

# ASAM NEWS

American Society of Addiction Medicine

Vol. VI, No. 5

September-October 1991

Published Bimonthly

## Newsletter to be Mailed Bulk Rate Advertisers Will Be Individually Notified

Beginning with the January-February 1992 issue, *ASAM NEWS* will be mailed Third Class instead of First Class. This is in part due to the rise in postage rates since the newsletter's founding in 1985. Up to three ounces can be mailed Third Class Non-Profit for considerably less than the current First Class rate for a one ounce, 12-page newsletter.

Delivery within the United States will take two to three weeks instead of the former two to four days. But, the postage savings offer a chance to return to a 16-page newsletter

*ASAM NEWS* will notify everyone who has advertised in the past three years.

## Deadline to apply for ASAM 1992 exam: January 15, 1992

(see p. 3)

## Joint National/State Membership?

After lengthy and spirited debate about whether or not to mandate conjoint membership in ASAM and its existing state chapters, 15 board members voted on Oct. 6 to send the following statement to the full (21-member) ASAM Board. Two-thirds must approve for it to become part of the society's bylaws.

"All members of the national organization are required to join the chartered state chapter in their state of residence, and all members of a state chapter are required to join the national organization. The intent is a unified state chapter/national membership. The implementation of this requirement will go into effect Jan. 1, 1994. New chapters chartered after the date of this bylaw are required to implement this requirement within two years of their charter date. The national organization and the state chapter will initiate and maintain mechanisms to ameliorate financial hardship imposed by this bylaw. State chapter dues will be consistent with the constitution and bylaws of the state chapter, with the advice and consent of the national Board."

An article in the January-February issue of *ASAM NEWS* (p. 13) by P. Joseph Frawley, MD, chair of the State Chapters Committee, described pros and cons of joint membership and asked for comments from members. None were received. However, reports from 12 state chapter presidents/chairs showed eight states in favor of combined unified membership, four against.

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

**Harm Reduction: From Principles to Practice  
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Reduction of Drug-Related Harm**

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You are invited to attend this major international conference - the third in a highly successful series. This conference will aim to further understanding of the principles behind harm reduction approaches, and examine practices which are effective in reducing licit and illicit drug related harm in developing and developed countries.

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Keynote speakers include: Ms Virginia Berridge (UK), Mr. Julian Cohen (UK), Dr Don Des Jarlais (USA), Professor David Hawks (Australia), Dr Patricia Erickson (Canada), Professor Nick Heather (Australia), Dr Anthony Henman (UK), Dr Robert MacCoun (US), Dr Ethan Nadelmann (US), Dr Stephen Mugford (Australia), Dr Michael Russell (UK), Dr John Strang (UK).

The World Health Organisation will also host a consultation examining harm reduction strategies as they apply to developing countries. Submissions of abstracts are invited and should be received no later than 20 November, 1991.

This conference has been approved for 15.5 credit hours in Category I of the Physicians Recognition Award of the American Medical Association by the Albert Einstein College of Medicine (Bronx, New York) which is accredited by the Council for Continuing Medical Education to sponsor CME programs for physicians.

*For further information, or to receive the conference registration booklet, contact:*  
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## 1992 Certification Exam

As announced in the last newsletter, the next ASAM certification exam will be held on December 5, 1992, in Atlanta, Chicago and Los Angeles.

The six-hour exam, which is being developed by the National Board of Medical Examiners, covers alcohol and all other drugs of abuse, including nicotine, with questions evenly divided between clinical issues and basic sciences.

For a detailed description of the requirements for taking the exam, consult the just-published *Information for the 1992 Certification Examination*. Copies of this booklet are available by request from the ASAM office in Washington, DC.

All ASAM members are scheduled to receive applications for taking the exam, with the expectation that certified members would pass their copies on to interested colleagues.

Others can obtain an application from ASAM:

5225 Wisconsin Avenue NW, Suite 409,  
Washington, DC 20015; ☎ (202) 244-8948.

Fliers and press releases about the exam will be widely distributed.

The deadline for submitting all application materials to take the 1992 exam is January 15, 1992; applicants are notified by September. The eight-month interval assures a detailed review and thorough consideration of each application. Between January and September, at least two members of the Credentialing Committee's review team reads each application, comparing the information in it with the criteria set by ASAM.

