executive, Finance, International, MRO, Membership, Nicotine Dependence, Nomination & Awards, Publications, Ad hoc Physicians Health Customs, Task Force ASAM Journal, Joint NCA/ASAM Definition/Criteria
<b>David E. Smith, MD</b> San Francisco, CA Cert. 1986	<i>Clinical Toxicology</i> Founder and Medical Director, Haight-Ashbury Free Medical Clinics	Current member; also in '80s	<i>Chair:</i> Nomenclature; <i>Member:</i> AIDS, Executive, MRO, Public Policy, Task Force Specialty Status, Joint NCA/ASAM Definition/Criteria
<b>James W. Smith, MD</b> Seattle, WA Cert. 1986	<i>Family Practice/Addiction Med.</i> Chief Medical Officer, Schick Health Services		<i>Chair:</i> Finance <i>Member:</i> Certification, Fellowship <i>Former Chair:</i> Washington state
<b>G. Douglas Talbott, MD</b> College Park, GA Cert. 1986	<i>Internal Medicine/Cardiology/ Addiction Medicine</i> President, Talbott Recovery Systems	Current member; also in '80s	<i>Chair:</i> Ad hoc Phys. Health Customs; <i>Member:</i> Certification Council, Executive, International, Nomination & Awards, Physicians Health, Task Force Specialty Status

## Join The Partnership of Choice

Southern California

Southern California Permanente Medical Group (SCPMG) is the nation's largest and most respected physician-managed, multi-specialty

medical group. The following opportunities are available in our Chemical Dependency Recovery Programs (CDRP).

**ADDICTION MEDICINE SPECIALIST:** You will be responsible for providing inpatient and outpatient detoxification care; participate in day treatment programs; serve as a member of an interdisciplinary case review team; and teaching of patients, residents and hospital staff.

**PSYCHIATRISTS:** Your time will be split between our CDRP and general adult outpatient consultations. In conjunction with our CDRP, you will provide mental health evaluations; serve as a member of an interdisciplinary case review team; and teach patients and hospital staff.

If you are interested in exploring these opportunities, please call or send your curriculum vitae to **Irwin P. Goldstein, M.D., Associate Medical Director, SCPMG, Dept. 853, Walnut Center, Pasadena, CA 91188-8013, 1-800-541-7946.**



**KAISER PERMANENTE**  
Southern California Permanente  
Medical Group  
Partners Practicing Good Medicine

### PROPER PATIENT PLACEMENT

an in-depth seminar on the new ASAM-NAATP Criteria for Chemical Dependency Admission, Transfer and Discharge

**March 14-15, 1991**

**Ritz-Carlton Hotel  
Atlanta, Georgia**

**Learn:** How uniform, reliable placement criteria can facilitate both internal and external utilization review.

**Participate:** in hands-on exercises on how to apply the criteria at each level of care, for adult and adolescent patients.

**TWO FULL DAYS OF TRAINING AND DISCUSSION LED BY:**

**David Mee-Lee, MD,** chair, ASAM Standards and Economics of Care Committee

**Richard D. Weedman, MSW, FACATA,** president, Healthcare Network, Inc.

Registration Fees

ASAM, NAATP Members \$295.  
Non-members \$395.

(Fee includes a copy of the Criteria; workshop materials; lunch and refreshment breaks. CME credit available.)

**TO REGISTER OR FOR MORE INFORMATION  
CALL NAATP; (714) 837-3038**

Hotel Reservations call Ritz-Carlton: 800-241-3333.

Seminar rate is \$99 single or double occupancy.

## ABOUT ASAM

### 1990 Certification Exam Results

Of the 557 ASAM members who sat for ASAM's fourth certification examination on December 2nd, 494 passed and 63 (11%) failed. The number of physicians certified by ASAM is now 2,320, which is over 60% of the membership.

Letters will be sent to examinees by Feb. 20.

The exam was 300 multiple choice questions. Some were field test items being evaluated for use as certification items in the 1992 exam; these did not count in the scoring. (New questions are developed each year to keep the exam current.)

Over half the items which counted in scoring the 1990 exam were used as certification items for the first time.

The Department of Medical Education of the University of Southern California scored the exams, and reported the item analysis to the ASAM Examination Committee at its meeting in January, where each question was reviewed.

This was the final ASAM certification exam to be scored by a normative method -- that is, grading on a curve. In the normative method, the minimum pass level is set *after* the scores are reported and the mean is identified. ASAM policy has been to set the minimum pass level at 1.2 standard deviations below the mean.

Beginning in 1992, the exam will be scored by a criterion-referenced method. This means that *before* the exam is scored, the minimum pass level will be set by a standard setting process which is commonly used in examinations for physicians at the certification level.

Why the decision to move from a normative method to a criterion-referenced method? To bring the ASAM certification exam more closely in line with other certification exams used in medicine.

ASAM will offer the next certification exam in December, 1992. The criteria for sitting for that exam will be reviewed by the ASAM Board this April, and announced in the spring. Applications will be mailed to ASAM members in the fall; the deadline for receipt of completed applications will be January, 1992. [GBJ]

### Review Courses

Despite the troubled economic conditions in the CD field, registrations numbered between 200 and 250 each at ASAM's "Review Course in Addiction Medicine," held last year in Chicago, New York, and Atlanta. The California Society of Addiction Medicine, an ASAM state chapter, drew over 250 to its review course Nov. 8-10 in San Francisco (see *ASAM NEWS* November-December issue).

Course directors, Chicago (Oct. 11-13.): **Andrea Barthwell, MD**, and co-director **Amin N. Daghestani, MD**.

Course co-directors, New York (Oct. 25-27): **James Fine, MD**, and **Stephan J. Sorrell, MD**.

Course directors, Atlanta (Nov. 15-17): **Terry A Rustin, MD**, and co-director **Ken Roy, MD**.

Administrator was **Claire Osman**; credentialing manager was **Eshel Kreiter**, both of ASAM's New York office.

"The ASAM Review Courses are really becoming an impressive, professional operation," **Anne Geller, MD**, chair of the Review Course Committee, told *ASAM NEWS*. "Things go very smoothly. The content and delivery are very good, the slides are improving. Overall, the Review Courses were rated extremely highly on evaluation forms. We try to select faculty who are the most expert in each particular area, and by and large, we seem to have succeeded."

