

ASAM NEWS

American Society of Addiction Medicine

Vol. VI, No. 3

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ASAM Publications

The ASAM Patient Placement Criteria: are now available at ASAM headquarters. Price: \$65 members, \$80 nonmembers -- postpaid, prepaid.

Journal of Addictive Diseases: Volumes 1/2, scheduled to be sent to paid up members June 26, were distributed by Haworth Press at the medical-scientific conference in Boston.

Themes for the next five issues: What Works in Treatment; Epidemiology; Prevention; Cocaine Use; AIDS, Cocaine and IV Drug Abuse.

Editor Barry Stimmel, MD, welcomes submissions.

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President's Address

by Anthony B. Radcliffe, MD

I am proud to serve as president of ASAM and proud to work in the field of addiction medicine. We should learn to foster pride; without it there is seldom commitment to excellence.

We live in times where striking it rich or winning the big payoff are the bottom lines. We admire people for how much money they make - we respect them less for what they achieve. In this climate, it is less important to serve and care for others. There is not an inexhaustible source of those whose commitment is like ours - who choose to serve and care. We must covet and nurture new ones.

In the 1990s, our field will be changing dramatically. Those physicians who work in addiction medicine will work primarily with patients on an outpatient basis. There will still be continuing debate over whether CD is a medical disease, and confidentiality will continue to be eroded in the name of the public good. In all likelihood, there will continue to be ever shrinking coverage by insurance companies, and it will take more effort to effect less care.

ASAM's focus needs to be on patient care, regardless of whether that system is private or public. Focussing on the patient as our primary concern can give us both hope and direction.

Chemical dependency threatens too many lives not to deserve our highest priority in achieving treatment solutions which are both long lasting and become integrated into our culture. Treatment does work, but it is chemically dependent patients becoming involved in treatment that is the key - not sitting by expecting treatment to do something to them.

CD is an incredibly deceptive disease. It flourishes, not because of a lack of science or a lack of clinical expertise, but often due to a lack of application by clinicians or science. Utilizing our energy and talents together, we can create and sustain more than we could possibly accomplish as individuals. Our challenge is to develop a health model which incorporates an understanding of the disease process, relapse process, and the recovery process, and to create a culture of service where sharing what and how we deliver care becomes the norm, not the exception.

(continued on p. 3)

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

Medical-Scientific Conference and Annual Meeting in Boston

ASAM's 22nd annual medical-scientific conference and annual meeting drew 680 to Boston April 18-21. This was a 20% drop in physician attendance from the meeting in Phoenix last year. For the first time, NCAdd (National Council on Alcoholism and Drug Dependence) did not participate in the conference; in 1990 NCAdd had provided another 370 attendees, but financial problems that reflect the recession in the CD field prohibited its participation this year. Program chair was **Marc Galanter, MD**.

Seven three-hour courses, eight three-hour workshops, ten three-hour symposia (two NIAAA and two NIDA) and seven component workshops, offered by ASAM committees, constituted the busy bill of fare.

In addition, there were daily discussion breakfasts with CD experts; papers and poster sessions (abstracts will be published in ASAM's new journal in the future); a distinguished scientist lecture, a play about Marty Mann, the annual breakfast/business meeting, the annual awards luncheon at which ASAM certificates were awarded, and 47 exhibit booths.

Alcoholics Anonymous (coordinated by the secretary of IDAA) and Al-Anon met every morning and late evening.

Audiotapes are again available from Infomedix, 12800 Garden Grove Blvd, Suite F, Garden Grove, CA 92643. Phone toll free 1-800-367-9286. FAX: 1-714-537-3244.

Ruth Fox Course

Three hundred and fifty registered for the annual Ruth Fox Course for Physicians in Boston on April 17, directed again this year by Drs. **Lynn Hankes** and **Charles L. Whitfield**. Reflecting the general recession in attendance at ASAM and other conferences, these numbers were down 25% from last year.