Clarification and additional documentation are often needed.

### Recertification Pilot Study

ASAM will conduct a pilot study of recertification in 1992. This "field test" will examine recertification candidates, and evaluate their performance against minimum criteria for recertification.

The plan is to offer recertification to a portion of the physicians who were certified in 1986, and to study the experience before it is offered to candidates in larger numbers.

Participants will pay a fee for recertification, as the pilot program is designed to be self-sustaining. The recertification exam will be directed by ASAM's Examination Committee (chair is **Sidney H. Schnoll, MD, PhD**). Criteria for eligibility for recertification will be directed by ASAM's Credentialing Committee (chair is **Blair Carlson, MD**; newly appointed vice-chair is **Paul C. Redmond, MD**, of Newark, Ohio).

ASAM requires recertification after ten years. The society has certified 2,320 physicians since 1986. Of these, 1,978 are currently active ASAM members.

## In Memoriam

Psychiatrist **Walter Dorus, MD**, 49, of Chicago, died suddenly on August 21 as a consequence of an inoperable brain tumor. Certified by ASAM in 1986, Dr. Dorus was co-owner of the Center for Addictive Problems in Chicago with **Marc Shinderman, MD**. Donations in his memory: American Cancer Society Brain Tumor Research, 77 E. Monroe, 13th floor, Chicago, IL 60603.

## ABOUT ASAM

Otolaryngologist **Bruce L. Eames, MD**, of Greenville, SC, died in early October. Certified by ASAM in 1986, his office partner was ASAM member **Ted Watson, MD**. His widow, **Martha Silverstein Eames**, is also a

member.

Psychiatrist **Rashmikanth P. Sangani, MD**, 53, of Clifton Springs, NY, died last January of a myocardial infarction. Dr. Sangani was certified by ASAM in 1987.

## Joint National/State Membership?

(continued from p. 1)

With the board's approval of Alabama, Missouri, and Texas as state chapters, ASAM now has 17. 'Members' in the chart below are the number of active ASAM members in each state. All ASAM members do not necessarily belong to their ASAM state chapters.

State	Members	Chapter President
Alabama	33	Michael Newberry, MD
Arkansas	21	James M. Merritt, MD
California	437	P. Joseph Frawley, MD
Florida	169	LeClair Bissell, MD
Georgia	147	Paul H. Earley, MD
Illinois	180	Violet M. Eggert, MD
Iowa	40	Dennis Weis, MD
Maryland	76	John R. Steinberg, MD
Missouri	59	George Viamontes, MD
New York	247	Stephan J. Sorrell, MD
Ohio	139	Craig T. Pratt, MD
Oregon	33	Kenneth Giles, MD
Pennsylvania	145	Bruce K. Branin, MD
Tennessee	79	Christine Kasser, MD
Texas	210	Richard Mayo, MD
Utah	10	John Carter Hysten, MD
Washington	68	Richard E. Tremblay, MD

Total: 2,093

## Dues Revision

The ASAM Board approved the following new schedule for ASAM dues. Membership Committee chair is **Ken Roy, MD**.

Category	% of Regular Member Dues	Amount in 1992
Residents/fellows	50%	\$100
Medical students	10%	20
Retired, non-practicing	50%	100
Illness, non-practicing	50%	100

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PROFESSIONAL CREDITS WILL BE APPLIED FOR.

## CONFERENCE DIGEST

### ASAM Nicotine Dependence Conference

by Terry A. Rustin, MD

More than 200 advocates for health gathered in Raleigh, North Carolina, September 12-15, for ASAM's Fourth National Conference on Nicotine Dependence. The faculty of 29 included nine physicians. Participants represented a wide variety of disciplines, including physicians, nurses, counselors, therapists, respiratory therapists, public health specialists, psychologists and social activists.

ASAM has been the leading national organization to bring together medical specialists in chemical dependence research, prevention, treatment, and public policy. This tradition continues with nicotine dependence. Held this year in the geographic heart of America's tobacco industry, the conference also tackled issues of public policy and social change. Richard D. Hurt, MD, organized the conference for the fourth year with ASAM's Nicotine Dependence Committee, chaired by John Slade, MD.

