

ASAM NEWS

American Society of Addiction Medicine

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Celebrate ASAM's 40th in the Big Apple!

April 14-17, 1994



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

ASAM's Role in Health Care Reform

by James F. Callahan, DPA

In an unprecedented and historic statement to the Joint Session of Congress and the nation on Sept. 22, 1993, President Clinton said that comprehensive coverage under health care reform "will cover people for substance abuse ... and mental health treatment."

Clinton Substance Abuse Benefit

The president's substance abuse benefit is outlined in the "Health Securities Act" which he and Mrs. Hillary Rodham Clinton delivered to Congress on Oct. 27. The description of benefits in this Act is not entirely clear. The Act also makes occasional reference to the health plans having the option to offer the benefit. This means that the benefit as described in the Act is far from "comprehensive."

The Act provides for:

- a 30-day annual mental health and substance abuse *inpatient* benefit, with an additional 30 days if a person poses a threat to himself/herself or others. For drug or alcohol treatment, inpatient care is limited to medical treatment for detoxification, with additional care to be given in a less expensive residential treatment center;
- 120 days intensive *nonresidential* treatment, with 60 additional days if medically necessary or appropriate;
- and 30 days *outpatient* group therapy within 12 months of the inpatient treatment.

The Act specifies that one inpatient day equals two intensive nonresidential days equals four outpatient days. The outlined benefit is less comprehensive than that described in a White House document widely leaked just three weeks prior to the release of the Act. The benefits will be scaled back even further, or perhaps eliminated altogether by subsequent actions of Congress, unless ASAM members and others take action.

Each ASAM member has it in his/her power to assure a future for addiction medicine and addiction treatment. While ASAM has not taken a position for or against any formulation of health care reform currently under discussion, the ASAM Board of Directors has endorsed the *ASAM Core Benefit*, along with an action plan which urges each ASAM member to promote the

(continued on p. 14)

Celebrate ASAM's 40th in the Big Apple!

April 14-17, 1994

Celebrate ASAM's 40th anniversary in Manhattan where it all began! Forty years ago, **Ruth Fox, MD**, and a few other physicians who were interested in alcoholism, established the New York Medical Society on Alcoholism. Over the years this evolved into the American Society of Addiction Medicine with a membership of 3,000. Society headquarters were in New York until moving to Washington four years ago, but ASAM still maintains a small office in the Big Apple, where **Claire Osman** is Director of Development.

Please join ASAM in celebrating these two important anniversaries: the 40th of the society's founding, and its 25th Annual Medical-Scientific Conference, April 14-17, 1994, at the Marriott Marquis Hotel, Times Square, New York City.

The Marriott Marquis is in the heart--literally--of the Broadway theater district. There is even a theater in the hotel! And New York theater is alive and well. Have you seen the Pulitzer Prize-winner *Angels in America: Millennium Approaches* or *Annie Warbucks* (the sequel to *Annie*)? How about long-running hits like *Cats*, or *The Phantom of the Opera*, or *The Fantasticks*?

Ever dined at the Russian Tea Room? Or Sardi's? Heard jazz at the famous Village Vanguard? Clambered on the ships at the South Street Seaport? Been to a concert at Lincoln Center? Visited the newly opened 19th Century European Painting and Sculpture Galleries at the Metropolitan Museum of Art? Shopped at Bloomingdale's? Tracked your ancestors at Ellis Island?



ASAM's 25th Medical-Scientific Conference

On the professional side, many of ASAM's nationally known experts live and work in New York. A number of renowned CD treatment programs are located in or near New York. So are world-famous hospitals and medical schools. Conference chair is **Marc Galanter, MD**

Symposia

There will be 10 symposia, several day-long, covering what makes people drink (NIAAA); violence in addictions; youth and substance abuse; findings from health services research about effectiveness and cost benefits of alcoholism treatment; medical and health consequences of drug abuse (NIDA); managing nicotine dependence; Project MATCH; current alcohol and drug addiction treatment; psychiatric comorbidity in addictive disorders (dual diagnosis); workplace urine testing.

The Medical-Scientific Conference also will include courses and workshops

by ASAM members and others in addiction medicine, evening component sessions based on ASAM committees' activities, oral and poster sessions of submitted abstracts.

The ASAM board will meet (open to all members), as will dozens of ASAM committees. Since many committees handle their other meetings during the year by mail or telephone conference call, this annual conference offers the chance to see fellow committee members face-to-face.

Other events will include the traditional ASAM annual awards luncheon, desert reception, exhibits, and a film festival.

AA meetings will be offered by IDAA in the hotel mornings and evenings.

Name in boldface is first mention of ASAM member in article.

Job Mart

Is anyone interested in a job mart? This could be an informal meeting of physicians who are interested in exploring job opportunities, organizations that are or might be looking for physicians in addiction medicine, and recruiters.

If interested, please contact **Louisa Macpherson**, Cluny Conference Services, 1013 Rivage Promenade, Wilmington, NC 28412 ☎ 919-452-4920; fax 919-452-4919. If there is enough interest, details will be in the final conference program.

ASAM Annual Awards to Drs. Chen See, Begleiter

The 1994 ASAM Annual Award "for outstanding contributions to the growth and vitality of our society, for thoughtful leadership in the field, and for deep understanding of the art and science of addiction medicine," will go to **Jasper G. Chen See, MD**, of Reading PA. President of ASAM from 1989-1991, Dr. Chen See founded and is chair emeritus of the Ruth Fox Memorial Endowment Fund.

The second 1994 ASAM Annual Award "for expanding the frontiers of the field of addiction medicine, and broadening our understanding of the addictive process, through research and innovation," goes to **Henri Begleiter, MD**, of Brooklyn, NY. Dr. Begleiter is a past president of RSA (the Research Society on Alcoholism) and renowned for his co-editorship with Benjamin Kissin, MD, of the *Biology of Alcoholism* book series.

Distinguished Scientist Award

ASAM's Distinguished Scientist Award will be presented to **Samuel Guze, MD**, professor of psychiatry, Washington University School of Medicine in St. Louis. He will give the annual Distinguished Scientist Lecture which officially opens the medical-scientific conference.

Conference Information

Registration material, hotel and travel information will be mailed to ASAM members in January. Nonmembers can contact **Sandy Schmedtje** at ASAM headquarters, 5225 Wisconsin Ave. NW, Ste 409, Washington, DC 20015.

☎ (202) 244-8948; fax 202-537-7252.

