

ASAM NEWS

American Society of Addiction Medicine

Vol. VII, No. 2

March - April 1992

Published Bimonthly

Ruth Fox Memorial Endowment Fund

Goal:
\$1,000,000

Pledged:
\$1,000,000

as of Mar. 9, 1992



Report to the Members

by Anthony B. Radcliffe, MD

FROM THE

PRESIDENT

Having settled into the rigors and enjoyments of serving as your president, I want to review for you some of the work that has taken place during the first year. But first, I want to thank you for your support, your advice, and your honest criticisms. Without your input, my decisions and the decisions of your board simply would not be as valuable.

You will be pleased to know that membership in the society remains strong. We currently have about 3,500 members. New members continue to join because ASAM meets their needs. The single most important source of new members is their contact with you and other members of the society. ASAM has grown approximately 125% over the past five years, largely due to personal recommendations from members, and from the work that our members have done to develop the field of addiction medicine.

Membership Campaign

To increase our membership, I urge each of you to tell your colleagues about ASAM, and I have asked the Membership Committee to promote a national "Member-Recruit-A-Member" campaign. If each member recruits one new member, our society will double within the next year. With the strength of 7,000 members, we would be a very strong voice in organized medicine, and in promoting public policies favorable to our patients.

The board passed a resolution that all members of the national organization must belong to their state chapter, and all members of each state chapter must belong to the national organization. This resolution will take effect on January 1, 1994. ASAM now has 17 state chapters, compared to eight in 1989. The State Chapters Committee meets regularly in order to identify ways to promote chapter participation in board decisions, and in the many medical education and public policy activities of the ASAM committees. The Organization Structure Committee is also preparing a report on ways to formalize representation from the several sectors of the society, including state chapters and the medical specialties. The board has now established specialty committees for internal medicine, family practice, psychiatry, pediatrics, (cont. on p. 2)

Inside

CAQ's In Psychiatry by Galanter . . .	7
David Smith on the MRO	9
Gordis, Geller Testify on Elderly . . .	3
Regional Meetings: Florida	12
New Members	8
Dilantin In Detox Survey	3
ASAM Policy Statements	4
Adolescent Conference	11

Departments:

Calendar	16
Committee News	10
Executive VP Report	5
In Memoriam	9
Masthead	8
Ruth Fox Memorial Endowment Fund	14-15

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

President's Report

(continued from p. 1)

emergency medicine, preventive medicine, obstetrics-gynecology, and surgery.

We continue to explore options for specialty/subspecialty status for addiction medicine. We are meeting with the presidents of other societies and boards to gain support, and to help them learn more about our specialty. We have found considerable interest in addiction medicine, and will continue our discussions with presidents of other boards and specialty societies to clarify the options for attaining ABMS certification. We are asked consistently to describe the field of addiction medicine, and to describe what a physician does who practices full-time in this field. The board has created a task force to address this issue. A grant from the J.M. Foundation will help ASAM pursue the question of specialty/subspecialty status.

In the standards and economics of care area, we continue to address the development of criteria for determining proper types and levels of care, and proper payment for care. More and more people are requesting and using our *ASAM Patient Placement Criteria*. These criteria should be viewed as a beginning template from which more refined criteria will be developed. As you are aware, the question of national health insurance is a topic of much discussion in the Congress, and our Washington office is keeping abreast of the provisions under discussion for payment for addiction treatment.

Exam, Journal

ASAM received 362 applications to sit for the 1992 certification examination. To date, ASAM has certified 2,320 physicians. The Scaife Family Foundation awarded ASAM a grant that will enable us to develop our 1992 examination in collaboration with the National Board of Medical Examiners. The deadline for exam applications was January 15, 1992.

Last year our members began to receive our new *Journal of Addictive Diseases*, ASAM's official journal. This is a truly scholarly, interdisciplinary journal which gives full voice to the diversity and richness of views that abound in our field. I strongly recommend that our members submit papers for publication in the journal.

To carry out the society's mission of educating physicians and medical students in addiction medicine, ASAM has sponsored during the past year conferences on AIDS and chemical dependency, nicotine dependence, our biannual State of the Art course, in addition to our Ruth Fox Course for Physicians, and Annual Medical-Scientific Conference. The society also sponsored for the first time conferences on patient placement criteria, adolescent addiction, ACOA's and co-dependence, and MRO.

In order to remain fiscally responsible, the ASAM Board must prioritize the expenditure of our resources for conference sponsorship and co-sponsorship, and use the resources where they will do the most good. With this in mind, a task force was created to evaluate our educational co-sponsoring policy. It is hoped that by folding what were formerly stand-alone conferences into our annual meeting, we may more effectively provide our members with an opportunity to learn about these very important topics.

Many changes are occurring in our field. Many inpatient-based programs have closed, and there is movement toward offering menus of service. Insurance coverage is shrinking, and skepticism regarding addiction medicine has resurged. To ignore these difficult issues would be a travesty, but we must keep our focus on developing this field so that chemically dependent patients can receive the best care available, both in the public and the private sectors.

I am convinced that our greatest danger is our own complacency, and so I urge you to become involved in ASAM committee work, and to let your board representatives know your concerns. As I work with Dr. James Callahan, I am impressed with his dedication and honesty in relating ASAM's concerns to other organizations. He has gathered an outstanding staff, and it is a pleasure to work with them on your behalf.

Again, thank you for your support during my first year as president, and in particular for your financial support to the Ruth Fox Endowment. We have reached our \$1 million endowment goal, thanks to your pledges and contributions.

Please do not hesitate to continue to bring your recommendations to me. It is my privilege to serve as your president.

Anthony B. Radcliffe, MD
Fontana, California



This message was also in ASAM's Journal of Addictive Diseases, Volume 11, No. 2, published March 1992.

ASAM 2nd National Medical Conference on Adolescent Addictions June 25-28

**Palacio Del Rio
San Antonio, Texas**

AIDS ... heavy metal music/satanic involvement ...
.. choosing level of treatment ... sexual abuse,
eating disorders & CD ... psychological testing ...
multi-diagnosed adolescent ... resilient child in the
alcoholic home ... managed care, insurance ...
recovering adolescents panel ...

Faculty of 22 includes: Drs. Andrea G. Barthwell,
Anthony Dekker, William Hawthorne, Paul King,
Martha A. Morrison, Larry H. Patton,
Anthony B. Radcliffe, Peter D. Rogers,
David E. Smith, Steven Wolin, and more...

Call or write:

ASAM, Suite 409, 5225 Wisconsin Ave N.W.
Washington, DC 20015
☎ (202) 244-8948
FAX: 202-537-7252

Alcohol Problems in the Elderly

Drs. Geller, Gordis, Testify in Washington

The House Select Committee on Aging held a hearing Feb. 4 in Washington, DC, on "Alcohol Abuse and Misuse Among the Elderly." Among those testifying were **Enoch Gordis, MD**, director of the NIAAA (National Institute on Alcohol Abuse and Alcoholism) and **Anne Geller, MD**, director of the Smithers Center in New York and president-elect of ASAM.

A press release highlighted the appearance of former White House Deputy Chief of Staff Michael Deaver, who is a recovering alcoholic. Dr. Geller told *ASAM NEWS* that directly after Deaver's testimony and questions from the press, most of the media left the hearing.

Geller Cites Poor Identification

Why is alcoholism in the elderly less likely to be identified, or treated? Dr. Geller said this is due to different presentation, less consumption, greater denial, and less optimism from physicians and family about intervention. Elderly alcoholics usually are not referred from EAP or DWI programs. Screening instruments specifically designed for the elderly would improve diagnosis and referral rates.

Gordis on Barriers to Diagnosis

Either binge or chronic drinking can precipitate or aggravate conditions in the elderly, according to Dr. Gordis. He said that these include cardiovascular disease, stroke, diabetes, cognitive loss, falls and fractures, depression, isolation, suicide, and adverse alcohol/drug reactions.

He, too, said that many screening and diagnostic criteria are inappropriate for the elderly, according to Dr. Gordis.

Self-reports of consumption may be inaccurate. The elderly are often socially isolated, no longer driving, and retired; therefore appropriate indicators might include housing problems, falls or accidents, poor nutrition, inadequate self-care, lack of physical exercise, and social isolation. Symptoms of alcohol abuse, such as musculoskeletal pain, insomnia, loss of libido, depression, anxiety, and loss of memory or other cognitive impairment, may be misunderstood as conditions that are often seen among non-alcoholic older patients.

According to Dr. Geller, about one-third of alcoholics who manifest for the first time after age 60 had no preexisting heavy drinking patterns. They may be less genetically loaded for alcoholism; the increase in unstructured time and decrease in obligations appears as important as do major personal losses.

Dr. Gordis said that there are no studies comparing "mainstreamed" older alcoholic patients with those treated in specialized facilities. Older patients seem to do as well as younger ones; most clinicians find them easier to treat because they more readily accept structure, and alcohol is usually their single drug of choice.

However Dr. Geller said that they may do even better if treated in peer age groups; more research on that is needed. Medicare reimbursement currently provides approximately 14 days inpatient alcoholism rehab at an average center. Alternative less intense, longer treatment programs, may be more appropriate for the elderly, but are not available.

ASAM SURVEY

Role of

Phenytoin (Dilantin) in the Management of Alcohol Withdrawal Syndrome

The ASAM Standards of Care Committee is currently writing a practice guideline on the use of phenytoin in the management of alcohol withdrawal. We ask our members to fill out this survey in order to assess current practices.

Chris Kasser, MD, Chair

Standards of Care Committee

Select One Answer for Each Question

- 1) When managing patients who have alcohol withdrawal syndrome and no history of seizures, I:
 - a) usually use phenytoin
 - b) usually do not use phenytoin
- 2) When managing patients with alcohol withdrawal syndrome and history consistent with alcohol withdrawal seizure(s), I:
 - a) usually use phenytoin alone
 - b) usually use phenytoin with a sedative-hypnotic drug
 - c) usually do not use phenytoin
- 3) When managing patients with alcohol withdrawal syndrome and a history of adulthood seizure(s) that are not alcohol related, I:
 - a) usually use phenytoin alone
 - b) usually use phenytoin with a sedative-hypnotic drug
 - c) usually do not use phenytoin
- 4) When managing patients with alcohol withdrawal syndrome and a history of adulthood seizure(s) whose etiology is *unclear*, I:
 - a) usually use phenytoin alone
 - b) usually use phenytoin with a sedative-hypnotic drug
 - c) usually do not use phenytoin
- 5) When managing patients who present with acute alcohol withdrawal seizure (no history of adulthood seizure unrelated to alcohol), I:
 - a) use phenytoin IV
 - b) use phenytoin PO
 - c) use phenytoin IM
 - d) do not use phenytoin
- 6) Are you ASAM certified?
 - a) yes
 - b) no
- 7) Please indicate your specialty other than addiction medicine:
 - a) Psychiatry
 - b) Internal Medicine
 - c) Family Practice
 - d) Surgery
 - e) Other _____

Return survey to:

Christine Kasser, M.D., Baptist Memorial Hospital
899 Madison Avenue, Memphis, TN 38146
FAX: 901-227-4087

COMMITTEE NEWS

ASAM Policy Statements

Beginning with an official position on abstinence for recovering alcoholics 18 years ago, ASAM has devised policy statements on a wide variety of addiction medicine topics.