One innovation: dialogue between nicotine researchers and smoking cessation therapists during "The First Nicotine Research Round Table Discussions: CNS Effects," chaired by Lori Karan, MD. Another dialogue was established between therapists working on different approaches to nicotine dependence treatment.

The conference opened with an update on the tobacco industry by Dr. Slade, who summarized his remarks with the comment, "You give them money, they give you cancer." He cautioned his audience to pay close attention to "disguised innovations" in tobacco products, which are designed to maintain tobacco sales, not to improve the health of smokers, and to be wary of the philanthropy of the tobacco companies, which encourages apathy on our part.

When Kenneth G. Brown, PhD, presented the latest evidence on the

*Terry A. Rustin, MD, who wrote this conference report for ASAM NEWS, is Assistant Professor in the Dept. of Psychiatry & Behavioral Sciences at the University of Texas Medical School at Houston. Dr. Rustin is author of a new Hazelden book "Quit and Stay Quit - A Personal Program to Stop Smoking." He co-chaired ASAM's State of the Art in Addiction Medicine course in Orlando Oct. 24-26.*

components of tobacco smoke, he reported that side stream smoke (which enters the environment directly from the burning end of a cigarette, without passing through a smoker's lungs) can contain far more toxic compounds than does mainstream smoke: 30 to 60 times as much cadmium, nickel and zinc; up to 10 times as much carbon monoxide and benzene; more than twice the nicotine. A recent EPA study recommended classifying tobacco smoke as a Group A carcinogen, based on human evidence.

Such a classification would obviously have an overwhelming impact, and is unlikely to be made any time soon.

C. Tracy Orleans, PhD, presented strategies for motivating smokers to quit. Dorothy Hutchinson, CAC, described the smoking cessation program that they established in a private CD treatment center. After careful planning for over two years, they initiated a smoke free program with the full cooperation of the center's administration and without damaging the treatment milieu. They identified their goals with the patients as moving them through the quitting process, said that their data indicate a significant impact, and encouraged others to plan carefully before launching such a program.

In my presentation on instituting nicotine dependence treatment in a chemical dependency unit, I echoed their advice. Planning is the key. Gaining the cooperation and approval of those with authority at an institution, on all levels, takes about two years. Failure to plan adequately seems to result in failure of the smoking cessation program.

R. Jeffrey Goldsmith, MD, talked about a hitherto unexplored area: ap-

plying Kohut's theories of self psychology to nicotine dependence and smoking behavior. Dr. Goldsmith plans to expand on this in the future.

Ovide F. Pomerleau, PhD, gave an update on the psychopharmacology of nicotine. He demonstrated how nicotine raises levels of arginine vasopressin, beta endorphin, ACTH, and cortisol, producing a reinforcing affective state.

Robert Shipley, PhD, described the "QuitSmart" program which he instituted at the Duke University hospitals. This cognitive-behavioral approach can be applied in a group or individual setting, and includes a comprehensive leader's guide, a patient manual, and a relaxation tape.

Kevin Cooper, MD's review of the history of the tobacco industry, complete with period images and fascinating anecdotes, was a conference highlight. Another highlight: Joe Tye's talk on preventing children's access to tobacco products. Tye showed how children as young as nine can easily purchase cigarettes, and stated that six-year-olds in California recognize RJR-Nabisco's "Joe Camel" image as readily as they do Mickey Mouse.

Karl O. Fagerstrom, PhD, of Sweden, described his recently revised Fagerstrom Tolerance Questionnaire. This now offers more scoring alternatives for the length of time a smoker waits before lighting the day's first cigarette, and the number that he or she smokes daily. Deleted from the new version: questions about inhaling, and about nicotine concentration of the smoker's preferred brand. Dr. Fagerstrom's data showed that the score on this scale correlates well with cotinine levels and other objective measures of nicotine dependence.

#### Next Year

ASAM's Fifth National Conference on Nicotine Dependence: Seattle, Washington, September 17-20, 1992.

ASAM will also sponsor a symposium, "Nicotine and Tobacco in the Treatment of Other Addictions" at ASAM's 23rd Annual Medical-Scientific meeting in Washington, DC, on Saturday, April 4, 1992.

*Names in boldface are first mentions of ASAM members.*

### ASAM ADDICTIONIST

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## LETTERS TO THE EDITOR

Dear Editor:

In September, the Willingway Foundation began an international fellowship program with two physicians from Russia, who came to Willingway Hospital to study addiction medicine for six months.

