

ASAM NEWS

American Society of Addiction Medicine

Vol. VI, No. 2

March-April 1991

Published Bimonthly

"May is Sweeps Month"
Standards & Economics of Care
Committee Needs Additional
Access to Care Denial Incident
Report Forms
(See p. 10-11)

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Official Journal for ASAM

Journal of Addictive Diseases

After a hiatus of three years, ASAM is once again officially associated with a scientific journal: the newly-named *Journal of Addictive Diseases*, formerly called *Advances in Alcohol & Substance Abuse*. The first issue was a double issue (Vol. 10, Nos. 1/2 1991), published in April by The Haworth Press and mailed to all active ASAM members prior to the ASAM annual meeting in Boston.

Excluded will be members with retired status; they can subscribe to the journal at the discount price of \$20 per year by contacting the publisher, Haworth Press, directly at 10 Alice Street, Binghamton, NY 13904-1580.

New Name/Same Aim

The ASAM journal will not be called "Journal of Addiction Medicine" because, said ASAM executive director James F. Callahan, DPA, "it is not a medicine-only journal, and we want to encourage authors from all disciplines in the addictions field to submit articles."

Ever since its first issue, the objective of "Advances," according to an article by Dr. Stimmel in this new issue, has been "to provide both the basic researcher and the practitioner in the health sciences, regardless of professional affiliation, with up-to-date information concerning alcohol and substance abuse." Dr. Stimmel hopes that the new title, *Journal of Addictive Diseases*, will "further encourage potential authors, regardless of professional affiliation, to submit papers dealing with all of the addictions, not necessarily those solely related to chemical dependency."
(continued on page 9)

Journal of Addictive Diseases

the official journal of

ASAM
American Society of
Addiction Medicine

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

ASAM OFFICERS 1991-1993

President

Anthony B. Radcliffe, MD

Fontana, CA

ASAM Cert. 1986

Specialty: Addiction Medicine.

Present Title: Physician in Charge of the Chemical Dependency Recovery Program at Kaiser Permanente Medical Center, Fontana.

ASAM Board: since 1985.

ASAM Cmtes: *Chair:* Certification Council (since 1987).

Member: Executive (since 1985).

Current Academic Affil.: Univ. of California, at Riverside.

Recent Co-Author: "Pharmers Almanac."



President-Elect

Anne Geller, MD

New York, NY

ASAM Cert. 1986

Specialty: Neurology

Present Title: Chief, Smithers Center, St.

Lukes/Roosevelt Hospital, New York City.

ASAM Board: since 1984.

ASAM Cmtes: *Chair:* Medical Education Section; Ad Hoc Specialty Status; Review course (since 1984) and Syllabus.

Member: Annual Meeting Program; Executive (since 1986); Nomenclature.

Current Academic Affil.: Columbia University.

Recent Author: "Restore Your Life" /Bantam

Books, published March 1991); also booklets, articles, monographs, papers.



Secretary

Jess W. Bromley, MD

San Leandro, CA

ASAM Cert. 1986

Specialty: Internal Medicine, Addiction Medicine.

Present Title: Private practice *ASAM Board;* Secretary (since 1985).

ASAM Delegate to the AMA (since 1988.)



Treasurer

William Hawthorne, MD

West Palm Beach, FL

ASAM Cert. 1986

Specialty: Psychiatry, Addiction Medicine.

Present Title: Vice-President, Medical Director of Mediplex.

ASAM Board: since 1985.

ASAM Cmtes: *Co-chair:* Ruth Fox Memorial Endowment Fund; *Chair:* Task Force on Journal.

Member: AIDS, Publications, Public Affairs.

Recent Author: articles in *Advances in Alcohol & Substance Abuse* and *U. S. Journal*.

Immediate Past President

Jasper G. Chen See, MD

Reading, PA

Specialty: Clinical and Anatomic Pathology

ASAM Board: since 1980s

ASAM President: 1989-1991

ASAM Cmtes: *Chair:* Public Affairs Section; *Chair:* Executive; Personnel and Compensation; Research and Grants; Resources and Development;

Co-chair: Ruth Fox Memorial Endowment Fund.

Member: Nominations and Awards.

Academic Affil.: Thomas Jefferson Medical College.

L: Dr. Chen See; R: Dr. Hawthorne.



Terms: 1991-1995

These seven directors were elected by the ASAM membership from 14 candidates. Deadline for ballots was March 15.

**ASAM DIRECTORS-AT-LARGE
1991-1995**

Margaret Bean-Bayog, MD
Cambridge, MA
Specialty: Addiction Medicine
Present Title: Assistant Professor in Psychiatry, Harvard Medical School.
ASAM Board President: 1987-89; member in '80s.
Academic Affil. Harvard Medical School.



Sheila B. Blume, MD
Amityville, NY



ASAM Cert. 1986
Specialty: Psychiatry/ Addiction Medicine
Present Title: Director, Alcoholism, CD and Compulsive Gambling Programs, South Oaks Hospital
ASAM Board President: 1979-81; member in '70s, '80s.
Academic Affil. Clinical Professor of Psychiatry, State University of New York at Stony Brook.

Stanley E. Gitlow, MD

New York, NY
ASAM Cert. 1986
Specialty: Internal Medicine
Present Title: Private practice, lecturer, author
ASAM Board President: 1961-63; 1971-73; member in '60s, '70s, '80s.
Academic Affil. Clinical Professor of Medicine, Mount Sinai School of Medicine.



Max A. Schneider, MD
Orange, CA

ASAM Cert. 1986
Specialty: Internal Medicine/Addiction Medicine
Present Title: Medical Director, St. Joseph Hospital Family Recovery Services.
ASAM Board President: 1985-87; member: '70s, '80s.
Academic Affil. Clinical Associate Professor, University of California/Irvine College of Medicine.



LeClair Bissell, MD
Sanibel, FL
Specialty: Internal Medicine/Addiction Medicine
Present Title: author, lecturer, researcher, consultant
ASAM Board President: 1981-83; member in '70s, '80s.



