

ASAM NEWS

American Society of Addiction Medicine

Vol. VIII, No. 3

May - June 1993

Published Bimonthly

New Board



New ASAM Board of Directors

Front Row (L to R): James F. Callahan, DPA; Drs. Lynn Hankes (secretary), David E. Smith (president-elect), Anne Geller, (president), Anthony B. Radcliffe (immediate past president), William Hawthorne (treasurer), Marc Galanter, Jess Bromley.

Back Row (L to R): Drs. Bruce K. Branin, Ray Baker, J. T. Payte, Walton E. Byrd, Alan A. Wartenberg, Margaret Bean-Bayog, Christine L. Kasser, Stanley E. Gitlow, Andrea Barthwell, Rick Beach.

Missing: Drs. LeClair Bissell, Sheila B. Blume, Kevin W. Olden, Max A. Schneider, Barry Stimmel, G. Douglas Talbott. *(also see p. 11)*

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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.

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Farewell Speech from President Radcliffe

Anthony B. Radcliffe, MD, of Fontana, CA, was president of ASAM from 1991-1993. He gave the following speech at the Awards Dinner during the ASAM Medical-Scientific Meeting in Los Angeles May 1.

A Covenant with the Future

We practitioners of caring have a destiny to keep, a covenant with the future generation -- to dream impossible dreams and work to make them happen. Many people wander through life trying to find a cause to believe in, if not some reason to give their lives meaning. I am very fortunate to have found a place in medicine where I feel accepted, where impossible dreams can happen, and where there are causes worth fighting for. My dream was that addicted patients should be treated with respect and the same basic medical knowledge and skills as any other sick patient. This started me on an odyssey in 1974 when I met [Dr.] Vikki Fox, and then [Dr.] Max Schneider and many others in this room.

Tonight a chapter in that journey is ending. I thank all of the members of ASAM, who in spite of indifference and prejudice, deliver care to addicted patients.... To the skeptical or cynical the ideal of service is still alive and doing fine here in ASAM. It is has been my privilege to have served you as president.

My role model in becoming a physician was a family practitioner. I cleaned his office after school during the 1950s. He shared his simple philosophy of medicine with me: "It's not how much you know but how willing you are to serve, to share that knowledge with people and to care for people." He was concerned about the explosion in knowledge, and he wanted to be able to explain the latest clinical or technical advances in medicine to patients. He genuinely felt that working with people was the greatest learning experience he'd ever had. He often challenged me about health: what does it mean to be healthy? How and what should we teach people about health? He believed that no matter how much we teach them, it is ultimately up to our patients to be responsible for their health....

Quite frankly, if addiction medicine is not included in a national basic medical benefit package or is thought of as just another medical or psychiatric co-morbid condition, the practice of ADM (addiction medicine) will shrink down to only a handful of truly dedicated physicians and will rapidly cease to exist....

I believe that in the future, the best addictionist will be trained in general medicine and mental health, with additional supervision and training in caring for addicted patients.

When people get sick, they want a physician who knows what he or she is doing, is available and affordable, is willing to share medical knowledge in an understandable way, and is someone they can trust. If we are to successfully help addicted patients, we must improve their care. We must read the latest basic and clinical science research and practice applying it, assist in creating and using the best clinical practices, involve ourselves in treatment evaluations, continue to upgrade our diagnostic and therapeutic skills, continue to help our medical colleagues improve their diagnostic skills and help them via

doing consultations, and train future addictionists to do the best that they can.

Survival for those who practice ADM will depend on honing our skills in intervention, assessment, diagnosis, and laboratory analysis, recognizing and treating intoxication and withdrawal syndromes from a variety of drugs, recognizing medical or psychiatric co-morbid sequelae and referring when necessary, explaining relapse, and helping people get into and stay in recovery. We must continue to educate our medical colleagues about these issues, consult on patients, and be able to teach these skills to the next generation of physicians.

When you add that we must provide ADM services in a cost effective manner, as members of interprofessional teams, with a heavy reliance on groups; on an outpatient, day treatment, or inpatient basis as appropriate, and that the patient's progress through treatment must be documented via utilization of patient placement criteria, well -- perhaps a vague outline of the practice of ADM can emerge!

When we have solidified that practice we will have taken giant strides in earning specialty status for ADM....

ASAM's Mission

I suspect that one reason apathy exists within the addiction medicine field is lack of a common vision. Let's not allow this to be ASAM's undoing. We *do* have a vision and a mission: to provide a forum within medicine for physicians to discuss, debate and learn, and hopefully to improve ADM health care. And to provide hope for a group of patients left largely ignored by a society in which many of these patients were once valuable members. The field's indifference could rob these people of hope....

We must deal straightforwardly with the inflexibility in our field that the only help for addicted patients is to work a 12-step recovery program. This inflexibility hampers clinical research and will shackle patients who are unable to work a 12-step program. This is not to say that 12-step programs have no merit; quite the contrary. ...But self help programs need not be judged by medicine...