This year (1991) there will be no ASAM exam. ASAM will offer one course in Orlando, Florida, Oct. 24-26. Dr. Geller said that "State of the Art in Addiction Medicine" will present "new ideas and different perspectives." The previous "State of the Art" was given in Oct. 1989, also in Orlando.

Reminder: the 636-page *Review Course Syllabus*, which ASAM published in Oct. 1990 and gave with other course materials to all registrants, is available from the ASAM Washington office. Price: \$50 ASAM members, \$90 non-members, prepaid.

### Annual Meeting: Boston in April

**Vincent P. Dole, MD**, will open ASAM's 22nd annual medical-scientific conference on Friday, April 19, in Boston with a first for the society: a Distinguished Scientist Lecture. Dr. Dole's is titled "Heroin Addiction as a Public Health Problem." He received the 1988 Albert Lasker Medical Research Award for his laboratory and clinical research on methadone maintenance.

The popular Ruth Fox Course for Physicians, offered Thursday April 18, will for the first time include information about deaf alcoholics. Other talks will include benzodiazepine addiction and withdrawal, pathologic gambling, understanding transference: what the addictionist needs to know, addiction medicine education.

Those who passed the 1990 ASAM Certification Examination will receive their certificates in a ceremony that has become an ASAM tradition at the annual awards luncheon on Saturday, April 20. Former Senator Harold E. Hughes of Iowa will be the featured speaker; the Annual ASAM Award and Young Investigator awards will also be given then.

For the first time in 22 years, ASAM will sponsor this annual meeting without the affiliation of the National Council on Alcoholism and Drug Dependence.

IDAA will coordinate the AA meetings every morning and evening. Al-Anon meetings will also be available, as will rooms for other groups that want to hold 12-Step meetings.

Registration packets were sent to all ASAM members at the end of January. Room reservation cutoff is March 27; conference manager **Louisa Macpherson** urges everyone to reserve rooms early at the popular Boston Marriott Copley Place Hotel. For more information call her at (919) 452-4920, or **Virginia Roberts** at ASAM headquarters (202) 244-8948.

## Tyson on Treatment

by Richard Tyson, MD

*(Dr. Tyson of Coral Springs is a former president of FSAM, the Florida state chapter of ASAM. This is a shortened version of an article in FSAM NEWS, October 1990.)*

Larry Siegel recently asked me to recontact the eleven treatment centers which sponsored our 3rd annual conference last January [1990] in Orlando. Most of these sponsors gave FSAM \$1,000 each ...

But, in just the eight months since our conference, how the economics of our field have changed! One sponsor is in bankruptcy. Another is selling off its facilities to raise cash. Two are part of large chains which are in the midst of being consolidated, or acquired, or merged, or are in trouble -- depending on with whom you talk. One facility just acquired additional financing to keep its operations running, but is losing a lot of money. So far, five on this list have given their verbal support for our 1991 conference, and the majority are psychiatric institutions.

*[Dr. Tyson told ASAM NEWS at the FSAM 4th annual conference, held January 18-20 in Orlando, that only two of those five sponsors had contributed--Ed.]*

A large segment of our Florida membership had an addiction medicine practice as their principle means of support, but I hear reports every day of salaries being chopped in half, of positions being consolidated, of practitioners getting out of the field completely.

Is this the end of our field of addiction medicine as we have known it? While we've grappled with establishing national admission criteria, have managed care psychiatrists all but stolen our ability to make decisions on patient care? Should private inpatient treatment be allowed to wither while we focus on publicly funded alternatives? Does outpatient treatment really work as effectively for most patients anyway? Does treatment work? Is this all just a reflection of the national temperance mood? Are policy makers (whoever or wherever they are) merely trying to force down the cost of treatment?

Within the context of these pressing economic concerns, I have to wonder what will happen to the momentum we seemed to be gaining in our struggle to organize as FSAM (Florida Society of Addiction Medicine) and to gain credibility and recognition (through certification, training, and ultimately specialty status). I urge you, the members to continue to support FSAM, its goals, and its programs, through your direct participation.

## Family Practice: Call for Greater Role in ASAM

by Michael F. Fleming, MD

*(Dr. Fleming of Madison, Wisconsin, is chair of the new ASAM Family Medicine Specialty Section.)*

I want to share my concerns about family physicians' lack of involvement in the decision-making structure of ASAM

When a staff member at ASAM asked me to sign the forms for family physicians to receive CME credits at the annual ASAM meeting in Boston this April, I was informed that

there is no longer a family physician on that program committee. I am also aware that there is no family physician on the ASAM Board, and few who chair ASAM committees.

Since one-third of ASAM members are family physicians, the lack of family physician participation on the annual meeting program committee and other committees represents a challenge to the current leadership of ASAM. Our steering committee met in Kansas City last November and discussed the issues of involvement with the AAFP (American Academy of Family Practice) as well as within ASAM. We believe that unless family physicians are involved in decision making, at both ASAM and the AAFP level, it is unlikely that family medicine could be an equal partner in the plan to establish addiction medicine as a viable specialty or sub-specialty within psychiatry, internal medicine, and family medicine.

I sense that this is a critical time for ASAM. It is important for the society's leadership to recognize the increasing frustration with the lack of primary care providers that is felt by both Congress and the public. The current system, with subspecialists providing much of the care, is perceived as not meeting the health care needs of the average American. I think the specialty of family medicine has a great deal to offer ASAM, both at the level of the American Board of Medical Specialties, as well as politically within Congress and federal policy makers.

Family medicine is likely to be an increasingly powerful force within the medical profession and health care policy making groups. The American Board of Family Practice is the second largest voting block in the ABMS. Combined with the boards of internal medicine and surgery, it controls more than half the ABMS votes. I think it would be to ASAM's advantage to facilitate family medicine becoming equal partners with psychiatry and internal medicine in the power structure of ASAM.

I would like to suggest that ASAM consider the following:

1. Determine the number of family physicians who are on the ASAM Board of Directors, Annual Meeting Program Committee, and other ASAM committees. How does this compare to the representation of other specialty groups?
2. Appoint four or five family physicians to the program committee for the 1992 annual meeting. Groom a family physician to chair the program committee of an annual meeting for the near future.
3. Nominate a number of family physicians to run for the ASAM Board of Directors. Invite some to chair ASAM committees or subcommittees.
4. Examine the distribution of specialty representation within the ASAM power structure. Determine that psychiatry, internal medicine, and family medicine will be, when feasible, proportionately equal in ASAM.

