

# ASAM NEWS

American Society of Addiction Medicine

Vol. VIII, No. 1

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## ASAM's 24th Annual Medical-Scientific Conference Los Angeles April 29 - May 2

Symposia, workshops, courses,  
Oral and poster sessions,  
Committee component sessions,  
Awards dinner,  
Ruth Fox Course for Physicians,  
National Forum on AIDS.

Details on p. 7

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## Patient Placement Criteria Conference Produces Broad Coalition

### Action Agenda for Addiction Treatment

by E. M. Steindler

A new coalition representing a wide-ranging group of organizations has formed. Emphasizing a focused action agenda instead of formal pronouncements, 48 attendees at a November round table meeting in Arlington, VA, agreed to work together this year to attain specific objectives in addictions for access to care and reimbursement for care; placement criteria; research protocols; and practical applications to treatment and funding.

ASAM convened this second annual conference. Organizations included professional associations, state and federal agencies, treatment providers, managed care companies, industrial firms, and labor unions, from all over the United States.

At the outset, participants agreed that discussions and subsequent recommendations should be in the context of cost containment imperatives and pressures for more restrictive benefits packages, but with improved access to care and treatment outcomes for patients. That set the tone for a problem-solving/action-focused conference.

Participants acted as individuals. Without committing their organizations, they voted to engage in cooperative efforts as an ad-hoc "coalition for national clinical criteria." They will operate this coalition through four informal task forces, each chaired by a non-ASAM member, but with ASAM providing overall direction.

#### Four Task Forces-

As health care reform occurs, the first task force will be concerned with access to care, treatment financing, and reimbursement issues, on national and state levels. A principal objective is to improve access to care, and to encourage stronger links between funding decisions and the knowledge derived from research on treatment outcome efficacy.

A second task force will try to increase awareness about the ASAM Patient Placement Criteria (PPC) and to encourage their use.

(continued on p. 2)

More SEC news on pp. 12, 14

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

## ASAM PPC Conference

(continued from p. 1)

This task force will make a major effort to provide training and technical assistance to personnel who can, or could, make the *Criteria* operational.

A third task force will explore options for improving research on treatment standards and outcomes, giving special attention to how studies can be made more clinically relevant for those who provide and pay for services. One specific project of this task force will be to survey current use of the *ASAM PPC*, as well as other national criteria, to identify their problems and find out how these are being handled.

A fourth task force will look at possible changes in *Criteria* content, based in part on feedback that the research task force can obtain from providers, third party payers, managed care agencies, and any others that have used ASAM or other guidelines. A key consideration will be how well various criteria have met patients' individual treatment needs.

The task forces will coordinate their deliberations and activities through an eight-member steering committee, composed of the four task force chairs and four ASAM Standards & Economics of Care committee chairs: Drs. **David Mee-Lee**, **P. Joseph Frawley**, **Michael M. Miller**, and **Christine L. Kasser**.

The steering committee will first "meet" in a conference call in April 1993, and periodically as needed thereafter, to assure that projects move forward. The entire group expects to reconvene at a third round table in November 1993, along with others who could not attend this second round table, to decide on future directions for the coalition.

This group did not overlook the importance of building a broad consensus on certain pivotal issues among the various organizational interests in the addictions field. Areas identified as needing consensus and improved working relationships included:

- recognition that addiction is a biopsychosocial disorder and that services can therefore be financed through various sources, not only by the health-care dollar;
- the range of levels of professional care that should be available and accessible to patients;
- the most effective processes for assessing persons entering the treatment system for assignment to particular methods and modalities;
- defining what is "clinically necessary or appropriate" in providing services for addicted patients or clients.

As work by this coalition progresses, more individuals and organizations will be encouraged to participate, to build as broad a consensus as possible.

## Participants

People who attended this round table are affiliated with:

AFL-CIO (Dept. of Community Services); American Biodyne, Inc.; American College of Medical Quality; American Nurses Association (ANA); American Psychiatric Association (APA); American Psychological Association (APA); American Psych. Management; American Society of Addiction Medicine (ASAM); Center for Substance Abuse Treatment (U.S. Public Health Services, Dept. HHS); Eastwood Clinics; Employee Assistance Professionals Association (EAPA); Green Springs Health Services; Green Springs of New Jersey; Hazelden Foundation; Healthcare Network, Inc.; Health Management Strategies International, Inc.; Human Affairs International; Joint Commission for Accreditation of Health Care Organizations (JCAHO); Legal Action Center; MCC Companies, Inc.; McLean Hospital (Mass. General Hospital); Mental Health Management of America; National Association of Alcoholism and Drug Abuse Counselors (NAADAC); National Association of Private Psychiatric Hospitals; National Association of Public Hospitals; National Association of Social Workers; National Institute on Alcohol Abuse and Alcoholism (NIAAA -- US Public Health Services, Dept HHS); National Treatment Consortium for Alcohol and Other Drugs; New Jersey Dept. of Health; NewStart (Meriter Hospital); Office of Assistant Secretary for Defense, Health Affairs (DoD, Pentagon); Office of National Drug Control Policy, Executive Office of the President; Parkside Medical Services Corp.; Preferred Healthcare, Ltd.; Shell Oil Company; The Terraces; Dept. of Veterans Affairs (Mental Health and Behavioral Sciences Services).

Article author **Emanuel M. Steindler, MS**, former executive director of ASAM, participated in this PPC Conference.



*David Mee-Lee, MD, is section chair of Standards & Economics of Care.*

*More SEC news on pp. 12 and 14.*

## ABOUT ASAM

### Nominations for Regional Board Members

Under ASAM's new election procedures, which were designed to make the process more democratic, ASAM board members who represent any one of the nine regions are nominated either by a regional nominating committee, or by petition of at least 25 active ASAM members who live in that region.

The nominations deadline was Dec. 15. Ballots will be mailed to all members Feb. 15. Ballot deadline is Mar. 15.

#### Region I

Marc Galanter, MD                      New York City  
Stephan Jon Sorrell, MD              New York City

#### Region II

Kevin W. Olden, MD                    San Francisco  
Karen L. Sees, DO                      San Francisco

#### Region III

Allan Graham, MD                      St. Johnsbury, VT  
Peter Rostenberg, MD                Danbury, CT  
Alan A. Wartenberg, MD              Cumberland, RI

#### Region IV

Bruce K. Branin, DO                    Waverly, PA  
John Calvin Chatlos, MD              Union, NJ  
R. Jeffrey Goldsmith, MD              Cincinnati, OH

#### Region V

Richard A. Beach, MD                Pensacola, FL  
Paul H. Earley, MD                    Atlanta  
Karl V. Gallegos, MD                Atlanta  
Elizabeth F. Howell, MD              Atlanta  
Lori D. Karan, MD                    Richmond, VA  
John D. Lenton, MD                  Hinesville, GA  
John M. McRae, MD                  Hattiesburg, MS  
Carl A. Soderstrom, MD              Baltimore, MD  
Charles L. Whitfield, MD              Baltimore, MD

#### Region VI

Andrea G. Barthwell, MD              Chicago  
Stephen Alan Bendix, MD              W. Bloomfield, MI  
Christine L. Kasser, MD              Memphis  
James A. Halikas, MD                Minneapolis  
Gordon L. Hyde, MD                  Lexington, KY

#### Region VII

Ken Roy, MD                            Metairie, LA  
J. Thomas Payte, MD                  San Antonio, TX

#### Region VIII

Walton E. Byrd, Jr., MD              Tigard, OR  
Richard E. Tremblay, MD              Olympia, WA

#### Region IX

Nady el-Guebaly, MD                Calgary, Alberta,  
Canada  
Ray P. Baker, MD                      New Westminster,  
BC, Canada

### Study of Certification Exam in ASAM Journal

*"Certification is a way to identify those physicians who, by testing, have shown a mastery of the body of knowledge that has been amassed in this field." -- Original mission of ASAM certification.*

Psychiatry, internal medicine and family medicine/general practice are the primary designated specialties among physicians who have sat for the ASAM certification exams since 1986.