ASAM committees develop and write most policy statements. The Public Policy Committee, chaired by **Sheila B. Blume, MD**, carefully reviews all statements before sending to the ASAM Board for approval. Some are referred back to their original committees for further work.

The *Journal of Addictive Diseases*, ASAM's journal, plans to publish ASAM policy statements on a regular basis. ASAM NEWS has done so in the past. All the statements are available at ASAM headquarters in Washington, DC.

<i>Public Policy Statement on:</i>	<i>Date Adopted or Revised</i>
<input type="checkbox"/> Abstinence	Sept. 1974
<input type="checkbox"/> Advertising of Alcohol	May 1983
<i>AIDS: See Treatment</i>	
<input type="checkbox"/> Alcoholism, The Definition of (NCADD/ASAM)	Feb. 1990
<input type="checkbox"/> Alcoholism as a Primary Disease	Oct. 1983
<input type="checkbox"/> Children of Parents Suffering from Alcoholism and Other Drug Dependencies	Feb. 1987
<input type="checkbox"/> Highway Safety in Relation to Alcoholism and Other Drug Dependencies	Apr. 1987
<input type="checkbox"/> How to Identify a Physician Recognized for Expertness in Diagnosis and Treatment of Alcoholism and Other Drug Dependence	Feb. 1986
<input type="checkbox"/> The Impaired Health Professional	Apr. 1984
<input type="checkbox"/> Increasing the Availability of Appropriate High-Quality Alcoholism Services to all Americans, Delivered in a Cost-Effective Way	Oct. 1980
<input type="checkbox"/> Labeling (alcohol warning labels)	Oct. 1979
<input type="checkbox"/> Managed Care and Addiction Medicine	Nov. 1990
<input type="checkbox"/> Marijuana	Apr. 1987
<input type="checkbox"/> Medical Needs of the Public Inebriate	Sep. 1980
<i>Methadone: See Treatment</i>	
<input type="checkbox"/> Measures to Counteract Prescription Drug Diversion	Feb. 1989
<input type="checkbox"/> Organ Transplantation	Feb. 1987
<input type="checkbox"/> Prevention	Oct. 1984
	and Sep. 1989 and Nov. 1990
<input type="checkbox"/> Self-Help Groups	Oct. 1979
<input type="checkbox"/> State of Recovery	May 1982
<input type="checkbox"/> Trauma and Chemical Use/Dependence	Apr. 1991

<i>Public Policy Statement on:</i>	<i>Date Adopted or Revised</i>
Pregnancy	
<input type="checkbox"/> Fetal Alcohol Syndrome	May 1980
<input type="checkbox"/> The Use of Alcohol and Other Drugs During Pregnancy	Nov. 1988
<input type="checkbox"/> Chemically Dependent Women and Pregnancy	Sep. 1989
Nicotine Dependence	
<input type="checkbox"/> Clean Air Policy	Sep. 1986
<input type="checkbox"/> Nicotine Dependence and Tobacco	Apr. 1988
	and Sep. 1989
<input type="checkbox"/> Nicotine Dependence: Documentation on Death Certificates and Hospital Discharge Sheets	Apr. 1989
<input type="checkbox"/> Reimbursement for the Treatment of Nicotine Dependence	Nov. 1990
Insurance	
<input type="checkbox"/> Mandatory Insurance Coverage	Apr. 1986
<input type="checkbox"/> Third-Party Coverage for Addiction Treatment	Nov. 1990
Treatment	
<input type="checkbox"/> Medical Care in Recovery	Sept. 1989
<input type="checkbox"/> Methadone Treatment	Apr. 1990
	and Nov. 1990 and Apr. 1991
<input type="checkbox"/> Treatment for Alcoholism and Other Drug Dependencies	May 1980
	and May 1986
<input type="checkbox"/> The Treatment of Patients with Alcoholism or other Drug Dependencies, and Who Have or Are at Risk for AIDS	Oct. 1985
<input type="checkbox"/> Returning to Work: People Treated for Alcoholism and Other Drug Dependencies	Apr. 1989

MEDIplex

Psychiatrists

and

Addiction Medicine Specialists

**Needed to Work In Our Facilities
Competitive Salary and Benefits**

Send Resume or call 1-800-899-4563

**William Hawthorne, M.D.
Medical Director
The Medplex Group**

Phillips Point, East Tower
Suite 610
777 South Flagler Drive
West Palm Beach, FL 33401



MediPlex

ASAM in Washington - An Update

by James F. Callahan, DPA

ASAM members' views and concerns on

clinical, research, education, and policy issues are well represented in Washington national forums. Members of 17 ASAM committees, members-at-large, and staff represent ASAM policies in meetings with government officials; testify before Congress and provide comment on House and Senate bills; serve as expert consultants on government advisory boards and committees; and are members of national coalitions on chemical dependency and health care. This has direct relevance to the practice of addiction medicine, and for its increased recognition as a medical specialty.

This opportunity for national representation of addiction medicine is a direct result of the ASAM Board's April 1989 decision to move the national headquarters to Washington, and to consolidate there the organization's administrative operations. The following describes some current activities.

ASAM members serve as expert consultants on federal agency advisory boards, committees, and task forces of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), the Office for Substance Abuse Prevention (OSAP), the Office for Treatment Improvement (OTI), the Food and Drug Administration (FDA), and the Health Resources and Services Administration (HRSA). These organizations are responsible for developing research programs and priorities; treatment improvement; formulating policies which affect new drug development, and educating physicians and other health professionals.

One example is ASAM president **Anthony Radcliffe, MD's** membership on the National Steering Committee of the OTI Substance Abuse Linkage Initiative (SALI). During the past 15 months, SALI has convened regional discussions that included ASAM members on ways to improve the delivery of CD services, integrate them into mainstream primary care health systems, and overcome economic and other barriers to treatment. This initiative culminated in a national conference in Washington last Feb. 26-28, for which at least 15 ASAM members gave papers or served on panels.

ASAM's presence in Washington offers direct access to the Administration and Congress -- a major opportunity. We are regularly invited to attend briefings of the President's Drug Advisory Council. In February, we attended President Bush's formal presentation of his 1992 *National Drug Control Strategy*. We also met with Governor Bob Martinez at the White House Office of National Drug Control Policy; we had been invited to describe ASAM's position on managed care, the need for access to care and for a continuum of care, and for adequate payment and reimbursement mechanisms. At that meeting we recommended the *ASAM Patient Placement Criteria* as the best available objective basis for rational decision-making on patient placement, continued stay, and discharge.

ASAM was invited by the Secretary of Health and Human Services, Louis Sullivan, MD, to confer on the reorganization of the ADAMHA institutes, and the possible transfer of their research functions to the NIH (National Institutes of Health).

FROM THE EXECUTIVE VICE PRESIDENT

Congressional Testimony

ASAM members have given testimony to Congress on adult children (**Timmen Cermak, MD**), managed care (**William Hawthorne, MD**), alcohol labeling and advertising (**Sheila Blume, MD**), and alcohol and the treatment of the elderly (**Enoch Gordis, MD** and **Anne Geller, MD** -- see report p. 3). ASAM headquarters frequently receives requests from Congress for comments or endorsements of House or Senate bills. Recent examples: national health insurance bills, bills recommending improvement in access to care; legislation promoting treatment for pregnant women, their children and families. Your staff consults ASAM members-at-large, the chair and Public Policy committee members, other committee chairs, and board members. When necessary, the board has formally issued policy statements. Consequently, the responses we provide Congress are substantive and represent our members' and board's positions.

ASAM takes part in the work of several national coalitions that meet regularly in Washington. Among them are: Alcohol and Other Drug Issues (NCAODI, which meets monthly), Alcohol and Drug Dependent Women and Their Children, and Smoking and Health.

President Bush's Drug Control Strategy

Close to 100 organizations attended a recent meeting on an alternative strategy to the President's *National Drug Control Strategy*, which has allocated over 70% (\$25 billion) of the "drug war" resources to interdiction and law enforcement since 1986. The alternative strategy would promote allocating at least 50% of the federal drug budget to prevention and drug treatment programs; using criminal justice funds to provide community-based and prison/jail treatment; using asset forfeiture funds to support community-based crime control efforts, treatment, and prevention activities. This alternate strategy would make available treatment on demand, promote employment-based health care plans for addictions treatment, and expand the current workplace drug testing program to include availability of treatment.

The NCAODI Task Force on National Health Insurance, with the Legal Action Center, has endorsed including in all proposed national health insurance bills, benefits for CD assessment and diagnosis and a continuum of care: outpatient, inpatient, and long term CD services.

ASAM also participates in the AMA Federation Network, through which we meet or communicate with other medical specialty societies about HIV/AIDS testing, Medicare reimbursement, national health care reform, and other issues.

For the past two years ASAM has participated in the Physician Consortium on Substance Abuse Education supported by HRSA. All segments of organized medicine, medical education, and the federal government are members. Its recent *Policy Report*, a major public document, recommends educating physicians in the addictions.

I would welcome learning of members' other national activities, and suggestions about how ASAM can better represent you.

Dr. Callahan is Executive Vice President of ASAM.

Johnson Institute Publications by ASAM Members

MARGARET BEAN-BAYOG, M.D.

- ◆ *Alcohol and Adolescents*
- ◆ *Offbeat and Nontraditional Treatment Methods in Alcoholism*

LECLAIR BISSELL, M.D., C.A.C.

- ◆ *Some Perspectives on Alcoholism*

CO-AUTHOR OF:

- ◆ *To Care Enough: Intervention with Chemically Dependent Colleagues* (AUTHOR LINDA CROSSBY, M.S.N., R.N.)
- ◆ *Enabling in the Health Professions* (AUTHOR LINDA CROSSBY, M.S.N., R.N.)

SHEILA B. BLUME, M.D.