(continued on p. 4)

Board Members (continued)**David E. Smith, MD**

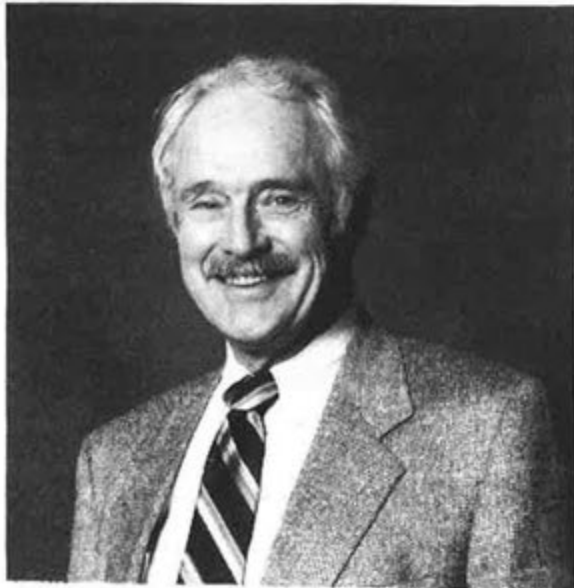
San Francisco, CA

ASAM Cert. 1986

Specialty: Clinical Toxicology.*Present Title:* Founder and Medical Director, Haight-Ashbury Free Medical Clinics; Research Director Merritt-Peralta Chemical Dependency Institute.*ASAM Board:* '80s*Academic Affil.* Associate Clinical Professor of Toxicology, University of California Medical School at San Francisco.**G. Douglas Talbott, MD**

College Park, GA

ASAM Cert. 1986

Specialty: Internal Medicine/Cardiology/Addiction Medicine.*Present Title:* President, Talbott Recovery Systems*ASAM Board:* '80s.*Academic Affil.* Clinical Professor of Psychiatry, Emory University School of Medicine.**Dr. Jasper G. Chen See's Legacy and Commitment to Assuring ASAM's Future**

Personal and professional commitment and generosity are distinguishing characteristics of ASAM members. None exemplify these attributes more than Jasper G. Chen See, MD. Dr. Chen See will relinquish his presidency at the society's annual business breakfast on Friday, April 19, in Boston. While we will miss the quiet and patient manner in which he conducted the affairs of his presidency (including his management of issues that were complex and in which board members and members of the society at large had strikingly opposed and conflicting views) we are comforted by the knowledge that ASAM will continue to benefit from his wisdom through his work as the immediate past president.

Dr. Chen See assumed the presidency in April 1989, and has guided ASAM through a phase of its history marked by significant accomplishments. During his tenure, the board of trustees of the American Medical Association designated addiction medicine as a practice specialty. Under his presidency, the ASAM Board passed a resolution calling for a recommitment to the education of physicians and the establishment of Certificates of Added Qualifications in as many specialties as possible, and the attainment of a conjoint board under the auspices of the American Board of Medical Specialties. Also the *Journal of Addictive Diseases* became the society's official journal, and public policy statements were adopted on medical care in recovery, chemically dependent women and pregnancy, methadone treatment, reimbursement for the treatment of nicotine dependence, third-party coverage for addiction treatment, and managed care and addiction medicine. In addition, the society will soon publish its Patient Placement Criteria, in order to assure proper and effective care for all. Finally, one of Dr. Chen See's lasting legacies is the centralization of the administration of the society's programs, and the establishment of the Washington headquarters.

As significant as all of these accomplishments are, and they are of major significance, perhaps his most lasting, and one to which he will continue to devote his energies, is that of placing ASAM on a firm fiscal base. The society's current revenues are principally derived from membership dues. Dr. Chen See has, with the launching of the Ruth Fox Campaign, established a policy that will yield an endowment for the society that he personally hopes will reach \$10 million. The members' contributions will lay a \$1 million foundation, upon which Dr. Chen See hopes to build the full \$10 million endowment.

While we will miss his guidance, insight, and contribution to the board's endeavors in his role as president, we look forward to having his counsel and friendship, as we embark upon the society's work during the last decade of this century to advance the field of addiction medicine.

I know I speak for all the members of the society, and each member of the board, in thanking Dr. Chen See and in pledging him our full support in his continued work for ASAM.

Anthony B. Radcliffe, MD

President-Elect

ASAM/NAATP Patient Placement Criteria

Invelled in Atlanta

After more than two years of intensive effort by a joint task force of ASAM and NAATP (the National Association of Addiction Treatment Providers), the "Patient Placement Criteria for the Treatment of Psychoactive Substance Abuse Disorders" was presented for the first time at a joint seminar in Atlanta March 14-15. Nearly 200 (39 physicians) registered for the seminar, which was designed to present the criteria ("specific, objective, observable, measurable criteria") and to teach participants how to use them.

The approximately 300-page document was sent by NAATP and ASAM to 1300 people for field review; another 1,000 copies were distributed to more physicians; the larger HMOs, PPOs, and health purchasers associations; and to many Blue Cross agencies. According to Richard Weedman, MSW, president of Healthcare Network, 132 persons responded with comments resulting in 36,142 computer entries that reflected "a greater than 90% acceptance rate." This, the tenth draft of the document, is packed with information, beginning with an "historical overview" that explains why these criteria were developed.

With the attacks on standard 28-day inpatient CD treatment, "it became clear that there was an urgent need, from both payers and providers, for a comprehensive set of criteria that would assist providers to develop cost efficient systems of care and payers to structure reimbursement policies that encourage providers to design efficient care and match patients to treatment, rather than have policies which discourage use of levels of care," said David Mee-Lee, MD, chair of ASAM's Standards & Economics of Care Committee, and principal faculty person of the seminar along with Weedman, who has been a consultant with NAATP and JCAHO. Other faculty included P. Joseph Frawley, MD, Martha A. Morrison, MD, Gerald A. Shulman, MA, Jay L. Kortemeyer, Michael Neatherton, Mona Sumner, and James F. Callahan, DPA.

ASAM members on the task force were Drs. Frawley, Mee-Lee, Morrison, Dan Nauts, Peter Rogers, and R. Jeremy Stowell.

The new criteria succeed the existing NAATP criteria and the Cleveland Criteria, both developed in 1987, and focus on a comprehensive assessment process which matches patients to appropriate levels of outpatient or inpatient chemical dependency treatment.

Divide Adults, Adolescents

The criteria are divided into adult and adolescent sections. Each has four "Levels of Care":

- I: Outpatient treatment.
- II: Intensive outpatient/partial hospitalization treatment.
- III: Medically monitored intensive inpatient treatment.
- IV: Medically managed intensive inpatient treatment.

Separately, for admission, continued stay, and discharge, each Level of Care includes a brief description of treatment level, a program description, and diagnostic admission criteria. Each also offers dimensional criteria that address the following six patient problem areas:

CONFERENCE DIGEST

1. acute intoxication and/or withdrawal potential;
2. biomedical conditions and complications;
3. emotional/behavioral conditions or complications;
4. treatment acceptance/resistance (denial);
5. relapse potential;
6. recovery environment.