This and other findings are reported by the ASAM Examination Committee in "Physician Certification in Addiction Medicine 1986-1990: A Four Year Experience." The study is in ASAM's *Journal of Addictive Diseases*, mailed to members in early January.

Between 1986 and 1990, four exams were administered to 2,537 physicians. Of these, 2,145 (85%) passed.

Main change in that time: the PMP format (patient management problems) was dropped in 1990. Why? "The growing controversy in the literature and among national testing organizations (e.g. National Board of Medical Examiners, American Board of Internal Medicine) regarding the efficiency and reliability of the PMP format led to the decision to eliminate this format and to rely on multiple choice formats whose validity was more firmly established."

Physicians who are full- or part-time faculty and/or board certified score significantly higher than those who are not. "These findings may confirm the importance of supervised clinical training being recommended in the current literature."

Three hundred thirty-five physicians took the 1992 exam on Dec. 5. Candidates' results will be "in the mail by March 1," according to ASAM headquarters.

*ASAM Examination Committee: Sidney H. Schnoll, MD, chair; John Durburg, MD, John Griffin, MD, Stanley E. Gitlow, MD, Robert B. Hunter, MD, John Sack, MD, Barry Stimmel, MD, Harriet deWit, PhD, Gail B. Jara.*

## 1993 ASAM Awards to Schneider, Bloom

### Max A. Schneider, MD

Dr. Schneider will receive ASAM's 1993 Award to a member for service to the society and to the addictions field. It will be presented at ASAM's annual dinner in Los Angeles on Sat., May 1, 1993.

"He is known to most of his patients as 'Uncle Max' and to most in the alcoholism field as author of the booklet and film (in which he stars) *Medical Aspects of Alcohol*. Although Dr. Schneider claims to be retired, he is busier than ever, lecturing nationwide and producing more literature and films." "Alcoholics in the Arts" - *Alcoholism Update*, v. 5 #1, January-February 1982

Your ASAM NEWS editor wrote the above 10 years ago. During the intervening decade of "retirement," Max A. Schneider, MD, 70, has been: administrative director, education consultant, and now medical director of Family Recovery Services at St. Joseph Hospital, Orange, CA; president of ASAM, Southern California Physicians for Human Rights, California Society of Addiction Medicine, and the Medical Education and Research Foundation; a board member/officer/committee chair of NCADD (National Council on Alcoholism & Drug Dependence; ), NCADD/Orange County, American Academy of Addictionology, National Association on Sexual Addiction Problems, Foundation for Health Awareness; member of a dozen other medical societies or organizations.

He has received 14 awards, including NASADAD Distinguished Service Award (1985), CSAM's Dr. Vernelle Fox Award for Distinguished Service (1987), NCADD/Orange County Bronze Key (1987), NAATP Nelson J. Bradley Award for Outstanding Service (1989), NAADAC Marty Mann Award (1990), UCLA Sidney Cohen Award for Meritorious Contributions in Chemical Dependency (1990).

Also just in the last ten years, Dr. Schneider has made four films (on co-dependency, mind-altering drugs, tobacco, and a revision of *Medical Aspects of Alcohol* in 1991); written articles and booklets on chemical dependency, lectured at over 200 universities, colleges, hospitals, educational centers and conferences in 48 states, four provinces and six countries.

Space considerations preclude citing all his ASAM board and committee activities, but it's a safe guess that he has served on at least a majority of the 52 committees at one time or another, and has chaired a good number of them. While he was president of ASAM (1985-87) ASAM offered its first certification exam, hired its first executive director, and started this newsletter.



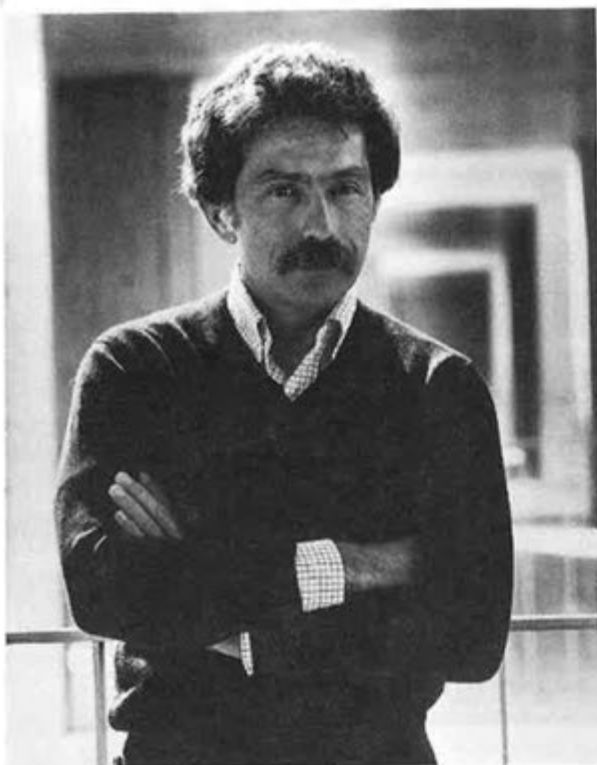
Dr. Schneider

### Floyd E. Bloom, MD

Researcher Floyd E. Bloom, MD, 56, of the Scripps Research Institute in La Jolla, CA, will receive ASAM's Award to a non-member for contributions to the field of addiction medicine. Dr. Bloom's 63-page c.v. includes 540 scientific publications, 15 books and monographs, and 42 honors and awards. He has researched and written extensively on the CNS, particularly on neuropharmacology, neurotransmitters, and neuron chemistry.

Dr. Bloom trained as a neuropharmacologist after being interested in the sites and mechanisms by which drugs control hypertension within the brain. He graduated from Washington University School of Medicine (St. Louis) in 1960, then worked at Yale School of Medicine, and at the NIMH in Washington, DC, before moving in 1975 to the Salk Institute in San Diego. In 1983 he joined what is now the Scripps Research Clinic in La Jolla, CA, "as a way to reestablish the medical environment which has always played a major role in my selection of research topics." He has chaired the Dept. of Neuropharmacology since 1989.

Public and elected service: Dr. Bloom is current president of the Research Society on Alcoholism. (In the 1970s and early 1980s ASAM and RSA had a working liaison with NCADD, the National Council on Alcoholism and Drug Dependence, with which both societies used to share their annual meetings.) He has been president of the American College of Neuropsychopharmacology, and of the Society for Neuroscience; and chair of the Section on Neurobiology for the National Academy of Sciences (twice). He was or is a member of the President's Commission on Alcoholism, of the Institute of Medicine Council, a board member of the American Association for the Advancement of Science. He is chair of the MacArthur



Dr. Bloom

Foundation's Program Advisory Committee for Health Programs.

He has been a member of the National Commission on Alcoholism and Other Alcohol-Related Problems; and the NIAAA Research Planning Panel. He has three honorary doctorate degrees (Hahnemann in Philadelphia, Univ. of Rochester in NY, and Southern Methodist Univ. in Texas).