Value of Treatment

Our best hope lies in science. Not just laboratory research science, but the science of clinical medicine; where observation and improvement or lack thereof are noted, recorded and shared objectively. Clinical observation and accurate documentation are at the basic core of the practice of ADM. We must improve our dialogue on how, why, and what treatment approaches work or don't work. I firmly believe that the survival of ADM practice is intimately tied to whether or not we will be able to demonstrate the value of treatment.

There will be many changes in ADM in the future -- some palatable, some less so. Cost and value will be the driving forces in our field in the 1990s, with less emphasis on quality of care. Competition will be around which can provide the best care for the least amount of money. We must clearly show that there is a beginning and an end to medical treatment and we must make treatment available and affordable. Simply, we need to show the value of treatment without losing the value of treating a person as a human being and not as a disease.

It could well be up to us clinicians to help direct the →

future of ADM by learning to develop best clinical practices. ASAM should author and disseminate best clinical practices just as we did with the *Patient Placement Criteria*. For those who want to follow a brave dream in ADM, this is where your efforts might best be spent. Within the field we should continue to neutralize barriers between academic and clinical medicine - a house divided against itself cannot stand. Health care no longer can tolerate clinicians trained in a type of medicine that doesn't meet patients' needs or isn't affordable. And patients can ill afford clinicians who aren't up to date with the latest medical knowledge. The science of ADM, the practice of ADM, and the community based self help programs must become seamless...

There needs to be a renaissance in those entering medicine and those practicing ADM. We need more physicians who want to help, to care, than a primary focus of technical proficiency or monetary gain. This is why I place such emphasis on the practice of ADM. We must weave that practice into the very fabric of traditional medicine.

When we focus on teaching patients to take responsibility for their health; when we emphasize that patients are the primary providers; when we utilize patient placement criteria with reasonable admission, LOS, and discharge criteria for outpatient, day treatment, and inpatient services, honed to meet the needs of providers and patients; when we develop and utilize best clinical practices for ADM that recognize the need of patients to progress through a continuum of treatment that is affordable; when we continue to expand the body of scientific and clinical knowledge needed to practice ADM; when we continue to upgrade the skills it takes to care for patients with this disease; when we teach others that knowledge and practice; when we routinely undertake treatment outcome studies and publish the results and debate those results; when we accomplish these things -- patient care will improve and we will then have completed our covenant with the future.

Thanks to ...

For any accomplishments in the last two years there are many people to thank. First and foremost, the ASAM Board. If I had to march into hell for a heavenly cause, I could not have done so with a better group. ... To Gail Jara and Manny Steindler, through all these years the simple quality of your work will serve as a monument for future generations. You have been responsible for helping ADM become respected.

ASAM is superbly served by our executive vice president, Dr. Jim Callahan. He has become the glue that holds ASAM together, but far more he is a special friend to the field of addiction medicine. ...

I have had the fun and good fortune to work closely with ASAM's new president, Dr. Anne Geller. She has chaired many important committees within ASAM and has the remarkable ability to keep us focussed on the issue while encouraging people to share their ideas.

Thanks to my hospital colleagues, Drs. John Lanier and Steven Eickelberg, for understanding about my ASAM and other outside obligations and doing work when I wasn't there.

Names in boldface are first mentions of ASAM members.

MEMBERSHIP COMMITTEE

Your ASAM membership renewal and next ASAM conference could be FREE!
Participate in ASAM's Year 2000 Campaign.
Recruit new members and earn a free year of membership and a free conference registration.

Here's how:

Step 1 - Either you give us the names and addresses of non-member physicians that you know, or we can give you the names of nonmembers in your area or who share your specialty.

Step 2 - ASAM will write to the nonmember on your behalf, providing information on membership and upcoming events.

Step 3 - ASAM will send you recruiter materials: a suggested call script so you can follow up our letter with a personal call; a question and answer sheet about ASAM; and a list of CME opportunities and member benefits.

Step 4 - ASAM gives your state chapter a 10% rebate for each new regular or resident member you recruit and gives you...

• **1-5 new members*** - ASAM pin and an announcement in the *ASAM NEWS*.

• **6-15 new members*** - ASAM pin, an announcement in the *ASAM NEWS*, and one year free membership in ASAM.

• **16+ new members*** - ASAM pin, an announcement in the *ASAM NEWS*, one year free membership in ASAM, and one free conference registration.

* regular or resident members

Here's why:

ASAM members share many goals that are best achieved through the efforts of the national society: establishing addiction medicine as a medical specialty; assuring that treatment and prevention are included in health care reform; and developing clinical guidelines. When you help ASAM grow, you expand our efforts to educate physicians about addiction and increase our collective influence on policy makers and the medical community-at-large. Recruit new ASAM members and help us attain our shared goals.