- ◆ *The Disease Concept of Alcoholism Today*
- ◆ *Alcoholism and Depression*
- ◆ *Drinking and Pregnancy: Preventing Fetal Alcohol Syndrome*
- ◆ *Alcohol/Drug Dependent Women*

TIMMEN L. CERMAK, M.D.

- ◆ *Diagnosing and Treating Co-Dependence*
- ◆ *Evaluating and Treating Adult Children of Alcoholics, Vol. 1 & 2*

PETER R. COHEN, M.D.

- ◆ *Helping Your Chemically Dependent Teenager Recover*

JOHN A. EWING, M.D.

- ◆ *Today's Biomedical Research on Alcoholism*

ANNE GELLER, M.D.

- ◆ *Alcohol and Anxiety*
- ◆ *Alcohol and Sexual Performance*

GEORGE A. MANN, M.D.

- ◆ *The Dynamics of Addiction*

MAXWELL N. WEISMAN, M.D.

- ◆ *Relapse/Slips* (CO-AUTHOR LUCY BARRY ROSE)



JOHNSON INSTITUTE®
7205 Ohms Lane
Minneapolis, MN 55439-2159

To order, call 1-800-231-5165

TWO POSTDOCTORAL PROGRAMS IN SUBSTANCE ABUSE TREATMENT

Offered at the San Francisco, CA, VA Medical Center and the Department of Psychiatry, University of California at San Francisco.

1) NIDA Research Fellowship:

Beginning summer 1992. Open to behavioral scientists and physicians. Funded by the National Institute on Drug Abuse. Fellows will design and implement studies on treatment of drug dependence, including nicotine. Training includes core seminar, class work, and close work with preceptor.

For further information contact: Sharon M. Hall, PhD, Program Director, Postdoctoral Training Program in Drug Abuse Research, VA Medical Center (116A), 4150 Clement Street, San Francisco, CA 94121. ☎ (415) 750-2183.

2) VACO Clinical Research Fellowship:

Beginning July 1993. Funded by VA Central Office. Fellows spend approximately 50% time in Clinical Rotations and 50% time in Clinical Research.

For further information contact: Peter Banyas, MD, Director, Substance Abuse Programs, VA Medical Center (116E), 4150 Clement St, San Francisco, CA 94121. ☎ (415) 750-2127.

Training of women and minorities for academic careers is a priority.

CURRICULUM FOR
MEDICAL EDUCATION &
IN-SERVICE TRAINING

PROJECT ADEPT

VOLUME III

AIDS & SUBSTANCE ABUSE

Meeting the challenges of AIDS
and substance abuse in the
primary care setting...

This volume includes over 300 pages of supporting teaching materials and a 30-minute videotape with triggers and discussion.

Skills training for:

- assessment of HIV risk and substance abuse behaviors
- counseling risk behaviors
- counseling pre & post HIV testing
- monitoring substance use and relapse potential

Featuring state-of-the-art teaching methods:

- video triggers
- slide/lecture
- role play
- case discussion
- small group discussion

a comprehensive training guide
for health care professionals.

Vol. I: Core Modules, & Vol. II: Special Topics are also available

To order send a check for \$95 each to: Project ADEPT
c/o Center for Alcohol & Addiction Studies, Brown University,
Box G-BH, Providence, RI 02912 ☎ (401) 863-3173 fax (401) 863-3510

SHEPHERD HILL HOSPITAL ADDICTION MEDICINE SPECIALIST

Shepherd Hill Hospital, a not-for-profit, (JCAHO) 54-bed inpatient and 56-bed extended care drug and alcohol treatment facility is seeking a full time physician to join its staff. Shepherd Hill is affiliated with Licking Memorial Hospital, a general acute care hospital including an 18-bed psychiatric unit. Shepherd Hill is located 30 miles east of Columbus in Central Ohio.

The position requires ASAM certification/eligibility. Training and/or experience in dual diagnosis treatment a plus. Internal Medicine, Primary Care or Psychiatric background preferred. Physicians in recovery are encouraged.

Excellent opportunity for physician interested in detoxification, general medical care, treatment and program planning. Shepherd Hill offers a competitive wage and salary package. If interested, please send CV to:

William J. Andrews, President
Shepherd Hill Hospital
PO Box 1067
Newark, OH 43055
Or call in confidence: (614) 366-0442

Equal Opportunity Employer

CAQ's in Addiction Psychiatry

"People should realize that the CAQ in addiction psychiatry is a positive move in terms of recognition by mainstream medicine," said **Marc Galanter**, MD, of New York City to *ASAM NEWS*. "It should enhance the ability of all addiction specialists to practice, whatever their medical specialty."

As most ASAM members know, The American Board of Psychiatry and Neurology (ABPN), a component of the American Board of Medical Specialties (ABMS), recently established addiction psychiatry as its second Certificate of Added Qualification (CAQ). According to the ABMS Bylaws, a CAQ "constitutes a modification of an approved certificate to reflect additional training of at least one year in length and satisfactory completion of an examination in that field." The APA's first CAQ was geriatric psychiatry, with an exam given last spring (1991).

Established boards currently issue 18 CAQ's, other examples being cardiac electrophysiology under internal medicine, and hand surgery under orthopedics.

Exam in 1993

The first exam for the CAQ in addiction psychiatry is planned for March 1993, according to Dr. Galanter, a psychiatrist who is on the ASAM board of directors. He is currently president of aaPaa (The American Academy of Psychiatrists in Alcoholism & Addictions), a 1,000-member organization of psychiatrists who are interested in addiction medicine and who belong to the APA (American Psychiatric Association: a specialty medical society with an estimated 25,000 members). Dr. Galanter is also vice-chair of the committee that was designated by the ABPN Board to set up the addiction psychiatry CAQ exam. Another ASAM board member on that committee is psychiatrist **Margaret Bean-Bayog**, MD.

How will this CAQ in addiction psychiatry affect physicians who have been certified in addiction medicine by ASAM, or who are considering taking the ASAM certification exam?

"The two processes are independent of one another," said Dr. Galanter. "On

the one hand, the ASAM exam is well established in the addiction field. It's widely recognized, and numerous professionals use it as a criterion for expertise. On the other hand, the ABMS' CAQ in addiction psychiatry will be recognized as part of the ABMS specialty process. A physician could have certification from one or from both. Since the ABMS currently has no addiction certification other than psychiatry, it's likely that physicians in the CD field who are not board-certified psychiatrists would continue to take the ASAM exam, and to regard that as a credential in addiction medicine. Psychiatrists can continue to take it as well, of course."

Dr. Galanter wants *ASAM NEWS* readers to be clear about this added qualification carrying with it "no particular privilege to practice. In terms of treating addictions, insurance companies presently do not differentiate at all between psychiatrists, and physicians who are certified by ASAM. Board certification can be a criterion for admitting privileges to some sub-specialty services, but it's very unlikely that hospital services will require an added qualification in addiction psychiatry in order to treat alcoholics and other drug abusers. The need is too great."

Every psychiatrist who wants this new CAQ must plan to take the exam, which will likely be four hours long. However, the requirement for a fellowship in addiction medicine will be waived ("grandfathered") for an

estimated five years, provided the doctor has practiced addiction medicine about 25% of his or her professional, or clinical, time.

48 Fellowships

There are at present only 48 fellowships in addiction medicine registered at the Center for Medical Fellowships in Alcoholism and Drug Abuse, the consortium at New York University co-sponsored by ASAM, aaPaa, and AMERSA (the Association for Medical Education and Research in Substance Abuse). Dr. Galanter believes that a large number of psychiatrists will take the ABMS exam in addiction psychiatry during the first five years, and after that the numbers will "cut back." He believes that no more than 150 a year will take the exam after the five-year "grandfather" period; these will be "people who finished their psychiatry residencies and would then need a fellowship in addiction medicine."

Why would a person want to be an ASAM member if he or she can get a CAQ in psychiatry? "For the same reason that people have always joined ASAM," said Dr. Galanter. "ASAM represents the voice across all medical specialties of the addiction field. It promotes the interests and needs of the addicted patient and addiction treatment. There's no reason *not* to be a member! A psychiatrist in the addiction field might choose to be in either ASAM or in aaPaa, but I hope that he or she would want to belong to both."

PSYCHIATRIST

Psychiatrist, Board Certified/Eligible, full-time employment.

- 50% committed to addiction treatment.
- 50% to liaison psychiatry and outpatient treatment.

Contact: Barton Harris, M.D., ☎ (410) 687-8882,
VA Medical Center, Fort Howard, Maryland 21052.

AN EQUAL OPPORTUNITY EMPLOYER

MEDICAL DIRECTOR, SUBSTANCE ABUSE TREATMENT PROGRAM

Primary care physician with interests in addiction medicine, administration, and health systems management. Responsible for expanded drug treatment services program development, close interaction with community-based drug treatment, AIDS treatment and research programs, family oriented primary care, and outreach activities. Teaching and research opportunities through the Department of Family Medicine and the Albert Einstein College of Medicine. Competitive salary, excellent and innovative benefits package.

Contact: Dr. Merrill Høрман, Montefiore Methadone Treatment Program,
111 E. 210 St., Bronx, NY 10467. ☎ 212-920-6770.

NEW MEMBERS

Joined ASAM in 1992

Information is from Milton Hayward of ASAM headquarters.