The primary goals of this fellowship are education in addiction medicine, and recovery from alcohol and other drug problems. Another goal is for participants to experience life in America. If any ASAM member believes that he or she has something to offer our participants in their study of addiction medicine, or if any would like to interact with these physicians and learn more about life and its changes in the Soviet Union, please contact me or Susan Pajari at (912) 681-0713.

**Al J. Mooney, III, MD**  
Statesboro, GA

Dear Editor:

Kudos to Al Mooney, director of Willingway Hospital in our rural, "backward" South! He has achieved what no man or woman, unless I am mistaken, has hitherto been able to accomplish: to break through the considerable bureaucracy in the Soviet government and in our own State Department, and provide two Russian physicians an opportunity for full time, long-term fellowships at an addiction treatment center.

Yes, scores of foreign doctors from the former Eastern communist countries have visited many treatment centers in the U.S. that are directed by ASAM members, but this is the first time that a planned, six-month training program has been activated for them by one of our own.

I believe that, without any publicity at all, requests for information have already poured in from a number of other countries, including Rumania and Brazil. Having spent months in several post-communist enclaves training their psychiatrists in addiction medicine, I can attest to the enormous interest in such training in the U.S. among excellent physicians in Poland, Czechoslovakia,

and Hungary,

It strikes me that not only has Dr. Mooney established a precedent for other treatment centers in which ASAM members work, but he has also developed expertise which he should share with others who are interested in similar projects. How did he cut through red tape? How did he get around licensing regulations? And above all, in these days of budget crunch, where did he find the money? Surely there is a need to revive ASAM's International Committee to develop a body of knowledge and inspire other treatment centers to follow Dr. Mooney's lead!

Gorbachev may have opened his country through perestroika and glasnost, but Al Mooney has opened the heart of American addiction medicine to these Russians through his fellowship program. Congratulations!

**Maxwell N. Weisman, MD**  
Baltimore, MD

Dear Editor:

I write in tribute to Richard O. Heilman, MD, a pioneer in the "Minnesota Model" of chemical dependency treatment, who is retiring from the Minneapolis Veterans Administration Medical Center after 31 years of service.

The program that he founded in 1966 had a multidisciplinary team of nurses, counselors, psychologists, social workers and pastoral care personnel. Combining alcohol and other drug treatment from its inception, it was a prototype for the drug-free treatment programs that were widely adopted in the 1970s and 1980s. Dr. Heilman's diagnosis of drug dependency pioneered early recognition and treatment, and he also recognized the common denominators of rapid-acting, mood-changing drugs. Since June 1988, the program has treated nicotine addiction as another chemical dependency.

**David L. Trudeau, MD**  
Minneapolis, MN

*Names in boldface are first mentions of ASAM members.*

## ASAM NEWS

Editor: Lucy Barry Robe  
303D Sea Oats Drive  
Juno Beach, FL 33408  
Phone: (407) 627-6815  
FAX available

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

ASAM News is published bimonthly:  
January-February, March-April  
May-June, July-August, September-October, November-December

### Advertising Rates:

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## IDAA in Vancouver

About 380 members of IDAA attended the 42nd annual meeting of International Doctors in Alcoholics Anonymous July 31-August 4 in Vancouver, BC, Canada. There were another two hundred spouses, significant others and children; for many, the IDAA meeting is a family affair.

The conference program was divided into three tracks: AA, Al-Anon and Alateen. Two dozen AA speakers from all over the US, Canada and Europe explored "How it Works" during the day, and another two dozen led discussions on the 12 Steps, the 12 Traditions, and Chapters 1 through 11 of AA's Big Book in the evenings. Special interest AA meetings included women, gays and lesbians, and psychologists.

Al-Anon leaders offered "A Design for Living" with circle discussion groups, the 12 Al-Anon Steps, and in the evening Al-Anon and Couples meetings.

The Alateen group discussed their program's 12 Steps among other topics, and joined their parents for group dinners and sightseeing.

Banquet speakers included John Hartley Smith, MD, of Vancouver. He is a Class A (nonalcoholic) Trustee for the General Service Board of Alcoholics Anonymous.