Dr. Bloom) considers his major books to be:

*The Biochemical Basis of Neuropharmacology* (1971, 6th edition 1991) (with J. R. Cooper and R. H. Roth);

*Brain, Mind, and Behavior* (with A. Lazerson and L. Hofstadter);

*Peptides: Integrators of Cell and Tissue Function* Regulatory Peptides (co-editor);

*Intrinsic Regulatory Systems of the Brain* (editor) Handbook of Physiology, Section I. The Nervous System (editor);

*Funding Health Sciences Research* (with M. A. Randolph);

*Beta-Carbolines and Tetrahydroisoquinolines* (with J. Barchas, M. Sandler, and E. Usdin);

*Molecular Genetic Neuroscience*; (with F.O. Schmitt and S. J. Bird,)

*Nervous System Development and Repair* (with P. J. Magistretti, and J. H. Morrison);

*Central Nervous System Plasticity and Repair* (with A. Bignami, C.L. Bolis and A. Adelaye);

*The Brain Browser: Hypercard Applications for the Macintosh* (with W. Young and Y. Kim).

Dr. Bloom will receive his ASAM Annual Award for a non-member at the annual dinner in Los Angeles on Sat. May 1. He also will deliver the annual Distinguished Scientist Lecture at the conference on Friday April 30.

Major managed care firm, specializing in mental health and substance abuse has an exceptional career opportunity available on the East Coast for a talented, articulate:

## MEDICAL DIRECTOR/ PSYCHIATRIST

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### The Section for Psychiatric and Substance Abuse Services of the AMERICAN HOSPITAL ASSOCIATION

will present its annual conference

#### The Leading Edge: Management of Psychiatric and Substance Abuse Services

June 17 - 19  
Boston, Massachusetts

*Workshop topics include:*  
managed care • outcome  
research • provider networks •  
continuous quality improvement •  
public/private collaboration •  
innovative clinical programming •  
and more!

For more information, contact  
312/280-6396

### Information Wanted about Alternative Residential Facilities

Is there such a thing as a "community" or long-term residential facility, possibly rural, providing work and life-skills development in a therapeutic setting with some group and individual process that would be suitable for functioning chemical dependence and/or dual diagnosis patients in recovery? Not limited to USA. Focus on chemical dependency not essential. Not interested in "hard-core" traditional TC's or strong religion-based programs, something more eclectic.

If you have any suggestions,  
please call collect or write to:

J. Thomas Payte  
3701 West Commerce  
San Antonio, TX 78207  
☐ (210) 434-0531  
FAX: 210-434-0321

## AMA Delegates Meeting

Three resolutions sponsored by ASAM were favorably considered by delegates at the AMA's 'Interim Meeting' in Nashville in early December. Two were referred to the AMA Board of Trustees, the third will result in a study by the AMA.

ASAM delegate **Jess W. Bromley, MD**, alternate delegate **David E. Smith, MD**, and former executive director **E. M. Steindler**, joined an estimated 2,000 others including 450 delegates and 450 alternates. Two resolutions were co-sponsored by the New York State delegation, through efforts by **Sheila B. Blume, MD**, of Long Island, who is chair of ASAM's Public Policy Committee.

Antonia Novello, MD, U.S. Surgeon General, gave a talk on new research in tobacco use by children.

### Sponsored by ASAM

- *Ethics in Advertising*: A call for the AMA to undertake a study of the ethical implications of the AMA accepting financial support from the alcoholic beverage industry, and that a recommendation be developed about future relationships with the alcohol beverage industry.

This was prompted in part by an educational video for physicians paid for by the LBIC (Licensed Beverage Information Council). The ASAM Board viewed this film at its meeting in October. The AMA will now conduct a study.

The following two resolutions were not approved, but will go to the AMA Board for consideration:

- *Self-Incrimination on Specialty Board Applications*: A call for the AMA to take the position that questions about treatment or problems with alcohol and other drug use in the past should not be included on licensing, certifying, or credentialing applications, as this information is not pertinent to a physician's current ability to practice medicine. Instead, questions should be directed to the applicant's *current* abilities to practice medicine.

- *Discrimination Against People Entering the United States for Addiction Treatment*: This calls for a policy that individuals seeking entry into the U.S. for addictions treatment should be treated like those suffering from any other chronic disease; that they should not be discriminated against because they are addicted.

Prompted by problems at the borders of Canada and Mexico; some border states including Texas and California fear increased numbers of people seeking treatment and would like to retain current controls.

"Resolutions such as these give ASAM an opportunity to educate physicians about the nature of addiction as a disease, and about addiction medicine," Dr. Bromley told *ASAM NEWS*. He and Dr. Smith testified eight times in reference committees during the meeting.

### Other Resolutions

The following were adopted by the AMA delegates:

- Call for the AMA to work with the U. S. Public Health Service, health insurers, and others to develop recommendations for third party payment for treatment of nicotine addiction and smoking cessation counseling.

- The AMA in conjunction with state and local medical



ASAM members in Nashville: (L to R) **Jess W. Bromley, MD**; **Daniel Glatt, MD**, co-chair ASAM Members-in-Training Committee; **David E. Smith, MD**; **Samuel W. Cullison, MD**, Washington state; **Lee H. McCormick, MD**, Pennsylvania; **E. M. Steindler**, staff liaison.

societies to work for elimination of all tobacco products ads in mass transit systems.

- The AMA should ask members to encourage patients to patronize pharmacies that do not sell tobacco products; local medical societies should be encouraged to work with pharmacies to sponsor smoking cessation programs.

- The AMA to strongly discourage all medical schools and their parent universities from accepting research money from the tobacco industry. But first, the Board of the AMA to develop an appropriate definition of "tobacco industry."

The following were not adopted but were referred to the AMA Board of Trustees:

- That the AMA no longer accept funding from the tobacco industry. The AMA Board is to provide a report for the June 1993 meeting.

- The AMA to continue asking Congress to ban all beer ads on TV. This reaffirms the enduring nature of this problem, about which Dr. Bromley spoke strongly from the floor.

- That all medical schools and residencies provide insurance policies which have reasonable definitions of sickness or disability that include HIV infection, and require enrollment for all medical students and residents.

- Regarding performance testing in industry in lieu of drug testing, Dr. Smith testified in reference committee about the importance of drug testing. He pointed out that the ability to perform a job is frequently one of the last things to become impaired and is therefore one of the last indications that there is an addiction problem. This offered another opportunity to educate physicians about the nature of addiction and about addiction medicine.

- The AMA to take appropriate action regarding the practice of insurance companies that exclude participation of physicians in managed care and other provider plans based solely on a history of substance abuse.

The next AMA House of Delegates meeting will be in June 1993, with the AMA Board of Trustees meeting.

*This report was prepared with Emanuel M. Steindler, former executive director of ASAM.*

## April Annual Meeting in L.A.

ASAM's 24th Annual Medical-Scientific Conference will take place April 29 - May 2 at the Westin Bonaventure Hotel in Los Angeles.

### Ruth Fox Course

On the day before its annual meeting officially begins, ASAM has for over ten years offered a day-long seminar with a wide scope of important and timely topics in the field of addiction medicine. This year's *Ruth Fox Course for Physicians* will be held Thurs. Apr. 29 in Los Angeles. Speakers and their topics will include dealing with the managed care dilemma (**Michael M. Miller, MD**, chair of ASAM's Reimbursement Committee); current legal issues in ADM (**H. Westley Clark, MD, JD, MPH**); ADM literature update (researcher **Mark Schuckit, MD**); spiritual psychology perspectives of addiction (**Roger Walsh**); outpatient management of personality disordered chemical dependents (**Joseph A. Pursch, MD**, perhaps best known as former medical director of the US Navy CD unit in Long Beach, CA.); co-dependence in the health care system (**Gary L. Simpson, MD**); drug politics (**Peter Dale Scott**); former course director **Maxwell N. Weisman, MD** with his now-traditional "Max's Moments," and **Garret O'Connor, MD**. Course directors are **Charles L. Whitfield, MD**, and **Lynn Hankes, MD**.