Alabama

William Peindhardt, MD - *Int. Med.*

Arizona

David Cundiff, MD - *Pub. Health*
Eugene Rosenblatt, DO - *Fam. Prac.*
Theresa Cullen, MD - *Fam. Prac.*

California

Vincent Perez, MD - *Psych.*
Richard Sheridan, MD - *Ob/Gyn*
Karen Kiefer, MD - *Psych.*
Linda Bissar - *Student*

Lawrence Bryer, MD - *Psych.*
George Woods, MD - *Psych.*
Daniel Lewis, MD - *Int. Med.*

Colorado

Philip Mehler, MD - *Int. Med.*

Connecticut

Alma Anunciado, MD - *Path. Chem.*
Virgil Rona, MD - *Path. Chem.*

Florida

Donald Sherry, MD - *Psych.*
Bruce Berman, MD - *Fam. Prac.*
Marc Silbret, MD - *Psych.*

Georgia

Amarasinghe Amarasinghe, MD - *Psych.*

Hawaii

Kenneth Sunamoto, MD - *Fam. Prac.*

Illinois

Samuel Libert, MD - *Fam. Prac.*
Allan Showalter, MD - *Psych.*
Jonnie Turner, MD - *Gen. Prac.*

Indiana

Beatrice Nelson, MD - *Psych.*
Richard Thompson, MD - *Psych.*

Kentucky

David Easley, MD - *Psych.*

Louisiana

Jeri Rasch, MD - *Anesthes.*

Maine

Eric Brown, MD - *Fam. Prac.*

Michigan

Ronald Balboa, MD - *Int. Med.*
Ronald Bradley, DO, PhD - *Psych.*
Howard Teitelbaum, DO - *Prev. Med. Gen'l*

Nevada

David Silvermamm, MD - *Psych.*

New Hampshire

Donald Bernard, MD - *Int. Med.*
Michael Mayo-Smith, MD - *Int. Med.*

New Jersey

Joseph Mauti, MD
Manuel Villafranca, MD - *Psych.*
Anthony Acampora, MD

New Mexico

James Jaramillo, MD - *Psych.*

Richard Ragle, DO - *Gen'l Prac.*
Steven Wright, MD - *Fam. Prac.*

New York

Judith Rose, MD - *Psych.*
Karen Holloway, MD - *Psych.*
John Hammer, MD - *Int. Med.*
Seeth Vivek, MD - *Psych.*
M. Kirsten Miller, MD - *Psych.*
Anand Nadkarni, MD - *Psych.*
Manjummelkudiyk Kuruvilla, MD - *Psych.*
Bhola Banik, MD - *Int. Med.*
Paul Montalbino, MD - *Int. Med.*
Richard Freeman, MD - *Int. Med.*
Alan Wittiam, MD - *Fam. Prac.*

North Carolina

George Hall, MD - *Fam. Prac.*
Viswanathan Swaminathan, MD - *Psych.*

Ohio

Bonnie Golden, MD - *Int. Med.*
Fario Sabet, MD - *Psych.*
James Rintoul, MD - *Anesthes.*
Emil Gullia, MD - *Fam. Prac.*

Oklahoma

Robert Goodloe, DO - *Gen'l Prac.*
Sanford Price, MD - *Fam. Prac.*

Oregon

William Stenstrom, MD - *Ob/Gyn*

Pennsylvania

Frederick Allen, MD - *Int. Med.*
Ann McCloskey, MD
Susan Au, MD - *Psych.*
Ronald Ciccone, MD - *Fam. Prac.*

South Carolina

Robert Jackson, MD - *Ped.*
John Roberts, MD - *Psych.*

Tennessee

Suzanne Baker, MD - *Fam. Prac.*
Stephen Gipson, MD - *Anesthes.*

Texas

John Licciardone, DO - *Prev. Med. Gen'l*
Michele Lea-Stokes, MD - *Psych.*
Pamkaj Shah, MD - *Int. Med.*
Thomas Woodward, MD - *Int. Med.*
Dennis Shaughnessy, MD

Virginia

Arthur Behrmann, MD - *Psych.*
Lawrence Gernon, MD - *Int. Med.*

Washington

Thomas Horst, MD - *Fam. Prac.*

West Virginia

Ralph Smith, MD - *Psych.*
Jerome Massenburg, MD - *Psych.*

Wisconsin

Roberto Soria, MD - *Int. Med.*
Randall Kieser, MD - *Fam. Pract. Fellow*
Dean Whiteway, MD - *Int. Med.*

Canada

Howie Jame, MD
Louis Roy, MD - *Orth. Surg. Sports*
John Sader, MD - *Fam. Prac.*
Merville Vincent, MD - *Psych.*

Panama

Gloriela Alba, MD - *Psych.*

Errata

In the Jan.-Feb. issue, "New Members" p. 6, correct spelling for two Maryland members is: B. Rodrigo Cabanilla, MD, and W. Robert Lange, MD. ASAM apologizes for the errors...Ed.

ASAM NEWS

Editor: Lucy Barry Robe
303-D 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:

Start at \$60. Call/write:
Editor, or ASAM Headquarters
© American Society of Addiction
Medicine

ISSN # 0889-9215

FLETCHER ASSOCIATES LTD.

A. F. Gafford, Ph.D.
Max T. Thorne, Ph.D.
Professional Recruiters
Specialists in Placements in
Treating Addictive Diseases
P.O. Box 431, Caseyville, IL 62232
(618) 345-0985
FAX (618) 345-0932

ADDICTION PROGRAM DIRECTOR NEEDED

278 acute psychiatric and addiction
beds. Part of 750-bed teaching medi-
cal center. Oversee extensive
inpatient and outpatient services.
Location: Pittsburgh, PA.
Contact: Joy Harris, Daniel Stern
and Associates, 1-800-438-2476.

The MRO and Addiction Medicine

ASAM offered the first in a series of courses for medical review officers on Feb. 14-15 in Washington, DC. One was "The Basics of Being an MRO" (2-1/2 hours). The other was "MRO ... the Latest on the Science Rules, and the Art of the Medical Review, an Emerging Medical Specialty" (2-1/2 days.)

There were over 100 registrants. The faculty of 13 included **Donald Ian Macdonald**, MD, former director of the White House Drug Abuse Policy Office and chair of ASAM's MRO Committee; **Robert L. DuPont**, MD, former NIDA director; **H. Westley Clark**, MD, JD, MPH, and **David E. Smith**, MD, both of San Francisco.

ASAM will present more MRO conferences on July 17-19 in Washington, DC, and on Oct. 16-18 in San Francisco. Contact ASAM headquarters in Washington for information.

Dr. David Smith and MRO

The MRO in addiction medicine is a controversial issue. *ASAM NEWS* discussed it with David E. Smith, MD, who is on the ASAM Board, MRO Committee, and is the society's alternate delegate to the AMA. Nationally known as the founder-medical director of the Haight-Ashbury Free Clinics in San Francisco, lecturer, and writer about addiction medicine, Dr. Smith is editor of *The Journal of Psychoactive Drugs*, which recently published an issue on drug testing and the MRO.

When asked "Is there a legitimate role for an addiction medicine (ADM) specialist as a medical review officer?" Dr. Smith replied, "My position is, yes. Due to concern about drugs and accidents, and loss of productivity, the vast majority (over 90%) of the general public supports the Drug Free Workplace process, including drug testing."

Dr. Smith became an MRO by way of an interest in drug abuse in industry, which had led him into occupational medicine. "My faculty appointment at the University of California in San Francisco was initially through a basic science department position in toxicology and pharmacology -- that was how addiction medicine was mainstreamed at UC," he told *ASAM NEWS*. "Now I'm Associate Clinical Professor of Occupational Medicine as well as Clinical Toxicology. This clearly defines MRO as a legitimate area of medical practice. MRO is a subspecialty of occupational medicine, with certification."

Occupational medicine's perspective on drug abuse at the workplace, particularly regarding diagnosis, referral and treatment, differs from addiction medicine. "They focus on fitness for duty," said Dr. Smith. "Under DOT (Department of Transportation) if a patient is positive, he or she gets treatment, but the second positive means being fired."

Dr. Smith believes it is important for addiction medicine to become involved in order to set standards that use an ADM perspective. ASAM is currently working on a policy statement through a committee chaired by Dr. Westley Clark.

Dr. Smith disagrees with critics who say that MRO will not further the goals of ASAM. "ADM can no longer include only medical directors of private treatment programs," he said. Addiction medicine already includes other controversial areas, including methadone maintenance which was viewed as renegade not too long ago by many in ADM. "Some of the criticisms of bringing methadone maintenance into ASAM were

similar to those we hear today about bringing MRO into ASAM," he said. "They are ideological criticisms of expanding into new areas. But I believe it's critical for ASAM to examine all aspects very carefully. As long as there is a therapeutic component involved, MRO is a legitimate area for ADM."

Dr. Smith and **Jess Bromley**, MD, function as MRO's for large transportation companies in the San Francisco Bay Area. "We are only involved if there is therapeutic diversion to treatment," Dr. Smith said. "We believe that the ADM specialist has brought a therapeutic perspective to the MRO process. Under national deliberations, drug testing is still being viewed as a disciplinary process. We believe it can be very valuable to have early identification, intervention, and referral."

He has seen 150 patients in two years as an MRO. "I do the initial evaluation, and I refer to an ADM treatment program. The doctor at the treatment program receives the patient. Why is his or her practice any more legitimate than mine?" he asked. "In a certain sense addiction medicine specialist MRO's operate like emergency physicians. They are on call, see the lab and access the patient initially, and then refer to treatment."

MRO Certification

How about ASAM offering certification as an MRO? "The ASAM Board should evaluate this very carefully," said Dr. Smith. "MRO certification is going ahead whether we want it or not. If an increasing number of ASAM members want MRO certification through ASAM, why shouldn't the society do it? Occupational medicine, which now offers MRO certification, does not have an ADM perspective. Also, as I interpret it, ASAM board members are not supposed to participate in any potentially competing certification process."

He pointed out that addiction medicine and occupational medicine work closely together in the preventive medicine council of the AMA. "Of course, ASAM's number one priority is specialization. We must be sure that nothing we do in the MRO area conflicts with that goal. We don't want to be viewed as a competitor of occupational medicine. But ASAM cooperates with occupational medicine at the AMA level -- there's no reason not to cooperate in MRO certification as well."

In Memoriam

Raymond C. Anderson, MD, former medical director of Arms Acres in Carmel, NY, died March 2 of pneumonia in New York City. Specialty: family practice. Certified by ASAM in 1986.

William L. McDonald, MD, of Los Altos, CA, died Sept. 20, 1991. Specialty: addiction medicine. ASAM Cert. 1988.

Psychiatrist **William T. Dixon**, MD, of Phoenix, MD, date unknown.

Names in boldface are first mentions of ASAM members.

ALAN R. ORENBERG
PROFESSIONAL RECRUITER
 SPECIALIZING IN PLACEMENTS
 IN TREATING ADDICTIVE
 DISEASE
 New Address + Phone:
 117 PINE RIDGE TRAIL
 MADISON, WI 53717
 (608) 833-3905

COMMITTEE NEWS

New Committee on Women and Children

Co-chaired by two Californians, family practitioner/addiction medicine specialist **Hope Ewing, MD**, and pediatrician **Barbara Bennett, MD**, the new Committee on Women and Children (formerly the Pregnancy & Neonatal Committee) "plans to address issues of addictions affecting women and children, reevaluate ASAM policies, foster awareness of perinatal addiction issues, promote development of standards of practice, and cooperate with other groups and agencies in this and related fields. Committee members are involved directly with practice and research in perinatal addiction."