I would be glad to work with the leaders of ASAM to recruit family physicians to become more active participants in the leadership of the organization. ♦

FROM MY  
POINT  
OF VIEW

**ASAM NEWS**

**Editor: Lucy Barry Robe**

Oct. 1990 - May 1991:

303D Sea Oats Drive  
Juno Beach, FL 33408

Phone: (407) 827-8815

Summer:

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  
New York, NY 10010

Phone: (212) 206-6770

FAX: 212-627-9540

ASAM News is published bimonthly:

Jan.-Feb.            July-August

Mar.-April        Sept.-Oct.

May-June         Nov.-Dec.

**Advertising Rates:**

Start at \$60. Call/write

Editor, or ASAM-Washington

© American Society of Addiction  
Medicine.

ISSN # 0889-9215

**ASAM NEWS - Subscriptions**

(Newsletter is mailed free to members)

**\$15/year (6 issues)**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Make check payable to ASAM NEWS.  
Mail to: ASAM-Washington Office

**"Restore Your Life - a Living Plan  
for Sober People"**

by Anne Geller, MD,  
with M. J. Territo

**Publication Date: March 15, 1991**

Bantam Books, 384 pages, \$19.95.

Once in a while a new book in the CD field is so well written, so useful, and fills such an obvious need that the reviewer wants to shout out the news.

Dr. Geller's target audience is the newly sober to those with three years' sobriety, although she recommends the book "to anyone in recovery." Indeed, there is plenty of useful information for all recovering people, their families and friends.

The book is disarmingly unpretentious. For example, her foreword begins:

"You're sober. You've stopped drinking or using drugs ...[which] took a great deal of courage. But did that single act make you a sober person?"

"Speaking as a recovering alcoholic, a physician, and the director of the Smithers Center ... my answer is *no*. To become a truly sober person--someone leading a normal, healthy, productive life without using mood-altering chemicals--you need a *living plan* ... a simple, organized way to conduct your life..."

From there, Dr. Geller, whose specialties are neurology and addiction medicine, leads us through 17 chapters packed with information. They can be browsed individually, or read consecutively. She writes as a combination physician, sponsor, and recovering friend. She illustrates her points with vivid, human anecdotes.

*Stuart A. Copans, MD,  
a psychiatrist in Brattleboro, VT, frequently  
contributes cartoons to  
ASAM NEWS such as  
the one on the right.*

**BOOKSHELF**

She does not use medical jargon. Although in wide demand as a conference lecturer, and with a good number of publications and media appearances to her credit, there is no hint of her renown in this book. By the end, the reader feels as if Dr. Geller is his or her friend and a sponsor.

She begins the book with "What Happens to You Physically and Emotionally from the First Three Months Through the Next Three Years," followed by how alcohol and drugs affected the brain, body, and emotional life; a living plan; establishing a stable mood; how to cope with stress; self-help groups; rebuilding family life; sober sex; sober friendships; jobs; relapse; physical health and medications; sleep; nutrition; exercise; smoking. The three appendices cover suggested reading; prescription and OTC medications to avoid; 17 resources (mostly information centers for self-help groups)

I wish I'd had a copy of "Restore Your Life" 23 years ago when I sobered up. ...[LBR]





**President's Report on Specialty Status**

*(continued from p. 1)*

interest in CAQs in Addiction Medicine by ABMS-member Boards, while others believe that Boards, particularly Family Practice and Internal Medicine, do not wish to create any more CAQs than they already have. No one, however, can predict how the Boards will react as events unfold.

We continue to keep our sights trained on ASAM's long term goal of seeking to establish a Conjoint Board (formed by two or more ABMS boards) under the auspices of the American Board of Medical Specialties; however the path to achieving an independent Board of this type is not clear at this time, even to our most knowledgeable observers. ASAM will proceed as I described above, reviewing and reevaluating our path as we move forward.

**Anne Geller, MD**, chair of the Task Force on Specialty Status, has appointed a subcommittee of the Task Force to identify the steps we will take. On the subcommittee, with Dr. Geller, are Drs. **David Smith, David Lewis, Michael Fleming, Anthony Radcliffe**, and our executive director, Dr. James Callahan.



*Note: names in boldface are ASAM members.*

**Medical Director**

The Pennsylvania Medical Society, through its Educational and Scientific Trust based in Harrisburg, is seeking a medical director to oversee the operations of its **physician impairment program**. Each candidate should be a Pennsylvania-licensed (or licensure-eligible) physician who has completed an ACGME residency program in his or her specialty, and has demonstrated experience in Addiction Medicine. Personal long-term recovering status, ASAM certification, and experience in dealing with impaired professionals are preferred.

**A comprehensive salary and benefits package is offered. Please send your CV and salary history to:**

Jasper Chen See, MD  
 Chairman, Search Committee  
 The Educational & Scientific Trust of the PMS  
 777 East Park Drive, PO Box 8820  
 Harrisburg, PA 17105-8820  
 EOE



The American Society of Addiction Medicine presents

**THE FIRST MEDICAL CONFERENCE ON ADOLESCENT ADDICTIONS**

**June 20 - June 23, 1991**

**J.W. Marriott Hotel at Lenox Atlanta, Georgia**



**FORUM FACULTY**

CO-CHAIRPERSONS -- Peter Rogers, M.D., FAAP and Sandra Jo Counts, M.D., FAAP

KEYNOTE SPEAKER -- Ron Shafer  
 Features Editor for the Wall Street Journal and a frequent contributor of articles concerning adolescent drug addictions to the Wall Street Journal and People Magazine

- |                            |                                |
|----------------------------|--------------------------------|
| George Bailey, M.D.        | Martha Morrison, M.D.          |
| David Brook, M.D.          | Anthony B. Radcliffe, M.D.     |
| Judith Brook, M.D.         | Sue Rouche                     |
| Richard Clayton, Ph.D.     | Kenneth Schoenberg, M.D., FAAP |
| Peter Cohen, M.D.          | Richard Schwartz, M.D., FAAP   |
| George Comercl, M.D., FAAP | John Slade, M.D.               |
| Dorynne Czechowicz, M.D.   | David Smith, M.D.              |
| Todd Wilk Estroff, M.D.    | Carl Soderstrom, M.D.          |
| Norman Hoffmann, Ph.D.     | Anderson Spickard, M.D.        |
| William Jackson, M.D.      | Jeremy Stowell, M.D.           |
| Renea Jenkins, M.D., FAAP  | Douglas Talbott, M.D.          |
| Paul King, M.D.            | Steven Wolin, M.D.             |
| David Mee-Lee, M.D., FAAP  |                                |