Goals, Aims

If these criteria are accepted across the nation, the task force hopes that everyone in the CD field will talk to each other about patients in terms that are mutually understood. The document includes evaluation forms for each patient at every level, to be filled out by physicians, nurses, and counselors. A complete history of the patient would result, to include clinical judgments of the patient from every staff member.

The general intent of the criteria:

- *where* patients should be treated, rather than *how* they should be treated. These are not practice or treatment guidelines, but they assess the condition of the patient at the beginning and end of each level of care,
- the intensity of services each patient should receive for his or her particular level of care, and
- *documentation*, again of "specific, objective, observable, measurable criteria" that cover: Does the patient belong here? Is the patient ready to leave? Does the patient meet the criteria for discharge?

Among the recommendations: use "continued treatment" instead of "aftercare," and "transfer" instead of "referral and discharge." Patients can be transferred with records in hand, which should result in more admissions with shorter lengths of stay.

PPO Applauds Criteria

Only a few HMOs, PPOs or insurance companies were represented at the conference. Psychiatrist Saul Forman, MD, is a corporate medical director of Preferred Health Care Ltd, a PPO (Preferred Provider Organization).

Asked why he attended the Joint Criteria seminar, Dr. Forman told *ASAM NEWS* that he has long been interested in quality assurance and utilization review, and had been curious as an ASAM member about the development of these criteria. "Ten percent of physicians in medicine are in some kind of quality assurance and utilization review," he said, "and more than ten percent are involved in HMOs and/or PPOs." He has accepted Dr. Mee-Lee's invitation to join the Standards & Economics of Care Criteria Subcommittee. He is on the APA (American Psychiatric Association) Managed Care Committee, which he said faces some of the same problems seen in the CD field, particularly with adolescent units and relapse; "there is a limited amount of money for this care, and it has to be used wisely."

"I think these criteria are very well done," he told *ASAM NEWS*. "People will be able to communicate better with these. It may take several years for the criteria to be studied, accepted, and standardized, but I do think the managed care field will accept a good part of this."

Rhonda Robinson-Beale, MD, of Health Alliance Plan (an HMO), told *ASAM NEWS* that she likes the criteria. "They're not perfect, but that will take time."

STAFF UPDATE

Welcome to New
ASAM Staff

Effective May 1, 1991, all ASAM activities that were handled in New York will be managed by the society's Washington office. An exception: the Ruth Fox Memorial Endowment Fund will continue to be directed by *Claire Osman* in New York, at the society's former address and phone number. Please call upon the staff if you have any questions or need any assistance. ASAM welcomes the following to Washington:

Holly Anderson is executive assistant to executive director James F. Callahan, DPA. She is a graduate of the University of Virginia. Just before joining ASAM, Ms. Anderson was executive assistant to the president of a bar code label products manufacturer. She also handles personnel and employee benefits.

M. Vanita Adams is ASAM's office manager and bookkeeper. A graduate of Hampton University, her most recent position was at a long term health care facility, working with the administrator and numerous administrative department heads. Ms. Adams has instituted office procedures to better serve ASAM members.

For the past several years, ASAM has been fortunate in having several outstanding individuals managing its many conferences. We are now pleased to introduce our own in-house director of conferences and meetings: *Virginia Watson Roberts*. Ms. Roberts is a highly skilled meeting planner. She has owned a convention management firm. For the last several years she was director of meetings and conventions for the General Federation of Women's Clubs and was responsible for conventions of five thousand attendees. She will handle all aspects of ASAM conferences and meetings.

Milton Hayward is membership and data processing clerk. His responsibilities include updating membership and committee records, handling requests for membership information, and processing applications from new members. Mr. Hayward recently served in the U.S. Marine Corps as administrative clerk to the information systems coordinator. He is studying for a degree in computer science.

Thank You ...

To *Judy Arthur*, who ably served for six years as ASAM's membership coordinator and general administrative assistant.

To *Eshel Kreiter*, ASAM's certification manager. Ms. Kreiter coordinated each examination since ASAM began to offer them in 1986, and was staff member to the credentialing committee.

To *Jackie Schneider*, administrative assistant to Claire Osman for five years. Ms. Schneider has been invaluable in handling many administrative activities for ASAM.

ASAM is extremely grateful to the New York office for their dedication and commitment to the society, and wishes them well in all their future endeavors. Their functions will be handled by staff at the Washington office. [JmS/JFC]



ASAM

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June 23, 1991

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Martha Morrison, M.D.

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.	David Mee-Lee, M.D., FAAP
David Brook, M.D.	Anthony B. Radcliffe, M.D.
Judith Brook, M.D.	Sue Rouché
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.
Sandra Jo Counts, M.D., FAAP	David Smith, M.D.
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Norman Hoffmann, Ph.D.	Jeremy Stowell, M.D.
William Jackson, M.D.	Douglas Talbott, M.D.
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IN MEMORIAM

Luther Cloud, MD 1921 - 1991

In 1970, the year of ASAM's first annual medical-scientific conference, **Luther A. Cloud III, MD**, was president of the National Council on Alcoholism (NCA). At the time, ASAM (called AMSA) was a component of NCA. The two societies co-sponsored that conference and the 20 that followed.

ASAM's 22nd Annual Medical-Scientific Conference, April 18-21 in Boston, is dedicated to his memory.

Dr. Cloud died March 5th in Portland, Maine, from complications of a cardiac condition. He had lived in Maine with his wife, Charlotte, since 1981. Trained in internal medicine (New York University Medical School 1949), and in neuropsychiatry (Bellevue) he listed addiction medicine as his specialty in the 1991 ASAM Membership Directory.

From 1958 until his retirement in 1978, Dr. Cloud developed and directed the alcoholism program at the Equitable Life Assurance Society of the United States.

"Luther was one of the early stalwart members of the medical profession who became interested in the addictive diseases," **Stanley E. Gitlow, MD**, of New York City, who knew Dr. Cloud for nearly 30 years, told *ASAM NEWS*. "He joined the New York Medical Society on Alcoholism (parent of the present ASAM) early in the 1960s. He was an important early member of NYMSA, and one of its presidents (1965-67) before it became national, the American Medical Society on Alcoholism, and now ASAM."