### AIDS Forum

In lieu of holding a separate conference, ASAM will offer a day-long forum this year on Thurs. April 29 in Los Angeles: the *6th National Forum on AIDS and Chemical Dependency*. Last year's AIDS and CD Forum at the annual meeting in Washington, DC, was only a half-day long.

Forum directors **Barbara Chaffee, MD**, and **Kevin O'Brien, MD**, report that the course "will address up-to-the-minute interventions and treatments for HIV infections and AIDS." Topics include women and AIDS (**Andrea Barthwell, MD**), medical management of chemically dependent HIV patients (**Peter A. Selwyn, MD**), AIDS and attitudes (**Mel Pohl, MD**), new medical perspectives in HIV care (**Michael Gottlieb, MD**), use of psychotropic and pain medications (**Stephan Jon Sorrell, MD**) and HIV and minority populations (**Lawrence S. Brown, Jr., MD, MPH**).

### Annual Dinner

A first this year will be an annual dinner instead of the traditional annual luncheon. Two ASAM awards will be given this year, to Drs. Max Schneider and Floyd Bloom (see separate story p. 4), and certificates will be bestowed in person to those who passed the ASAM Certification Exam the previous December.

A number of ASAM committees and sections will hold component sessions for interested ASAM members, based on their activities and concerns.

Aside from the 11 symposia described in the November-December issue of *ASAM NEWS*, there also will be courses and workshops developed by members and other addiction medicine professionals; papers of submitted abstracts in oral and poster sessions; the annual breakfast business meeting, a dessert reception, and an exhibit hall.

Medical-Scientific Conference program chair is **Marc Galanter, MD**. The annual meeting will be dedicated to the memory of **Frank A. Seixas, MD**, who died May 8, 1992.

The ASAM Board of Directors will meet on Wed. April 28 at the conference hotel. "All ASAM members are welcome to attend," according to ASAM president **Anthony B. Radcliffe, MD**.

## American College of Physicians' Council of Medical Societies Admits ASAM

ASAM's admittance to the Council of Medical Societies (CMS) of the American College of Physicians represents a bench mark in the relationship between addiction medicine and internal medicine.

With more than 60,000 members, the American College of Physicians (ACP) is the nation's largest medical specialty society. Founded in 1915, it serves as a forum for exchanging ideas and information among internists, and to promote quality education and health care. In 1979, the ACP formed the Council of Medical Societies to further communicate and to promote patient care, teaching, and research, in selected disciplines whose activities are directly related to internal medicine, but who do not represent the classic internal medicine subspecialties (e.g. cardiology, endocrinology, oncology). Other members of the CMS include the Society of General Internal Medicine, the American College of Occupational Environmental Medicine, and the American Geriatric Society.

For over a year **David C. Lewis, MD**, chair of ASAM's Section on Internal Medicine, has represented ASAM as a guest at CMS meetings. During this period, ASAM joined with the Society of General Internal Medicine to add a section on substance abuse/dependence to a newly published *Guide for Training Internal Medicine Residents*. ASAM was also asked for input on the next edition of the MKSAP (medical knowledge self assessment program). At 47,000 copies, the MKSAP is reportedly the most widely distributed self-teaching material for physicians.

"The fact that ASAM is now formally seated at the Council table is a small but significant step toward greater involvement by internal medicine with the issues of addiction medicine," Dr. Lewis told *ASAM NEWS*. Further implications of this, and issues that ASAM should bring to the attention of CMS and the ACP, will be discussed at the Internal Medicine Section meeting during the ASAM national conference in April 29-May 2 in Los Angeles.

*(This report was by the ASAM Section on Internal Medicine.)*

### New Phone for IDAA

International Doctors in Alcoholics Anonymous, headquartered in Missouri, has a new phone number:  
314-228-4548.

Secretary-Treasurer **Dr. Dick McK.** reports that the organization's address remains the same:

PO Box 199, August, MO 63332.

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

## NEW MEMBERS

### Recent Joiners

Physicians who joined ASAM from September through December, 1992. List is from ASAM headquarters.

#### Alaska

Floyd L. Elterman, MD - *Family Practice*

#### Alabama

Sammy R. Banner, DO - *General Practice*

#### Arizona

James Donovan Brooke, MD - *Fam. Prac.*

#### Arkansas

Kelly James Kelleher, MD - *Pediatrics*

#### California

John I. Benson, MD - *Psychiatry*

Milton K.D. Bosch, MD - *Internal Medicine*

Stuart Finkelstein, MD - *Int. Med.*

Charolette Hoffman, MD - *student*

Ronald Philip Rae, MD - *Psych.*

Manuel Leonardo Saint-Martin, MD - *Psych.*

#### DC

Nasrin Habibi Sorock, MD - *Fam. Prac.*

#### Florida

Jordan Charles Iserman, MD - *Psych.*

Timothy George Barila, MD - *Anesthes.*

Lee Lehmel Kadosa, MD - *Occup. Medicine*

#### Georgia

William J. Blanke, MD - *Fam. Prac.*

Suzanne B. Canning, MD - *Psych.*

Arthur Roland Holt, Jr., MD - *Psych.*

Janetta M. Kelly, MD - *Pediatrics*

C. Michael Luke, MD - *Psych.*

George M. MacNabb, MD - *Int. Med.*

Timothy A. Young, MD - *Int. Med.*

#### Iowa

Edward L. Fieg, DO - *Psych.*

Hunter James Hansen, DO - *Gen. Prac.*

#### Illinois

John E. Lovell, MD - *Fam. Prac.*

#### Indiana

Christopher John Suelzer, MD - *Gen. Prac.*

#### Maine

Thomas Jay Hart, MD - *Pediatrics*

#### Maryland

Frank Simon-Thomas, MD - *Psych.*

#### Massachusetts

A. Edward D'Andrea, MD - *Occup. Med.*

George G. Breit, MD - *Fam. Prac.*

Lincoln Eramo, MD - *Fam. Prac.*

Paul E. Partridge - *student*

John Enrico Scola, MD - *Int. Med.*

#### Michigan

Bharat D. Patel, MD - *Int. Med.*

#### Minnesota

Lee Hewitt Beecher, MD - *Psych.*

Richard A. Kresch, MD - *Psych.*

Sheila M. Specker, MD - *Psych.*

James D. Woodburn, MD - *Occup. Med.*

#### Missouri

Arthur Joe Cohn, DO - *Int. Med.*

Azfar M. Malik, MD - *Psych.*

#### New Hampshire

Patrick W. Lanzetta, MD - *Emergency Med.*

Geoffrey Peter Stein, MD - *Emerg. Med.*

#### New Jersey

A. Orson Brod, MD - *Emerg. Med.*

#### New Mexico

Cathleen Ryan Durell, MD - *student*

#### New York

Barbara Beasley, MD - *Neurology*

Isaac Blum, MD - *Fam. Prac.*

Srikrishna Murty Cheruvu, MD - *Anesthes.*

Florence Grace Crawford, MD

Muhammad Dawood, MD - *Psych.*

Mitzi C. Johnson, MD - *Pediatrics*

Lynda M. Karig-Hohman, MD - *Fam. Prac.*

Michael M. Scimeca, MD

#### North Carolina

Mary Anne Farrell, MD - *Fam. Prac.*

James Gray Groce, MD - *Psych.*

Robert E. Gwyther, MD - *Fam. Prac.*

William E. Koff, MD - *Psych.*

#### Ohio

Stanley L. Brody, MD - *Allergy*

Sharon P. McQuillan, MD - *Fam. Prac.*

#### Oklahoma

William Elliott Hill, MD - *Surgery*

#### Pennsylvania

Thomas E. Batterton, MD - *Int. Med.*

#### Puerto Rico

Barbara Barbosa, MD

#### South Carolina

Raymond F. Anton, MD - *Psych.*

Michael O. Measom, MD - *Psych.*

#### Tennessee

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**Errata:** In the November-December newsletter, on an ad p. 14 for "Psychiatrist Coastal Maine," the correct phone number for Mid-Coast Health Services is (207) 729-0181, and the zip code for Brunswick is 04011.