**14.5 CATEGORY I CME Credits Awarded**

For more information - CALL TODAY:

**404-458-3382**

Or mail to: ASAM's Adolescent Addictions Conference, Meeting and Travel Services, P.O. Box 81691, Atlanta, GA 30366

**Adolescent Addictions Conference Information**

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Mail to: ASAM's Adolescent Addictions Conference, Meeting and Travel Services, P.O. Box 81691, Atlanta, GA 30366 / Telephone 404/458-3382

## SECAD 1990 in Atlanta

The 15th annual Southeastern Conference on Alcohol and Drug Abuse, sponsored by Charter Medical Corporation, drew 1,400 to Atlanta Nov. 28 - Dec. 2, 1990. Over 100 registrants were physicians, as were 12 of the faculty. There were 160 exhibit booths. Conference chair was **Thomas Hester, MD**, of Charter Peachford Hospital. Lecture topics included psychodrama, food, elderly, Soviet Union, AA and CD facilities, CoA's, sexual addiction, the 12 Steps, physician's view of CD, lesbian/gay men, legalization of drugs, Van Gogh slide/music presentation, women, family, co-dependency and violence, Afro-Americans, EAP's. Father Martin spoke on the 12th Step, Suzanne Somers on her childhood in an alcoholic home, there were meetings of AA, ACoA, NA, OA, CA, CoAnon, IDAA, and IPA (International Pharmacist Anonymous).

Audio and videotapes of SECAD are available from Audio Master, 85 Queen Drive, Mableton, GA 30059. Program No. 1128-90. Phone:(404) 948-2475.

The 16th SECAD will be Dec. 4-8, 1991, again in Atlanta.

## Schuckit's New Data on Sons of Alcoholics

"There is very good data to make it highly likely that alcoholism is a genetically influenced disorder," said **Marc Schuckit, MD**, of San Diego, in his first SECAD appearance. He began researching sons of alcoholics (CoA's) in the late 1970s by studying 475 men, average age 20-21. He found no difference in how fast CoA's and controls absorbed or metabolized alcohol. However, CoA's did not feel as drunk after three drinks, they stayed high less long, and had high tolerance: 40% of them could drink their peers under the table as teenagers.

Dr. Schuckit recently located 469 of the original men. Of these, 98% have agreed to be followed up. He has preliminary data on 81 men: 33% of the CoA's, vs. 12% of the controls, have alcohol problems. "It looks as if the intensity of reaction to alcohol is a predictor of severe problems," and that "alcoholism is a genetically influenced disorder. Tell your patients and your kids. A child with a hollow leg will be at greater risk if trying to drink like his or her peers."

## AA in USSR

Last spring **Maxwell N. Weisman, MD**, a former ASAM president, went to Russia for two months at the behest of the Caron Foundation to train a narcology team to use a 12-Step model program for treatment of alcoholism. The hospital had 6,600 beds and treatment was where "the U.S. was 40 or 50 years ago." Antabuse and acupuncture were in use, there was some individual counseling, almost no family treatment, and a generally punitive attitude. Relapse could mean a labor camp for two years. "Family involvement was the most difficult concept to get across," he said. "Denial and co-dependency are extremely strong in Moscow. Previously, families had had no contact with treatment of their alcoholic."

Although an estimated 14,000,000 Russians belonged to the official Temperance Society in 1987, that year the only AA

## CONFERENCE DIGEST

was at the American Embassy. In 1988, a group started in Moscow, and in 1989, one in Kiev. By April 1990, there were 40 AA groups.

One problem with AA in Russia has been the issue of spirituality. AA groups close their meetings with the following prayer, in lieu of the traditional Lord's Prayer:

"I put my hand in yours and together we can do what we could never do alone. No longer is there a sense of hopelessness. No longer must we each depend upon our own unsteady will power. We are all together now, reaching out our hands for power and strength greater than ours. And as we join hands, we find love and understanding beyond our wildest dreams."

## Bissell, Schneider, Continue Drug Debate

"If just legalizing drugs were all we did, I would say no to it. My daydream: give us half the dollars being spent in the so-called war on drugs and spend it on really skillful propaganda which we'd call education." -- Dr. Bissell

"Who would control drugs? The feds? The states, with 50 different laws? Who would be liable for accidents? For o.d.'s? For quality control? Just fighting drug pushers is not the answer. We need more money for treatment and prevention, Grades K through 8." -- Dr. Schneider

The debate between **LeClair Bissell, MD**, and **Max A. Schneider, MD**, on the pros and cons respectively of legalizing drugs, continued on November 29, moderated this time by **John Chappel, MD**. The first debate was in Phoenix at ASAM's annual meeting April 27, moderated by **Sheila B Blume, MD**. An estimated three-hundred were in the Atlanta audience; participation was again enthusiastic. Highlights follow. (Audience comments and questions are in italics.)

*On what causes people to use drugs?*

"People use drugs because they work. When you try to tell people they don't work, you're just conning them." -- Dr. Schneider

*On drug dealers' chief market for illegal drugs being the unemployed and uneducated. How would this change?*

"Raising prices beyond a certain point makes drugs worthwhile for the black market. Lowering them below a certain point increases use. A kid won't drop out of school to run a pack of cigarettes -- the profit wouldn't be enough. If we legalized a more serious drug, it would have to be readily available and quite cheap." -- Dr. Bissell

*On public participation in legalizing drugs.*

"How many have voted to get tobacco vending machines off the streets and out of shops where kids can buy cigarettes? Probably very few of you, yet here's a way to control this legal product." -- Dr. Schneider.