"Luther was a tremendous addition to our group," recalled another long-time colleague and friend, **Percy E. Ryberg, MD**, who was president of NYMSA just prior to Dr. Cloud. "As a medical director of Equitable, he had a lot of resources at hand, and was most helpful in getting us connected with other doctors and insurance company medical directors." Dr. Ryberg also recalled that he and Dr. Cloud worked together on the constitutional changes involved with turning NYMSA into a national society.

Dr. Cloud was long involved with NCA, now called NCAdd (National Council on Alcoholism and Drug Dependence). He joined the NCA board of directors in 1964 and was president twice: 1969-71 and 1978-79. Still on the board of directors at the time of his death, he attended the ASAM/NCAdd annual conference every year including this past one in Phoenix; he and his wife enjoyed seeing old (and young) friends in the field.

From 1978-81, Dr. Cloud was on the medical editorial board and supervised the final manuscript of *Alcoholism Update*, a quarterly newsletter published by Ayerst Labs (Antabuse). Most of the articles were written by this editor [LBR]; no matter how busy, he was unfailingly courteous and kind.

In 1981, he moved to Auburn, Maine, where he



established the first CD treatment center in western Maine.
Jazz Buff

Dr. Cloud passionately loved jazz. It was an emotional shock directly after his death to hear the answering tape on his home telephone: Luther's voice, and a vibrant selection of Louis Armstrong's orchestra playing "Jubilee", complete with rollicking drums. "He chaired fantastic jazz meetings in Palm Springs, California, for the Alcoholism Awareness Hour Series at the Betty Ford Center," said Dr. Gitlow. "They featured recovered musicians. Luther would set them up and m.c. them."

He treated a number of musicians for CD.

On May 17-18, he was to have chaired a reunion on Long Island of "Pioneers We Have Known in the Field of Alcoholism," a book published by the Smithers Foundation in 1979. There will be a memorial service (with jazz music) in New York City at 6:30 PM on Friday, June 28, at St. Peter's Lutheran Church, Citicorp Bldg, 53rd Street & Lexington Avenue.

Mrs. Cloud has organized a fund in his memory, the "Luther A. Cloud, MD, Fund," to provide treatment for jazz musicians with addiction problems. Contributions can be sent to the fund c/o Box 1208, Auburn, Maine 04210.

Frank Furlano, MD 1955-1991

Internist **Frank P. Furlano, MD**, 36, of La Cross, Wisconsin, died suddenly on March 1 of a cerebral aneurysm. He was medical director of the Gunderson Clinic, and had just become certified in addiction medicine, having passed the 1990 ASAM examination.

He leaves a wife, Laurie, two children, a number of foster children (one in the process of being adopted), parents and siblings, according to his colleague **Karen M. Gosen, MD**.

Names in boldface are first mention of ASAM members.

ASAM NEWS

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Staff Physician

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Official Journal for ASAM

(continued from page 1)

Dr. Stimmel and his editors will "continue to solicit and accept papers in consideration for publication from all individuals, regardless of professional background. He hopes that "our readers' base will continue to expand beyond the confines of any one professional group or organization," as "we are committed to continuing to publish papers of high quality considered of interest to all health care professionals."

The 76 ASAM members who subscribed to *Advances* along with their 1991 annual dues will receive refunds of \$22.50 from ASAM.

ASAM members who paid their 1991 dues after March 31 will receive the first issue of the *Journal of Addictive Diseases*, but at a later date and from publisher Haworth; there will be no distribution from the ASAM Washington office.

As part of ASAM's agreement to sponsor this journal, the society will have eight pages at its disposal, to be used for any material that the society chooses.

Prospective authors should submit four copies of their manuscripts along with a one-page summary and a short abstract to: Barry Stimmel, MD, Editor, *Journal of Addictive Diseases*, One Gustave L. Levy Place, Annenberg 5-12, New York, NY 10029. Guidelines for authors are available from that office.

"blue journal"

ASAM's previous journal sponsorship was *Alcoholism: Clinical & Experimental Research*, (informally known as the "blue journal") which the society co-owned with the Research Society on Alcoholism (RSA). That journal had been founded when ASAM and RSA were components of NCA (National Council on Alcoholism). A 1986 membership survey revealed that the blue journal did not meet ASAM members' needs.

Journal Task Force

The Task Force to Establish an ASAM Journal was appointed in April 1990. Chair was William Hawthorne, MD; members were Drs. Margaret Bean-Bayog, Daniel Flavin, Marc Galanter, Stanley E. Gitlow, Anthony Radcliffe, Ken Roy, Max A. Schneider.

The task force informed twelve publications in the addictions field that ASAM was interested in adopting an existing periodical to be its official journal.

Advances Chosen

Several periodicals were evaluated from multiple viewpoints and *Advances in Alcohol and Substance Abuse* was selected by the task force and approved by the ASAM board. "We were pleased to find an established journal with such an excellent reputation in the medical and academic community, and with so well-know an editor, to join us in this new venture," Dr. Hawthorne told ASAM NEWS.

Advances in Alcohol and Substance Abuse, a quarterly journal founded in 1980, has tried whenever appropriate to link papers with a theme in each issue. Editor Barry Stimmel, MD, believes that it is "no less important for the psychologist, epidemiologist, or social worker to understand the basic pathophysiology of a disorder than for the physician or basic scientist to be aware of the multiple psychologic phenomena surrounding chemical dependency."

Advances has covered the following themes in its first decade of publication: biology of alcoholism, effects of maternal alcohol and drug abuse on the newborn, evaluation of drug treatment programs, current controversies in alcoholism, federal priorities in funding programs, psychosocial constructs, addictive behaviors, conceptual issues, dual addiction, cultural and sociological aspects, the affluent, adolescence, controversies, women and children, cocaine, children of alcoholics, pharmacological issues, AIDS, alcohol research, addiction potential of drugs.

The 44 members of the *Advances* editorial board will be invited to remain with *Journal of Addictive Diseases*. Dr. Stimmel selects this board, but ASAM now has veto power. Twenty-four are ASAM members: Drs. Margaret Bean-Bayog, Sheila B. Blume, Paul Cushman, Vincent Dole, Stanley E. Gitlow, Mark S. Gold, Enoch Gordis, John B. Griffin, Jr., James A. Halikas, Edward Kaufman, Charles S. Lieber, David C. Lewis, Norman S. Miller, Robert B. Millman, John P. Morgan, Anthony B. Radcliffe, Sidney H.