### Newcomers Dinner

About 80 people attending their first IDAA national conference took a microphone to introduce themselves to the nearly 600 who attended the traditional Newcomers Dinner. Briefest sobriety was 26 days. These "newcomers" to an IDAA national meeting represented at least 24 medical specialties; most were in family practice (16), internal medicine (7), anesthesiology (7), psychiatry (5). There were 7 psychologists, 2 dentists, and 1 veterinarian. Sixteen were women.

Longtime secretary Luke R., who died in October, 1990, was affectionately remembered in a Sunday morning memorial breakfast.

One indication of a subject that particularly interested participants this year: a ballroom jammed to capacity for an Al-Anon "Family Communication and Recovery" presentation.

### CME's

The medical-scientific program offered Category I AMA credit through ASAM. In "Office Management of the Chemically Dependent Patient," Stanley E. Gitlow, MD, said that he prescribes the following to his newly recovering patients: One AA meeting per day. Arrive first. Sit in the first row. Always talk. Leave last. Volunteer to help somehow (put away chairs, clean up the kitchen). Leave the meeting with someone. Go have coffee with him or her. For how long? For 90 days, and until the patient likes it! Qualify at 90 days and regularly thereafter. Sign of healing: a sense of humor.

Mark Schuckit, MD, gave an update on his longitudinal sons of alcoholics study [see *ASAM NEWS* January-February 1991, "SECAD" p. 10].

G. Douglas Talbott, MD, talked about problems and solutions of physicians' understanding and accepting the AA program.

In "Diagnosis and Treatment of the Dual Diagnosis Patient," Abraham Twerski, MD, described three kinds of

## CONFERENCE DIGEST

depressions: 1) major affective disorder (as in DSM-III-R); 2) depressive personality, 3) depressive reaction (to loss). "It's easy to mistake one for another. A patient can have all three, or just one or two," he said. About the benzodiazepines: "each so-called improvement (Librium/Valium/Atavan/Xanax) leads to more problems; withdrawal can take 12 to 15 months; not enough psychiatrists are knowledgeable about chemical dependency."

About the tricyclics: "The majority of patients do not abuse them. Occasionally Elavil or Prozac, but this is rare, although Prozac should be carefully watched as it may be dependence-producing." He said that "MAO's are non-addictive. The physician should help each patient see that antidepressants are not violating the AA Program; and that unless a patient is biochemically depressed, these drugs will do nothing for him or her anyway." He advised physicians to make a trial and watch the results: it may not be a biochemical depression.

### Next Year's Meeting

*Dates:* August 5-9, 1992.

*Place:* Amway Grand Hotel, Grand Rapids, Michigan.

Child care and full Alateen and Al-Anon programs will be offered.

*Information:* 1514 Wealthy Street SE, Suite 292, Grand Rapids, MI 49506. ☎ (616) 456-5554.

### IDAA Membership Tops 3,800

International Doctors in AA, growing at the rate of 500 new members a year, now exceeds 3,800.

"IDAA's members hold, or are candidates for, doctorate degrees in the health care professions," says Dick McK., MD, secretary-treasurer. "We are physicians in nearly every specialty, dentists, veterinarians, educators, psychologists, and others. One strictly confidential listing of members is held by the secretary-treasurer. Any communication with individual members occurs only with the permission of all parties.

"In addition to our yearly meeting, a directory of over 100 meetings of doctors in recovery is available to members. This also lists annual regional meetings, which often enhance the recovery in regular AA that the majority of our fellowship believe to be the bedrock of sobriety.

"Our basic aims are those of AA. Our primary purpose is to carry the message of recovery to other alcoholics, particularly alcoholic doctors, their families, and significant others. There are no dues; we are self-supporting through our own contributions. A modest registration fee at the annual meeting covers costs of that meeting, IDAA expenses for the year, and a contribution to GSO. The only requirement for membership is the doctor's desire to belong."

*IDAA address:* Dick McK, MD, Secretary-Treasurer

IDAA

PO Box 199, Augusta, MO 63332.

☎ (314) 781-1317.

*Names in boldface are first mentions of ASAM members.*

## ADDICTIONIST

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## PHYSICIAN

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## Geisinger Clinic

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The Marworth Treatment Center, a 75 bed JCAHO accredited alcohol/chemical dependency treatment facility in Northeastern Pennsylvania seeks a dynamic professional to fill this position vacated by retirement. Physicians in recovery are encouraged.