"Something that interests me is the clean needle issue. I wouldn't want a fancy distribution system. I'd let your corner druggist sell them; they do anyhow, to diabetics. We could ask for a 25¢ deposit on each, so people including diabetics would bring them back. There's no evidence from the states where it's legal to own your own works that there's more of an

(continued on p. 11)

(continued from p. 10)

addiction problem." -- Dr. Bissell

*Do you think the political process can turn around the alcohol and tobacco industries?*

"If we could agree on what exactly we would like our Congress to do that might be practical, and sent them these results; if we made it clear that we would vote for what they do; if they heard from us the way they hear from the alcohol and tobacco companies, if we sent them money the way the alcohol and tobacco companies do, they'd listen. -- Dr. Bissell

"We should support both NCAdd (National Council on Alcoholism and Drug Dependence) and SOAR (Society of Americans for Recovery)." -- Dr. Schneider

*What about kids that don't use drugs and are either in jail or live in a crack house? They're drug-related.*

"A New York City school dropout working as a lookout can easily get \$100 to \$200 a day. His father may earn a fraction of that running an elevator or parking cars. As long as this enormous money is available in the drug trade, and the drug heroes have the gold chains and the fancy cars, it's hard to persuade kids that virtue is its own reward. Decriminalization without legalization leaves the profit motive sky high." -- Dr. Bissell

*Which drugs should be legalized? Who allowed to buy?*

"I'd stick to some of the regulations we already have. If you're going to drink and use, don't do anything that will endanger other people because we'll try to stop you. We'd arrest drugged drivers and take licenses away from them. I don't believe in letting doctors operate drunk even though alcohol is a legal drug. We should think this through, drug by drug: what the dangers are and how we might manage. If you're going to do drugs, no using in the work place, or before you do any skilled task, such as pilots and air controllers.

"We are making very good gains on tobacco by making it uncool to smoke. We have a great deal to learn from that. We're not just preaching at people to change their behavior, we're actually getting addiction counselors to feel a little bit self-conscious talking about addiction while smoking!" -- Dr. Bissell

"The most important step in the last year or two: people are beginning to look at the issues. But we cannot change until we have a plan. There's a morality issue: the health of people. We should be at the forefront of examining what needs to be done and seeing that it becomes done. We should get our own organizations involved, or we're only paying lip service to the problem while saying someone else ought to do it." -- Dr. Schneider

#### To Be Continued in Boston

The drug legalization debate between Drs. Bissell and Schneider will continue in Boston on April 18 at the Ruth Fox Course for Physicians, moderated by Dr. Sheila Blume.

*Names in boldface are ASAM members.*



## CHEMICAL DEPENDENCY FELLOWSHIP

The State University of New York-Health Science Center at Brooklyn announces the expansion of its Addictive Disease fellowship through an affiliation with the Brooklyn VA Medical Center. The Addictive Disease Hospital at the SUNY-HSCB constitutes one of the oldest and largest chemical dependency centers in the United States. It consists of 12 different clinical programs providing virtually the entire spectrum of addiction treatment with special emphasis of dual addicted patients and is responsible for the care of 1,500 patients.

The Brooklyn VA Medical Center has 7 clinical programs - including a specialized PTSD Clinic for substance abuse and a dual addicted day treatment center.

Research opportunities are unsurpassed and include the genetics of alcoholism with Dr. H. Begleiter and a variety of ongoing addiction, AIDS and PTSD studies. Fellows will rotate through both clinical sites and a significant portion of time will be devoted to research. Faculty include nationally known clinicians and researchers in the field of addiction.

The fellowship is consistent with the guidelines developed by A.S.A.M. and fellows would be supported and encouraged to seek A.S.A.M. Certification. Persons who will have completed a PG3 year or an approved residency in Psychiatry are invited to apply. Please contact:

**Dr. James Fine**  
Director of Addictive Diseases Hospital  
718-270-1094

### DEPARTMENT OF VETERANS AFFAIRS VA MEDICAL CENTER

800 POLY PLACE, BROOKLYN, NY 11209  
An Equal Opportunity Employer

## 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

We are an equal opportunity employer

Dear Editor:

I read with great interest "Letter a Recovering Patient Can Give to a Physician about Medications" written by **William H. C. Dudley, MD.** (ASAM NEWS July-August 1990, p. 7). I believe this letter contained many important points relevant for the recovering addict seeking medical care.

I fully support Dr. Dudley's recommendation that an addict should not be deprived "in any way of the full benefits of pain relief," and that " (the addict) should be kept in the hospital until narcotics can be safely and humanely withdrawn," and I share his concern about the use of narcotics for chronic pain.

However, one statement raised my concern: "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..." seems scientifically unsupportable to me. The medical literature by and large supports the concept that recovering addicts and alcoholics are at higher risk for developing dependencies to benzodiazepines. Chronic administration of these or other sedatives-hypnotics to recovering addicts is fraught with difficulties, and is analogous to the use of narcotics for chronic pain.

However, as there is acute *physical* pain, so is there acute *psychic* pain. I have treated many recovering alcoholics and addicts who were admitted to hospitals with extreme agitation and acute, unbearable anxiety, in the presence of acute suicidality, extreme grief reactions associated with the death of a loved one, or other acute, serious psychiatric syndromes. Their anxiety typically included extreme levels of motor agitation, with such dramatic behaviors as banging their heads against walls and hyperventilating to unconsciousness.

The acute, *time limited* (measured in hours) judicious use of benzodiazepines can dramatically relieve such symptoms more effectively than other agents. Unwanted side effects induced by antihistamines, neuroleptics, or other classes of drugs are completely avoided. To completely remove these drugs from the therapeutic arena is both unscientific and nihilistic.

I have often worked with acutely and severely psychiatrically disturbed inpatients who are recovering addicts. Acknowledging their recovering status, and an unwavering dedication to the goal of discharge from the hospital free of benzodiazepines or any other addicting medications, when presented to patients early in the hospitalization, helps to alleviate their suffering, while simultaneously supporting their recovery.

Denying anti-depressant medications (which are non-addicting) to patients who have life threatening major depression cannot be considered an acceptable part of contemporary psychiatric practice. American psychiatry in the 1990s is making tremendous strides in caring for patients who suffer from addiction and along with other psychiatric problems.

We who are both psychiatrists and addiction medicine specialists have a particular obligation to promote, protect, and support our patients in recovery, and to educate them and our non-psychiatric colleagues to the contributions we can make.

**Kevin W. Olden, MD,** President-Elect  
California Society of Addiction Medicine  
San Francisco, CA

Dear Editor:

I attended the Drug Policy Foundation's

## LETTERS TO THE EDITOR

Fourth Annual Conference in Washington, D.C., last Oct. 31 - Nov. 4. The foundation is an international, interdisciplinary organization that seeks to temper the present network of punitive, prohibitionist "drug laws." These laws are destructive to civil liberties, traditional crops, social users, as well as uninvolved bystanders, and are plainly not only ineffective, but also contribute to the spread of addictions.