ASAM State of the Art in Addiction Medicine Course October - Orlando, Florida

Where: Contemporary Hotel at Disney World;

When: Oct. 28-31, 1993;

Who: 150 participants;

Clockwise from top left: Course co-director Terry Rustin, MD (L) with ASAM's EVP James F. Callahan, DPA; former Review Course chair Martin Doot, MD (R); Review Course (offered alternate years to State of the Art course) chair Allan Graham, MD (L), William D. Clark, MD, behind him; Reimbursement Cmte chair Michael M. Miller, MD; ASAM NEWS editor Lucy Barry Robe solicits articles from registrants; Peter Rogers, MD (C) with 4 students in creative writing for physicians course; Andrea Barthwell, MD, course co-director (2nd from L) enjoys coffee break with registrants; Dr. Graham (C) shares break with participants.



ABOUT ASAM

Unified Membership Task Force

A task force has been appointed to study the issues surrounding state/national unified membership. This dual membership was postponed from Jan. 1, 1994, to Jan 1, 1995. The task force includes representatives from Arizona, California, Florida, Georgia, Mississippi, Tennessee, and national members appointed by the president.

North Carolina, Wisconsin New Chapters

North Carolina and Wisconsin are the newest ASAM state chapters, bringing the total to 22. The others are Alabama, Arizona, Arkansas, California, Florida, Georgia, Illinois, Iowa, Maryland, Mississippi, Missouri, Nevada, New York, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Utah, and Washington.

State Chapters Committee chair is Paul Earley, MD.

CME News

Teaching Modules Available at Brown Univ.

CME in Alcohol and Other Drug Problems developed by the Brown University Center for Alcohol and Addiction Studies in partnership with the ASAM Core Curriculum Committee, is now available. It is intended to "provide community physicians with the tools they need to lead CME sessions for primary care physicians at their local hospitals," according to David C. Lewis, MD, director of the Brown University Center for Alcohol and Addiction Studies and chair of ASAM's Core Curriculum Committee.

A survey of ASAM members determined the five top priorities for training primary care physicians at the community level: addiction as a chronic disease, screening and diagnosis of problems with substance abuse, office based intervention and referral to treatment, prescription drug misuse, and detoxification. One hour per session was recommended by survey responders.

Five modules were developed in answer to the ASAM membership priorities. Each module contains a teaching outline, handouts, 35 mm. teaching slides, and four include video segments and case histories.

Sessions are designed to be free-standing: each addresses one topic area and is not dependent on attending others. However, "all the modules represent a complete introduction to basic skills and competencies important to addressing substance abuse problems in a primary care practice," according to Dr. Lewis.

Price: \$116 plus shipping.

For more information: Brown University Center for Alcohol and Addiction Studies, Box G. Providence, RI 02912. Attention: Kathryn Cates-Wessel.

☎ (401) 863-1102.

FAX: 401-863-3510.

CMEs through ASAM

ASAM policy for conferences that are sponsored or co-sponsored by ASAM was recently amended by the board. In order to qualify for CME credits in Category 1 Physician's Recognition Award of the American Medical Association, the following standards must be met:

Speakers

A conference which does not have 50% or more terminal degree speakers must offer an identified medical-scientific track, and 50% of those speakers must be ASAM members.

Pharmaceutical Support

Conferences sponsored or co-sponsored by ASAM can accept funding from pharmaceutical companies in accordance with principles set forth by the AMA, FDA, and ACCME, and with the approval of ASAM's past president, current president, and president-elect. This approval can take place during their weekly telephone conversations.

MRO

According to David E. Smith, MD, job opportunities for Medical Review Officers outweigh the supply. There are currently about 2,000 MRO's; another 4,000 to 7,000 will be needed.

A physician who wants an ASAM certificate related to the role of an MRO must be ASAM-certified and complete an MRO course sponsored by ASAM.

Beginning in 1994, the ASAM certifi-

cation/recertification exam will include enough MRO questions to cover "the information required of a physician who serves as a Medical Review Officer."

ASAM policy is that all MRO's should know the basic principles of addiction (diagnosis, the usual course of the disease if untreated, treatment, rehabilitation, recovery and relapse) in order to function appropriately as an MRO.

The Examination Committee believes that all the information required for MRO's should be understood by the general addictionist, even if he/she doesn't serve in the role of an MRO; that it is appropriate for the ASAM certification exam to cover MRO issues, and for the MRO items to be counted in scoring all candidates.

ASAM will sponsor two MRO training courses in 1994: Mar. 11-13 in Marina Del Rey, CA, and Aug. 26-28 in Arlington, VA. Details from the Washington office.

Family Committee Seeks Members

The Family and Generational Issues Committee is "reorganizing to contribute more directly to ASAM's efforts on behalf of including chemical dependence treatment in any basic medical insurance benefits package," according to committee chair Timmen L. Cermak, MD. "We believe that it will be useful to emphasize the effects of chemical dependence on families and children."

The committee will work in three areas:

1. Develop a White Paper on the effects of chemical dependence on children and families.

2. Develop position statements designed to advance the welfare of children and families affected by chemical dependence.

3. Develop contacts and mutual support with other organizations promoting the welfare of children and families affected by chemical dependence.

Dr. Cermak would welcome ASAM members interested in working on the committee in any of these areas.

Contact him c/o Genesis, 1325 Columbus Ave, San Francisco, CA 94133. ☎ 415-346-4368; fax 415-346-5808.

Communications Task Force

According to chair **Stuart Gitlow**, MD, task force purposes are to:

- Determine most efficient and effective methodology of implementing electronic forms of communication within ASAM.

- Demonstrate this methodology to ASAM members at the Medical-Scientific Conference in April 1994.

- Develop techniques for using online technology in a cost-effective manner, designed to reduce overall costs of the organization.

If any ASAM member would like to give ASAM an online address, please contact one or more of the following:

LeClair Bissell, MD:

(AOL=America Online) *LeClair*

Stuart Gitlow, MD:

(AOL) *AFA Gitlow;*

(CompuServe, Internet)

afagitlow@aol.com.

Al Mooney, III, MD:

(CompuServe)

70165.242@CompuServe.COM

Lucy Barry Robe: (AOL) *LuBaRo*

Certification/ Recertification Exam

ASAM has mailed over 14,000 announcements about the 1994 certification/recertification exam. These went to lists of AMA state and county medical societies, National Association of Community Health Centers, National Association of Addiction Treatment Providers (NAATP), U.S. Directors of Physician Education, U.S. Chiefs of Medical Staff, National Council on Alcoholism and Drug Dependencies (NCADD), and 200 medical journals and media groups.

In September, certification applications were sent to all ASAM members who are not yet certified by ASAM.

Flyers went in October to ASAM members who are already certified, inviting them to consider recertification (if appropriate) and/or to pass the information along to a non-certified colleague.

Personalized letters were planned for all ASAM members who joined the society between August 1992 and November 1993. Each letter, to be mailed in November, explains why a physician working in his or her particular specialty should consider becoming ASAM- certified.