Topics covered history (**Maxwell N. Weisman, MD**, former course director); a literature review of alcoholism, the disease (**Daniel K. Flavin, MD**); benzodiazepine addiction and withdrawal (**Norman S. Miller, MD**); pathological gambling (**Sheila B. Blume, MD**); treating the hearing impaired alcoholic (**Kevin O'Brien, MD**, and Gosnold staff); understanding transference (**Margaret Bean-Bayog, MD**); addiction medicine education (Drs. **Henrietta Robin Barnes** and **David C. Lewis**); The Great Debate III: legalization/decriminalization of drugs (Drs. **LeClair Bissell**, **Max A. Schneider**, and **Sheila B. Blume**, moderator).

Vincent P. Dole, MD

The first ASAM Distinguished Scientist Lecture was given on April 19 by Vincent P. Dole, MD, of The Rockefeller University in New York City. Dr. Dole is widely known for developing methadone maintenance as a treatment for heroin addiction. He was one of seven nonalcoholic Class A trustees of Alcoholics Anonymous in the 1960s.

At the final AA trustee meeting that both Dr. Dole and Bill W. attended, AA's co-founder told Dr. Dole of his "deep concern for the alcoholics who are not reached by AA, and for those who enter and drop out and never return ... Bill suggest-

CONFERENCE DIGEST

ed that in my future research I look for an analog of methadone, a medicine that would relieve the alcoholic's sometimes irresistible craving and enable

him to continue his progress in AA toward social and emotional recovery, following the Twelve Steps. I was moved by his concern and in fact subsequently undertook such a study. Until its closure this year, my laboratory sought an analog of alcoholism in mice so as to be able to test potential medicines that could benefit human alcoholics. We failed in this, but the work is only begun. Talented investigators in other laboratories are working on various aspects of the analog problem. With the rapid advance in neurosciences, I believe that Bill's vision of adjunctive chemotherapy for alcoholics will be realized in the coming decade."

Pathological Gambling

About one-fifth of alcohol and other drug addicts have gambling problems, more in cocaine addicts than in alcoholics, according the **Sheila B. Blume, MD**, medical director of the Alcoholism, Chemical Dependency, and Compulsive Gambling Program at South Oaks Hospital in Amityville, New York.

Gambling runs in families, and gamblers are not addicted to dollars, but are hooked on the action. "We know precious little about the physiological state of arousal, but problem gamblers do become preoccupied and psychologically dependent on the 'action' of gambling. With this comes denial, juggling money, mood swings, relationship and financial problems." The final stage is desperation.

Pathological gamblers often look to friends or family for bailout. However, paying off gamblers' debts can enable them to continue gambling, and declaring bankruptcy is also not recommended. Instead, Dr. Blume recommends a payback plan formulated with the aid of a Gamblers Anonymous "pressure group." This is a powerful tool to help abstain from gambling.

The South Oaks Gambling Screen, a 20-item questionnaire based on APA's DSM-III criteria for pathological gambling, is the only validated screening device for these patients.

Caffeine and CD

Although caffeine dependence is not listed in DSM-III-R, **John R. Hughes, MD**, of the University of Vermont, believes that it can be diagnosed under "other drugs." He has seen many daily coffee drinkers show a persistent but unsuccessful desire to stop or cut down; suffer headaches, drowsiness and fatigue; use to avoid these withdrawal symptoms; and use despite harmful effects (interferes with their lives). "Symptoms of caffeine dependence often are not recognized, or are attributed to alcohol use even by CD clinicians," he said. There are only six case reports about A/D patients in the literature to date.

Dr. Hughes raised the currently controversial question of should patients in CD treatment be asked to give up coffee and other caffeine? Those in favor say that it decreases hypocrisy when advocating an otherwise drug-free lifestyle; caffeine may prompt alcohol use; caffeine intoxication may interfere with psychosocial aspects of CD treatment. Those against believe that it is asking too much of recovering patients; that it takes the focus off more important drugs (e.g. alcohol and cocaine); that it trivializes other drug treatment; that withdrawal

symptoms may interfere with other CD treatment.