To my knowledge, only three other ASAM members were among the 300 registrants. This is unfortunate, in my opinion, because ASAM needs DPF to help prevent the "war on drugs" from killing many of our patients before they have a chance to even decide to seek help, and from killing or otherwise destroying the lives of many who are not addicted. DPF also needs ASAM to counteract the small but extremely militant minority of its membership which believes that chemical dependency is not a disease, and that the "disease concept" was invented and is pushed by venal physicians seeking money and power.

Conference speakers included a mayor, a federal judge, several professors of law and medicine, the director of ACLU, and a woman in the Italian parliament who was arrested the following week in New York City for "unlawful possession" while trying to present Mayor David Dinkins with a set of clean hypodermic syringes and needles to help him combat the AIDS epidemic in New York.

The foundation is a far from monolithic organization. Proposals for changes varied widely from decriminalized "rationing" of substances along with rationing of advertising, to total decontrol with free drugs on demand. However, I heard no proposals for free alcohol or free nicotine on demand!

Proponents of decriminalization of hemp pointed out that the entire oil dependency syndrome in the U.S. could be solved by growing hemp (instead of tobacco and other unneeded but subsidized crops) and converting the pulp to methanol. Others recalled that the wholesale destruction of poppy fields, and the destruction of large supplies of opium and heroin, only adds to a projected shortage of morphine for medical pain control. The latter may become a serious problem for military medicine and civilian disaster relief, should war break out.

*[This letter came to ASAM NEWS before the Persian Gulf War began--Ed.]*

The worldwide use of "illicit" heroin has steadily escalated since 1923, after the total ban on heroin and the severe laws restricting other opiate use were put into effect.

**Ann Birch, MD**  
Seneca Falls, NY

**In Memoriam:**

**Grosvenor W. Bissell, MD,** internist of Saginaw, Michigan, died on Jan. 23. He was in his 70s.

## Today the Nation, Tomorrow the State

by P. Joseph Frawley, MD

(Dr. Frawley is chair of ASAM's new State Chapters Committee. He is also president of CSAM (California Society of Addiction Medicine).)

ASAM is evaluating conjoint membership. This would mean that members of the national society would have to join the state chapter, if there is one, and vice versa.

The arguments for mandatory joint membership center around ASAM's need for a constituency to make significant changes in policy and funding of addiction medicine treatment and research. A national body can represent the views and wisdom of its members, but with broader perspective and more credibility than a local body. A national body may be more necessary than ever in addiction medicine now, as forces converge to cut costs and provide documentation of what is truly necessary. To accomplish this, national membership must be supported. But gainers from national efforts should not be exempt from paying for these gains by joining only the local organization. 90% of state chapter members belong to ASAM.

Why the need for strong state chapters? Few people enter a field at the national level. They often join organizations to change something that bothers them. Making something work locally is easier and faster than beginning nationally. Many addiction medicine physicians do not have the resources to go to national meetings, and state chapters may pay the way of a member who wants to work actively on committees, but who cannot afford the travel.

Many physicians enter the CD field through their own or a family member's recovery. They often come from other specialties. The initial commitment to become involved may be part time, or for a specific issue. Since health care is regulated by the states, certain issues that need expertise or a constituency of concerned physicians will require state representation. These provide opportunities to be involved in state policy development, which may ultimately de-

velop into a national model, or may allow for implementation of national guidelines or recommendations at a state level. But, the more active the state organization, the more it costs to maintain it.

A review of six national medical organizations, all about ASAM's size, shows that three do not require dual membership; one varies by state; and two others require it. One of the latter collects dues nationally and distributes them locally. Joint membership has only recently been required by the other.

About half of ASAM members belong to their state chapter, if there is one. Dues range from \$35 to \$150. The services and programs vary. So do the states' numbers of members and their geographies.

The State Chapters Committee plans to give its recommendations to the ASAM Board in time to vote in April. We would appreciate input from ASAM members as soon as possible. Please write me at 45 East Alamar Ave, Santa Barbara, CA 93105., telephone me at (805) 687-2411, or contact Jeanne-marie Smith at the ASAM Washington office.

### Internist/Family Practitioner

Immediate openings at this VA Medical Center in nationally recognized substance abuse program, including detox unit, full-time board certified and experience working with addicted patients in multidisciplinary setting preferred. Competitive salary plus incentive pay with malpractice coverage and excellent fringe benefits. Located in beautiful historic Chester County in the Brandywine River Valley with horse farms, excellent schools and diverse outdoor recreational opportunities. Near Pa. Dutch country, only minutes from downtown Philadelphia and medical schools.

Send resume and names of three references to:

James J. Nocks, MD, Chief of Staff, VAMC, Coatesville, PA 19320. ☐ (215)383-8219.

An EOE M/F/H/V

## Staff Physician

At the Behavioral Pharmacology Research Unit, Johns Hopkins University School of Medicine and Francis Scott Key Medical Center, Baltimore, MD. An active and productive academic clinical research and treatment setting specializing in substance abuse. Intake assessments and continuing health monitoring and care of clinical research volunteers. Outpatient methadone clinic plus residential unit. A supervised position appropriate for an individual in recovery or seeking clinical or research training and experience in drug abuse. Available immediately. Stipend: \$30,000.

### Contact:

Herbert Lodder, Director  
BPRU  
D-5-West, FSKMC  
4940 Eastern Avenue  
Baltimore, MD 21224

**ALAN R. ORENBERG**  
**PROFESSIONAL RECRUITER**  
**SPECIALIZING IN PLACEMENTS**  
**IN TREATING ADDICTIVE**  
**DISEASE**  
3 SOUTH PINCKNEY STREET  
SUITE 824  
MADISON, WI 53703  
(608) 255-1144

4th National Conference on  
**Sexual Compulsivity/Addiction**  
San Francisco - Cathedral Hill Hotel  
**May 19-21, 1991**  
Eli Coleman PhD • Patrick Carnes PhD

Program in Human Sexuality  
Department of Family Practice  
University of Minnesota • 612/626-7600

**Reach thousands of  
physicians  
with your ad.**

**Only \$60 for this size.**

Call/write: Lucy B. Robe, Ed. ASAM  
News, 303D Sea Oats Drive,  
Juno Beach, FL 33408  
☐ (407) 627-6815

**RUTH FOX  
MEMORIAL  
ENDOWMENT FUND**

It gives us great pleasure to announce that we have gone over our halfway mark on our goal of \$1 million. As of February 8, 1991, we have received \$519,746 in pledges.