Responsibilities include detoxification, general medical care, treatment planning, community applicants be ASAM certified or working on eligibility.

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Direct inquiries to: **Bruce K. Branin, D.O., Vice President of Medical Services, Marworth Treatment Centers, Waverly, PA 18471 or call (717) 563-1112.**  
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**Geisinger**



## AMA Masterfile

### How to Change Your Specialty Listing to Addiction Medicine

As previously reported in *ASAM NEWS*, as of January, 1991, the American Medical Association's Department of Professional Activities Information is accepting addiction medicine ("ADM") as a self-designated specialty for the AMA Physician Masterfile.

The AMA recently sent the following message to *ASAM NEWS*:

"If you have not already done so, you can list Addiction Medicine (ADM) as your self-designated practice specialty with the American Medical Association (AMA) by calling 1-800-AMA-3211. The AMA added this code in January 1991. It is important that your information be up-to-date so that you will receive AMA professional and scientific information, and complimentary materials and journals from pharmaceutical companies directed toward physicians practicing Addiction Medicine.

"The designation of a given practice specialty indicates the field(s) of practice in which the physician spends the majority of time and does not necessarily mean that the physician has been trained, certified, or has special competence to practice the self-designated specialty. Self-designated practice specialty classifications listed on the AMA Masterfile have historically related to the record-keeping needs of the American Medical Association and do not imply "recognition" or "endorsement" of any field of medical practice by the Association."

ASAM's delegate to the AMA is **Jess Bromley, MD**; alternate delegate is **David E. Smith, MD**.

### Miller to Edit ASAM Syllabus

**Norman S. Miller, MD**, chair of ASAM's Dual Diagnosis Committee, is co-editor of the next *ASAM Review Course Syllabus*. Discussions are under way with other possible co-editors. The Review Course Committee, augmented by other experts in addiction medicine, serves as the *Syllabus'* editorial board. **Martin Doot, MD**, is chair of the Review Course Committee.

The current 628-page syllabus, published in 1990, is still available at Wash-

## ABOUT ASAM

ington headquarters. Price: \$50 for ASAM members; \$90 for nonmembers, postpaid, prepaid.

The syllabus will have its first foreign language translation, into Portuguese. Liaison is **Joaquim Margalho Carrilho, MD**, of Lisbon.

Chair of the Publications Committee is **Margaret Bean-Bayog, MD**.

### Terms of Committee Chairs, Members, Set by Board

At the recent board meeting in Dallas, terms for chairs of ASAM committees were established at up to two years, with reappointment for two additional two-year terms.

Length of service for committee members will be coterminous with their committee chair. No one can serve on more than three committees simultaneously.

### Methadone Policy Amended

ASAM's "Public Policy Statement on Methadone Treatment," which was adopted in April 1990 and amended that November, was amended again by the board on Oct. 5, 1991.

The board added one more point to the previous 11 that ASAM supports:

12. The development of new methadone treatment guidelines and regulations, with a shift of emphasis from administrative process to performance based standards of care, with greater reliance on clinical judgment and scientific data in determination of treatment.

Chair of the Methadone Treatment Committee is **J. T. Payte, MD**.

### ASAM Policy Statements

ASAM has 35 public policy statements in a wide variety of addiction medicine areas. They are available by request in writing from Holly Anderson at Washington headquarters. Public Policy Committee chair: **Sheila B. Blume, MD**.

### Members-in-Training

The Members-in-Training Committee is inviting "any member of ASAM who is a medical student, resident, or fellow, to become editor of our quarter-

ly newsletter for ASAM M-I-T members. No experience is necessary, just a desire to make a difference." Contact co-chair **Daniel Glatt** at (415) 692-3986.

As noted in the previous issue of *ASAM NEWS*, the M-I-T Committee received \$40,000 from the Scaife Family Foundation and the J.M. Foundation toward a follow-up study of the 1,300 medical students who have received scholarships to alcoholism and drug dependency summer schools from these two foundations. Medical students and residents who are interested in working on this project, please contact committee co-chair: **David R. Gastfriend, MD**, at (617) 726-2712. He will conduct the study.