Withdrawal from caffeine (1,000 mgs/day) lasts from two to seven days and includes drowsiness, headaches and fatigue. [The caffeine in one cup of coffee can vary from 39 to 176 mgs; in tea from 8 to 131 mgs; in soda from 32 to 65 mgs--Ed.]

Smokers use more caffeine than do nonsmokers; smoking lessens the half-life of caffeine.

Impaired Medical Students

A workshop chaired by ASAM's Members-in-Training Committee chairs **Daniel Glatt** and **David Gastfriend, MD**, included representatives from four medical schools and ASAM Annual Award winner **G. Douglas Talbott, MD**, of Georgia, who has treated many impaired physicians.

Programs for impaired medical students are generally weak or nonexistent. The three represented at this workshop were "strong:" Columbia College of Physicians and Surgeons' AIMS (Assistance for the Impaired Medical Student); University of Tennessee/Memphis' AIMS, and Louisiana State University School of Medicine's Phoenix Society.

A fourth year medical student from a southeastern university gave a moving description of his recovery. Because there was no alcoholism education, he said he was suicidal rather than face students and faculty when he hit bottom. His school is now trying to start an AIMS program.

Dr. Talbott described the characteristics of the medical students that he treated from 1979-89:

- more women medical students now; they are harder to identify and involve more difficult interventions than do men.
- more polydrug use, although alcohol is still number one.
- a typical medical school graduation party fosters drug misuse.
- many students entering medical school are ACoA's (adult children of alcoholics).

Awards

The ASAM Annual Award went to **G. Douglas Talbott, MD**, of Talbott Recovery Systems in Georgia, in part for his "enormous impact in state medical societies' impaired physician health programs," said **Margaret Bean-Bayog, MD**.

The ASAM Young Investigator Award went this year to **Burton Hutto, MD**, of the Dept. of Psychiatry, Medical University of South Carolina in Charleston, for his paper "Pergolide Mesgolate in the Treatment of Cocaine Withdrawal."

Certificates for passing the 1990 ASAM Certification Examination were awarded in person in a now-traditional ceremony during ASAM's annual awards luncheon on April 20. A total of 557 physicians took the exam at four sites around the country; of these, 494 passed. ASAM now has 2,320 certified members. The first exam was given in 1986, the next will be in 1992.

Next Year New Orleans

The 1992 ASAM conference and annual meeting will be held in New Orleans next April 8-12, at the Marriott Hotel.

President's Address

(continued from p. 1)

It will be easy to get lost - to waste our energy - arguing over whether inpatient vs. outpatient treatment works best or whether recovering vs. degreed people provide the best care - or bemoaning the changes in the health care field that are inevitable and global.

During another time - with more at stake - Abraham Lincoln faced increasing adversities. He had a clear vision of what the Union could be and this vision helped guide his actions through perilous times. I have a simple vision for ASAM - to improve the quality of care provided to chemically dependent patients. This vision guides how I think and what I hope to accomplish. To achieve this vision I propose the following agenda:

1. Perform a task analysis of what physicians working in ADM are currently doing.
2. Recreate the Career Teachers program.
3. Develop a national data base.
4. Identify and develop a core of clinicians who can teach clinical aspects of ADM to primary care physicians or residents.
5. Encourage clinicians to publish their treatment results.
6. Develop ongoing dialogue and liaison with the research societies who contribute to the field of ADM.

This agenda cannot be achieved in a vacuum. We need to work with other organizations in order to accomplish most of these tasks and certainly to make any of them last. ASAM should seek to influence others and serve as the catalyst to create a new strategy of cooperation.

I salute your efforts - there are many in this audience whose passion and intensity helped create this organization - and indeed this field, but we have miles to go before we sleep. For those new to this field; I offer some encouragement in a quote from Will Durant - which my mentor Vikki Fox shared with me: "Grow strong my comrades that you may stand unshaken when I fall. That I might know that my song will come at last to finer melody in you and that I might tell my heart that you begin where passing I leave off and fathom more."