Membership Campaign Task Force chair:

Anthony B. Radcliffe, MD;

Membership Committee chair: **Ken Roy, MD.**

For information or your recruiter kit contact:

ASAM - Year 2000 Campaign

Attn: Pam Traylor, Director of Membership

5225 Wisconsin Ave. N.W., Ste 409

Washington, DC 20015

☎ 202/244-8948

Fax 202/537-7252

State Chapters

Dual Membership Begins Jan. 1

Effective Jan. 1, 1994, all ASAM members will have to join their state chapter if there is one, and all state chapter members must join ASAM. Exceptions will be chapters chartered after the date of this bylaw (Jan. 1, 1992); those chapters will have a two-year grace period to fulfill this required dual membership.

ASAM headquarters plans to bill members for their state chapter dues along with their annual national dues. ASAM will then pass the relevant dues money back to each state chapter.

Mississippi Makes 20

Mississippi is now an ASAM state chapter. The other 19 are Alabama, Arizona, Arkansas, California, Florida, Georgia, Illinois, Iowa, Maryland, Missouri, Nevada, New York, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Utah, and Washington. State Chapters Committee chair is **Paul Earley, MD**. Membership Committee chair is **Ken Roy, MD**.

In Memoriam

Dr. Peacocke Dies in L.A.

Ivan L. Peacocke, MD, 60, of Hattiesburg, MS, died of a heart attack in his Los Angeles hotel room the final evening of the ASAM Medical-Scientific Conference, May 1. He was trained as a pathologist and worked for many years in Atlanta. Following recovery from CD in 1979, Dr. Peacocke moved to Mississippi, and from the mid-1980s he worked in the CD field in Jackson and in Hattiesburg. He was certified by ASAM in 1987. He is survived by two sons, a brother and a sister.

He was one of the group of Mississippians who received their state chapter charter at the annual business luncheon on Friday April 30, the last weekend of his life. (See photo p. 7)

News About Members

Comerci New VP of Pediatrics Academy

George D. Comerci, MD, of Phoenix, Arizona, was recently elected vice president of the 45,000 member American Academy of Pediatrics. He will take office for a year this November, and then will become president of the Academy for the next year. A pediatrician specializing in adolescent medicine, Dr. Comerci lectured on "Office Assessment for Substance Abuse" in ASAM's First Medical Conference on Adolescent Addictions in Atlanta in June 1991. (See ASAM NEWS July-August 1991, p. 2).

David C. Lewis, MD, director of the Brown University Center for Alcohol and Addiction Studies, co-chaired a group that submitted a report in March to the National Health Care Reform Task Force. The ten-page report summarized the best research on the efficacy and cost-effectiveness of addiction treatment, according to *Alcoholism and Drug Abuse Weekly*.

New books by Members

(These books were sent to ASAM NEWS for reviews, which will be published in future newsletters)

• **Galanter, Marc, MD**: "Network Therapy for Alcohol and Drug Abuse, A New Approach in Practice." BasicBooks, a

ABOUT ASAM

division of HarperCollins, 10 E. 53 St, New York City, 10022 (1993).

• **Pohl, Melvin, MD** and **Deniston J. Kay, PhD**: "Staying Sane: When you Care for Someone with Chronic Illness." Health Communications Inc., 3201 S.W. 15th St, Deerfield Beach, FL 33442 (April 1993).

• **Wolin, Steven J., MD** and **Sybil Wolin, PhD**: "The Resilient Self: How Survivors of Troubled Families Rise Above Adversity." Villard Books, New York City, 19922 (March 1993).

New Committee: ADM in Jails, Prisons

Members are needed for a new ASAM Committee on Addiction Medicine in Correctional Institutions. If you have experience working with chemically dependent prisoners in jails or prisons and would like to serve on this committee, please write or call its chair, **Blair Carlson, MD**, 360 So. Garfield St, Suite 400, Denver, CO 80209. ☎ (303) 331-3270.

Are You Online?

Do you have an electronic mail address? If you are online on CompuServe, America Online, or the Internet, please let **Stuart Gitlow, MD**, know. We are considering putting together a directory of ASAM members who have online addresses, to be distributed to all such members in electronic format. We also welcome comments or thoughts about services that ASAM could provide in the online arena. Our ideas include electronic distribution of the newsletter, discussion areas, and conferences.

To send your online address via computer from America Online, send mail to AFA GITLOW. From CompuServe or any Internet nodes, send Internet mail to "afagitlow@aol.com".

ASAM NEWS editor computer info is on masthead, p. 8.

New Board Positions

The nine executive committee members of the ASAM Board, which took office May 1, are the society's new officers (Drs. **Anne Geller**, president, **David E. Smith**, president-elect, **Lynn Hankes**, secretary, **William Hawthorne**, treasurer, **Anthony B. Radcliffe**, immediate past president) and Drs. **Andrea Barthwell**, **Sheila B. Blume**, **J. T. Payte**, and **Max A. Schneider**.

Christine L. Kasser, MD, of Memphis, was elected by board members as a director-at large to the seat formerly held by **David E. Smith, MD**.

Other directors-at-large are **Margaret Bean-Bayog, MD**, **LeClair Bissell, MD**, **Stanley E. Gitlow, MD**, and **G. Douglas Talbott, MD**.