## CONFERENCE REPORT

### Review Course Review

by Martin Doot, MD

*Dr. Doot is chair of the Review Course Committee.*

Since 1986, ASAM has offered review courses for its Certification Exam. This year, the Review Course Committee worked with the California and Illinois chapters to provide three, held in Chicago, Atlanta and Los Angeles in October and November. The theme was a review of addiction medicine basics, supplemented by preconference electives designed for more experienced clinicians.

The usual Review Course format is several lectures, followed by a short question period, and a case discussion held at tables of nine or ten, each with a facilitator. Then more lectures, questions, and case discussions.

The committee has enjoyed consistent leadership by dedicated society members. Course directors Drs. **Andrea Barthwell**, **Terry Rustin**, and **Don Gragg**, each have been involved in the courses for a minimum of five years. Their experience in choosing speakers, finding facilitators, and running the meetings, result in excellent educational experiences. Don Gragg found new talent to help him: **Steve Eickelberg**, MD, who also gave one of the best presentations in California (on "Sedative-Hypnotics.")

#### **Most Participants 1st Timers**

Who attends these review courses? This year, 225 came to Chicago, 207 to Atlanta, and 250 to California. A show of hands in Chicago and Atlanta indicated that about 90% were preparing for the ASAM Certification Exam (held Dec. 5, 335 took it), and most were first-time attendees. In Chicago, at one table of nine, primary specialties represented were OB, GI, Psych, FP, IM, and EM. This offered a wide range of medical experience to their case discussions of addiction, and reminded me that a rich diversity of backgrounds is represented in ASAM.

What did participants think of the courses? These comments were taken

from evaluations: "Excellent review." ... "Good, useful clinical focus." ... "Case discussions were excellent." ... "All speakers were first rate." ... "I enjoyed the spirit of camaraderie that the facilitators have with each other and shared with us." ... "ASAM's conferences are overall the best I have ever attended." ... "The multidisciplinary nature of the group makes for a more interesting cross section of people than specialty group conferences." ... "Thoroughly enjoyed the psychodrama -- very valuable experience."

#### **Faculty**

It was the fifth or sixth course for many speakers and facilitators -- this despite no honoraria for ASAM members.

What does faculty get out of the courses? As a speaker, review includes not only what one learns from other speakers, but also the challenge of presenting one's area of responsibility to a group of peers. Although many of us lecture to other medical, nonmedical professional, community and patient groups, preparing for peer speciality physicians is far more demanding. Their approval seems worth more to me than a monetary honorarium.

Who are the teachers? In Chicago and in Atlanta, 19 lectures were given by 15 faculty, most of whom taught in both places. Most also served as case discussion facilitators, guiding the interactive learning experiences of the participants.

Special events: at the Atlanta course, a birthday party for Loretta Finnegan, MD, with a beautiful cake. Unfortunately for Terry Rustin, the hotel staff didn't make it on time for his singing. In California, a birthday for **John Chappel**, MD. I know of only one person who found tickets to the World Series during the Atlanta course: our conference manager, Virginia Roberts (some people have all the connections!).

Twelve Step recovery groups: the committee provides both closed and open AA or Al-Anon groups daily during the courses. All participants were invited to the open meetings, and a number visited their first self-help meeting this way.



*Martin Doot, MD*

When does planning start? We are already working on this year's course content. Since 1993 is not a certification exam year (ASAM offers the exam every other year), the course will be a "State of the Art in Addiction Medicine" meeting, rather than a review course. The ASAM staff had the site and dates chosen by October 1991.

*Florida:* Oct. 28-30, 1993; Orlando.

*California:* Nov. 18-20, 1993; Newport Beach.

Another group is updating the syllabus for the 1994 review courses, the year of the next ASAM Certification Exam. As syllabus editor, **Norman Miller**, MD, will guide the preparation of this important addition to the education of society members. Publication is planned for spring 1994; the book's title will be "Principles of Addiction Medicine: ASAM Review Course Syllabus."

We owe a great debt of gratitude to the Review Course committee, course directors, facilitators, faculty and staff of ASAM. Thank you! And I hope all who took the exam in December felt that they did well.

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

## POLICY STATEMENT

### ASAM Adopts New Code Of Ethics

*The ASAM Ad Hoc Committee on Ethics was charged with developing a Code of Ethics for ASAM. Chair LeClair Bissell, MD, and her committee, comprised of Drs. Sheila B. Blume, H. Blair Carlson, Lance L. Goberman, Kevin Olden, Kent E. Neff, Alan A. Wartenberg and Melissa Lee Warner, "have spent many months developing and writing this code before sending it to the ASAM board for approval," according to Dr. Bissell. "Any such code should be regarded as a dynamic document that can be expected to change through time. ASAM's present by-laws require members to abide by the AMA Code. Ours is slightly different."*

The American Society of Addiction Medicine supports a body of ethical statements developed primarily for the benefit of the patient. As members of the medical profession, we must recognize responsibility not only to patients, but also to society, to other health professionals and ourselves. The following Principles of Medical Ethics are not laws but standards of conduct, which define the essentials of appropriate behavior for the physician.

#### **Section I**

A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

1. Because of the prominence of denial in patients suffering from chemical dependency, treatment may be mandated or offered as an alternative to sanctions of some kind. In other circumstances, a chemically dependent person whose judgment is impaired by intoxication may be brought to treatment when unable to make a reasoned decision, or may be treated on an involuntary basis. It is the duty of the addictionist to advocate on behalf of the patient's best interest and to prevent any abuse of this coercive element. The goal for patients is to restore, as quickly and safely as possible, their ability to make responsible deci-

sions about their own recoveries.

2. All patients with problems of chemical dependence, regardless of how dysfunctional they may appear, retain the right to be treated with respect. The physician practicing addiction medicine will maintain a decorum that recognizes each patient's dignity regardless of possible conflicts in values between patient and physician.

3. Patients must be cognizant of patient rights when working with a multidisciplinary treatment team. The addiction specialist has a duty to participate in the development and maintenance of patient rights as a team ethic.

#### **Section II**

A physician shall deal honestly with patients and colleagues and shall attempt to notify appropriate authorities promptly regarding those physicians whose conduct is illegal, unethical, or incompetent or who engage in fraud or deception.

1. The physician is aware that impaired practice frequently results from illness and in such cases will strive to rehabilitate rather than merely to discipline colleagues. Public safety must always remain the primary consideration.

2. In their personal use of alcohol and other mood-altering drugs, physicians will serve as responsible role models for patients, staff and community.

3. Sexual activity with a patient is unethical. Sexual involvement with a former patient generally exploits emotions deriving from treatment and is therefore almost always unethical.

4. Addiction treatment services, like all medical services, are dispensed in the context of a contractual arrangement between physician and patient and which is binding on both. Addictionists should avoid misrepresenting to patients or families either the nature, length or cost of treatment recommended. This is particularly important when the physician may profit from the recommendation or when the physician holds power over a patient's legal or professional status or when the physician's income is based on census within an institution as opposed to services rendered to patients.

#### **Section III**

A physician shall respect the law and recognize a responsibility to seek changes in those requirements that are contrary to the best interest of patients.

1. Society's response to alcoholism and other drug dependencies has reflected a history of stigma and prejudice towards persons who suffer from these illnesses and their families. The addictionist therefore has a special role as advocate for those changes in law and public policy that will improve the treatment of addiction, reduce stigma, and protect the rights of those affected.