The committee would like ASAM members to know that OSAP (Office for Substance Abuse Prevention) recently established a National Resource Center for the Prevention of Perinatal Abuse of Alcohol and Other Drugs. Milton Lee, MD, is project director; Dr. Barbara Bazron is center director. The center, located in Fairfax, Virginia, will conduct a community team training institute; produce, collect, and disseminate literature on perinatal addiction; provide technical assistance and referral. "The center has committed to work with the ASAM Committee on Women and Children to disseminate news and information on perinatal addiction to ASAM members and the broader community of physicians," Dr. Ewing told *ASAM NEWS*. Phone: (703) 218-5600.

The Growth of Perinatal Addiction and Office of Substance Abuse Prevention Initiatives

by Hope Ewing, MD, and Lucille Perez, MD

During recent years, perinatal addiction has emerged as a well-defined specialty field within addiction medicine. After 20 years of FAS (fetal alcohol syndrome) research and prevention, and work on how heroin and methadone affect pregnancy and offspring, perinatal addiction broadened to study stimulants. Two years ago, cocaine exposed neonates became popular and dramatic media topics, and gestational methamphetamine abuse was identified as a hazard, especially on the West Coast.

While pregnant and parenting, addicted women face recovery with more responsibilities and fewer resources. Their plight raises issues such as the danger of fetal demise during maternal heroin withdrawal. In response, some treatment providers now integrate methadone maintained pregnant women into "drug-free" programs, from which they had been previously excluded.

Prenatal clinics are becoming sites for aggressive early intervention by CD counselors. Basic material from fields such as parent education, child abuse prevention, and incest survivor therapy, are being synthesized with traditional early recovery programming. New data and publicity about the effects of cig-

arette smoking and nicotine withdrawal on fetal growth have sparked debate about gestational nicotine maintenance and other measures. Perinatologists studying the effects of exposure to substances of abuse, including withdrawal, are trying new, sophisticated, fetal evaluation techniques. Developmental pediatricians are conducting longitudinal, long term, controlled studies of *in utero* exposure. Addiction severity indices, and treatment outcome indicators specific to pregnant and parenting women and their children, are currently in development.

Since 1989, OSAP has funded about 130 demonstration projects in the U.S. Purpose: to define the needs of pregnant and postpartum addicted women and their infants, and to demonstrate solutions for them. An independent evaluator for each project produces information about service implementation, outcomes, and cost effectiveness. Cross-site evaluations for some projects are also in progress.

The first two years of programming were examined at OSAP's Second Annual "Pregnant and Postpartum Women and their Infants Evaluation Workshop," held February 9-11 in Washington, DC. Limited copies of the conference program and abstract book are available from OSAP.

Hope Ewing, MD, is director of The Born Free Project in Contra Costa County, California. Lucille Perez, MD, is medical director of OSAP, the Office for Substance Abuse Prevention Initiatives in Washington, DC.

Standards of Care Committee

This committee, chaired by **Christine Kasser, MD**, was formed to address two areas of interest to ASAM members: **JCAHO/QA/UR Subcommittee**

Will develop guidelines for assessing the quality of care in addiction medicine, and for utilization review, and serve as a resource for ASAM members to address quality assurance issues. The subcommittee is currently considering issues such as the requirements for diagnostic summaries, and guidelines for histories and physicals in outpatient programs.

Practice Parameters Subcommittee

Will undertake the formation of practice parameters for addiction medicine. The initial plan is to write guidelines that address specific topics of withdrawal management. This process involves meticulous scrutiny of pertinent literature in order to determine appropriate parameters. A guideline is nearly finished on the role of Phenytoin in the management of alcohol withdrawal (*See survey p. xx*). Subsequent topics include the management of delirium tremens, and regimens of sedative-hypnotic drugs in the management of alcohol withdrawal syndrome.

Dr. Kasser told *ASAM NEWS* that "the committee needs help! These tasks can be laborious and time consuming, but intellectually stimulating and important for ASAM and addiction medicine. If you think you might be interested in getting involved on either subcommittee, or if you have pertinent issues for the committee to address," please contact Chris Kasser, MD, Baptist Recovery Center, 899 Madison Ave., Memphis, TN 38146. ☐ (901) 227-4357. FAX: 901-227-4087.

Names in boldface are first mentions of ASAM members.

MEDICAL DIRECTOR Albany Location

Full Time/Part Time

Medical Society of the State of New York seeks licensed physician to serve as Medical Director of its Physicians' Health Program.

The Physicians' Health Committee is an advocacy program dedicated to early identification, referral to and monitoring of treatment and recovery. The Medical Director oversees program activities including intervention, coordination of referral to appropriate treatment programs and monitoring of progress, creation and implementation of clinical policy and procedure in conjunction with the Program Administrator, Executive Vice President and Advisory Committee. Experience in psychiatry and/or chemical dependency is preferred. Full and part-time applicants are encouraged to apply.

Please send curriculum vitae to
Director, Human Resources

MEDICAL SOCIETY OF THE STATE OF NEW YORK

P.O. Box 5404,
Lake Success, New York
11042-5404
equal opportunity employer m/f



Adolescent Addictions Conference in San Antonio June 25-28

With a faculty of 22, ASAM's 2nd National Medical Conference on Adolescent Addictions will begin Thurs. June 25, with a three-hour session on adolescence and AIDS, arranged by **Anthony H. Dekker, DO**. This will be followed by **Paul King, MD**, giving his popular talk on the effects of heavy metal music, satanic involvement, and drugs on adolescents.

Friday June 26 will include presentations by **Martha A. Morrison, MD**, on the disease concept of adolescent addiction; and by **Manny Schydlower, MD**, who is chair of the Substance Abuse Committee of the American Academy of Pediatrics, on how a pediatrician can be involved in choosing the level of treatment. Workshops will include sexual abuse and eating disorders; psychological testing in treatment; assessment, diagnosis and treatment of the substance abusing/multi-diagnosed adolescent.

Saturday will include talks by **David E. Smith, MD**; **Steven Wolin, MD**, on growing up in an alcoholic

home and the resilient child; a keynote address by **Dan Shea, MD**, of the American Academy of Pediatrics about the Matsui Bill which deals with funding for substance abuse treatment; **Andrea G. Barthwell, MD**, on special needs of high-risk youth; an address by ASAM president **Anthony B. Radcliffe, MD**.

On Sunday, **William Hawthorne, MD**, will discuss managed care, insurance companies, and the future of adolescent treatment. The conference will close with a panel of recovering adolescents.

"We're having mostly different speakers from last year; only a few who presented at the 1st Medical Conference on Adolescent Addictions in Atlanta last June," **Peter D. Rogers, MD**, told *ASAM NEWS*. Dr. Rogers is conference program chair and also heads ASAM's Adolescent Committee. Conference chair is **Larry H. Patton, MD**, of Texas, who is also chair of ASAM's Specialty Section on Pediatrics.

The hotel is the Palacio Del Rio Hilton in downtown San Antonio. Contact ASAM headquarters for more information. ☐ (202) 244-8948

ASAM Exhibit Booth. Last Dec., HQ staffers **Virginia Roberts (l)** and **Jeanne-marie Smith, CAE (r)** were at SECAD in Atlanta. Visitors included (below) **Elizabeth Gordon, MD**, and **Maxwell Weisman, MD** (ASAM president from 1973-75).



Rx PRESCRIPTION

Join our
team!

KAISER PERMANENTE
Southern California Permanente
Medical Group

Join the team of Addiction Medicine Specialists enjoying the resources of a leader in the healthcare industry and the lifestyle of a Southern California coastal community.

- Physician-directed care
- Inpatient, outpatient and consultative services
- Collaborative multi-specialty support

Send your CV to: **Irwin P. Goldstein, MD, SCPMG Dept. 853, Inut Center, Pasadena, CA 91188-8013.**

Stop by our booth
at the ASAM Conference
1-800-541-7946

Florida Chapter Annual Conference in Orlando

Over 100 people (59 were physicians) from all over the country participated in FSAM's 5th Annual Conference on Addiction Feb. 17-19 in Orlando, which offered CEUs for counselors and nurses as well as CMEs. Program theme: The New Faces and Phases of Addiction Medicine.

Faculty included four physicians from out of state: **Martha Morrison, MD**, of Atlanta, who co-chaired ASAM's 1991 adolescent addiction medicine conference, spoke on "Identifying and Treating Adolescents;" **Richard R. Irons, MD**, of Minnesota on "Treatment for Sexual Addictions," **David Mee-lee, MD**, of Boston on ASAM's *Patient Placement Criteria*, and **Charles W. Morgan, MD**, of Statesboro, GA, on detoxification, particularly the benefits of phenobarbital. Dr. Morgan brought two Russian guests who are at Willingway Hospital on addiction medicine fellowships: Oleg Martinov, MD, and Albina Shumskaya, MD, of Moscow. (See photo p. 13)

Florida speakers were **LeClair Bissell, MD**, outgoing FSAM president, on ethics; **Vineet Mehta, MD**, on Pharmacologic Management of the CoMorbid (Dually Diagnosed) Addict; **C.C. Nuckols, PhD**, on cocaine; and the four panelists (reported below).

Milton Burglass, MD, of Harvard Medical School, urged the CD field to create diagnostic categories with a rating scale to expedite treatment reimbursement. He suggested basing this on the seven vectors of the 'Dependence Syndrome' issued by W.H.O in 1981: • subjective awareness of compulsion to use; • desire to stop in face of continued use; • relatively stereotyped drug-taking behaviors; • evidence of neuroadaptation; • use of drug to relieve/avoid withdrawal symptoms; • importance of drug-related behaviors relative to other behaviors; • rapid reinstatement of syndrome after period of abstinence.

"Dependence is a spectrum," said Dr. Burglass. "Everyone is somewhere along the spectrum," from somewhat dependent to *really* dependent. "People have different kinds of dependence. If we can discover which are the major vectors that keep each patient locked into his or her dependence, then we can justify why one person needs four days in the hospital, another needs 14, and still another may need 40."

How to Make a Living in Addiction Medicine

Four Florida physicians described how they are adapting to the recession in addiction medicine.

Neurologist **Lynn Hankes, MD**, said he is the *director*, as distinct from *medical director*, of the Addiction Treatment Program at South Miami Hospital. "I do things other than hands-on care: administration, program design, therapy. It's a full time job. I do not have a practice outside the hospital, although I have hospital privileges," he said.

"One of my primary goals is, was, and will always be to integrate whatever addiction medicine is into mainstream medicine. I've gone to great lengths to become a very visible, vocal, and vociferous member of the hospital medical staff, and to participate in all its activities as do regular doctors." Dr.