For photos of the regional directors, see p. 11.

Former ASAM secretary **Jess Bromley, MD**, is now an ex officio board member as AMA delegate. The other ex officio board members are **Barry Stimmel, MD**, editor of ASAM's *Journal of Addictive Diseases*, and **James F. Callahan, DPA**, executive vice president of ASAM.

Nicotine Conference Announces Young Investigator Award

There will be a \$1,000 award for the most outstanding abstract submitted by a young investigator for presentation at the ASAM Nicotine Dependence Conference in Atlanta November 11-14, 1993. The award, from monies donated by pharmaceutical manufacturers of nicotine patches, will defray the investigator's travel expenses to the conference. Nicotine Dependence Committee chair is **John Slade, MD**. More information is available from ASAM headquarters in Washington, DC.

Dr. Slade is a co-author of the AMA's forthcoming publication "AMA Guidelines for the Diagnosis and Treatment of Nicotine Dependence."

1994 ASAM Exam Will Include Recertification

The next ASAM certification exam, to be held December 3, 1994, will be offered for the first time for recertification. Another first: the exam will be available to nonmembers.

Most requirements to sit for the exam will remain as they were for the 1992 exam:

- graduation from a U.S. or Canadian school of medicine or osteopathy;
- valid license: a certificate to practice medicine which is issued by the appropriate agency and which certifies that a physician is allowed to practice medicine within that country, province or state. ASAM considers a medical license to be valid even if there have been stipulations or conditions placed on the license. ASAM does not consider a license to be valid if it has been suspended, revoked or surrendered;
- successful completion of an accredited residency training program in any medical specialty, *or* Board certification;
- good standing in the medical community;
- one year's full time involvement in the field, at least half of which must be in treatment of patients for alcoholism or other drug dependencies;
- 50 hours of Category I CME on topics related to the diagnosis and treatment of persons with alcoholism or other drug dependencies.

Recertification Requirements

Recertification will be available for the first time by taking the 1994 certification exam. The requirements to take the exam for recertification are: ASAM certification, valid license, and good standing in the medical community as evidenced by one letter of reference.

As previously reported in *ASAM NEWS* (November-December 1992, p. 3) ASAM recertification will be required after 10 years in order for ASAM certification to remain current. Although initial certification will not expire, it will not remain current after 10 years. Each ASAM membership directory will include the year of initial certification (e.g. "Certified by ASAM 1986") and the year of recertification, if there is one (e.g. "Recertified 1994"). ASAM does not restrict the number of times a physician may take the exam for ASAM certification or recertification.

To date ASAM has certified 2,619 physicians. →

Exam Content

The proportional emphasis of the 1994 exam will change from 50% basic science, 50% clinical; and 50% alcohol, 50% other drugs; to:

25% basic science, exclusive of epidemiology; 15% epidemiology, including prevention; 45% all clinical issues; and 15% other topics, including medical-legal and ethical issues. No policy will govern the ratio of items about alcohol to items about other drugs.

Exam Scoring

The 1992 exam was the first to be scored using a criterion reference. The failure rate of 11% (35 of the 334 who sat for that most recent exam) was the same as for 1990, when a normative reference was used.

Schedule

Application forms for the exam will be mailed this September. Deadline for applications will be Jan. 10, 1994. The exam will be held on Dec. 3, 1994, in Atlanta and Los Angeles.

Review courses next year will be held in Atlanta (Oct. 10-13, 1994) and in Chicago (Oct. 27-30, 1994).

ASAM also will offer a State of the Art in Addiction Medicine Course this year: on Oct. 28-31, 1993, in Orlando, FL.

Credentialing Committee Chair is **H. Blair Carlson, MD**; **Paul Redmond, MD**, is co-chair. Examination Committee Chair is **Sidney Schnoll, MD, PhD**.

Names in boldface are first mentions of ASAM members.



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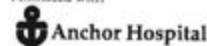
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POLICY STATEMENTS

ASAM Public Policy Statement on Discrimination on the Basis of Sexual Orientation

Background

The American Society of Addiction Medicine (ASAM) abhors prejudice or discrimination against persons on the basis of race, sex, religious belief, sexual orientation, or disability. Discrimination which makes it hazardous for an individual to seek help for an addictive disorder, or, in seeking such help, to speak honestly about his/her life, creates an indefensible barrier to the prevention and treatment of alcoholism and other drug dependencies.

Organization structures which create such barriers, for example the prohibition against homosexuals serving in the U.S. military, impede the access to needed addiction treatment in those organizations.

Recommendations

All discriminatory practices potentially impede access to addiction treatment. Therefore, ASAM supports the removal of such discriminatory practices, including the ban on military service by homosexuals.

Approved by the ASAM Board of Directors Apr. 28, 1993.

Contact Congress About Core Benefits

"If you've never written a letter about policy, get ready to start now. If you've never made a phone call to an elected official, start now," declared **Sheila B. Blume, MD**, in several addresses in Los Angeles. She is chair of ASAM's Healthcare Reform Task Force and of the society's Public Policy Committee.