[Dr. Radcliffe gave this speech verbatim at the ASAM Annual Breakfast Meeting in Boston on April 19, 1991. He is physician in charge of the chemical dependency program at Kaiser Permanente Medical Center in Fontana, California.]

Names in boldface are first mentions of ASAM members.

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ASAM Annual Meeting Awards

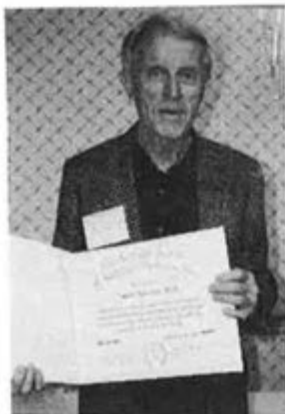
(Clockwise from Top L of page:) Former president **Margaret Bean-Bayog, MD (R)** presented outgoing president **Jasper G. Chen See, MD, (L)** with a sculpture symbolizing his favorite hobby, fishing, as **G. Douglas Talbott (lower R)** looked on; Dr. Bean-Bayog gave Dr. Talbott the ASAM Annual Award; **Marc Galanter, MD, (R)** presented **Burton Hutto, MD (L)**, with ASAM's annual Young Investigator Award.

ASAM Certification

(Lower R) President-Elect **Anne Geller, MD**, gave **Joe Ben Hayes, MD**, of Louisiana, his ASAM certificate, awarded to those who passed the 1990 examination; **Jokichi Takamine, MD**, of Los Angeles (Lower L) displayed his ASAM certificate.

New Board Member

(L, center) **Nady El-Guebaly, MD**, of Alberta, Canada, Region IX.



ASAM NEWS

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Psychiatrist/Addictionist needed to establish Comprehensive Chemical Dependency and Psychiatric Services in a general hospital and in two outpatient offices in the Hampton/Newport News area of Virginia. Send curriculum vitae to Robert Horne, LPC, 3116 Victoria Blvd, 203 Medical Arts Bldg, Hampton, VA 23661.



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PROFESSIONAL CREDITS WILL BE APPLIED FOR.

The first three letters were prompted by one from J. Mitchell Simson, MD, in the March-April ASAM NEWS. His letter described a local politician with a BAC greater than 0.10 who was arrested for DWI and who used a defense of "involuntary intoxication due to systemic candidiasis."

I suspect that the defense ... had to do with the idea of chronic candidiasis. It is argued that people who have received steroids or antibiotics during the last several years have a disordered immune system that allows them to become colonized with a significant number of *Candida*. These perform their role as yeast and generate a variety of potentially psychoactive substances including alcohol. It is common that these people explain their difficulties with concentrating, their sense of dizziness and sleep disorders, as a much delayed iatrogenic complication. The suggested way of diagnosing these patients is to test for a blood alcohol level at a time when they are known not to be ingesting alcohol. I must admit I am intrigued but dubious about this defense.

Donald C. Harper, MD
Lafayette, LA

I came upon a similar argument against enacting an illegal per se law that was debated in the Louisiana legislature a few years ago. One of the representatives attempted to discredit the merits of this bill by claiming that this law would be unfair to those who suffer from a condition known as "auto-intoxication syndrome."

Not being familiar with this particular condition, I did a literature search at that time (...about seven years ago) and found about three reports, primarily in the Oriental literature, whereby an individual had an elevated blood alcohol level presumably due to fermentation of sugars within the GI tract.

Due to the paucity of cases, I chose to go no further in my research, realizing that few ... would ever be unfairly adjudicated for drunk driving under an illegal per se law due to this most rare of conditions.

I believe the defense council may have been alluding to "auto-intoxication syndrome" when he made a claim of "invol-

LETTERS TO THE EDITOR

untary intoxication due to systemic candidiasis." Possibly there is now a fourth reportable case for the world literature, and in a local politician. Can you imagine that?

Harold D. Brandt, MD
Dallas, TX

[Dr. Brandt is Chairman of the Board and CEO of Mothers Against Drunk Driving--Ed.]