The letters will be from prominent ASAM-certified members who have found ASAM certification critical to their practices.

Acting Credentialing Committee chair is **Lloyd Gordon, MD**. Examination Committee chair is **Sidney H. Schnoll, MD, PhD**.

Postmark deadline for exam applications is Jan. 10, 1994. For more information, call Theresa McAuliffe at ASAM headquarters: 202-244-8948. FAX: 202-537-7252.

Membership Benefits

Some Dues Reduced

Beginning with 1994 dues, the following annual dues have been reduced:

House officers, fellows, and residents will now pay \$75 per year, down from \$100.

International members are now \$150.

Credit Card for Members

The board of directors approved a valuable new member benefit: the ASAM Gold Mastercard® from MBNA America®.

MBNA offers a low interest rate of 13.9%, noteworthy customer service, no annual fee for the first year, and more. And each time ASAM members use their ASAM Gold Mastercards®, they support ASAM's educational programs.

Watch the mail and *ASAM NEWS* for details.

Members in the News

The American Psychiatric Association gave the 1993 Gold Achievement Award to **Marc Galanter, MD**, for the Substance Abuse Services that he directs at New York University and Bellevue Hospital. This is the first time the award has been given for an integrated substance abuse service program.

The National Commission on Correctional Health Care has approved ASAM as a new supporting organization, and elected **H. Blair Carlson, MD**, to its board of directors. Dr. Carlson is former chair of ASAM's Credentialing Committee and current chair of the new ADM in Correctional Institutions Committee.

Name in boldface is first mention in article of ASAM member.



Dr. Frawley Joins Board

In late August, **Kevin W. Olden, MD**, resigned from the ASAM Board of Directors. He represented Region II (California).

On Oct. 2, the board elected **P. Joseph Frawley, MD**, of Santa Barbara, to serve the rest of Dr. Olden's term, which runs until 1997.

Dr. Frawley has been chair of ASAM's Finance Committee since last April. He is past president and treasurer of the California Society of Addiction Medicine, and current project director of the CSAM Collaborative Study of Addiction Treatment Outcomes. He has written a book *Addiction: Who is in Control?*

NIAAA Research Project

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) issued a Request for Applications for research grants on health services for alcohol-related problems. Up to \$12 million will be available to fund 50 to 60 high quality applications. Research should relate to improving the accessibility, quality, cost-effectiveness, and outcomes of alcohol-related treatment services and prevention interventions.

Deadline: Jan. 24, 1994.

For a copy of the RFA (AA-94-05) and for more information, contact Cheryl Lowman, PhD, at (301) 443-0796. Treatment Research Branch, Room 14C-20, NIAAA, 5600 Fishers Lane, Rockville, MD 20857.

Enoch Gordis, MD, is director of the NIAAA.

How to Communicate with Congress

A Guide for ASAM Members

by Elizabeth F. Howell, MD

As Congress considers health care reform and other issues, it is vitally important for physicians in general, and addiction medicine physicians in particular, to communicate their opinions to Congress. *Never* assume that your voice will not be heard or that your opinion will not count.

Register to vote, and then *vote!*

As important as voting is writing, phoning, and talking to your elected officials and their staff members. This is the only way you can affect important issues. If you do not communicate with Congress, how can you complain after the fact that nobody listened to you?

Guidelines

General Information

You must first know the names of your Representative and your Senators. Hopefully, you voted in the last election and know who won. However, if you don't know, telephone the main switchboard at the U.S. Capital (202-224-3121) and ask to be connected to those offices for your state. Note your Representative and Senators' names and direct phone numbers for future calls; the switchboard number is frequently busy.

If You Phone

Calling the Washington office of your Representative and Senators has more impact than does phoning their local offices.

Ask for the staff person who is responsible for health issues.

- Identify yourself as a constituent. Be polite, briefly state your reason for calling, and give a pithy opinion. Avoid hostility and histrionics!

- Identify yourself as an ASAM member and a state chapter member (if your state has one); briefly describe ASAM. The description on page one of *ASAM NEWS* works well:

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

- State ASAM's position on the issue, if there is one. You can get copies of ASAM's Public Policy Statements from Washington headquarters (☎ 202-244-8948; fax 202-537-7252).

- If there is no official ASAM position, say that you speak as a citizen, physician, etc. who happens to be an ASAM member.

- Offer yourself as a resource should the staff member ever want more information.

Sometimes drug and alcohol issues are considered legal problems. If the health person tells you that addiction is a legal issue, use the chance for a quick lesson about addiction being a medical disease.

- If you're calling about health care reform, briefly state the message suggested by ASAM's Health Care Reform Task Force in the March-April issue of *ASAM NEWS*:

"Any national health care reform proposal must include a

core benefit for primary care and specialty treatment and prevention of alcohol, nicotine, and other drug abuse and dependence, if access to health care is to be reality for all Americans."

Tell the staff person about ASAM's Core Benefit Policy Statement (See *ASAM NEWS*, March-April, 1993, p. 4-5, or call ASAM headquarters) and offer to send him or her a copy.

If You Write

Well-written and timely letters to legislators are very valuable. Write when there is an issue of interest but please don't be a "pen pal" who writes every week!

Follow up your phone calls or visits with a letter *briefly* summarizing the topic of conversation, and thanking the legislator for his or her consideration of your issue, and for the attention of the staff.

A correct address is important:

Address for U.S. Senators

Honorable Firstname Lastname
United States Senate
Washington, DC 20510

Dear Senator Lastname:

Address for U.S. Representatives

Honorable Firstname Lastname
U. S. House of Representatives
Washington, DC 20515

Dear Representative Lastname:

About Your Letter

Write your own Senators and Representatives, not ones from another state or district. An exception is when you may want to write legislators on key committees that are considering your issues. If you write these officials, state your reasons for doing so, e.g. "...because you will soon consider an issue of importance to my practice as an addictionist..."

Identify the issue or bill about which you write, if you can. Use the bill number if you know it (e.g. S. 4567 if it's Senate, or H.R. 6789 if it's House of Reps) and a brief description of the bill.

Be brief! Letters should be no more than a *single typewritten page*. Identify yourself as a constituent, specify the bill or issue, state your position and reasons for it, ask for a specific action, and thank him or her for considering your views.

Be timely. A letter too late is a useless letter. If you are down to the wire, fax it.

Be courteous. *Never* demand, threaten, or berate your elected officials. They will write you (and your issue) off. Grit your teeth and be polite, even if you haven't agreed with your legislator about anything. Just keep communicating!

Type your letters and include your name and address on the letter itself. *Use your own letterhead*, not that of your employer or organization; you are expressing *your* opinions, not necessarily theirs. Include your home address, since →

your Representative needs to know that you are a constituent.