"There will be hearings and a great deal of activity about core benefits in the upcoming National Health Care Reform.

"You all live in a state that has senators and representatives. Write each one a short note, urging inclusion of addiction medicine treatment, and include a copy of ASAM's Core Benefits in every letter. They weigh mail."

ASAM NEWS published the society's policy statement, "ASAM Core Benefit for Primary Care and Specialty Treatment and Prevention of Alcohol, Nicotine and Other Drug Abuse and Dependence" in the March-April issue (p. 4-5).



ASAM Public Policy Statement on The Practice of Addiction Medicine Background

The field of addiction medicine in the United States has developed during the past five or six decades through both clinical and research advances. Early leadership in the field came from several specialties as well as from general medicine. The body of knowledge that constitutes addiction medicine has grown further with input from diverse branches of medicine, including internal medicine, family practice, psychiatry, pediatrics, emergency medicine, anesthesiology, obstetrics/gynecology, and others.

The ASAM certification in addiction medicine reflects this multi-specialty background by admitting physicians with a variety of training experiences to its certification exam.

In recent years, physician services are increasingly provided by organized health care systems such as health maintenance organizations, preferred provider networks and other similar arrangements. Several of these organizations have limited payment for the provision of addiction medicine services to a single medical specialty, irrespective of training or experience in addiction medicine, while rejecting physicians with addiction medicine training and experience whose residency level training was in any other specialty.

Recommendations

The American Society of Addiction Medicine recommends that:

1. Medical treatment for psychoactive substance use disorders should be provided by physicians with training, experience and competence in addiction medicine.

2. This training, experience and competence may be obtained by physicians trained in a variety of medical specialties. Therefore, recognition of those who practice addiction medicine should be accorded to all physicians who have the appropriate medical background, training, and skills, and should not be limited to physicians trained in any particular one of the 24 specialties recognized by the American Board of Medical Specialties, or the specialties recognized by the American Osteopathic Association.

Approved by the ASAM Board of Directors Apr. 28, 1993.

Useful Addresses

U.S. Senate:

The Honorable "John Doe," United States Senate, Washington, DC 20510. *Dear Senator Doe:*

U.S. House of Representatives:

The Honorable "Jane Doe," U. S. House of Representatives, Washington, DC 20515. *Dear Congresswoman Doe:*

Health Care Reform Task Force:

Hillary Rodham Clinton, Chairperson, President's Task Force on National Health Care Reform, The White House, 1600 Pennsylvania Ave NW, Washington, DC 20500.

ASAM Annual Meeting and Medical-Scientific Conference in Los Angeles

ASAM's 24th Annual Medical-Scientific Conference April 29-May 2 drew 590 participants to Los Angeles.

Program chair: **Marc Galanter, MD**. More coverage in July-August newsletter.

Next year's annual meeting and med-sci conference:

April 15-17, 1994, Hotel Marriott Marquis, New York City.



New State Chapters Receive Charters in L.A.

Arizona (L) chapter president **Alan Kazan, MD**, (L) with ASAM outgoing president **Anthony B. Radcliffe, MD**.

Mississippi (on R, from L): **Ivan L. Peacocke, MD**; **William R. Fellows, MD**; chapter president **Lloyd J. Gordon, MD**; **Dr. Radcliffe**; **Doyle P. Smith, MD**; **C. Chapman Sledge, MD**.



ASAM Annual Awards

(L) **Max A. Schneider, MD**, (on L) winner of the society's annual award to members, with **Dr. Radcliffe**.

(R) **Floyd E. Bloom, MD**, (on L) winner of the annual award to nonmembers, with **Dr. Galanter**. **Dr. Bloom** was also the conference Distinguished Scientist Lecturer (a report of his speech will be in the July-August newsletter).



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In Practice

Psychiatrist

Butler Hospital, a Brown University School of Medicine affiliated hospital, seeks an academic psychiatrist with expertise in the addictions to join an exciting clinical program of research and service as medical director of an alcohol/drug day hospital program in Rhode Island's premier private, not-for-profit psychiatric hospital. Collaborative research opport. in multiple hospitals and univ. depts thru Brown's Center for Alcohol & Addiction Studies. Must be eligible for F/T academic appointment as ass't or assoc. professor in Brown Univ. Dept. of Psychiatry & Human Behavior. If assoc. level, must demonstrate scholarly productivity and nat'l reputation for scholarship.

Minimum requirements: Board certification or eligibility in psychiatry and specialty training with cert. or eligibility for cert. in the addictions. *Interested individuals send application letter and CV to:* **Martin B. Keller, MD, Mary E. Zucker Professor and Chairman, Dept. of Psychiatry & Human Behavior, Brown University, Psychiatrist-in-Chief, Butler Hospital, 345 Blackstone Blvd, Providence, RI 02906.** Butler Hosp. is an affirmative action, EOE, and actively solicits applications from minorities and protected groups. Applications are expected by 6 wks after publication. Screening will begin then and continue until a successful candidate has been identified or the search is closed.