CONFERENCE DIGEST

Hankes makes it a point to serve on hospital committees, and to be involved with activities in his county and state medical societies, the AMA, and ASAM (he is on ASAM's board

and its executive committee). He also does a good deal of consulting, which involves him in sociocultural aspects of the illness, as well as forensic and political aspects. "Until we can convince people that we know what we're doing from a scientific standpoint, there will continue to be drastic reductions in patient stays. Sixty-seven percent of our patients at South Miami ATP now stay for ten days or less. So we've had to adapt, become more innovative and creative. I see the old full time medical directorships becoming tenuous."

Richard Tyson, MD, president of Recovery Management Corp in Coral Springs, agrees. He has worked in a hospital CD unit that he helped to start, and for two proprietary companies, both now in (or pending) bankruptcy. "I saw that my days as a full time medical director were numbered," he said. "I also had the desire to create." About four years ago, he found financial backing to create a partial hospitalization program. This led to starting a company which "expands and develops a variety of treatment models, including inpatient psychiatric programs, outpatient programs, intensive outpatient/partial programs, managed physician intensive CD programs with Level III phases -- in essence, I'm involved in a health care company of my own." His work includes activities in Arkansas, Illinois, New Jersey, and Virginia as well as the company's home base of Florida. Dr. Tyson is a former FSAM president.

David Myers, MD, of Tampa, another former FSAM president, was full time medical director of a CareUnit when told that he would "only be needed 20 hours a week."

The first four or five months on part-time salary from CompCare were not easy. But he found another job as medical director for a 28-day public program which also has a detox unit and halfway house, and became medical director of a rehab affiliated with the department of corrections, and of an outpatient center for women. Last December he resigned from CompCare. He has an office, "which is doing fairly well, but in this business you don't make money out of an office for the first few years. So I now have six titles; they allow me to make a living!" he said. "If one program sinks, I don't sink."

Dr. Myers consults for not-for-profit organizations: "Public funding has suffered dramatic cuts, so these programs want people with experience to tell them how to compete with the for-profits in the county; how to market and write contracts that are favorable not only to the facility but also to the team. That can produce income beyond the basic salary."

Like the others, **Rick Beach, MD**, of Pensacola, president of FSAM, began in a freestanding CD treatment facility. He left 2-1/2 years ago to try to integrate addiction medicine into mainstream medicine. He has a private practice but does not rely on one source for his income or his practice.

"I contract for three hours a day," he said, "as addiction medicine consultant at a CD unit in a hospital that has a certificate of need. I do much as a medical director would, and I work on program development, and in an administrative and

marketing capacity." All admissions are done through the psychiatrist. "About half come through my office, and are turned back to my office for post-treatment followup."

In addition, Dr. Beach does "a complete consult on each patient. I also do didactic and physicians groups three times a week with the patients. These activities are not covered under the three-hour daily consulting fee from the hospital; this is private practice."

He also consults with physicians on two different hospital staffs, one psychiatric, one family practice. "I'm the only doctor in my area with a private practice in addiction medicine."

All trauma patients now get drug screens. "I spend a good deal of time going to functions. Physicians had to get to know and trust me. In the last month I got half a dozen calls from orthopedic surgeons about patients before they went into withdrawal -- but that's only after 2-1/2 years on my hospital staff. I'm also called to see patients for prime pain management, and from surgeons and rheumatologists for long-term pain management." Over one-half of his outpatient followup evaluations are chronic pain patients.

Dr. Beach, like Dr. Myers, also consults with state and federal agencies. He further spends one day a week as an addictions consultant with a federally-funded cocaine babies program.

"It was scary for me to get away from the treatment center. But in the last 2-1/2 years, I've begun to feel like a real doctor again. I even have a white coat that I wear into the hospital! And it's very rewarding taking our field to downtown medicine."

Names in boldface are first mentions of ASAM members.



Charles W. Morgan, MD, (C) of Statesboro, GA, at FSAM conference with Russian fellows Albina Shumskaya, MD, (L) and Oleg Martinov, MD, (R), who were at Willingway Hospital studying addiction medicine. The visitors shared their experiences working with alcoholics in Moscow.

Subscribe to ASAM NEWS. Only \$25 a year.

Call/write ASAM headquarters:

☐ (202) 244-8948.

FAX: 202-537-7252

DRUG ABUSE RESEARCH:

The Treatment Branch, Addiction Research Center, National Institute on Drug Abuse, has immediate openings for interdisciplinary scientists to conduct clinical research on the treatment of drug abuse, using state of the art research methods. Applicants should possess an MD, PhD, or other doctoral degree in a discipline related to medicine, psychology, pharmacology, and/or social work. Salary commensurate with training and experience. Relocation expenses may be paid. Duty station is Baltimore, MD. U.S. citizenship or permanent residence status is required. Submit application for federal employment (SF-171) and C.V. to Ms. J. Whitaker, Personnel Management Specialist, NIDA/ARC, P.O. Box 5180, Baltimore, MD 21224. ☐ (410) 550-1509. NIDA is an Equal Opportunity Employer. ARC is smoke-free.

MEDICAL UNIVERSITY OF SOUTH CAROLINA

Department of Psychiatry and Behavioral Sciences

SUBSTANCE ABUSE RESEARCH

FELLOWSHIP PROGRAM

A comprehensive federally funded training program for physicians with at least 3 years of residency experience. The program goal is to produce individuals knowledgeable in the substance abuse field and who are trained to conduct independent substance abuse research. A mentor-apprenticeship model is used in the areas of psychopharmacology, dual diagnosis, craving and biological markers.

Contact: Raymond Anton, MD
Institute of Psychiatry
171 Ashley Avenue
Charleston, SC 29425.
U.S. citizens only. An EEO employer.

Phone: (803) 792-4795.

THE RENAISSANCE GROUP

The first agency in the country which is of ... by ... and for the recovering alcoholic.

The following insurance plans are offered to recovering alcoholics and other drug dependents:

LIFE INSURANCE

- from \$100,000 to \$1,500,000

HEALTH INSURANCE

- Individual
- Group

DISABILITY

- Various elimination periods
- Career Ending Lump Sum Settlements
(Maximum: \$5,000,000)

For private consultation contact:

CHARLES JURGENSEN
134 COLUMBIA TPK
FLORHAM PARK, NJ 07932
☐ (800) 433-7863

Donors**by Category****Corporate Donors:**

Ameritech Inf. Systems
Anchor Hospital
Berks Family Practice
Caron Foundation
GA Soc. Addiction Med.
InfoMedix, Inc.
J. M. Foundation
Sierra Tucson Companies
Willingway Hospital

Colleagues' Circle:

Richard Tyson, MD*

Benefactor's Circle:

R. Brinkley Smithers

Founder's Circle:

William B. Hawthorne, MD*

President's Circle:

Jasper G. Chen See, MD*
Joseph E. Dorsey, MD*
P. Joseph Frawley, MD
Lynn Hankes, MD*
Michael J. Healy, MD*
Conway Hunter Jr, MD
George W. Nash, MD*
J. Thomas Payte, MD*
Anthony B. Radcliffe, MD
Max A. Schneider, MD
James W. Smith, MD
Maxwell N. Weisman, MD

Leadership Circle:

Tod E. Ashcraft, MD*
Nicholas Bellios, MD
Gene E. Burke, MD*
Leta Cromwell
Edward H. Maloney, MD*
Elmer H. Ratzlaff, MD
Ken Roy, MD
S. Larry Schlessinger, MD
G. Douglas Talbot, MD
David L. Trudeau, MD*

Circle of Friends:

Augusto Abad, MD
Zia Abdi, MD*
Raymond C. Anderson, MD
Andrea G. Bathwell, MD*
Richard A. Beach, MD
F. William Bennett, MD*
David G. Benzer, MD
Robert M. Black, MD
Irvin L. Blöse, MD
Sheila B. Blume, MD
Robert W. Booher, MD*
Thurman Booker, DO*
J. Reed Booth, MD
Bruce Branin, DO*
Jess W. Bromley, MD
Dan Marcus Brown, MD
Donald G. Browning, MD
Walton Byrd, MD*
R. James Burnette III, DO
James F. & Claire L. Callahan
H. Blair Carlson, MD*
Louis L. Cataldie, MD*
Roy D. Clark, Jr., MD*
Robert A. Collen, MD
Sandra Jo Counts, MD
John T. Cox, MD*
Douglas F. Crane, MD*
Robert W. Dail, MD
Lionel Deutsch, MD
Vijay M. Dhawan, MD
Andrew Di Bartolomeo, MD
William S. Dillingham, MD

David T. Dodd, MD
Martin C. Doot, MD
George Drake, MD
Paul H. Earley, MD*
Charles John Engel, MD*
Stanley J. Evans, MD
Jean L. Forest, MD
Michael L. Fox, MD*
Karl V. Gallegos, MD
Charles F. Gehrke, MD
Anne Geller, MD
Timothy B. Gibson, MD
Gene L. Gitelle, MD
Stanley E. Gitlow, MD
Elizabeth H. Gordon, MD
Lawrence S. Greenfield, MD
Lucille D. Greenwood
William H. Greenwood, MD
William F. Haning, III, MD*
Harley J. Harber, MD*
Terrence T. Hart, MD
Thomas H. Havard, III, DO
Caroline I. Haverty, MD
Thomas L. Haynes, MD*
Roland E. Herrington, MD
Georgianne Hoegerman, MD
Gordon L. Hyde, MD*
William L. Jackson, MD
Janet King Johnson, MD
Wilton N. Jones, MD
Geoffrey P. Kane, MD
Christine L. Kasser, MD*
Elizabeth T. Khuri, MD*
Robert V. Kiel, DO
John H. Kinser, MD
Warren Peter Klam, MD
John T. Lanier, MD*
S. Reaves Lee, MD*
Michael S. Levy, DO
Charles S. Lieber, MD
Earl A. Loomis, Jr., MD
John Alonzo Luker, MD
D. W. MacDonald, MD*
Gabriel Mayer, MD
Lee H. McCormick, MD
Thomas G. McDonald, MD
John E. McLennan, MD
John McRae, MD
David Moo-Lee, MD
James M. Merritt, MD*
Michael I. Michalek, MD*
James P. Miller, MD*
Michael M. Miller, MD*
Norman S. Miller, MD*
John E. Milner, MD*
Edson B. Moody, MD
Al J. Mooney, III, MD
John P. Morgan, MD*
Richard Morin, MD*
Dawn V. Obrecht, MD*
Garrett O'Connor, MD
Kestutis J. Pauliukonis, MD
Robert H. Peterson, MD
Roland F. Pike, MD
James L. Pollock, Jr., MD
Lori Poes, MD
Russell L. Poucher, MD
Mark R. Publickeer, MD
Charles L. Quilty, MD
Bruce J. Relyea, MD*
Jacob H. Robbins, MD
Barry M. Rosen, MD*
Sam Ross, III, MD
Peter Rostenberg, MD*
Paul Russell, MD
John Saalwaechter, MD*