Schnoll, Edward C. Senay, Larry Siegel, David L. Spencer, Jokichi Takamine, Forest Tennant, Joseph Westermeyer, Charles L. Whitfield.

Message from ASAM President

ASAM president Jasper G. Chen See, MD, whose two-year term of office concludes at the end of April, wrote:

"The ASAM board of directors recently resolved to promote the education of physicians within as many specialties as possible, to continue to offer the certification examination, and to attain recognition of addiction medicine as a specialty by the American Board of Medical Specialties, either as a subspecialty in as many specialties as possible, or as an independent (conjoint) board.

"As we pursue these goals ... we will continue to seek ways to strengthen and broaden our clinical and research base, promote the development of fellowships and graduate training, and further the communication of clinically applicable research...

"As founding editor of ... *Advances in Alcohol and Substance Abuse* ... editor Dr. Barry Stimmel has developed ... a leading international... scholarly, interdisciplinary journal, which gives full voice to the diversity and richness of views that abound in our field. Publisher Bill Cohen and his colleagues at Haworth Press ... bring ... not only an understanding of the publishing aspects of the [journal], but also an understanding of ... addiction and health care."

ASAM Joins National Coalition for CoA Education

ASAM is the first medical organization to join the National Coalition for Children of Alcoholics Education, along with OSAP, DEA, and a dozen others. George Marcelle, formerly with NCAdd, will be in Boston at the ASAM annual meeting to discuss this coalition. He can be reached at 31582 Coast Highway, Suite B, South Laguna, CA 92677.

Names in boldface are ASAM members.

LETTERS TO THE EDITOR

Dear Editor:

Recently in our city, a local politician who was arrested for DWI with a blood alcohol of greater than 0.10 ended up using a defense of "involuntary intoxication due to systemic candidiasis." I was wondering if one of your editorial staff could comment on the scientific basis for this legalistic twist to avoid prosecution.

J. Mitchell Simpson, MD
Albuquerque, NM

This defense is a very good alcoholic rationalization -- in fact, one of the best ones I've heard! I checked with two colleagues, Ronald Wiewora, MD, and Dolores A. Morgan, MD, and they agreed that they had never heard of this. Treatment for systemic candidiasis does not have an alcohol base, and medicines that I've prescribed for it do not cause a disulfiram-type reaction if the patient drinks.

E. Joan Barice, MD, MPH
Palm Beach Gardens, FL

Dr. Simpson gives too few details to permit a definitive answer. Which drug was being used for the candidiasis? Some will cause a minimal effect upon the P450 metabolic system while others will not. Even those that may result in a slightly increased flush and tachycardia after ethanol, however, are unlikely to result in a significant change in expected B.A.C.. I fail to see how such drugs would negate or substantively modify statutory determinants of drunkenness by B.A.C. determinations.

Stanley E. Gitlow, MD
New York City

[Dr. Mooney, a former ASAM board member and first president of the Georgia chapter of ASAM, sent this letter to GASAM members on Feb. 19.]

I hope that you will respond to a house bill that is being debated in the Georgia General Assembly. House Bill 135, introduced by Sonny Watson, includes a mandate for offering addiction treatment in any new insurance policy. This is a portion of a bill included in broader mental health legislation, and I am sure it will be changed a lot before it reaches its final form.

As you realize, recent changes in health care have left a lot of our patients out in the cold. If passed, this legislation could go a long way to help them get the kind of treatment they deserve. Please contact your local representative and solicit his or her support of this bill. I will be available to update you on it or answer any questions if you would like to get in touch with me here at Willingway, or at home. Lasa Joyner is in the capitol most of the time and will be a good contact for updates.

Thank you again for your commitment to this field.
Al J. Mooney, III, MD
Statesboro, GA

COMMITTEE NEWS

May is Sweeps Month

by Michael Miller, MD, Chair
Subcommittee on Reimbursement
Standards & Economics of Care Committee

After publication in the July-August newsletter, about 150 "Denial of Access to Care Incident Report Forms" were returned to ASAM. The subcommittee is concerned that this "N" is quite small, given ASAM's membership size and the degree of concern about this issue. For an increased response rate, the subcommittee has a plea:

Help Us! (to help you).

When: for one month only, May 1991.

How: complete an Incident Report Form (published on p. 11 to the right) every time you have a patient for whom a given level of care is indicated, but when reimbursement/managed care barriers prevent your getting your patient into that level of care. We suggest that you photocopy the form, and give copies to all staff members who are in contact with managed care agencies and third party payers.

Send completed forms to ASAM headquarters in Washington, DC: 5225 Wisconsin Avenue N.W., Suite 409., Washington, DC 20015.

Why? See the July-August 1990 ASAM NEWS for details. The purpose is not to initiate intervention by ASAM in individual reimbursement cases, but to compile information.

Future issues of this newsletter will carry updates and a synopsis of data. Preliminary results will be discussed at the Focused Workshop of the SEC Committee at the annual meeting in Boston, Friday, April 19, from 8:30-10:30 PM.

ASAM's Internal Medicine Specialty Group Begins Activities

The first activities of the Internal Medicine Specialty Group are already bearing fruit. ASAM has been invited to send a representative to the meetings of the American College of Physicians' Council of Medical Societies. That council was formed in 1979 to further the communication and promote patient care, teaching, and research, in selected disciplines. Examples of the disciplines that are currently represented on the Council of Medical Societies are adolescent medicine, clinical pharmacology and therapeutics, and occupational medicine.

A survey of the internists who belong to ASAM has already yielded a 30% response rate. Information from that survey will be presented at the first meeting of this specialty group in Boston on Friday, April 19, from 8:30-10:00 PM, in the Yarmouth-Vineyard Room at the Marriott Copley Place.

The meeting is open to all interested physicians. [GBJ]

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

*(Please photocopy as needed)
(Originally published in ASAM NEWS, July-August 1990)*

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.

AIDS Forum Draws 300 in San Francisco

Four years ago, ASAM sponsored its first AIDS & Chemical Dependency Forum in Ft. Lauderdale, Florida. As reported in the society's March 1987 newsletter, a major issue was "whether physicians should treat the chemical dependency of PWA's (persons with AIDS) who are expected to die soon." Another major issue was "whether a CD facility should treat AIDS victims, [this word is no longer recommended--Ed.] or, indeed, should even test for it, particularly in risk groups such as IV users and gay men."