2. Addictionists are often in the position of acting as role models for recovering patients. As such, they carry the responsibility to be aware of the laws that govern both their professional practice and everyday lives and to respect and obey these laws. While most unlawful behaviors would have a direct or indirect bearing or suitability to practice, there may be situations such as an act of civil disobedience in protest against social injustice in which unlawful activity might not automatically be equivalent to professionally unethical conduct.

#### **Section IV**

A physician shall respect the rights of patients, of colleagues and of other health professionals and shall safeguard patient confidences within the constraints of the law.

1. Physicians practicing addiction medicine often treat patients who feel stigmatized and are reluctant to disclose medically necessary information because of suspicion, fear and distrust. In this special physician patient relationships, it is essential that the rights of the patient be recognized, respected and protected by the treating physician.

2. When addicted patients are coerced into treatment by external agencies and are under threat of legal, social or professional sanctions, demands for information from these agencies may at times conflict with a patient's desire for confidentiality. The physician has the obligation to consider the short and long term consequences of disclosure and to advise the patient who must give consent. The patient's right to limit the content, purpose and duration of consent should be

respected within the limits of the law.

3. Since recent use of alcohol and other drugs commonly results in cognitive impairment, the addictionist should protect patients from making potentially harmful decisions involving requests for information or from making any other major commitments while their ability to understand or evaluate their actions is still impaired.

4. Addictionists should treat individuals only with their consent, except in emergency and extraordinary circumstances in which the patient cannot give consent and in which the withholding of treatment would have permanent and significant consequences for life and health. In cases where the patient has been found to be incompetent by appropriate mental health professionals and/or by the judicial system, physicians may assist in their care.

#### **Section V**

A physician shall respect the right of all patients to receive the highest possible quality of care regardless of age, gender, reproductive status, disability, race, marital status, sexual orientation or religious preference.

#### **Section VI**

A physician shall continue to study, apply and advance scientific knowledge; make relevant information available to patients, colleagues and the public; obtain consultation from and use the talents of other health professionals, ethicists, and legal experts when indicated.

1. Addictionists are responsible for their own continuing education. In a new and changing field of specialty practice, physicians must remain aware of their own skills and limitations and refrain from advising on matters outside their field of expertise.

2. When physicians supervise other health care professionals, they must take care to insure that proper care is given and not permit their names to be used to imply greater involvement in treatment or its supervision than actually occurs. The physician should not delegate to any non-medical person any matter requiring the exercise of professional medical judgment.

3. Public education is carried out by the physician in a professional manner, based on research and clinical knowl-

edge and without any potential exploitation of patients through emotional appeals or misrepresentations about the treatment process.

#### **Section VII**

A physician shall, in the provision of appropriate medical care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.

1. The physician will oppose any effort by government or other external agencies to dictate the content of any oral or written communication between physicians, patients, or other competent licensed health care professionals.

2. The physician will be extremely careful of any dual role relationships with patients. Assuming the doctor-patient role with employees, business associates and vendors, students, family members and others may compromise professional judgment. Conflict of interest or an advantage of power over the patient outside of the treatment relationships can lead to exploitation or interfere with fiduciary nature of the professional relationship. While such treatment is not frankly unethical, there are potential dangers and conflicts in such roles and the physician should enter into them only with great caution.

3. The addictionist shall attempt to secure for every patient the most appropriate and cost effective level of care based on patient need and available resources.

4. While individual physicians cannot be expected to assume the care of all addicted patients, they are nonetheless aware of the long history of rejection and denial of care to which chemical dependents are regularly subjected. The physician will attempt to secure treatment services for those patients who are in need and who are currently excluded by the treatment system.

#### **Section VIII**

An addiction medicine physician shall recognize a responsibility to participate in activities contributing to an improved community.

1. Addiction medicine physicians should foster the cooperation of those legitimately concerned with the medical, psychological, social and legal aspects of addictive disease and recovery. They are

encouraged to consult with and advise the executive, legislative and judicial branches of government. They should make clear whether they are speaking as individuals or as representatives of any organization. In all cases, they should make clear whether their statements are based on scientific evidence, individual professional or personal experiences, or on personal belief.

2. The physician may be asked for an opinion about an individual who is in the public eye or who has disclosed personal information to the media. It is unethical to offer a professional opinion about one individual without conducting an appropriate examination and being granted proper authorization to release such a statement. However, the physician may comment on general issues raised without making specific diagnostic or therapeutic comments on the individual in question.



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## SEC NEWS

### Role of Phenytoin (Dilantin) in the Management of Alcohol Withdrawal Syndrome

#### ASAM Survey Results

(One answer per question)

- |  |     |       |      |
|--|-----|-------|------|
| 1) When managing patients who have alcohol withdrawal syndrome and no history of seizures, I:  |     |       |      |
| a) usually use phenytoin   | 2%  |       |      |
| b) usually do not use phenytoin  | 98% | 100%  |      |
| 2) When managing patients with alcohol withdrawal syndrome and history consistent with alcohol withdrawal seizure(s), I:               |     |       |      |
| a) usually use phenytoin alone   | 2%  |       |      |
| b) usually use phenytoin with a sedative-hypnotic drug   | 23% |       |      |
| c) usually do not use phenytoin  | 75% | 100%  |      |
| 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   | 9%  |       |      |
| b) usually use phenytoin with a sedative-hypnotic drug   | 77% |       |      |
| c) usually do not use phenytoin  | 14% | 100%  |      |
| 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   | 6%  |       |      |
| b) usually use phenytoin with a sedative-hypnotic drug   | 54% |       |      |
| c) usually do not use phenytoin  | 40% | 100%  |      |
| 5) When managing patients who present with acute alcohol withdrawal seizure (no history of adulthood seizure unrelated to alcohol), I: |     |       |      |
| a) use phenytoin IV  | 19% |       |      |
| b) use phenytoin PO  | 12% |       |      |
| c) use phenytoin IM  | 2%  |       |      |
| d) do not use phenytoin  | 67% | 100%  |      |
| 6) Are you ASAM certified?   |     |       |      |
| a) yes   | 80% | b) no | 20%  |
|  |     |       | 100% |
| 7) Please indicate your specialty other than addiction medicine:   |     |       |      |
| a) Psychiatry  | 23% |       |      |
| b) Internal Medicine   | 36% |       |      |
| c) Family Practice   | 25% |       |      |
| d) Surgery   | 3%  |       |      |
| e) Other   | 13% | 100%  |      |

In the March-April 1992 ASAM NEWS, we asked our members to fill out this survey in order to assess current practices. The percentages above are from an informal tabulation of 175 surveys returned to the 1992 Ruth Fox Course for Physicians in Washington, or to ASAM headquarters.

#### Commentary

by Chris Kasser, MD, Chair  
Standards of Care Committee

Literature has been extensively analyzed in order to develop a practice guideline on the role of phenytoin in the management of alcohol withdrawal syndrome. Before formulating such a guideline, the following should be considered:

- Risk associated with seizures.
- Efficacy of phenytoin in the prevention of alcohol withdrawal seizures, as demonstrated by well designed scientific protocols.
- The risks and disadvantages associated with phenytoin.

It is clear from review of the literature that specific data derived from systematic studies are limited. A draft of the practice guidelines is currently being reviewed by experts before it is finalized. In the meantime, some initial general conclusions can be made. A strong consensus of opinion advises against routine use of phenytoin. Consensus and research also support the use of anti-convulsant medication in addition to sedative-hypnotics for patients with a primary seizure disorder and alcohol withdrawal syndrome. However, studies and expert opinion are mixed as to whether phenytoin should be used in addition to adequate sedative-hypnotic medication for patients who have a history of seizures consistent with alcohol withdrawal.

ASAM members were surveyed in order to determine addictionists' current practices. The survey results are to the left. In the future, after the final practice guideline has been published, ASAM members will be surveyed again to determine any changes in practice.