Whenever you can pay a compliment or express appreciation about your legislators' support or stand on any current or previous issue, do so.

Be patient when waiting for a response. You will get one.

If You Visit

Your Senators and Representative have local district offices. Your Representative's Washington office can give you the address and phone number.

Local visits to your legislators can be very effective. Take advantage of Congressional recesses by visiting your legislators in their local offices. Get a group of colleagues together to meet with your legislators -- there is strength in numbers, even small ones.

If you are going to Washington, call a few weeks ahead, identify yourself as a constituent, and schedule an appointment with your legislator's health staff. Ask if you can meet with your legislator, but don't be insulted if you can't do so in person; legislators are extremely busy and Congress may be in recess. Many legislative staff members are better versed on health issues than is the legislator (unless this is a particular interest of his or hers) and can thus spend more time hearing your point of view.

In fact, it's highly unlikely that you will meet your legislator personally, unless you have a strong political connection.

If you *do* have such a connection, *use it!*

Maximize your time in the legislative office. Be on time, be prepared, allow extra time to find your way through the Washington Congressional District maze.

Pick one or two major, pertinent issues to discuss. Don't try to cover everything; you can communicate more in the future.

Personalize the issues. How do these issues or bills affect you as a provider *and* the people you treat?

Take helpful written material with you. This should be brief, concise, polite, and informative. Take a copy of the ASAM Core Benefit. Take your business cards. Write a short letter about your issue(s) (see *About Your Letter above*) and have it with you.

Volunteer to be a resource for your legislator. Take a list of ASAM's national officers and those of your state chapter, for further resources. Your knowledge and expertise as a local resource may be welcomed, especially if you can give input on short notice. If they don't know you are there, how can they ask you?

Follow up with thank you letters that briefly restate your position or concerns, sent to the staff person(s) you met *and* to the legislator.

Other Activities

Invite your elected officials to visit or tour your practice, hospital, treatment center, etc. Let them see what our "real world" is like.

Attend town hall meetings when your legislators are home.

Invite your legislators to medical society meetings, chapter meetings, professional meetings, etc.

Register to vote, and then vote. Ask your colleagues to do

MY POINT OF VIEW

the same.

Facilitate your patients registering to vote. Often legislators think, "Why should I worry about addicts? They don't vote." So let's persuade our patients to register to vote if they're not already registered. Make it part of continuing care treatment planning.

Ask your patients and their families to write letters to their legislators about their own experiences with addiction, treatment, and recovery. Legislators are impressed by letters from people directly affected by addiction issues. You might give your patients the names and addresses of legislators from their districts, and general suggestions of what to include with their personal details.

How about making recovering patients, colleagues, friends, etc. part of a contingent when you visit your legislators, attend town meetings and other political events?

Just do *something*. You really *can* make a difference!

Elizabeth F. Howell, MD, of Atlanta, a psychiatrist certified by ASAM in 1986, is immediate past president of GASAM, the Georgia Chapter of ASAM. She is co-chair of the ASAM Southeast Test Development Committee, and a member of the Nominating and Awards Committee.

A version of this editorial appeared in the August 1993 GASAM NEWS (v. 3 #2).

FSAM

Florida chapter of
American Society of
Addiction Medicine
presents

FUN IN THE SUN WITH FSAM! 7th Annual Conference on Addictions January 20-23, 1994

▲
Hotel Royal Plaza
Walt Disney World Village
(group rate \$75/night per room)
Orlando, Florida

12.5 CMEs through AMA, AAFP, AOA
CEUs: counselors + nurses. Social workers: applied for.
Topics include: What's happened to in-patient treatment?
Basic brain science, prescription medicines;
Chronic pain, nicotine dependence,
methadone maintenance, role of HRS in CD in Florida.
Afternoons, evenings free to sightsee.

▲
For full information write: Lucy B. Robe, FSAM,
303-D Sea Oats Dr, Juno Bch, FL 33408.
☎ (407) 627-6815 FAX 407-627-4181

| <u>Treatment & Clinical Issues Section</u> | <u>Medical Education Section</u> | <u>Certification Section</u> | <u>Standards of Care Section</u> | <u>*Clinical Research Section</u> | <u>*Communications & Technical Assistance Section</u> | <u>Primary Care Medical Specialties Section</u> |
|--|--|---|---|---|---|---|
| (Vacant) | Marc Galanter | John B. Griffin | David Mee-Lee | (Vacant) | (Vacant) | Stanley Gitlow |
| *ADM in Correctional Institutions ¶ H. Blair Carlson | Physicians Health G. Douglas Talbott | Credentialing ¶ Lloyd Gordon | Criteria David Mee-Lee | Treatment Outcome Research ¶ David Gastfriend ▲ | Publications Margaret Bean-Bayog | Anesthesiology Seddon Savage |
| Adolescents Anthony Dekker | Pregnancy/ Neonatal Addiction Barbara Bennett Hope Ewing | Examination Sidney H. Schnoll ▲ | Reimbursement Michael M. Miller | | *Communications Task Force ¶ Stuart Gitlow | Emergency Medicine Andrew DeBartolomeo |
| AIDS Mel Pohl | Trauma Peter Rostenberg Carl A. Soderstrom ▲ | Fellowship & Residency James A. Halikas | Practice Guidelines <i>(new name for cmte)</i> Christine L. Kasser ▲ | | Electronic Data Systems (Vacant) | Family Practice Michael Fleming |
| Caffeine/ Addiction Medicine (Ad Hoc) G. Douglas Talbott | | Medical Scientific Program Marc Galanter | | | Library (Vacant) | Internal Medicine David C. Lewis |
| Cross Cultural Clinical Concerns Andrea Barthwell | | NCAAdd/ ASAM Robert M. Morse | | | Technical Assistance (Vacant) ▲ | Obstetrics/ Gynecology Donald C. Meek |
| Dual Diagnosis Norman Miller | | Nomenclature David E. Smith | | | | Pediatrics Larry H. Patton |
| Family & Generational Issues Timmen Cermak | | Review Course ¶ Allan Graham ▲ | | | | Preventive Medicine Paul Brattain |
| Medical Care in Recovery ¶ Gary Wainer | | | | | | Psychiatry Joseph Westermeyer |
| Methadone Treatment J. Thomas Payte | | | | | | Surgery Gordon L. Hyde |
| MRO Ian MacDonald | | | | | | Specialty Status Task Force Anne Geller ▲ |
| Nicotine Dependence John Slade | | | | | | |
| Pharmacologic Issues John Morgan | | | | | | |

ASAM SECTIONS & COMMITTEES

Notes:

All are physicians.
 This committee chart was previously published in the September-October 1992 issue of ASAM NEWS.
 * Committee, section, or task force not on previous chart.
 ¶ Appointed since previous chart.
 There are 59 committees/task forces.