What's ahead for alcohol and drug abuse treatment?

The world of addictions treatment is changing rapidly and SECAD® - The Southeastern Conference on Alcohol and Drug Abuse - is your best way to keep up-to-date with all the facts and trends. For over 17 years Charter Medical Corporation has presented SECAD® as the most complete educational and networking experience available for treatment professionals.

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New Hotel. The spectacular Atlanta Marriott Marquis will be the new host for SECAD®-1993. Located in the heart of downtown, it features spacious, ultra-modern meeting and guest accommodations, impressive yet comfortable surroundings plus many close-by casual, specialty and gourmet restaurants and shops.

Same Great Conference! SECAD® has been widely acclaimed by addictions professionals as one of the finest meetings of its type in the world today. A few of the topics included this year are:

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299 Pass 1992 ASAM Exam

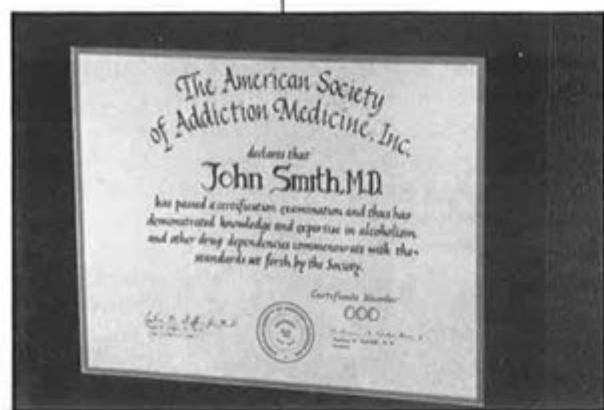
Last Dec. 5, 334 members took the ASAM Certification Exam in three cities (Atlanta, Chicago, Los Angeles). Of these, 299 passed. At the ASAM Annual Dinner May 1 in Los Angeles, 59 physicians received their certificates in person during a traditional awards ceremony. More information about the ASAM exam is on p. 5.

Amelia Anne Alderman, MD
William Lee Alford Jr., MD
Amarasinghe A. W. Amarasinghe, MD
James A. Arnold, MD
Prasad J. Athota, MD
Robert G. Atkind, MD
Gloria J. Baciewicz, MD
Amjad Bahnassi, MD
Kenneth M. Bahrt, MD
Suzanne Elaine Baker, MD
Roger John Balogh, MD
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Richard Coulter Head Bell, MD
Alan L. Berkowitz, MD
Marshall Leonard Berman, MD
William A. Bernard, MD
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R. Adair Blackwood, MD
Jake Bobrowski, MD
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Domenick Braccia, DO
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Eric R. Brown, MD
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Donald Gene Browning, Sr., MD
Bret Burquest, MD
B. Rodrigo Cabanilla, MD
Bibb Randall Cain, MD
Cheryle C. Callegan, MD
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Ramon Leonard Carroll, Jr., MD
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Michael Centrella, DO
Michael L. Chaikin, MD

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Prakash L. Chordia, MD
Nicholas Jerome Clemente, MD
Richard Keith Clise, MD
Richard Albert Conley, MD
Charles P. Connor, MD
Alfonso Corrales, MD
Virgil Munsey Cox, Jr., MD
Michael Allen Cromer, MD
William E. Crouch, MD
Theresa A. Cullen, MD
Timothy M. Cullinane, MD
David Lee Curnel, MD
Michael Curtis, MD
Mary Anne Curtiss, MD
Daniel A. Dansak, MD
Kent DeLong, MD
Alexander Frank DeLuca, MD
Michael Lynn DeMars, MD
Michael A. Diaz, MD
Geoffrey DiBella, MD
Albert Vernon Dixon Jr., MD
John E. Doyle, MD
David Preston Easley, MD
David Paul Eppheimer, MD
Todd Wilk Estroff, MD
Paul K. Feldman, MD
Allan Fergus, MD
Harold Jack Fields, MD
Clive Kevin Fields, MD
Leslie M. Finder, MD
Timothy L. Fischer, DO
James H. Fleming, MD
Saul Zundel Forman, MD
Raymond Morris Fox, Jr., MD
Rocco P. Fresoli, MD
Mary Denise Gaddy, MD
James L. Gagne, MD
Robert M. Gajdos, MD
Mary Louise Gannon, MD
Juan I. Garcia-Quiroga, MD
Paul C. Gazzara, MD
Kathleen L. Geary, MD
Barry M. Gershuny, MD
Stephen N. Gerson, MD, MSM
Timothy B. Gibson, MD
Loring Arden Gifford, MD
Paul B. Giordano, MD
Stephen Lavon Gipson, MD
Gene L. Gitelle, MD
Richard S. Goldberg, MD
Rene Gonzalez, MD
Lowell K. Good, MD
Paul Griffel, MD
Linda Grissino, MD, MPH
Corwin Peter Groom, MD
Karen S. Guadagnini, MD