## News About Members

*ASAM Members: please send the newsletter your news. We will print it as space permits. Send to Lucy B. Robe, 303-D Sea Oats Drive, Juno Beach, FL 33408.*

**Henry Blansfield, MD**, of Danbury, CT, retired surgeon, received an annual achievement award from AAPHR (American Association of Physicians for Human Rights) in San Francisco last August, for having "founded the New Haven, CT, needle exchange program, for caring for addicts and other disrespected populations." He hopes to set up a coalition of addicts who would lobby for their rights as citizens suffering from an illness.

**J. Thomas Payte, MD**, of San Antonio, TX, received one of the annual Nyswander-Dole Awards (The Marie Award) from the American Methadone Treatment Association (AMTA) in November. Dr. Payte, who is chair of ASAM's Methadone Treatment Committee, represents ASAM on the AMTA board.

**J. Thomas Ungerleider, MD**, psychiatrist of Los Angeles, received the 1992 Vernelle Fox Award in November from the California Society of Addiction Medicine (California chapter of ASAM) "in recognition of his outstanding contributions to the field of addiction medicine in the area of public and medical education. His efforts to bring practical instruction to children in our public schools through the DARE program have been a model for the whole nation. Similarly, his success in developing innovative and exciting substance abuse education programs for medical students at UCLA deserves our recognition and commendation."

**Joseph R. Volpicelli, MD**, a psychiatrist at the University of Pennsylvania, conducted a study that showed naltrexone to reduce a recovering alcoholic's craving for alcohol. Published Nov. 14, 1992, in *The Archives of General Psychiatry*, the study was reported by at least two major daily newspapers (*New York Times*, and *Los Angeles Times* syndicate). It showed that male detox patients "could stop drinking sooner and fewer had a total relapse" than those on a placebo. **Richard Fuller, MD**, director of clinical prevention for the NIAAA, warned against prescribing naltrexone for this purpose too soon. "This is very exciting, very promising work. On the other hand, there are just two studies [the other by Dr. Bruce Rounsaville]. I'd be careful about immediately applying the medication. The final word isn't in yet." According to the *New York Times*, Dr. Volpicelli agreed, saying it would be "a couple of years with additional study confirming the findings, before he would prescribe the drug to treat alcoholics."

**Al J. Mooney, III, MD**, of Statesboro, GA, is on a 32-city tour to promote his new book, *The Recovery Book* (Workman Publishing). His father, **John Mooney, MD**, who died in 1983, founded Willingway Hospital with Al's mother, Dot, and their children -- who also include brother **Robert W. (Bobby) Mooney, MD**.

**William Hawthorne, MD**, has resigned from Mediplex. "I worked there for eight years as medical director, saw the field go through many changes, and believe the time has come to move on," he told *ASAM NEWS*. Dr. Hawthorne is now medical director of Care Center for Mental Health in Key West, FL, where he is doing outpatient psychiatry and addiction med-

icine. He is treasurer of ASAM.

**William T. Haeck, MD**, of Boca Raton, FL, is now a staff addictionist with the PRN (Physician's Recovery Network) of Florida, directed by **Roger Goetz, MD**. Dr. Haeck is new president of FSAM, the Florida chapter of ASAM.

**Richard S. Sandor, MD**, has left the Sepulveda V.A. and is now medical director of the Chemical Dependency Center at Saint John's Hospital in Santa Monica, CA.

**Lynn Hanks, MD**, director of The South Miami Hospital Addiction Treatment Program, moves Feb. 15 to Seattle to direct the Washington Physicians' Health Program (Impaired Physicians Program of that state). "When I came to Florida 10 years ago, there were only three physicians in CD full time," he told *ASAM NEWS*. "All three are now retired." Dr. Hanks had been a member of the Illinois State Medical Society Panel for Impaired Physicians in the late 1970s. In Florida, he was an approved treatment provider for impaired physicians, and on the Florida Medical Association Impaired Physicians Committee. Dr. Hanks is an ASAM board member, and is co-director of the annual Ruth Fox Course for Physicians, to be held this year in Los Angeles Apr. 29.

**E. Joan Barice, MD**, has closed her private practice and is working full time in industrial medicine for the Palm Beach Gardens Medical Center, FL.

## Attention: Emergency Physicians

"Over the last year there have been several instances which characterized the natural affiliation between addiction medicine and emergency medicine," writes **Andrew DiBartolomeo, MD**, of Akron, to *ASAM NEWS*. "It has been proposed that ASAM members who are also members of the American College of Emergency Physicians develop a special section within the American College of Emergency Physicians to address mutual relevant problems that include both specialties.

"A large number of the ASAM membership are practicing emergency physicians. Will those who are interested in developing this special section please contact me through the ASAM office for further information."

## In Memoriam

Psychiatrist and ADM specialist **Robert H. "Pete" Peterson, MD**, of Fresno, CA, died in spring 1992, from complications of pulmonary disease. He was active with the California chapter's Committee on Treatment Outcome where, according to *CSAM NEWS*, "he made significant contributions to the development of the 'Recommendations for Design of Treatment Efficacy Research.'" Dr. Peterson was certified by ASAM in 1986.

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

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In the July-August issue of ASAM NEWS, the Standards and Economics of Care page published a case report from Stefan Lerner, MD, about denial of inpatient care for a suicidal patient by Green Springs of New Jersey, a managed care company for Blue Cross of New Jersey.

The ASAM SEC Committee, chaired by David Mee-Lee, MD, received the following letters from readers in response:

I read with distress but not surprise the case report ... The intent of Green Springs of New Jersey ... is to pay for nothing. ..

I brought this problem to the attention of the New Jersey Psychiatric Association 1-1/2 years ago. In response a psychiatrist representing Green Springs, Dr. Henry Harbin, appeared at a Council meeting of the NJPA. He attempted to convince association members that it was his intent, and that of Green Springs, to provide optimum patient care ... in the most cost effective manner. Sadly, case reports of Dr. Lerner confirm my impression from early on that Dr. Harbin is an accomplice -- witting or not -- to a group that clearly does not have the focus of the most therapeutic approach to the psychiatric or addicted patient in its ken.

**John V. Verdon, Jr., MD**  
Tinton Falls, NJ

*Dr. Verdon, a psychiatrist, was certified by ASAM in 1986, is a diplomate of ABPN, chair of the New Jersey chapter of aaPaa, and chair of the Addictive Disorders Committee of NJPA.*

My perspective is that of both addiction medicine specialist and medical director of a managed care company.

In fairness ... we need to remember the "empirical research" is often conflicting, inconsistent, and narrowly focused. However, this case illustrates why

it is important for a managed care company to be public with its clinical criteria, which allows the clinician to review the case on "equal footing" and to know the managed care company's expectations at the start of treatment.

From the clinical information supplied by Dr. Lerner, it would appear that his treatment and discharge plans were quite appropriate. Again, however, without knowing the patient's actual benefits (determined by the employer, not the managed care company) or the clinical criteria being used by Green Springs, we cannot determine the reason for a "not medically necessary" denial.

Remember that clinical decisions are no longer being made exclusively by providers. Because employers and employees are both tremendously concerned about the quality and cost of care, they have charged managed care companies with the responsibility of monitoring these issues. Depending on the managed care company, definitions of "medical necessity" are broader and less restrictive. There is an emphasis on care being a continuum, from acute inpatient at one end to the full range of community services at the other end, and all levels of care in between. Some managed care companies do a great deal of research regarding clinical criteria, quality of care and outcome. ASAM Patient Placement Criteria are very useful; they came about from the efforts of excellent clinicians in addiction medicine, internal medicine, pediatrics, adult and child psychiatry, psychology and social work; *not necessarily from any empirical research.*

**Michael Glasser, MD,**  
Medical Director  
American PsychManagement of  
California, Inc., Santa Monica, CA

*Dr. Glasser, a psychiatrist, was certified by ASAM in 1987*

## LETTERS

ASAM NEWS welcomes letters to the editor on all addiction medicine topics.