Membership Services Section

Anthony B. Radcliffe

Public Affairs Section

Sheila B. Blume

Management Section

Anne Geller

International
Anthony B. Radcliffe

Ethics (Ad Hoc)
LeClair Bissell

Constitution & ByLaws
Max A. Schneider

Membership
Ken Roy

Public Policy
Sheila B. Blume

Credentialing Review
Allan W. Graham

Members-in-Training
¶ Stuart Gitlow

Health Care Reform Task Force
Sheila B. Blume ▲

Finance
¶ P. Joseph Frawley

State Chapters
Paul H. Earley ▲

History (Ad Hoc)
Percy E. Ryberg

Nominations & Awards
¶ Anthony B. Radcliffe

Organization Structure
Anne Geller

Personnel & Compensation
Anne Geller

Resources & Development
¶ Max A. Schneider

Ruth Fox Memorial Endowment Campaign
¶ William Hawthorne
¶ Jasper Chen
See (emeritus) ▲

ASAM SECTIONS & COMMITTEES

MEDICAL DIRECTOR
MacNeal Hospital
Dependency Treatment Center

MacNeal Hospital, a teaching facility located in the western suburbs of Chicago, seeks a demanding and dynamic leader to become Medical Director of our rapidly-growing Dependency Treatment program. The physician must be board-certified in Family Practice or Internal Medicine and must also be certified by the American Society of Addictions Medicine. MacNeal's program is founded strictly in accordance with ASAM guidelines for treatment. Services include inpatient detoxification, residential rehabilitation, dual-diagnosis treatment and a variety of outpatient programming including child and family therapy. In addition to clinical responsibilities, the Medical Director must be an active educator for residents in MacNeal's Family Practice Training Program. The Medical Director will be responsible for driving continued growth of MacNeal's Dependency Treatment program and for assuring high-quality, service-oriented care. Candidates must have strong program development ability and excellent medical credentials. A constructive and collaborative approach to working with managed care organizations is essential. Please send your CV to: Jeannette Simons, Physician Affairs, 3249 S. Oak Park Ave., Berwyn, IL 60402.



DRUG ABUSE RESEARCH

The Intramural Research Program (Addiction Research Center) of the National Institute on Drug Abuse, NIH, has immediate openings for physicians (MD and OD). The clinical research program includes studies of the epidemiology, etiology, treatment and medical complications of drug abuse and of the mechanisms of action of drugs using techniques of clinical pharmacology, behavioral and cognitive sciences, genetics, electrophysiology, brain imaging (PET and MRI) and molecular biology. The development of new medications and innovative treatment approaches are high research priorities. Salary range is \$39,000 to \$73,472 with an annual \$2,000 stipend increase. Applicants should have completed residency training or have 5 years of relevant clinical experience. Educational loan forgiveness of up to \$20,000 yearly may be possible. The Addiction Research Center is located at the Johns Hopkins Bayview Research Campus in Baltimore. U.S. citizenship or permanent resident status is required. Submit Application for Federal Employment (SF-171), curriculum vitae and the names of three references to:

Personnel Mgmt. Spec.
NIH/NIDA/ARC
P.O. Box 5180
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EuroCAD/94

London, England

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- Joe McQuany •
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- Dr. Bob Hughes •
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- Dr. G. Douglas Talbott •
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- Peter Haulkings, Ph. D. •
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- And More to Come •

The Goal of EuroCAD/94: to promote awareness, provide scientific investigation, improve effectiveness, and share information regarding the primary disease model, 12 step centered, total abstinence based method of treating alcoholism and other drug addictions. This is often called "the Minnesota Model" in Europe.

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The Importance of ASAM Certification

by Dennis A. Weis, MD

When members of my ASAM state chapter told me that they were unhappy about the time and effort invested in ASAM certification not yet resulting in true Board Specialty status, I mentioned their concerns during an ASAM State Chapter Committee conference call. I was urged to write my views about the importance of ASAM certification in addiction medicine independent of board specialty status.

The importance of certification is obviously in direct proportion to the credibility of the certifying organization. ASAM is recognized as the voice of addiction medicine. But, how credible is ASAM?

ASAM is represented in the AMA House of Delegates, is recognized by the AMA as a practice specialty (Code ADM), and is a member of the Council of Medical Societies of the American College of Physicians. ASAM publishes a journal, a newsletter, several books and booklets, and the *Patient Placement Criteria*, the most credible, comprehensive and widely distributed work of its kind in the country. ASAM supports the development and accreditation of fellowship programs, which would be instrumental in ultimately obtaining a Board Specialty status. Through our recommended "Core Benefit" for substance abuse treatment, ASAM is very involved in healthcare reform. ASAM, and some state chapters, sponsor or co-sponsor a plethora of CMEs all over the country. Many state chapters also provide addiction medicine education to local medical schools and residency programs.

No More ABMS Boards

Achieving Board Specialty status is a long and arduous process. At this time, the political climate at the American Board of Medical Specialties is -- no more Boards. Although achieving Board Specialty status is largely out of our control, ASAM will continue to pursue it as a long-term goal.

CAQ's in addiction medicine are becoming available in some medical specialties. However, in my experience, a

CAQ alone does not necessarily an addictionist make.

I do believe that ASAM certification is an important addition to anyone's curriculum vitae. The exam to be offered in 1994 for recertification as well as certification, is strong and nationally recognized; 2,619 physicians have passed it. ASAM members represent many national Board Specialties and are conversant with various medical societies. Treatment centers, hospitals and yes, even managed care organizations, ac-



tively seek and recruit ASAM certified physicians to provide direction and leadership for their programs. The word is out. ASAM is known nationally.

The above means very little until you actually see it work. I have watched physicians find new careers and enhance existing ones as a result of their ASAM membership and certification.

This is true for me. Three years ago I became very frustrated with the impact of managed care on addiction rehabilitation and therapy. The adversarial approach seemed to me a case of diminishing returns. Instead, I became actively involved in managed care. Now I can directly influence addiction treatment policy, in a realistic and constructive manner.

Managed Care

ASAM physicians are demanding managed care, and insurance companies have ASAM peers doing reviews on their patients. I have worked on both

MY POINT OF VIEW

sides of managed care. I see an obvious difference between an ASAM certified physician and one who is not; and even between an ASAM member and non-member. Some inappropriate and antiquated treatments are still being inflicted on addicted patients out there, but not, in my opinion, by ASAM certified physicians. They *know* how to discuss severity of illness in addictive disease, and how to direct appropriate therapies.