...I think the enclosed article, given to me by a patient over eight years ago, answers Dr. Simson's query. The article describes the "Japanese drunkenness syndrome," allegedly caused by an excessive colonization of *Candida* (meiteisho to the Japanese investigators) in the alimentary tract. According to this article, these micro-organisms produce endogenous ethanol in the gut and is subsequently absorbed in the vascular system, and--well--I need not go any further for this readership.

I have never seen this syndrome. My patient's blood alcohol levels were, alas, well explained by the large quantities of distilled spirits which his family verified were exogenously flowing into the cephalad portal of his alimentary tract. He is sober, though he now suffers from insulin-dependent diabetes. He doesn't drink ethanol, but he still struggles with glucose intake...

I am always in awe of the clever ways that the legal profession can manipulate the written word.

W. J. Hopper, MD
Forestville, CA

Dear Editor:

In March, I attended the ASAM/NAATP "Patient Placement Criteria for the Treatment of Psychoactive Substance Abuse Disorders" in Atlanta. Only 39 of the 200 registrants were physicians. (See ASAM NEWS March-April p. 5.)

Isn't it paradoxical that we physicians, who are in the front line fighting the battles of managed care, were not present to learn about the new weapons in the arsenal? About specific patient placement criteria; how to match patients with appropriate intensity of care,

and at the same time to convince the managed care folks that we are the best ones to make the judgments about our patients.

All this while still understanding their dilemma of cost containment.

We are the front lines. This is a daily skirmish for many of us. We are forced to discharge patients, yet we don't go to a conference to learn how to convince these people to let our patients enter--or remain--in CD treatment.

The criteria are effective weapons to combat all this folly. The next conference will be in San Diego next January.

Lynn Hanks, MD
Miami, FL

(Dr. Hanks is a regional director on the ASAM Board and is a member of its Executive Committee. This letter was published first in FSAM NEWS--Ed.)

Dear Editor:

Last April 17, it was brought to my attention that the ASAM Board of Directors meeting is an open one. This came as a surprise to me and I decided to attend [in Boston].

I found it very enlightening to see how things happen in the organization and would recommend that other members attend such a meeting if they have the opportunity to do so.

Lance L. Goberman, MD
Merchantville, NJ

ASAM NEWS welcomes letters from readers. We will print as many as space permits. Please send to Lucy B. Robe, Editor, address on masthead page 6.

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ASAM 1992 Exam

Requirements to sit for the next ASAM certification exam, recently approved by the ASAM Board, are basically the same as those for the 1990 exam, but with the following exception. *New requirement:* 50 hours of Category I CME credits in matters relating to the diagnosis and treatment of alcohol and other drug dependence accrued over the two years prior to the examination date.

ASAM will publish a booklet of information which describes all the criteria, available in late summer 1991.

Credentialing Committee chair: **Blair Carlson, MD.**

State Chapters

The following charters were approved by the board and awarded at the ASAM Annual Luncheon April 20. (Names in parentheses are chapter presidents.)

Arkansas (**James M. Merritt, MD**); New York (**Stephan J. Sorrell, MD**); Oregon (**Kenneth Giles, MD**); Tennessee (**Christine L. Kasser, MD**); Utah (**John Carter Hylen, MD**); Washington (**Richard E. Tremblay, MD**).

The society now has 14 state chapters. The others are California, Florida, Georgia, Illinois, Iowa, Maryland, Ohio, and Pennsylvania. Alabama, Missouri, and Texas have submitted applications for approval.

New to Board

New Region IX representative: **Nady El-Guebaly, MD**, psychiatrist, of the University of Calgary in Alberta, Canada, elected to replace **Elmer Ratzlaff, MD**, who moved from Canada to Hawaii last fall. Dr. El-Guebaly's term will end in 1993.

CME's Through ASAM

ASAM's "co-sponsorship" of conferences and meetings offers CME credit hours in Category I of the Physician's Recognition Award of the AMA. The ACCME, which resurveys every four years, approved reaccreditation of ASAM in June 1989. The following policies apply:

- A conference that is not being run simultaneously with one of ASAM's, and is not in the same region, is eligible for co-sponsorship by ASAM.
- A co-sponsored meeting should not be held one week prior to, or after, another ASAM meeting, or one that

ASAM is co-sponsoring. For more information: Claire

Osman, ASAM, 12 W. 21 St, New York, NY 10010. ☎ (212) 206-6770.