Send to Lucy B. Robe, Editor,  
303-D Sea Oats Drive, Juno Beach,  
FL 33408.

The newsletter reserves the right to edit submitted material.

Dear Editor:

Thank you for your recent article "ASAM Amicus Curiae Brief Helps Free Addicted Mother" (ASAM NEWS Sept.-Oct. p. 4). We agree with ASAM's public policy statement "that pregnant substance abusers be provided with appropriate education, intervention, and treatment."

In 1989, there may not have been anything available for a pregnant woman with a cocaine problem, but fortunately today there is. Lancaster Recovery Center recently opened a treatment program called "Baby Steps." This offers treatment for chemical dependency in a 12-step framework and educational counseling about prenatal and newborn child care, nutrition, parenting skills and sexually transmitted diseases. "Baby Steps" accepts women 18 and older regardless of their month of pregnancy. While in treatment for CD they are closely followed by an obstetrician. They may deliver at a local hospital if they wish. The newborn is cared for in the Level II nursery. After post partum recovery period, the mother may return to complete treatment while her baby is cared for on campus by the hospital nursery.

**Keith D. Shealy, MD**  
Lancaster, SC

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

### PHYSICIAN

VAMC, Martinsburg, WV, has opening for physician in Alcohol & Drug Treatment Unit. 319-bed acute medical, surgical and psychiatric with 50 beds dedicated to alcohol and drug treatment. Martinsburg is located approximately 70 miles from Washington, DC and Baltimore, MD. ASAM certified in addiction medicine preferred. EOE.

Contact Jeanie Henderson, AA/COS 304-263-0811, ext. 4015.

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**Ruth Fox News**

We wish you and our families a very healthy and happy New Year, and hope that 1993 will be a peaceful and prosperous year.

The following is an update of the Ruth Fox Memorial Endowment Fund:

Special thanks to **Jasper G. Chen See, MD**, for his very generous bequest to the endowment fund. He has now joined the Founders' Circle. We will always be indebted to Dr. Chen See for establishing the Ruth Fox Memorial Endowment Fund and for his many other contributions to ASAM.

We are very grateful to the Yasuda Trust & Banking Co., Ltd, for its generous contribution. This is the endowment's first contribution from a Japanese organization.

ASAM members who are campaign leaders for the endowment fund will be contacting members to request contributions to the fund and to ask that you consider making a Planned Giving Gift. The endowment's goal is \$10 million by the year 2000. We need your help to successfully accomplish this goal.

If you would like to learn more about making a Planned Giving Gift, please feel free to call or write Claire Osman (in confidence). A free brochure "Better Estate Planning for Physicians" is also available from Ms. Osman, Director of Development, ASAM, 12 West 21st Street, New York, NY 10010. Phone (212) 206-6770.

Just a reminder ... an Estate Planning Seminar for members, spouses, and friends is scheduled for Thursday, April 29, from 5:45 pm to 6:45 PM at the Medical-Scientific Conference in Los Angeles.

The Ruth Fox Memorial Endowment Reception in appreciation of all donors' support is scheduled for Friday, April 30, from 6:30 PM to 8:00 PM in Los Angeles (by invitation only).

- Jasper G. Chen See, MD** - National Co-Chairman
- William Hawthorne, MD** - National Co-Chairman
- Max A. Schneider, MD** - President, Endowment Advisory Board
- Claire Osman** - Director of Development

**Recognition Roster by Giving Level: Nov. 1, 1992 to Jan. 8, 1993**

**Founders' Circle**

Jasper G. Chen See, MD

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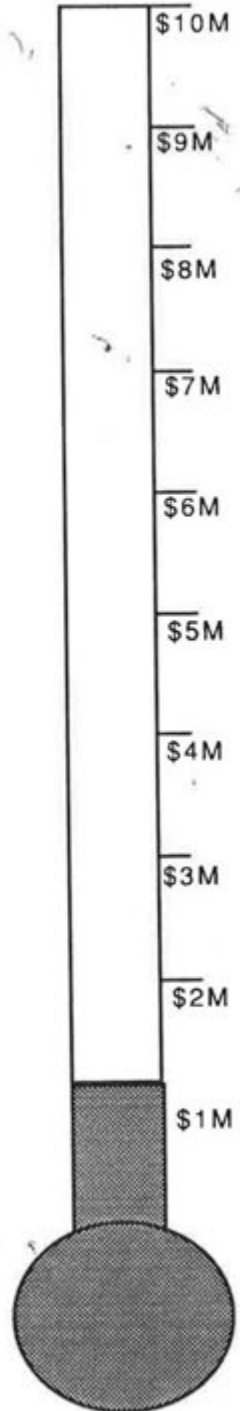
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*Dr. Chen See joins the Founders' Circle*

**RUTH FOX MEMORIAL ENDOWMENT FUND**

**Goal:**  
**\$10,000,000**



**Pledged:**  
**\$ 1,165,687**  
 (as of 1/7/93)

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

☐ (202) 244-8948 FAX: 202-537-7252

## ASAM CALENDAR

- ☐ **ASAM/GASAM Patient Placement Criteria Seminar: "Making It Work: Practical Strategies for Implementation & Reimbursement"**  
Atlanta, Feb. 19-21, 1993 *J. W. Marriott at Lenox*

- ☐ **Carolina Medical Professional Group's Recovery in the Carolinas: Research Triangle Park, NC, Mar. 5-7**  
Thomas W. Brown, MD, North Raleigh Psychiatry & Addiction Medicine, 920-A Paverstone Dr, Raleigh, NC 27615  
☐ (919) 847-2624

- ☐ **Prescribing Drugs with Abuse Potential: Richmond, VA, Mar. 12-13**  
Mrs. Linda H. Belford, Medical College of VA/Division of Substance Abuse, Box 109-MCV, Richmond, VA 23298-0109  
☐ (804) 786-9925

- ☐ **ASAM Board Meeting: Los Angeles, Apr. 28**  
All members are welcome to attend.
- ☐ **Ruth Fox Course for Physicians: Los Angeles, Apr. 29**
- ☐ **National Forum on AIDS and Chemical Dependency: Los Angeles, Apr. 29**
- ☐ **ASAM 24th Annual Medical-Scientific Conference: Los Angeles, Apr. 30-May 2** *Westin Bonaventure Hotel*

- ☐ **ASAM 6th National Conference on Nicotine Dependence: Atlanta, Sept. 9-12** *Marriott Marquis Hotel*

- ☐ **American Hospital Association 1993 Annual Conference, Section for Psychiatric and Substance Abuse Services: Boston, MA, June 17-19.**  
Ms. Rebecca Chickey, Section for Psychiatric and Substance Abuse Services, AHA, 840 North Lake Shore Drive, Chicago, IL 60611.  
(ASAM is a cooperating organization)  
☐ (312) 280-6000

- ☐ **ASAM State of the Art in Addiction Medicine: Orlando, FL, Oct. 28-31** *Contemporary Hotel, Disney World*

- ☐ **1993 State of the Art Conference and California Society's 20th Annual Meeting: Newport Beach, CA, Nov. 18-20.** *Four Seasons Hotel*  
California Society of Addiction Medicine, 3803 Broadway, Ste 2, Oakland, CA 94611  
☐ (510) 428-9091 FAX: 510-653-7052

*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.*

*For information about conferring CME credits through ASAM, contact Claire Osman, ASAM, 12 West 21 St, New York, NY 10010.*

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