Five forums later, the attitude of clinicians was far more clinically sophisticated and upbeat. Many who previously advised against widespread testing now counsel high-risk persons to do so, as there are various prophylactic measures which apparently delay the onset of ARC/AIDS symptoms in HIV positive patients.

Twenty-four physicians were on the faculty of 52 for ASAM's 5th national forum in San Francisco, Feb. 21-23. At least 35 more physicians were among the nearly 300 who registered for ASAM'S largest AIDS and CD Forum to date. Co-chairs were Mel Pohl, MD, of Minneapolis and Stephan Sorrell, MD, of New York City.

Pain Management

New to this conference: medical management of pain and other symptoms in HIV positive patients who have been diagnosed chemically dependent. Alex Stalcup, MD, recommended for pain a form of narcotic that is least likely to be abused: Dilaudid rectal suppositories (3 mgs) on a strict schedule (q. 12 hr. or q. 9 hr. or q. 4 hr.). "There's no street market and you can't cook 'em," he said. His patients telephone him if they believe they need more than their current dose. As did other speakers, Dr. Stalcup said his goal for patients in CD/AIDS treatment is *retention in treatment*, and that relapse should not be handled punitively as this drives patients away. "Take the stigma away from relapse," he advised. "Would you punish a diabetic who went on a sugar binge?" He recommended rewarding relapsers for returning to treatment. "I'd support needle exchange, bushel baskets of rubbers in the bushes, whatever outreach it takes."

Also new this year: "AIDS and Substance Abuse Training," a three-part workshop for CD clinical staff taught by David C. Lewis, MD, and Cathy Dube, EdD, both with the Center for Alcoholism And Addiction Studies at Brown University. The workshops were provided by a grant from NIDA.

The Quilt

Another first: The Quilt. Two walls of the conference auditorium were hung with 3' x 6' panels from the AIDS Memorial Quilt, a poignant reminder that AIDS has taken fathers, sons, brothers, sisters, mothers and lovers. The project has 14,000 panels now: two million people have seen portions of this quilt. See photo p. 13.

Thursday Workshop

For the second time, a workshop with no registration fee, sponsored by Burroughs-Wellcome, was offered preceding the AIDS conference: "Antiviral Therapy in the Seropositive Chemically Dependent Patient: Therapeutic Update." The

CONFERENCE DIGEST

faculty of five physicians are all well-known in the CD and/or AIDS fields: Drs. Larry Siegel, Renslow Sherer, Michael S. Gottlieb, Lawrence S. Brown, Jr., and

Mel Pohl.

In a talk "Clinical Results of Early Use of AZT Therapy," Dr. Gottlieb addressed the VAMC test results, widely covered by the press in mid-February, that reported African-American and Hispanic patients who received early AZT treatment showed little slowdown in their progression to AIDS symptoms. "I believe it would be too bad to withhold AZT from these patients based on these studies," he said, and added that two other studies (#016 and #019) recently updated for the FDA, reaffirmed the benefits of early use of AZT in mildly symptomatic and asymptomatic patients (including African-American and Hispanic) with less than 200 T4 cells. "The FDA has now approved the expanded use of ZDV (AZT) in all HIV infected patients with symptomatic disease or less than 500 CD4 cells. In addition, the recommended daily dose of ZDV is now 500 to 600 mgs/day."

PLWA Replaces PWA

Conference co-chair Mel Pohl, MD, who is medical director of PRIDE in Minneapolis, has seen HIV positive patients "live for years with T cells of 10 to 20." Dr. Pohl advocates using a new term, "PLWA" (Person *Living* With AIDS) to replace "PWA" (Person *With* AIDS). He has also changed his old attitude, that half of those who are HIV positive have AIDS in 10 years, with an upbeat view of statistics: "80% of HIV positive people *don't* have AIDS in three years," he declared, and "47% of them *don't* have AIDS in 11 years."

In a talk "Chemical Dependency, Relapse and AIDS," David Smith, MD, who founded Haight-Ashbury Free Clinics in San Francisco 24 years ago, described why he changed his position about needle exchange to favoring it. "I used to feel that needle sharing was an intimate part of the drug-taking ritual," he said, and that "needle exchange enabled drug addiction." Now he believes that needle exchange is a means to educate addicts about treatment, and to reduce the transmission of AIDS.

ACTUP

Beny Primm, MD, director of the federal government's Office for Treatment Improvement, ADAMHA, had been scheduled to debate Allan Parry, Regional Drugs/HIV Coordinator of Mensey, England's Regional Health Authority on needle exchange. (Needle sharing is now a major source of spreading HIV infection.) Family illness prevented Parry's appearance. Meanwhile, ACTUP San Francisco had threatened to demonstrate at the Forum because presenters included NIDA (National Institute of Drug Abuse) which also sponsored one of the tracks, and other federal agencies. To avert a demonstration, ASAM offered ACTUP time to present its message.

ACTUP has called for NIDA to rescind its policy that prohibits individuals and organizations who receive NIDA grants from participating in and supporting needle exchange programs. ACTUP representatives brought posters that stated "Clean needle exchange programs draw IV drug users into treatment," and told the conference that as many as 7,000 clean syringes per week are donated to addicts in the San Francisco

area.

Immune Modulators

Bernard Bihari, MD, of New York City, talked about using FDA approved medications, in particular immune modulators, that are alternatives to the "FDA approved, very narrow, range of AIDS treatments we have."

Naltrexone

Naltrexone hydrochloride is a long-acting, opiate antagonist, approved in 1984 for heroin addiction. Dr. Bihari knew that endorphins play a large role in immune function, and that people on high doses of naltrexone produce four to ten times as much beta endorphin and met-enkephalin as normal. He found that naltrexone induces a rise in beta endorphin production. Dr. Bihari did a double blind placebo controlled trial for 12 weeks. The 22 people on naltrexone had no opportunistic infections, versus five of the 16 people on placebo.

In addition, those on placebo had deterioration in cellular immune function, while those on naltrexone did not.

Antabuse

In mid-1987 a study was published of a French trial with immuthiol (DTC).

"DTC is identical to the active metabolite of Antabuse (disulfiram)," said Dr. Bihari. A small number of his patients were obtaining DTC, a research drug, in Paris. "DTC, like naltrexone, seems to stabilize about 70% of people; while 30% do not respond. DTC has benefited from a large scale, placebo-controlled, clinical trial, that shows significant clinical benefits."