ASAM certified members are instrumental in developing state legislation that affects the treatment of addicted individuals. State hospital associations and medical societies call us for testimony after identifying legislation that affects substance abuse issues and treatment. We are *the* voice of addiction medicine in our own states, so please let your hospital and medical associations know that you are there.

Thus, ASAM certification provides physicians with career opportunities, education, access to experts in the field, and political representation and input. Before certification, the process exposes us to a wealth of information on all aspects of addictive disease.

Addiction problems are not going away. Currently, we treat addicted patients who are sicker but at lesser levels of care. It is more urgent than ever before that physicians who treat this ubiquitous disease have a strong foundation in the biological, psychological, and sociological issues of addiction medicine. The most important way to prepare for this challenge is ASAM certification. There is no comparable route.



Dr. Weis of Des Moines works full time in addiction medicine as a provider and gatekeeper. He is Associate Medical Director of Powell Chemical Dependency Center, a consultant to two managed care organizations and for social security determination services. Certified by ASAM in 1987, he is president of the Iowa chapter of ASAM.

NEW MEMBERS

Recent Joiners

101 physicians joined ASAM from June through September 1993. List is from ASAM headquarters.

Alabama

James Randell Light, MD - *OBI/GYN*
H. Cotton Ray, MD - *Radiology*
Norman A. Garrison, Jr., MD - *Surgery*
Catherine A. Ostrander - *Student*

Alaska

Mark J. Beirne, MD - *General Practice*

California

David L. Albin, MD - *Psychiatry*
John J. Ambrose, Jr., - *Student*
Mace Beckson, MD - *Psychiatry*
Floyd E. Bloom, MD - *Neurology*
Hale E. Dougherty, MD - *Family Practice*
John M. McCluskey, MD - *Family Practice*
Concepcion C. Ochotorena, MD - *Anesthes.*
John R. Sealy, MD - *Psychiatry*
Peter Melville Snowdon, MD - *Psychiatry*
James E. Spittler, MD - *Anesthesiology*

Colorado

Michael R. Paddock, MD - *Family Practice*

Connecticut

Orestes J. Arcuni, MD - *Psychiatry*
Donald J. Austrian, MD - *Internal Med.*
David Franklin Garrell, MD - *Internal Med.*

Florida

Frank E. Bishop, MD - *Psychiatry*
Maximo Handel, MD - *Psychiatry*
David A. Sackin, MD - *Internal Medicine*
Kevin R. Tebrugge, DO - *Family Practice*

Georgia

Robert D. Brewer III, MD - *Occupat. Med.*
David J. Ellis, DO - *Family Practice*
Reginald S. Fowler, MD - *Internal Medicine*

Illinois

Dan L. Scott, MD - *Internal Medicine*
Thomas A. Rebori, MD - *Psychiatry*

Indiana

Dinesh B. Mehta, MD - *Psychiatry*

Iowa

Thomas J. Pattee, MD - *Family Practice*

Maine

Ralph G. Cochran, MD - *Emergency Med.*

Maryland

William Kendig Brendle, MD - *Surgery*
Sidney Shankman, MD - *Psychiatry*

Massachusetts

Michael J. Malick, MD - *Internal Medicine*

Michigan

Martin Patrick Gleespen, MD - *Internal Med.*

Mississippi

Clyde Ray McLauvin, MD - *Family Practice*
Marc Quentin Sonner, Sr, MD - *OBI/GYN*

Missouri

Robert L. Mick, MD - *Internal Medicine*

New Jersey

Adam M. Barron, MD - *General Practice*
Peter L. Herridge, MD - *Psychiatry*
Jacob Jacoby, MD - *Psychiatry*
Marshall F. Lauer, MD - *Internal Medicine*
Jean E. McNally, MD - *Internal Medicine*
Ishvarlal U. Patel, MD - *Pediatrics*

New Mexico

Shandra Cheryl Lapham, MD - *Internal Med.*

New York

Ann Bordwine Beeder, MD - *Psychiatry*
Harnath Clerk, MD
William Joseph Conway, MD - *Internal Med.*
Anthony Drakatos, MD - *Internal Med.*
Natarajan Elangovan, MD - *Psychiatry*
Donald Chris Enoch, MD - *Family Practice*
Kevin A. Fiscella, MD - *Family Practice*
Wilhelm Gustav Hansen, MD - *Gen. Surgery*
Glen Reginald Jeffery, MD - *Psychiatry*
Hak Ko, MD - *Psychiatry*
Henry S. Lodge, MD - *Internal Medicine*
Zenaida M. Mata, MD - *Psychiatry*
Luke P. Peris, MD - *Psychiatry*
Denise Szczucki, MD - *Psychiatry*

North Carolina

Theresa C. Burgess, MD - *Psychiatry*
Claudia Prichard Shepard, MD - *Psychiatry*

North Dakota

Paul B. Knudson, MD - *Family Practice*
Berlinda P. Mercado, MD - *Psychiatry*

Ohio

Richard E. DelaFlor, MD - *Internal Medicine*
Phillip Edelstein, MD - *Internal Medicine*
W. David Leak, MD - *Anesthesiology*
M. Catherine Vukovich, MD - *Family Pract.*

Oregon

Eugene E. Klecan, MD - *Psychiatry*
Steven J. Mandelblatt - *Internal Medicine*

Pennsylvania

Brad D. Bobrin - *Student*
Peter J. Christ, MD - *Pathology (Anatomic)*
Alan M. Gardner, MD - *Psychiatry*
Saverio Laudadio, DO - *Psychiatry*
Robert J. Middleton, MD - *Internal Medicine*
Jeanne Anne Torony, MD - *Family Practice*

Tennessee

Cynthia W. Lozier, MD - *Internal Medicine*

Texas

Blake Berry, MD - *Emergency Medicine*
Richard R. Cunningham, MD - *OBI/GYN*
Don M. Lagrone, MD - *Psychiatry*
Ramaswamy Lakshmanan, MD
Thomsas R. Weiss, MD - *Psychiatry*
Darrel R. Wells, MD - *Emergency Medicine*

Vermont

Clifton Frederick Lord, MD - *Orthoped. Surg.*

Virginia

Greg R. Albens, MD - *Family Practice*
Nicolas A. Emiliani, MD - *Psychiatry*
Tushar G. Patel, MD - *Internal Medicine*
B. Todd Sitzman, MD, MPH - *Anesthesiology*

ASAM NEWS

Editor: Lucy Barry Robe, MA
303-D Sea Oats Drive
Juno Beach, FL 33408
Phone: (407) 627-6815
FAX: 407-627-4181
America Online: LuBaRo
Internet: Lubar@aol.com

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

Newsletter Review Board:

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Washington

Edward A. Jacobs, MD - *Pediatrics*

Wisconsin

Richard M. Webb, MD - *Psychiatry*

Canada

Suzon Desrochers, MD (Quebec) - *Gen. Prac.*
Reid Finayson, MD (Ontario) - *Psychiatry*
Donald G. Hedges, MD (British Columbia)
Peggy Lunderville, MD (British Columbia) -
Family Practice

Bonnie H. Madonik, MD (Toronto) - *ADM*
Jean Perreault, MD (Quebec) - *Correction*

Professional

Sharif W. Tadros, MD (Ontario) - *Fam. Prac.*

International

Gudbjorn Bjornsson, MD (Iceland) - *Internal*
Medicine

Gloriela Rivera de Alba, MD (Panama) -
Psych.