Contributing \$ to ASAM

Guidelines for contributing money to ASAM: the society does not accept contributions from the alcohol or tobacco industries. Contributions from pharmaceutical firms must be approved on a case-by-case basis by the executive committee. Contributions from pharmaceutical firms that manufacture or market dependence-producing substances may not be solicited or accepted. Appropriate acknowledgement of contributions received may be made in the society's medical-scientific conference program, subject to the AMA Guidelines

Membership

New general members who join ASAM after June 30 will pay one-half the regular 1991 dues ... total membership as of mid June is 3,228 ... 263 new members since October 1990.

Members Speaking for ASAM

If an ASAM member is asked to testify or to speak publicly in the name of ASAM on a policy issue, he or she should check with executive vice president James F. Callahan, who will consult with the ASAM Executive Committee. Any statements must conform with ASAM public policy that has been passed by the ASAM Board. All ASAM public policy statements are available from ASAM headquarters.

AMA's Masterfile

Questionnaires called "Record of Physician Professional Activities" (PPA's) are sent to one-third of the nearly 600,000 American physicians every year. Addiction medicine (ADM) was one of 21 new specialties approved last year for inclusion in the file, and it was on 140,000 PPA surveys that were mailed in early May.

Those who do not want to wait for a PPA survey can call AMA's Department of Physician and Biographic Records at (312) 464-5153, with a request that the ADM code be added to his or her record. Or phone Kevin Kenward, PhD, department director, at (312) 464-4919.

ABOUT ASAM

ASAM's Mission

(Recently revised) The American Society of Addiction medicine is an association of physicians dedicated to improving the treatment of alcoholism and other addictions, educating physicians and medical students, promoting research and prevention, and enlightening and informing the medical community and the public about these issues. The society serves its members by providing opportunities for education and sharing of experiences, and by promoting the development of a body of professional knowledge and literature to enhance the quality and increase the availability of appropriate health care for people affected by the addictions.

New Titles for Executive Director

James F. Callahan, DPA, is now designated as executive vice president and chief executive officer of ASAM.

Errata: Journals at Discount

Journal subscriptions will continue to be available at a discounted rate. The March-April issue of *ASAM NEWS* reported a deadline for this member benefit; there is no deadline.

from the Immediate Past President by Jasper G. Chen See, MD

Having served as your president, I am taking the *ASAM NEWS* route to thank you for your support and for giving me a unique experience. It was not a "Can you top this?" term of office, but rather "Was I able to walk in the foot-steps of my predecessor?" Difficult at times; always inspiring!

The progress we have made constitutes extensions of the combined energy of the officers, the board, the committees, an excellent staff - and yes, all members, especially those who participated in the Ruth Fox Memorial Endowment Fund: To Build A Strong Base.

We are well on the way to reaching the million dollar level - primarily membership-generated. Our ultimate goal is a funding base of ten million dollars with which to herald the 21st Century. On such a strong financial base, ASAM will not be a follower, but instead will lead the way into the 2000s!

Thanks, one and all. It is a privilege to continue to serve. Being part of ASAM enriches my life. ♦

ASAM Annual Meeting Boston, April 19-20, 1991



New State Chapters

ASAM President **Anthony B. Radcliffe, MD**, awarded state chapter charters at the annual luncheon (see p. 8).

Counterclockwise from top L: Dr. Radcliffe and: **Christine L. Kasser, MD**, of Tennessee; **Lawrence S. Brown, Jr., MD**, representing New York; **Richard S. Tremblay, MD**, of Washington; **Kenneth M. Giles, MD**, of Oregon.

New Book

Top R: President-Elect **Anne Geller, MD**, introduced her new book, "Restore Your Life."