Results suggested that Antabuse activity is similar to that of DTC. For the past 3-1/2 years, Dr. Bihari has recommended that everybody with HIV infection take both naltrexone and disulfiram. He followed about 250 people on that combination for at least two years, some for three-and-a-half. Less than 10% continued to decline; more than 90% stabilized. A few had rises in T-4's; most did not, but simply plateaued on a long term basis. Of that group of 250 patients, only three have shown any clinical progression: two had, or developed, Kaposi's Sarcoma.

Tagamet

Patients in New York and San Francisco who took Tagamet for peptic ulcer were anecdotally noted to have a jump in T-4's. As a result, the German government funded a study about a year ago of 33 people with ARC. "They had a mean T-4 cell level of 360, were put on Tagamet for three months, and were their own controls -- no placebos."

The T-4's rose from an average of 360 to 690. When Tagamet was stopped, the T-4's declined to their pretreatment levels. When the patients were put back on Tagamet, the T-4's



The AIDS Memorial Quilt at the conference

rose again. In addition, ARC symptoms were relieved; people's energy improved, thrush cleared, etc.

"Three or four months ago, I added Tagamet to my basic standard regimen in my private practice, and most patients have shown significant rises in T-4's on Tagamet.

"There's considerable FDA resistance. I have copies of correspondence with the NIH about a rejected grant; the NIH official said, 'Although your data has shown an increase in T-4's of 50%, improved lymphocyte blastogenesis, reduction in ARC symptoms, and a suggestion of reduction in P-24 levels, nevertheless we do not believe that immune modulators work or that they have an important place in the treatment of AIDS/HIV infection.'

"I do believe that the ultimate management of this disease will require combinations of immune modulators and antivirals."

Syllabus; Audiotapes

The 340-page *AIDS and Chemical Dependency 1991* Forum syllabus, which was given to all conference registrants, is available from ASAM headquarters in Washington for \$50, postpaid but prepaid.

Infomedix taped the proceeding again this year. To buy tapes, call 1-800-367-9286, or write Infomedix, 12800 Garden Grove Blvd, Suite F, Garden Grove, CA 92643.

Names in boldface are first mentions of ASAM members.

Discounted Journals

With the acquisition of ASAM's journal, *The Journal of Addictive Diseases*, subscriptions to other journals and publications previously offered through the ASAM office at the time members paid their dues will no longer be available. However, members may purchase these publications at a discounted rate directly through the publishers, through September 1991. Publications, prices, and addresses follow.

Contact: Subscription Dept.
Addiction Letter: \$78.00
 Manisses Communications Group
 PO Box 3357 - Wayland Square
 Providence, RI 02906
 (401) 831-6020
Alcohol & Alcoholism: \$50.00
 Pergamon Press
 Maxwell House, Fairview Park
 Elmsford, NY 10523
Alcoholism: Clinical and Experimental Research: \$85.00
 Williams & Wilkins
 428 East Preston St.
 Baltimore, MD 21202

Alcoholism & Drug Abuse Weekly: \$33.00
 Manisses Communications Group
 PO Box 3357 - Wayland Square
 Providence, RI 02906
 (401) 831-6020

ASAM Annual Review: Recent Developments in Alcoholism, Vol. VIII: \$45.18
 Plenum Publishing Corp.
 233 Spring St.
 New York, NY 10013

American Journal of Drug & Alcohol Abuse: \$25.00
 Marcel Dekker, Inc.
 270 Madison Ave.
 New York, NY 10016
 (212) 696-9000, Ext. 221

Journal of Addiction Theory & Application (DATA): \$87.00
 Manisses Communications Group
 PO Box 3357 - Wayland Square
 Providence, RI 02906
 (401) 831-6020

Drug & Alcohol Dependency \$98.00
 Elsevier Scientific Publishers
 PO Box 85
 Limerick, Ireland
Journal of Substance Abuse: \$25.50
 Ablex Publishing Corp.
 355 Chestnut St.

Norwood, NJ 07648
 (201) 767-8450
Journal of Substance Abuse Treatment: \$35.00
 Pergamon Press
 Maxwell House, Fairview Park
 Elmsford, NY 10523
Journal of Psychoactive Drugs: \$56.00
 Haight Ashbury Publications
 409 Clayton St.
 San Francisco, CA 94117
NCAdd Quarterly Medical/Scientific Review: \$50.00
 National Council on Alcoholism and Drug Dependence
 12 W. 21st St.
 New York, NY 10010
 (212) 206-6770
Substance Abuse (official publication of AMERSA): \$62.00
 Manisses Communications Group
 PO Box 3357 - Wayland Square
 Providence, RI 02906
 (401) 831-6020

[JmS]

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 Executive Director
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 (215) 268-3588
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 Kennett Square, PA 19348
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Ray B. Lacoursiere, M.D. Chief
 Alcohol-Drug Treatment Unit
 Colmery-O'Neil VA Medical Center
 Topeka, KS 66622

(913) 272-3111, Ext. 366

Sierra Tucson Company is searching for exceptional management professionals for our **Adolescent Treatment Facility** due to open in October, 1991. Four management positions are anticipated: Family Program Manager, Primary Program Manager, Education Program Manager, and Specialty Program Manager. Ideal applicants will have a minimum master's level education and extensive experience in management and treatment of adolescent addictions and mental health issues.

Sierra Tucson is a 12-step oriented treatment program and prefers personal or professional knowledge of the 12-step philosophy.

Please send resume and references to: Human Resources, PO Box 8307, Tucson, AZ 85738

ASAM 1990 Syllabus for the Review Course in Addiction Medicine

The *Syllabus*, a comprehensive review of the field of addiction medicine, was given with course materials to everyone who attended the ASAM Review Course in October and November 1990. This 636-page, self-contained text can also be used to prepare for the ASAM Certification Examination by physicians who cannot attend the Review Course. Or, it would be a unique addition to the library of any person or organization in the chemical dependency field.

The book is in three sections:

1) **General Principles** (10 chapters): basic science/theories of addiction; nomenclature; principles of pharmacology and biopharmaceutics; epidemiology; screening, assessment and diagnosis; prevention and intervention; management of acute intoxication and overdose; management of withdrawal; treatment, relapse and recovery; psychiatric issues in addiction medicine.

2) **Drug-Specific Issues** (11 chapters): alcohol; other sedative-hypnotics; cocaine, other psychomotor stimulants; heroin and methadone; other opioids; marijuana; perceptual distorters and inhalants; tobacco and nicotine; steroids; other/multiple drugs.