Michael I. Gurevich, MD
Richard V. Guzzetta, MD
C. Robert Harmuth, MD
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Emma K. Harrod, MD
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Michael Fox Mayo-Smith, MD
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Sandra Frazier Morrison, MD
Joe Moss, Jr., MD
Timothy Ian Mueller, MD
James F. Mulligan, MD
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James L. Reinglass, MD
Clairemon S. Reyes, MD, MPH
William Mark Riddle, MD
William M. Riedesel II, MD
Rand C. Ritchie, MD
Sheila Lynn Roberts, MD →

**Certified by ASAM in 1992***(continued)*

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 Eugene Michael Rosenblatt, DO
 Timothy Owen Rowe, MD
 Stephen J. Ryzewicz, MD
 John P. Sader, MD
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 M. Ricardo C. Schack, MD,
 FRCP
 M.G. Thomas Schauland, DO
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 Charles Chapman Sledge, MD
 Rodney Lewis Smith, MD
 David W. Smith, MD
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 Barry Ira Spiegel, DO
 Ronald X. Spinapolic, DO
 John D. Stafford, MD
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 Horace C. Stevens, MD

H. James Stuart, MD
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 Vincent J. Zarro, MD, PhD
 Yasser Saad Zikry, MD

◆
 Next ASAM Certification
 Exam: Dec. 3, 1994.

HIV/AIDS QUESTIONNAIRE

ASAM AIDS COMMITTEE

Note to readers: HELP! The ASAM AIDS Committee needs your input! We know you are tired of questionnaires, but we would appreciate your taking a few minutes to do this one for us. Many thanks ...**Barbara Chaffee, MD,** and **Kevin O'Brien, MD:** co-chairs, 1993 AIDS Forum.

Return to: **Mel Pohl, MD,** Chair, AIDS Committee,
 2800 Cowan Circle, Las Vegas, NV 89107

- ◆
1. Your current practice. *Please check all that apply:*
 - private practice.
 - medical director/assoc. of drug/alcohol treatment unit
 - university setting
 - public health setting
 - other (specify) _____
 - student/fellow
 2. Your age _____
 3. Your gender _____
 4. How many HIV+ patients do you see per month? *Circle one:*
 (none) (1-5) (6-20) (21+) (not sure)
 5. How many patients do you test for HIV antibody per month?
Circle one:
 (none) (1-5) (6-20) (21+) (not sure)
 6. What percentage of your HIV+ patients are currently on antiretroviral medication? *Circle one:*
 (none) (0-24%) (25%-49%)
 (50%-74%) (75%-100%)
 7. During the last three years, your HIV/AIDS CME hours came from:
 - ASAM course
 - another course (name of organization) _____
 - no HIV/AIDS CME hours in last three years
 8. Do you believe ASAM should offer more HIV/AIDS education? yes no
 9. If yes, in what form? *Check all that apply:*
 - free standing conference (like ASAM's annual nicotine conference)
 - workshops/symposia within ASAM annual medical-scientific conference
 - AIDS conference on the day before ASAM medical-scientific conference (offered in Washington, DC, in April 1992 and in Los Angeles in April 1993)
 - ASAM newsletter articles
 - ASAM *Journal of Addictive Diseases*
 10. Any other suggestions for the AIDS Committee?
- ◆

Region 1 (New York)

Marc Galanter, MD

New York, NY

Specialty:
Psychiatry
ASAM
Certification: 1986



Region II (California)

Kevin W. Olden, MD

San Francisco, CA

Specialty: Gastroenterology, Psychiatry
ASAM
Certification: 1986



Region III (New England)

Alan A. Wartenberg, MD

Cumberland, RI

Specialty: Internal
Medicine
ASAM
Certification:
1986



ASAM BOARD

1993-1997



Region IV (Ohio & Pennsylvania)

Bruce K. Branin, DO

Waverly, PA

Specialty: Addic-
tion Medi-
cine
ASAM
*Certifica-
tion:* 1986



Region V (Southeast)

Richard A. Beach, MD

Pensacola, FL

Specialty:
Addiction
Medicine
ASAM
*Certifica-
tion:* 1988



Region VI (Midwest)

Andrea G. Barthwell, MD

Chicago, IL

Specialty: Addiction Medicine

ASAM
*Certifica-
tion:* 1986



These nine board members were recently elected by their regions. All are new to the board except Drs. Galanter, Branin and Barthwell.



Region VII (Southwest)

J. Thomas Payte, MD

San Antonio, TX

Specialty:
Addiction
Medicine
ASAM
*Certifica-
tion:*
1987



Region VIII (West)

Walton E. Byrd, MD

Tigard, OR

*Special-
ty:* Aller-
gy, Ad-
diction
Medicine
ASAM
*Certifica-
tion:* 1986



Region IX (International)

Ray Baker, MD

New Westminster, BC, Canada

Specialty: Family Practice
ASAM
Certification:

1986



James F. Callahan, DPA, executive vice president of the American Society of Addiction Medicine since 1989, delivered his annual report to the ASAM membership at the ASAM Annual Business Luncheon, Apr. 30, 1993, in Los Angeles. His report follows in full.