Roxana F. de Pachar, MD (Panama) - *Psych.*

Jacobo Aguilar Mancilla, MD (Guatemala)

Lloyd J. Richardson, MD (St. Maarten)

ASAM Plans ADM Training Module

From the ASAM CME Committee

The ASAM Board of Directors, at its Oct. 2 meeting, approved the development and implementation of a day-long workshop on Thurs. April 14, 1994, at the Medical-Scientific Conference in New York City. The workshop will produce 15 to 20 slides, an outline of a generic talk, and supporting references. It is designed as a brief comprehensive training module to include skill teaching and practice. When local hospital or other community groups invite ASAM members to present on addiction medicine issues, this resource will be available at cost, including production, postage, and handling.

May we ask you to take a moment to fill out this questionnaire and return it by **Jan. 15, 1994**, to:

Claire Osman, ASAM
12 West 21 St., New York, NY, 10010.
We thank you for your cooperation.

CME WORKSHOP SURVEY

1. Practice Area(s)

- Addiction Medicine Family Practice
 Internal Medicine Psychiatry
 Other

2. Are you a member of any medical specialty organizations? If yes, please list.

3a. Practice Environment (%)

- Private _____% Group _____%
 Other _____%

3b. Setting (%)

- University _____% Private Hospital _____%
 Private Non-Profit _____% Private For-Profit _____%
 Government _____% Other _____%

4. How often per month do you present at:

| | <u>0-1</u> | <u>2-5</u> | <u>5-10</u> | <u>1/year</u> |
|-------------------------------|------------|------------|-------------|---------------|
| Grand Rounds | [] | [] | [] | [] |
| Community Based Organizations | [] | [] | [] | [] |
| Within your specialty | [] | [] | [] | [] |
| Out of your specialty | [] | [] | [] | [] |

5. Which % of lectures are:

- 0 - 1 hour 1 - 2 hours
 2 - 5 hours whole day workshop

6. Which % of lectures are:

- Medical Groups _____% Clinical Groups _____%
 Lay Groups _____%
 Other _____%

Examples:

7. Would you want to be part of ASAM's Speakers' Bureau?

- yes no

8. Would a set of slides be useful in your work lecturing to physician groups?

- yes no

9. Would you be interested in helping to develop slides for use in prescribing material to physician groups?

- yes no

10. What do you think needs to be covered in a basic/generic lecture for M.D.'s on addiction medicine? What would you like to see in a basic set of slides?

11. Would you be willing to pay \$40 to participate in an all-day development group for CME?

- yes no

If not, how much?

- _____ \$0 _____ \$1 - \$9 _____ \$10 - \$29
 _____ \$30 - \$39 _____ \$100

12. Would you pay for a set of slides that was developed by an ASAM group for use in presenting basic addiction medicine information to physician groups?

- yes no

13. If yes, how much?

- _____ \$5 _____ \$5 - \$10 _____ \$10 - \$20
 _____ \$20 - \$50 _____ > \$50

optional

(if you are willing to be contacted to work on development)

Name _____

Address _____

City _____ State _____ Zip _____

ASAM's Role in Health Care Reform

by James F. Callahan, DPA

(continued from p. 1)

Core Benefit vigorously by educating his/her Congressional representatives, state legislators, the AMA and members of state and local medical societies.

To provide some perspective on how far the nation now is from including addictions treatment in "comprehensive coverage," you should know that the AMA proposed Basic Benefit for Addictions Treatment limits inpatient care to *one* 28-day/\$3,000 cap *lifetime* treatment. The AMA is and will continue to be a powerful force in influencing Congress, and in determining what the final basic health benefit will be.

Also, health care reform legislation enacted in state legislatures will play a major role in shaping future national health care reform legislation. Therefore, it is imperative that ASAM members take action now to inform members of the U.S. Congress, state legislatures, the AMA, and the state and local medical societies.

Sample Letter

Here is a sample letter you can modify and send to: your U.S. Senators, your U. S. Representative, members of your state legislature, your state medical society, the AMA Delegate from your state medical society, and/or the AMA.

Honorable (full name)

United States Senate

Washington, DC 20510

Dear Senator (last name):

OR

Honorable (full name)

U. S. House of Representatives

Washington, DC 20515

Dear Representative (last name):

I am writing as a member of the American Society of Addiction Medicine (ASAM) to urge that all bills drafted or any legislation enacted on health care reform acknowledge that alcohol, nicotine and other drug dependencies are primary diseases which produce serious secondary physical and psychiatric complications. Accordingly, primary care and specialty treatment for substance abuse disorders should be specifically

included in any basic health benefit, rather than be subsumed under some category such as mental health.

Coverage should include a continuum of primary care and specialty services that provide effective treatment for substance abuse disorders. Coverage for alcohol, nicotine and other drug dependencies should be nondiscriminatory on the same basis as any other medical care. Caps or limits on numbers of treatment visits, days or payments should be applied in the same manner as with any chronic disease, and treatment should be financed from the same source as any other primary disease.

ASAM Core Benefit

The core benefit of *minimum* services that must be available to an individual and his/her family is:

1. Prevention through patient education:

- on the harmful effects of the use of alcohol, tobacco and other drugs
- on the risk factors for the development of drug dependency.

2. Assessment and treatment:

- history
- physical examination
- mental status examination
- screening and diagnosis
- provision of treatment as is required of any chronic disease
 - management of acute exacerbations and relapse
 - detoxification at appropriate levels of care.

Treatment should be provided in the most appropriate and cost beneficial setting.

Medical care for addictions and for illnesses associated with alcohol, nicotine and other drug use consumes a substantial portion of our current health budget. I urge you to take action now that will both help those individuals in need of treatment and greatly reduce the cost of health care in our nation.

Sincerely,

Your Name

Member, American Society of Addiction Medicine (or title of your choice)

FROM THE EXECUTIVE VICE PRESIDENT

For a copy of the ASAM Core Benefit, see p. 4-5 of the March-April 1993 *ASAM NEWS*, or contact headquarters. Also see Dr. Elizabeth Howell's article on page 6. Whether you choose to modify this letter, write on your own, call your Senator, or visit your Representative, as Dr. Howell says: "Just do something!"