3) **Special Issues** (9 chapters): management of the addicted mother and child; AIDS and HIV infection; disorders of the family; adolescents; special populations; impaired health professionals; prescription drug abuse; legal concerns; recent advances in research and treatment of alcoholism and drug abuse.

The *Syllabus* is a product of many contributors who worked with **Anne Geller, MD**, chair of the ASAM Review Course Committee. Editor was Bonnie Wilford of the American Medical Association. Review Course Committee included **Drs. Raymond C. Anderson, Andrea G. Barthwell, David G. Benzer, Amin N. Daghestani, Martin C. Doot, James Fine, Donald M. Gallant, Donald M. Gragg, Lynn M. Hanks, Joseph C. MacMillan, Al J. Mooney, III, Ken Roy, Terry Rustin, Stephan John Sorrell, Herbert D. Trace.**

Editorial Board for the Syllabus: **Drs. LeClair Bissell, Sheila B. Blume, Dolores Burant, Timmen Cermak, Dorynne Czechowicz, Daniel K. Flavin, Marc Galanter, James Halikas, Martha A. Morrison, Anthony Radcliffe, Sidney H. Schnoll, Richard H. Schwartz, David E. Smith, G. Douglas Talbott, Donald R. Wesson.**

Names in boldface are ASAM members.

ASAM SYLLABUS

Check must accompany order.

Price: (postpaid)

ASAM Members: \$50.

Non-members: \$90.

Make check payable to **American Society of Addiction Medicine**
Mail to: **5225 Wisconsin Avenue N.W., Suite 409**
Washington, D.C. 20015

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

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ASAM NEWS 4/91

ASAM Staff Only

ASAM Syllabus

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Psychiatrist

Opportunity for psychiatrist with CD background to join a growing psychiatric practice in Centralia, Illinois, located **70 miles east of St. Louis**. Practice is adjacent to a general hospital with a 58+-bed psychiatric unit. Our staff works together as a team taking care of a **wide spectrum of psychiatric patients** including both **hospital and outpatient services**. **Children to geriatric patients**, from all socioeconomic backgrounds, are served. Current team members include an ASAM-certified psychiatrist, several clinical psychologists, counselors, and additional support staff. If you feel you would enjoy working with other caring professionals in a **rural setting** with a **sophisticated team approach**, we could be what you are looking for.

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Thomas T. Flynn, MD
1054 East McCord, Suite 223
Centralia, IL 62801

Or call toll-free: 1-800-347-9806
or: (618) 532-7533

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

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

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

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Irwin P. Goldstein, M.D., Associate Medical Director, SCPMG,
Dept. 853, Walnut Center, Pasadena, CA 91188-8013.



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Director, Alcohol & Chemical Dependency Program
Spaulding Rehabilitation Hospital
125 Nashua Street
Boston, Massachusetts 02114

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ASAM CALENDAR

- ❑ **ASAM Board Meeting:** Boston, Wed. Apr. 17
- ❑ **Ruth Fox Course:** Apr. 18
- ❑ **ASAM 22nd Annual Medical Scientific Conference:**
Boston, Apr. 18-21, 1991
Boston Marriott Copley Place Hotel
Cluny Conference Services (Louisa Macpherson)
1013 Rivage Promenade, Wilmington, NC 28412
☎ (919) 452-4920
Or ASAM Washington
- ❑ **The Trilogy of Addiction & Recovery:**
San Francisco, May 3-4; May 10.
Cambridge Institute, PO Box 27127, San Francisco,
CA 94127
- ❑ **Soberfest - Combating Substance Abuse
In the 90s:**
Statesboro, GA, May 9-10.
Willingway, 311 Jones Mill Rd, Statesboro, GA 30458
☎ 1-800-235-0790 (GA: 1-800-242-4040)
- ❑ **Prescription Drug Issues:
Public Policy & Clinical Practice:**
San Francisco, June 7-8
Cambridge Institute, PO Box 27127, San Francisco,
CA 94127
- ❑ **RSA Annual Meeting:**
Marco Island, FL June 9-13
Research Society on Alcoholism, 4314 Medical Parkway,
Ste 300, Austin, TX 78756
- ❑ **ASAM 1st National Medical Conference on
Adolescent Addictions:**
Atlanta, June 20-23
J. W. Marriott Hotel, Lenox Square
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
North Raleigh Hilton & Towers
ASAM Washington
- ❑ **ASAM Board Meeting:**
Dallas, Oct. 5-6, 1991
Fairmont Hotel
- ❑ **ASAM Co-Dependency Conference:**
Warrenton, VA, Oct. 17-20
Steven J. Wolin, MD, 5410 Connecticut Ave, NW,
Washington, DC 20015.

- ❑ **Hospital Interventions for Alcoholism:**
Stowe, VT, Oct. 17-20
Beth Dugger, Conference Coordinator, RR1, Box 219,
West Barnet, VT 05821.
☎ (802) 633-4724
- ❑ **ASAM State of the Art in Addiction Medicine :**
Orlando, FL, Oct. 24-26
Marriott Airport Hotel
ASAM Washington
- ❑ **California Society State of the Art
In Addiction Medicine :**
San Diego, CA, Nov. 21-23
San Diego Hilton Beach & Resort
CSAM, 3803 Broadway, Ste 2, Oakland, CA
☎ (415) 428-9091
- ❑ **Florida Society of Addiction Medicine (FSAM)
Annual Meeting:**
Orlando, FL, Jan. 17-19, 1992
Radisson Hotel Downtown Orlando
Conference on Addiction, c/o Karen Barnum,
PO Box 2411, Jacksonville, FL 32203
☎ (904) 356-1571
- ❑ **IDAA 1991 Meeting**
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We have received \$654,866 as of April 5. Your pledge is important to the success of our campaign. If you need information about the endowment fund, please call Ms. Claire Osman in the New York office (212) 206-6770.

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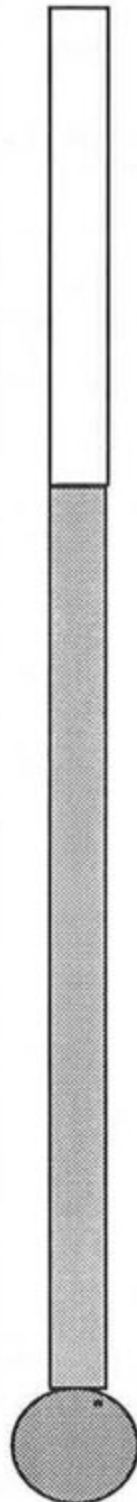
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