We want to thank ASAM members who have already made their pledges, and want to express our appreciation and gratitude to our campaign leaders and staff for their commitment and support.

Just a reminder that Charter Membership in the Ruth Fox Memorial Endowment expires in April 1991. We urge you to make your pledge before the expiration date. You may call (212) 206-6770; or FAX 212-627-9540; or mail your pledge. You may make a pledge over a 36-month period, which can be spread over four tax years. A pledge enables you to make a maximum contribution with minimum financial strain. The schedule of payments can be arranged at your convenience and extended times can be provided, if necessary.

You may use one of the following ways to plan your gift to ASAM: cash; appreciated stocks, bonds or real estate; life insurance; corporate giving; employee matching gifts program; bequests. ASAM is a 501 (c)(3) non-profit organization and all gifts are tax deductible to the full extent of the law.

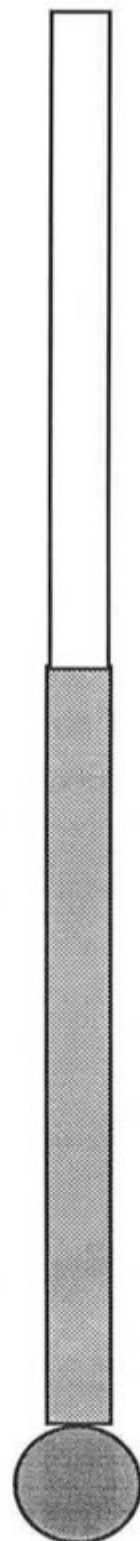
The Ruth Fox Memorial Endowment Reception for Charter Members will be held Friday, April 19, 1991, in Boston. Invitations will be going out the end of February, 1991.

We will continue to solicit corporations/foundations. We have received some support in this area.

Give your society financial security to carry out its goals for the future -- please make your pledge now!

**Jasper G. Chen See, MD**  
**William B. Hawthorne, MD**  
*National Co-Chairmen*  
**Claire Osman**  
*Development Director*

**Goal: \$1,000,000**



\$750,000

✓ \$500,000

✓ \$250,000

**Pledged: \$519,746**

(as of Feb. 8)

**TENNESSEE**

**Addictionist**

Opportunity for a family practitioner 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)

**ADDICTION CENTER  
DIRECTOR**

Outstanding opportunity to become the Medical Director for a chemical dependency program in a major 450-bed hospital in southern Georgia. We seek a BC/BE psychiatrist with significant experience in Chemical Dependency and other addictions. This physician will be Director of the CD unit and will also have opportunity for private practice. The practice is located in a dynamic community of 115,000 which is 2-1/2 hours from Atlanta and 3 hours from the beaches of Florida. Excellent housing, schools, cultural and recreational activities are available. Competitive compensation is offered.

Contact:: Teresa Owens  
Tyler & Company  
9040 Roswell Road  
Suite 550  
Atlanta, GA 30350

Phone: 1-800-223-3659  
404-641-6518.

**Donors****by Category****Benefactor's Circle:**

R. Brinkley Smithers

**Founder's Circle:**

William B. Hawthorne, MD\*

**President's Circle:**

Jasper G. Chen See, MD\*

Joseph E. Dorsey, MD\*

Lynn Hankes, MD

Michael J. Healy, MD\*

Conway Hunter Jr, MD

George W. Nash, MD\*

J. Thomas Payte, MD

Anthony B. Radcliffe, MD

Max A. Schneider, MD

James W. Smith, MD

Richard Tyson, MD\*

**Leadership Circle:**

Ted E. Ashcraft, MD\*

Leta Cromwell

Edward H. Maloney, MD\*

Elmer H. Ratzlaff, MD

Ken Roy, MD

G. Douglas Talbott, MD

David L. Trudeau, MD\*

**Circle of Friends:**

Raymond C. Anderson, MD

Andrea G. Barthwell, MD

F. William Bennett, MD\*

David G. Benzer, MD

Irvin L. Blöse, MD

Sheila B. Blume, MD

Robert W. Booher, MD

Thurman Booker, DO\*

Bruce Branin, DO\*

Jess W. Bromley, MD

Donald G. Browning, MD

Gene E. Burke, MD\*

Walton Byrd, MD

James F. &amp; Claire L. Callahan

H. Blair Carlson, MD\*

Louis L. Cataldie, MD

Roy D. Clark, Jr., MD

Sandra Jo Counts, MD

John T. Cox, MD\*

Douglas F. Crane, MD

Robert W. Dail, MD

Lionel Deutsch, MD

Andrew Di Bartolomeo, MD

David T. Dodd, MD

Martin C. Doot, MD

George Drake, MD

Paul H. Earley, MD\*

Charles John Engel, MD\*

Jean L. Forest, MD

Anne Geller, MD

Karl V. Gallegos, MD

Elizabeth H. Gordon, MD

Harley J. Harber, MD

Thomas L. Haynes, MD\*

Roland E. Herrington, MD

**RUTH FOX MEMORIAL ENDOWMENT FUND**

Gordon L. Hyde, MD\*  
Christine L. Kasser, MD\*  
Elizabeth T. Khuri, MD\*  
S. Reaves Lee, MD\*  
David Mee-Lee, MD\*  
Charles S. Lieber, MD  
Gabriel Mayer, MD  
James M. Merritt, MD\*  
Michael I. Michalek, MD  
James P. Miller, MD  
Michael M. Miller, MD\*  
Norman S. Miller, MD\*  
Al J. Mooney, MD  
John P. Morgan, MD  
Richard Morin, MD\*  
Garrett O'Connor, MD  
Roland F. Pike, MD  
Lori Poss, MD  
Mark R. Publicker, MD  
Bruce J. Relyea, MD\*  
Barry M. Rosen, MD\*  
Peter Rostenberg, MD\*  
John Saalwachter, MD\*  
Stephen B. Shapiro, MD\*  
Timothy L. Sharma, MD\*  
John E. Shields, MD  
Jack C. Smith, MD  
Robert D. Sparks, MD  
John Steinberg, MD  
Jokicbhi Takamine, MD  
Richard E. Tremblay, MD\*  
Kenneth F. Tullis, MD\*  
Alan Wartenberg, MD  
Herbert C. White, MD\*  
T. Edward Yielding, MD\*  
Penelope P. Ziegler, MD