Riley S. Senter, MD
Stephen B. Shapiro, MD*
Timothy L. Sharma, MD*
John E. Shields, MD*
Gail N. Shultz, MD
Larry Siegel, MD
Jack C. Smith, MD
David E. Smith, MD
Sheila W. Sorkin, MD
Robert D. Sparks, MD*
Sam R. Stanford, Jr., MD
Ralph E. Stolz, DO
John Steinberg, MD
Jokichi Takamine, MD
John V. Temte, MD, PhD
Richard E. Tremblay, MD*
Kenneth F. Tullis, MD*
William D. Tumin, MD
Jorge Viamontes, MD
Mark C. Wallen, MD
Alan Wartenberg, MD
Herbert C. White, MD*
Worth S. Wilkinsons, MD
Barry N. Williams, MD
T. Edward Yielding, MD*
Penelope P. Ziegler, MD

Donors' Circle:

Ezzat T. Abdelmalek, MD
M. Glenn Abemathy, MD
William E. Abramson, MD
H. Patrick Adams, MD
Robert W. Adams, MD
Chris L. Adelman, MD*
Harold F. Adelman, MD
Steven Adelman, MD
Ziauddin Ahmed, MD
Amelia A. Alderman, MD
James F. Alexander, MD
Reginald A. Alexander, MD
James Thomas Alley, MD
Pramo Anand, MD
Holly Anderson
William C. Anderson, MD
Judith Arthur
Tom P. Aufderheide, MD
Andrew M. Baer, MD
Charles E. Bagley, MD
Hanumaiah Bandia, MD
William J. Barakat, MD
E. Joan Barice, MD
Henrietta F. Barnes, MD
Lawrence F. Barnet, MD
G. Robert Bartron, MD
J. Ronald Bean, MD
Margaret Bean-Bayog, MD
Ashok R. Bedi, MD
Louis H. Beechnau, DO
Grant Lee Benson, Jr., MD
Milton Birnbaum, MD
LeClair Bissell, MD
Robert A. Blackburn, MD
Halward M. Blegen, MD
James W. Blevins, MD
J. R. Bloomfield, MD
Yale R. Bobrin, DO
Michael F. Bohan, MD
Duard Bok, MD*
William M. Bolman, MD
Arthur D. Boxer, MD
Domenick Braccia, DO
James W. Branam, Jr, MD
David Brand, MD
Larry T. Brice, MD
Michael F. Brooks, DO
Robert O. Brown, MD
Charles H. Brown, MD

Albert Browne-Mayers, MD
Dolores Burant, MD
Rodney V. Burbach, MD*
George Bussey, MD
Daniel Cameron, MD*
Robert M. Campbell, MD
Otto E. Campos, MD
David I. Canavan, MD
John E. Capito, MD
Neil A. Capretto, DO
Rickey R. Carson, MD
James Earle Carter, Jr., MD
C. Duncan Cater, Jr, MD
Timmen L. Cermak, MD
Barbara H. Chaffee, MD
Joseph F. Chambers, MD
John N. Chappel, MD
Peter V. Ciani, MD
Carl M. Clark, MD
William D. Clark, MD
Irving Cohen, MD
Stephen M. Colameco, MD
Bernice E. Coleman, MD
Judith R. Constantino, MD
Stuart A. Copans, MD*
John Richard Crear, MD*
A. Brooks Cronin, MD
Gerald Cross, MD
Joseph R. Cruse, MD*
Sam Cullison, MD
John W. Curtin, MD
Paul Cushman, Jr, MD
Dale C. Dallas, MD
R. Carter Davis, Jr., MD
Alan L. Dayno, MD
Anthony Decker, DO
Raymond M. Deutsch, MD
Joseph C. Dewitt, MD
William E. Dickinson, DO
Bud D. Dickson, MD
Judith M. Dischel, MD
Arthur Dobkin, MD
Patrick J. Donley, MD*
Charles L. Dorsey, MD
Arthur M. Dostrow, MD
Harvey Drapkin, DO
George K. Dreher, MD*
Eileen Duggan, MD
Robert L. DuPont, MD
John R. Durburg, MD
Michael F. Durfee, MD
Gary M. Eaton, MD
H. Berryman Edwards, MD
Morris Z. Effron, MD
Steven Eickelberg, MD*
Kathryn A. Eiler, MD
Mohamed El-Gabalawy, MD*
Clyde E. Elliott, MD
Todd W. Estroff, MD
John A. Ewing, MD
Paul C. Fagan, MD
Raymond V. Failer, DO
John Femino, MD
Eric Fernandez, MD
Harold J. Fields, MD
Jerry W. Fitz, MD
Ronald B. Fleming, MD
Daniel K. Flavin, MD
Saul Forman, MD
Raymond M. Fox, Jr., MD
David Hirschman, MD
Roy W. Franklin, Jr, MD
Victor J. Frederickson, MD
Robert C. Fritch, DO
Keith G. Foster, MD
John W. Fristoe, Jr, MD

Paul G. Fuller, MD
Luis E. Fundora, MD
Charles W. Gabos, MD
Marc Galanter, MD
Donald M. Gallant, MD
Ivor Garlick, MD
David R. Gastfriend, MD
Wayne A. Gavryck, MD
Donald B. Geldart, MD
Caroline Gellrick, MD*
L. Matthew Gibson, MD
Michael Glasser, MD
Roger A. Goetz, MD
Lee Gladstone, MD
R. Jeffrey Goldsmith, MD
Michael G. Goldstein, MD
Michael S. Goldstone, MD*
Daniel W. Goodwin, MD*
Enoch Gordis, MD
Edward Gottheil, MD
Jeffrey J. Grace, MD
Alexander Graham, MD
Allan Graham, MD
James Graham, MD*
Roland W. Gray, MD*
Kurt H. Grebe, DO
Richard E. Green, MD
Donald G. Gregg, MD
Cecilia Gregory, MD*
John B. Griffin, Jr., MD
James J. Griffith, MD
William L. Griffith, MD*
John Griswold, MD
Michael A. Haberman, MD
James A. Halikas, MD
Thomas A. Halloe, MD
Diane L. Hambrick, MD
Christopher F. Hannum, MD
Kay Cuthbert Hardee, MD
Barton A. Harris, MD
Forest D. Harris, MD
Emma K. Harrod, MD
James S. Harrod, Jr., MD
J. Christopher Hastings, MD
Stanley M. Haugland, MD
Motoi Hayashida, MD
Daniel J. Headrick, MD
Larry L. Hedgepath, MD
Bruce S. Heischouer, MD
Masoud S. Hejazi, MD
Jack B. Hillman, MD
William E. Hodgkin, MD*
Thomas Hogarty, MD
William H. Hopper, MD
Ronald L. Horn, MD
James Michael Hosford, MD
Elizabeth F. Howell, MD
J. Preston Hoyle, MD
Gerald A. Huber, MD
Ralph A. Huie, Jr., MD
Ronald K. Hull, MD*
Robert D. Hunt, MD
Robert B. Hunter, MD
Shirley Hunter, MD
Dirk E. Huttenberg, MD
Perry M. Hux, MD
David C. Ianacone, MD
Henry E. Irby, MD
Mohammed Ismail, MD
Gary A. Jacobsen, MD
Gary A. Jaeger, MD
Jeffrey S. Jenkins, MD
Charles H. Johnson, MD
Charles Lewis Johnson, MD
Jeffrey T. Johnson, DO
Julius T. Johnson, MD

Gerald Kenneth Johnson, MD
Theodore Johnson, MD
Steven M. Juergens, MD*
George B. Kaiser, MD
Lori D. Karan, MD
Thomas R. Kearney, MD
Matthew M. Keats, MD
Julian F. Keith, Jr., MD
Bobbe J. Kelley, DO
Walter W. Kemp, MD
Thomas A. Kerns, MD
Lucy Jane King, MD
Hugh A. King, Jr., MD
Larry Kirstein, MD
Edward J. Kitlowski, MD
Neil J. Kluger, MD
David H. Knott, MD
Ralph H. Knudson, MD
Fred H. Koenecke, MD*
John A. Kotoy, MD
Larry L. Kovachevich, MD
I. Martin Kraus, DO
Eshel Kreiter
Richard J. Kresbach, MD
J. Daniel Kubley, MD
Michael A. Kuna, MD
Marla Kushner, DO*
Michael A. Kutell, MD
Herschel C. Lamp, MD
Thomas E. Lauer, MD*
Gary Bruce Lebendiger, MD
Arnold Lane Lockman, MD*
James A. Lee, MD
Karen C. Lerhart, MD
Kenneth M. Levine, DO
Gary A. Levinson, MD
Robert A. Liebelt, MD
James Leonard, MD
Harvey Robert Lerner, MD
Stephan O. Lerner, MD
Daniel O. Levinson, MD
David C. Lewis, MD
Michael R. Liepman, MD
Brian E. Loehen, MD
Ronald B. Lonesome, MD
John N. Loomis, MD
William H. Lord, MD
Virginia Lott
William M. Loving, MD
Georgia D. Lubben, MD
Irving A. Lugo, MD
P. Irvine Lupo, MD
Steven M. Lynn, MD
Donald Ian Macdonald, MD
Duncan R. MacMaster, MD
Louisa & Ian Macpherson
Robert J. Malcolm, Jr., MD
Elliot L. Mancall, MD
John Manges, MD
Eugene Mangieri, MD
Douglas A. Marcus, MD
John Robin Marshall, DO
Kathleen B. Masis, MD
William Masland, MD
William L. Mason, MD
Richard S. Matteson, MD
Willy Mautner, MD
Justin May, MD
Theresa McAuliffe
Harry M. McCormick, MD
Morris L. McEwen, MD*
Patrick D. McFoely, MD
Gerald James McKenna, MD
C. Richard McKinley, MD
Patrick G. McLain, MD
Arthur S. McLellan, MD