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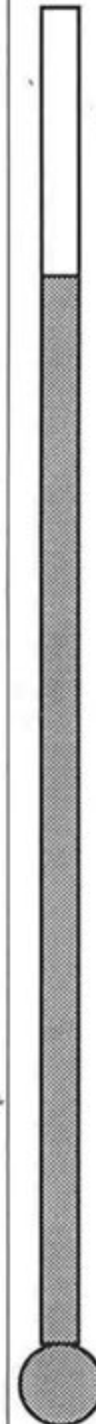
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as of Oct. 11

**Ruth Fox News -  
 Sept.-Oct.:**

We are proud to announce that we have reached \$814,721 in pledges/contributions toward our \$1 million goal. This magnificent figure is primarily due to the commitment and generosity of our members. If you have not contributed, please join your colleagues to complete the remaining 20% of the Ruth Fox Memorial Endowment Fund -- a hedge for the support of ASAM to carry out its important mission and goals.

We shall approach more foundations and corporations for support and hope that you will bring to our attention any foundation/corporation in which you have contacts. We will not burden you with the details of solicitation. However, your directing us to your contact could be invaluable.

Please send this information to Claire Osman at ASAM, 12 West 21st St, New York, NY 10010, or call her at (212) 206-6770.

We appeal to you in the final stretch of our campaign to please participate by pledging/contributing if you have not already done so...JCS, WBH, CO

Information about ASAM conferences available at Washington headquarters: 5225 Wisconsin Avenue N.W., Suite 409, Washington, DC, 20015.

☐ (202) 244-8948

- ☐ **AMERSA's 1991 National Conference on Medical Education and Research in Drug and Alcohol Abuse:**  
Bethesda, MD, Nov. 14-17  
AMERSA Coordinator, Brown Univ. Center for Alcohol & Addiction Studies, Box G, Providence, RI 02912  
☐ (401) 863-3173

- ☐ **California Society State of the Art in Addiction Medicine:**  
San Diego, CA, Nov. 21-23  
San Diego Hilton Beach & Tennis Resort  
CSAM, 3803 Broadway, Ste 2, Oakland, CA ☐ (510) 428-9091

- ☐ **ASAM New England Region III Annual Conference:**  
Cambridge, MA, Sat. Nov. 23 *Royal Sonesta Hotel*  
Amy Wasserman, Spaulding Rehabilitation Hospital,  
125 Nashua St, Boston, MA 02114 ☐ (617) 720-6738

- ☐ **Chemical Dependency in Depth:**  
Bonaire, Netherlands Antilles, Dec. 7-14  
Hub Concepts in Medical Education,  
11550 IH 10 West #185, San Antonio, TX 78230  
☐ 1-800-547-3747

- ☐ **7th Annual Pacific Institute Conference:**  
Honolulu, HI, Jan. 8-14, 1992 ☐ (800) 526-2841

- ☐ **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 CALENDAR

- ☐ **ASAM/NAATP Patient Placement Criteria Conference:**

San Diego, Jan. 22-26, 1992  
*Sheraton Harbor Island Hotel*

- ☐ **ASAM 23rd Annual Medical-Scientific Conference:**  
Washington DC, April 3-5, 1992  
**Ruth Fox Course for Physicians:** April 2  
**Board Meeting:** April 1  
*Ramada Renaissance Hotel, Techworld*

- ☐ **ASAM 2nd National Conference on Adolescent Addiction,** San Antonio, June 25-28, 1992  
*Palacio Del Rio Hilton*

- ☐ **ASAM 5th National Conference on Nicotine Dependence,** Seattle, Sept. 17-20, 1992 *Seattle Sheraton*

- ☐ **ASAM Review Course in Addiction Medicine,** Chicago, Oct. 8-10 *O'Hare Marriott*  
Atlanta, Oct. 22-24 *Marriott Marquis (downtown)*

- ☐ **ASAM/CSAM Review Course in Addiction Medicine,** Los Angeles, Nov. 5-7, 1992

- ☐ **ASAM Certification Examination:**  
Atlanta, Chicago, Los Angeles, Dec. 5, 1992  
(Deadline for applications: Jan. 15, 1992)

*Calendar includes only meetings that are sponsored or co-sponsored by ASAM (one time 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.*

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

*Beginning with the January-February 1992 issue, this newsletter will be sent Third Class instead of First Class Mail. Therefore, conference information should reach ASAM three months in advance..*

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