**Donors' Circle:**

Chris L. Adelman, MD\*  
Mohan Advani, MD  
Amelia A. Alderman, MD  
James F. Alexander, MD  
William C. Anderson, MD  
Gertrude Anthony  
Judith Arthur  
William J. Barakett, MD  
E. Joan Barice, MD  
Margaret Bean-Bayog, MD  
Louis H. Beechnau, DO  
Milton Birnbaum, MD  
LeClair Bissell, MD  
Duard Bok, MD\*  
William M. Bolman, MD  
Albert Browne-Mayers, MD  
Dolores Burant, MD  
Rodney V. Burbach, MD\*  
Daniel Cameron, MD  
David I. Canavan, MD  
William D. Clark, MD

Irving Cohen, MD  
Stuart A. Copans, MD\*  
Joseph R. Cruse, MD  
Anthony Dekker, DO  
Bud D. Dickson, MD  
Judith M. Dischel, MD  
Walter Dorus, MD  
George K. Dreher, MD\*  
Steven Eickelberg, MD\*  
John Femino, MD  
James Fine, MD  
Daniel K. Flavin, MD  
Keith G. Foster, MD  
Marc Galanter, MD  
Donald M. Gallant, MD  
David R. Gastfriend, MD  
Caroline Gellrick, MD\*  
Stanley E. Gitlow, MD  
Lee Gladstone, MD  
Danikel W. Goodwin, MD  
Enoch Gordis, MD  
Allan Graham, MD  
James Graham, MD\*  
Roland W. Gray, MD  
Cecilia Gregory, MD\*  
William L. Griffith, MD\*  
James A. Halikas, MD  
J. Christopher Hastings, MD  
William E. Hodgkin, MD  
Thomas Hogarty, MD  
Shirley Hunter, MD  
Charles H. Johnson, MD  
Janet King Johnson, MD  
Theodore Johnson, MD  
Steven M. Juergens, MD\*  
Bobbe J. Kelley, DO  
Thomas A. Kerns, MD  
Lucy Jane King, MD  
Larry Kirstein, MD  
Neil J. Kluger, MD  
Eshel Kreiter  
Marla Kushner, DO  
Thomas E. Lauer, MD  
Michael R. Liepman, MD  
John N. Loomis, MD  
Virginia Lott  
Louisa & Ian Macpherson  
John Manges, MD  
Willy Mautner, MD  
Justin May, MD  
Theresa McAuliffe  
Morris L. McEwen, MD\*  
George J. Mellendick, MD  
Raymond Middleton, MD\*  
H. Thomas Milhorn, Jr, MD,  
PhD  
Martha Morrison, MD  
William Murphy, MD

David Myers, MD  
Mary Elizabeth Myers, MD\*  
Kevin O'Brien, MD\*  
Robert D. O'Connor, MD  
Claire Osman  
Anne R. Patterson, MD  
Gary Patzkowsky, MD  
Steven Pickert, MD  
Thomas P. & Katherine Pike  
Melvin Pohl, MD  
Craig T. Pratt, MD\*  
Richard D. Roark, MD  
Lucy Barry Robe  
Peter D. Rogers, MD  
Alan Rubin, MD\*  
Luampe Ruona, MD  
James Russell, MD  
Percy E. Ryberg, MD  
Jacqueline Schneider  
Francis E. Seale, MD  
Edward E. Seelye, MD  
Robert & Carol Sexton,  
MD's\*

Joyce Shaver, MD  
R. Keith Simpson, DO  
John Slade, MD  
David E. Smith, MD  
Doyle P. Smith, MD  
Philip A. Snedecor, MD  
Lisa Sparks, MD\*  
James M. Squire, MD  
Harvey R. St. Clair, MD  
E. M. Steindler  
Verner Stillner, MD\*  
William M. Sullivan, MD  
George Ubogy, MD  
Donald D. Van Dyken, MD\*  
George W. Vick, MD  
Albert Waldman, MD  
Kevin R. Wandler, MD  
Maxwell N. Weisman, MD  
Henry Weyers, MD  
Jack C. Whites, MD\*  
Charles L. Whitfield, MD  
Leah E. Williams, MD  
Dennis Wolf, MD  
Marigail Wynne, MD

\* Participants of the Ruth Fox  
Endowment Campaign

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.

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

# ASAM CALENDAR

❑ **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

❑ **Texas Medical Professional Group Annual Spring Meeting**  
 San Antonio, Texas, March 6-10 (corrected dates)  
 ASAM CME's March 8.  
 9859 I-11 10 W, #301, San Antonio, TX 78230  
 ☎ (512) 691-1802 (6:00-10:00 PM Central Time)

❑ **ASAM/NAATP Criteria Conference "Proper Patient Placement"**  
 Atlanta, March 14-15, 1991  
 ASAM, 5225 Wisconsin Ave NW, Washington, DC 20015  
 ☎ (202) 244-8948

❑ **ASAM Board Meeting:** Boston, Wed. Apr. 17  
 ❑ **Ruth Fox Course:** Apr. 18

❑ **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

❑ **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 4th National Conference on Nicotine Dependence:**  
 Raleigh, NC, Sept. 13-15, 1991 (Info ASAM Washington office)

❑ **ASAM Co-Dependency Conference:**  
 Warrenton, VA, Oct. 17-20, 1991  
 Steven J. Wolin, MD, 5410 Connecticut Ave, NW,  
 Washington, DC 20015.

❑ **ASAM State of the Art in Addiction Medicine:**  
 Orlando, FL, Oct. 24-26, 1991

❑ **California Society of Addiction Medicine State of the Art:**  
 San Diego, CA, Nov. 21-23, 1991

❑ **Florida Society of Addiction Medicine (FSAM) Annual Meeting:**  
 Orlando, FL, Jan. 17-19, 1992.

❑ **ASAM Board Meetings:**  
 Dallas, Oct. 5-6, 1991  
 Washington, DC, Apr. 1, 1992  
 Site TBA, 1st Oct. weekend 1992  
 Los Angeles, Apr. 28, 1993  
 Site TBA, 1st Oct. weekend, 1993

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

**Address Correction Requested**

First Class Mail  
 US Postage Paid  
 Jupiter, FL 33458  
 Permit No. 8