Michael E. McManus, MD
Patrick McNamara, MD
Michael D. McNoer, MD
Ronald W. McNichol, MD
Robert W. Meadows, MD
Venoot Mehta, MD
John D. Melbourne, MD
George J. Mellendick, MD*
Melvin P. Melnick, MD
Christopher C. Merchant, MD
Steven A. Mensky, MD
Michael J. Meyers, MD
Raymond Middleton, MD*
H. T. Milhorn, Jr., MD, PhD*
Margaret A. Minehart, MD
Ira Mintzer, MD
Earl H. Mitchell, MD
Santosh K. Mohanty, MD
James C. Montgomery, MD
Martha Morrison, MD
Robert M. Morse, MD
Donald Gene Morton, MD
Howard B. Moss, MD
William Murphy, MD
David Myers, MD
Mary Elizabeth Myers, MD*
Gary W. Neal, MD
George Luis Negron, MD
Robert R. Nelson, MD
Susan F. Neshin, MD
James Neubert, MD
Michael Newberry, MD
Leonard N. Newmark, MD
Ray A. Noel, MD
Raymond Noel, MD
Kevin O'Brien, MD*
Robert D. O'Connor, MD
W. Fred Obrecht, MD
William G. Odette, Jr., MD
Eugene Oliveri, DO
Henry R. Olivier, MD
Daniel P. O'Neill, MD
A. Steve Orr, MD
Claire Osman
Stanley Ostern, MD
Nicholas A. Pace, MD
Ronald N. Padgett, MD
Barton Pakuli, MD
Evelyn E. Partridge, DO
Anne R. Patterson, MD
Gary Patzkowsky, MD
George H. Peacock, MD
Tom H. Pepper, MD
Herbert S. Peysner, MD
David A. Pfaff, MD
Steven Pickert, MD
Thomas P. & Katherine Pike
Melvin Pohl, MD
Craig T. Pratt, MD
Eck G. Prud'homme, MD
Kenneth Don Ragan, MD
Ernest L. Randolph, MD*
Richard J. Ready, MD
William R. Reamy, MD
Ernest C. Reed, Jr., MD
Jerome Rehman, DO
Sam T. Reher, DO
Henry A. Remet, MD
Richard Ries, MD
Richard D. Roark, MD
Thomas M. Robbie, MD
Lucy Barry Robe
Edward H. Robinson, MD
Herbert G. Roerich, MD
Peter D. Rogers, MD
Peter G. Ronan, MD

David A.
Rosin, MD
Robert M.
Rowden, MD
Alan Rubin,
MD*

Joy Ruiz, MD*
Luanne Ruona, MD
James Russell, MD
Terry A. Rustin, MD
Percy E. Ryberg, MD
James H. Sanders, MD
Lawrence T. Sanders, MD
I. Alberto Sandler, MD
Eugene N. Sands, MD
Kirsten A. Santianni, DO
Seddon R. Savage, MD
Richard S. Scatterday, MD
Frank J. Scharold, MD
Benjamin C. Schechter, MD
Clifton S. Schermerhorn, MD
Jacqueline Schneider
Jennifer P. Schneider, MD
Sidney H. Schnell, MD
Terry K. Schultz, MD
Carlotta Schuster, MD
Richard H. Schwartz, MD
Karl G. Schwabe, MD
Francis E. Seale, MD
Edward E. Seelye, MD
Errol Segall, MD
Frank A. Seixas, MD
Peter A. Selwyn, MD
Robert & Carol

Sexton, MD's*
Alice L. Shaner, MD
Joyce Shaver, MD
C. J. Shaw, MD
Marc Shinderman, MD
Craig V. Showalter, MD
Samuel M. Silverman, MD
J. V. Simmering, MD
Robert W. Simmons, MD
J. William Simpson, MD
R. Keith Simpson, DO
J. Mitchell Simson, MD
Gregory E. Skipper, MD
John Slade, MD
Charles G. Smith, MD*
Doyle P. Smith, MD
Eva Marie Smith, MD, MPH
Jack G. Smith, MD
Kenneth W. Smith, MD*
J. Darrel Smith, MD*
Philip A. Snedecor, MD
Carl A. Soderstrom, MD
Earl John Soileau, Jr., MD
Antal E. Solyom, MD
Lisa Sparks, MD*
David L. Spencer, MD
James M. Squire, MD*
Harvey R. St. Clair, MD
Thomas Stammers, MD
Melody A. Stencil, MD
Werner Floyd Stanford, MD
Richard Allen Steele, MD
Emanuel M. Steindler
Kassels J. Steven, MD
Verner Stillner, MD*
E. Delroy Stutzman, Jr, MD
William M. Sullivan, MD
Gerald L. Summer, MD
Jan R. Swanson, MD
Chester A. Swinyard, MD
William Tally, MD
George Tardelli, MD

RUTH FOX MEMORIAL ENDOWMENT FUND

Louis A. Tartaglia, MD
Robert C. Tarter, MD
Ronald W. Tatum, MD
Kenneth W. Thompson, MD
James M. Todd, MD
Berton Toews, MD*
Richard D. Travers, MD
Lucius C. Tripp, MD
Raymond C. Truex, Jr., MD*
Donald Tucker, MD
Martha Turner, MD
Richard J. Turner, MD
Abraham J. Twerski, MD
George Ubogy, MD
Melvin M. Udel, MD
Arthur C. Ungerleider, MD
Frank Valcour, MD
Donald D. Van Dyken, MD*
William C. Van Ost, MD
David H. Van Thiel, MD
Parker Vanamee, MD
Gerald Vander Voord, MD*
J. William Varner, MD
S. M. Vasudevan, MD
William H. Vaughan, Jr., MD
George W. Vick, MD*
Francis V. Viola, MD*
Bradford S. Wainer, DO
Gary C. Wainer, DO
Albert Waldman, MD
John C. Wallendjack, MD
Kevin R. Wandler, MD
Robert M. Warden, DO
Rajkumar K. Warrior, MD
Peter Washburn, MD
Edward J. Weiner, MD
Dennis A. Weis, MD
Anthony J. Weisenberger, MD
Donald A. West, MD
Joseph Westermeyer, MD
Norman Wetterau, MD
Henry Weyens, MD
William O. Wheeler, MD
R. Burnley White, MD
Jack C. Whites, MD*
Charles L. Whitfield, MD
R. Keith Whiting, MD
Alden E. Whitney, MD
Gary T. Whitlock, III, MD
Richard L. Wissen, MD
Leah E. Williams, MD
John M. Wilson, MD
Frank D. Winters, MD
Daniel E. Wolf, DO
Dennis Wolf, MD
Gerald R. Woodard, DO
Leonard W. Woman, MD
Harper Wright, MD*
Marigau Wynne, MD
Valery Yandow, MD
Young Moe Youn, MD
Marvin Zamost, MD
Randall Zblewski, MD
Mary F. Zesiewicz, MD
Anthony C. Zoffuto, MD

* Ruth Fox Endowment Campaign leaders
Jasper G. Chen See, MD
William B. Hawthorne, MD
National Co-Chairmen

Claire Osman,
Director of Development
12 West 21 Street
New York, NY 10010
(212) 206-6770

Goal:
\$1,000,000

Pledged:
\$1,000,000

as of March 9

Ruth Fox News March-April

Now that the Ruth Fox Memorial Endowment Fund has reached its goal of \$1 million, we wish to express our sincere appreciation for the support demonstrated by you, our members, who participated in ASAM's first fund-raising campaign.

Special thanks to Dr. Richard Tyson of Florida for joining the Colleagues' Circle by making an extremely generous Planned Giving gift.

This endowment will help place ASAM on a fiscally sound base, to assure the attainment of our vision of providing effective treatment for all persons suffering from alcoholism and other drug dependencies. We know you share this vision.

We will carry on in this endeavor so that the Endowment continues to grow. We invite those of you who have not yet made a pledge or contribution to please join your colleagues to help keep the society viable.

We can arrange a payment schedule over a number of years to allow you to give the maximum.

If you wish to discuss a pledge or a planned giving gift, please contact Ms. Osman. Whatever you can give will be greatly appreciated.

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

ASAM CALENDAR

- ☐ **Addictions - Etiology and Treatment:**
Princeton, NJ, Apr. 24.
NJ Health Professional Group, Attn: Herbert J. McBride, MD,
3331 Powelton Ave, Philadelphia, PA 19104
☎ (609) 921-2202
- ☐ **Soberfest Annual Conference, Addiction Update:**
Statesboro, GA, May 8.
Jenny Lynn Anderson, Willingway Hospital, 311 Jones Mill Rd,
Statesboro, GA 30458-5085. ☎ (912) 764-6236
- ☐ **NECAD - Northeastern Conference on Alcoholism and
Drug Dependence:** Newport, RI, May 17-20
Sandra Salvo, Project Coordinator, Edgehill Newport,
200 Harrison Ave, Newport, RI 02840
☎ (401) 849-5700, Ext. 252
- ☐ **Haight Ashbury Free Clinics 25th Annual Substance
Abuse Conference:** San Francisco, June 4-7.
Conference Registration, Haight Ashbury, PO Box 27127,
San Francisco, CA 94127 ☎ 1-800-432-5585
- ☐ **The Impaired Professional:** Baton Rouge, LA June 6
Eric Hoffman, PhD, Louisiana State Medical Society,
3501 N. Causeway Blvd, Ste 800, Metairie, LA 70002.
☎ 1-800-375-9508
- ☐ **1992 Annual Conference of the American Hospital
Association's Section for Psychiatric and Substance
Abuse Services:** Seattle, June 11-13
(ASAM is a cooperating organization)
Betsy Palka, AHA, 840 North Lake Shore Dr, Chicago, IL 60611
☎ (312) 280-6650

☐ **"Medical Aspects of Alcoholism" - Rutgers Summer School of
Alcohol Studies:** New Brunswick,
NJ, June 14-26 Center of Alcohol Stud-
ies, Smithers Hall, Piscataway, NJ
08855-0969 ☎ (908) 932-4317

- ☐ **ASAM 2nd National Conference on Adolescent Addic-
tion,** San Antonio, June 25-28 *Palacio Del Rio Hilton*
- ☐ **ASAM MRO - Medical Review Officer Course**
Washington, DC, July 17-19
San Francisco, Oct. 16-18
- ☐ **ASAM 5th National Conference on Nicotine
Dependence,** Seattle, Sept. 17-20 *Seattle Sheraton*
- ☐ **ASAM Board Meeting:** Scottsdale, AZ, Oct. 2-4
Marriott Mountain Shadows
- ☐ **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
- ☐ **ASAM Certification Examination:**
Atlanta, Chicago, Los Angeles, Dec. 5
(Deadline for applications was Jan. 15, 1992)

*Calendar includes only meetings that are sponsored or co-sponsored (CME credits) 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 three 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.*

ASAM NEWS
303-D Sea Oats Drive
Juno Beach, FL 33408

Non Profit
US Postage Paid
Jupiter, FL 33458
Permit No. 78

Address Correction Requested

James F. Callahan, D.P.A.
5225 Wisconsin Avenue, N.W.
Suite 409
Washington, DC 20015