American Society of Addiction Medicine
Condensed Statement of Support, Revenue and Expenses
Year Ended December 31, 1990

SUPPORT AND REVENUE

Membership Dues	\$ 623,522
Conferences & Other Programs	1,074,133
Interest	110,547
Journal Subscriptions	<u>73,651</u>
Total Support & Revenue	\$1,881,853

ASAM NEWS 1990 Financial Report

Income (ads + subscriptions)	\$ 37,748
Expenses	<u>-52,341</u>
Cost to ASAM	\$-14,593
Actual cost to ASAM of writing publishing, and mailing six newsletters a year: \$4.17 per member	

EXPENSES

Salaries and Related Expenses	\$ 294,912
Direct Program Costs	1,046,959
Publications, Newsletters, Printing & Other	215,367
Professional Fees & Consultants	103,169
Occupancy, Office & Other	<u>163,888</u>
Total Expenses	\$1,824,295
Excess of Support & Revenue Over Expenses	\$ 57,558

The financial information presented herein is condensed from the audited financial statements of ASAM for the year ended December 31, 1990. ASAM will be pleased to provide upon request copies of the complete financial statement from which this information was taken, together with all footnotes and the unqualified report of our independent auditors. [Report given at ASAM annual breakfast 4/19/91--Ed.]

Assistant Medical Director

Excellent opportunity in attractive rural Pennsylvania setting for physician with current, unrestricted Pennsylvania medical license. Will assist Medical Director in detoxification and medical management of all inpatients in free-standing chemical dependency facility. Must be eligible for certification or certified by American Society of Addiction Medicine. Requires availability for alternating evening and weekend coverage.

Send C.V. to: Human Resources Coordinator, Marworth, P.O. Box 36, Waverly, PA 18471. A Geisinger Affiliate.

ASAM Certified Primary Care

Physician wanted to associate in practice in New Orleans. Full-time coverage needed while in residency program. Please send resume and letter of interest to: Ken Roy, M.D., Addiction Medicine, 3901 Houma Blvd, Ste 508, Metairie, LA 70006. ☎ (504) 455-8441.

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
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4940 Eastern Avenue
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Provides a step by step guide to replicating the award-winning model program that focuses on alcohol, drugs and related issues most relevant for Latino, African American and low-income White women and their children. A six-topic educational curriculum and suggested resources are included.

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Send curriculum vitae to:
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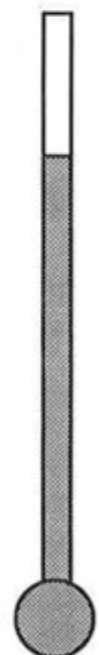
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ASAM CALENDAR

□ **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



□ **Physicians Professional Training Institute
on Co-dependency:**

Rapid City, SD, Oct. 3-8

Onsite Training & Consulting, 2820 W. Main St, Rapid City, SD

57702. ☎ (605) 341-7432



□ **ASAM Board Meeting:**

Dallas, Oct. 5-6

Fairmont Hotel



□ **ASAM Co-Dependency Conference:**

Warrenton, VA, Oct. 17-20

Steven J. Wolin, MD, 5410 Connecticut Ave, NW,

Washington, DC 20015.



□ **ASAM State of the Art In Addiction Medicine:**

Orlando, FL, Oct. 24-26

Marriott Airport Hotel



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

Address Correction Requested

□ **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



□ **ASAM 23rd Annual Medical-Scientific Conference:**

New Orleans, April 9-12, 1992

Board Meeting: April 8

New Orleans Marriott



Calendar includes only meetings that are sponsored or co-sponsored by ASAM (onetime listing for co-sponsored conferences). For inclusion on this calendar, please send information directly to Lucy B. Robe, Editor, at least two months in advance.

All information about ASAM conferences available at Washington headquarters. 5225 Wisconsin Avenue N.W., Suite 409, Washington, DC, 20015. ☎ (202) 244-8948

To arrange for ASAM to co-sponsor a conference (CME credits) contact Claire Osman at: ASAM., 12 West 21 St, New York, NY 10010. ☎ (212) 206-6770.

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