In Memoriam: Richard V. Phillipson, MD



Psychiatrist
Richard V.
Phillipson,
MD, ASAM
member and
founder of the

Career Teacher Program, died on Oct. 30 of heart failure. He was 80. He was born in Dublin, Ireland and a graduate of the Royal College of Physicians and Surgeons in Dublin. He served in the British Army for 26 years, where he was chief of army psychiatry, he then went with the British Ministry of Health.

Dr. Phillipson came to the U.S. and the National Institute of Mental Health in 1968. He was senior medical advisor to the directors of the NIAAA and NIDA, and at NIDA founded the Career Teacher Program in collaboration with the NIAAA to educate medical school faculty, practicing physicians, and medical students in the treatment of addictive disorders. Many members of ASAM received their training in addiction medicine as a result of the program.

Expressions of sympathy may be sent to Dr. Phillipson's wife, Barbara Phillipson, at Box 656, Berryville, VA 22611.

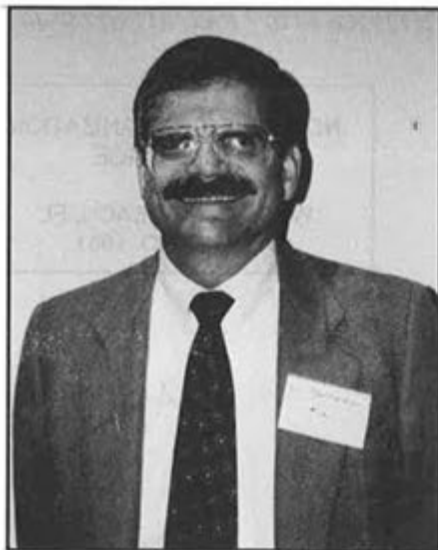
RUTH FOX MEMORIAL ENDOWMENT FUND

As the holiday season approaches, ASAM wants to extend special wishes of peace, prosperity and happiness to you and your families, and to thank you for your continued support.

Hopefully, you have received the latest fund-raising mailing with the booklet "Giving at Year-End ... 1993," which describes various tax planning opportunities. Donors will receive special recognition for pledges/contributions at various levels, beginning with the Leadership Circle (\$5,000). This also will apply if their cumulative contributions reach \$5,000 or more.

Please make an investment in the future of addiction medicine and give generously to the Ruth Fox Memorial Fund, an endowment for ASAM.

ASAM expresses its deep appreciation to **William B. Hawthorne, MD**, for joining the Benefactors' Circle by making a very generous bequest to the Ruth Fox Memorial Endowment Fund, in honor of **Max A. Schneider, MD**. We are grateful to Dr. Hawthorne for his continued campaign leadership since the Endowment began. [C.O.]



(Above) **William B. Hawthorne, MD**,
Chair of the Ruth Fox Memorial
Endowment Fund.

Recognition Roster By Giving Level

Sept. 10, 1993 - Nov. 5, 1993

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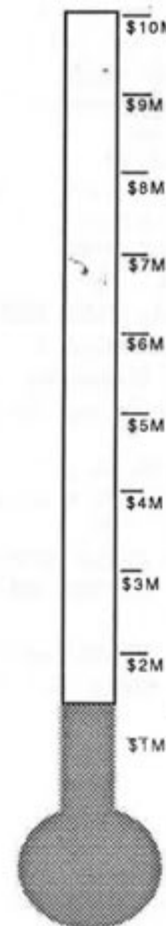
Earl John Soileau, Jr, MD

Ernest M. Thomas, Jr., MD

Richard D. Travers, MD

Melissa Lee Warner, MD

Goal:
\$10,000,000



Pledged:
\$ 1,308,138

(as of 11/5/93)

For more information about making a pledge/contribution or a planned giving gift, please contact Claire Osman at ASAM, 12 W. 21 St., New York, NY 10010. Or telephone her at (212) 206-6770. FAX: 212-627-9540.

*Dr. Zweig was listed in the wrong category in the Sept.-Oct. issue of ASAM NEWS (p. 13)

Information about ASAM conferences available at Washington headquarters: 5225 Wisconsin Avenue N.W., Ste 409, Washington, DC, 20015. ☎ (202) 244-8948 FAX: 202-537-7252

1994

☐ **Jan. 10: Deadline for applications 1994 ASAM Certification/Recertification Exam**

☐ **Jan. 20-23: Florida Society of Addiction Medicine 7th Annual Conference (FSAM)**

Orlando, FL *Hotel Royal Plaza, Dis. World*
Lucy B. Robe, FSAM, 303-D Sea Oats Drive,
Juno Beach, FL 33408
☎ (407) 627-6815 FAX: 407-627-4181

☐ **Feb. 9-11: 18th Annual Conference on Alcoholism & Drug Abuse**

San Antonio, TX
Rudy Arredondo, EdD, Tx Tech Univ. Health Sci Ctr/SW,
Institute for Addictive Diseases, Dept. of Psychiatry,
Lubbock, TX 79430
☎ (806) 743-2800

☐ **Mar. 11-13: ASAM MRO Training Course**

Marina Del Rey, CA *Ritz Carlton Hotel*

☐ **Mar. 19-22: Prevention '94**

(American College of Preventive Medicine)
Atlanta *Stouffer Waverly Hotel*
Prevention 94, Ste 403,
1015 15th St. NW, Washington, DC 20005.
☎ (202) 789-0006 FAX: 202-842-1980

☐ **Apr. 15-17: ASAM Annual Meeting and 25th Annual Medical Scientific Conference**

New York City *Marriott Marquis Hotel*

Apr. 13: ASAM Board Meeting

Apr. 14: Ruth Fox Course for Physicians

Marriott Marquis Hotel

ASAM CALENDAR

☐ **Aug. 26-28: ASAM MRO Training Course**

Arlington, VA *Crystal Gateway Marriott*

☐ **Sep. 30-Oct. 2: ASAM Board Meeting**

San Diego, CA *Marriott Marina & Tower*

☐ **Oct. 27-30: ASAM 1994 Review Course**

Chicago *O'Hare Marriott Hotel*

☐ **Dec. 3: ASAM 1994 Certification/Recertification Exam**

(Application deadline: Jan. 10, 1994)

Atlanta and Los Angeles

1995

☐ **Apr. 27-30: ASAM Annual Meeting and 26th Annual Medical Scientific Conference**

Chicago *Marriott Downtown*

1996

☐ **Apr. : ASAM Annual Meeting and 27th Annual Medical-Scientific Conference**

Atlanta

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. ☎ (212) 206-6770 FAX: 212-627-9540

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