One of my responsibilities as executive vice president is to report each year on what ASAM has done during the past year to educate doctors, to prevent and treat addictive diseases, and to increase access to care and improve its effectiveness; in short, to tell you what we have done to establish the field of addiction medicine.

As a prelude to reporting on our 1992-1993 accomplishments, I want to remind you of some of the milestones that have marked our progress in establishing the field of addiction medicine since the founding of our society in 1954. I will then review the 1992-1993 accomplishments. Finally, I will tell you what I believe are the challenges that face us during the coming year, and how I believe we can meet those challenges.

Milestones

Our common goal is to establish the specialty of addiction medicine. In its full reality, this includes basic and clinical sciences, education and training, board certification, and the integration of all this into mainstream medical education and practice. The result of our efforts will be that those who need treatment for addiction will receive it, and those physicians who provide the treatment will receive payment.

Addiction Medicine (ADM -- in approving addiction medicine as a self-designated field of medical specialty practice, the

AMA assigned ADM as the code by which to identify

From the

EXECUTIVE VICE PRESIDENT

this newly accepted specialty) has its roots in a basic science and clinical science that predates ASAM's founding in 1954. As a multi-disciplinary specialty, ADM rests on the basic and clinical sciences that underlie all mainstream medicine. At the same time, however, it lays claim to its own scientific legitimacy that is the result of the pharmacologic and neuropharmacologic research on the properties and actions of alcohol, nicotine, and the other dependence producing chemicals. Dr. Floyd Bloom's research (presented in this conference's Distinguished Scientist Lecture) is a preeminent example.

The basic and clinical science base of addiction medicine continues to broaden through research in the genetics of addictive diseases, and through treatment matching and treatment outcome studies. And the recent transfer of NIAAA and NIDA to NIH is an indication that the future of our field lies in treatment based on research.

1954-1985

While this work in the basic and clinical sciences was going on and continues, your predecessors and you have dedicated yourselves to treating and caring for those who have addictive diseases, and to founding ASAM to foster the education of all doctors about the addictions. Some milestones along the road since 1954 are the following:

- 1954: Ruth Fox, MD, the founder of the society, and her colleagues gave ASAM its first formal status, and sometime later incorporated as the New York City Medical Society on Alcoholism.

- 1967: The medical society became a national organization as the American Medical Society on Alcoholism (AMSA).

- 1970: NIDA and NIAAA established the Career Teacher Program to educate medical school faculty.

- 1973: The California Society for the Treatment of Alcoholism and Other Drug Dependencies was founded.

- 1982: The American Academy of Addictionology was incorporated.

- 1983: Two Unity meetings were held at the Kroc Ranch (Santa Barbara, California). The first was convened under the auspices of the American Academy of Addictionology; the second by the American Medical Association;

- 1983: AMSA voted to expand its focus to include drugs other than alcohol, and in 1985 AMSA became AMSAODD, the American Medical Society on Alcoholism and Other Drug Dependencies.

1986-1992

In the years 1986-1992, ASAM increased its education programs; successfully established its certification program; established headquarters in Washington, DC; was admitted to the AMA House of Delegates, and was given recognition by the AMA for addiction medicine (ADM) as a medical specialty. ASAM also took the first significant steps toward achieving board certification for ADM; and through its psychiatry members, helped in the attainment of a certificate of added →



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qualifications (CAQ) in addiction psychiatry.

The signs of growth and achievement are:

Education: Each year, approximately 1,800 physicians and others attend ASAM's annual conferences and courses.

Certification: As of the 1992 examination, ASAM certificates have been awarded to a total of 2,619 physicians.

National Clinical Influence: ASAM members are increasingly invited to participate in scientific and clinical advisory committees, in government and medical specialty societies.

The *ASAM Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders* (published in 1991) is becoming the standard clinical guideline for patient placement, continued stay and discharge.

Membership: has grown from 650 in 1976 -- to 3,350 in 1992.

Chapters: have increased from five in 1989 -- to 20 in 1992.

Fiscal Growth: The Ruth Fox Endowment Fund has pledged of \$1.2 million, and contributions of \$685,000 (1992).

1992-1993

During the year just ending, ASAM has accomplished the following:

Access to Care: ASAM established a Task Force on Healthcare Reform, chaired by **Sheila B. Blume, MD**, which formulated and communicated to the White House a Core Benefit Statement [See *ASAM NEWS*, March-April issue]. Further, ASAM has an action plan to assure inclusion of prevention and treatment for the addictions in whatever version of healthcare (Dr. Callahan's annual report, continued from p. XX) reform is enacted into law.

Under **David Mee-Lee, MD's** leadership, ASAM formed a national coalition to promote using the *ASAM Patient Placement Criteria* for placement in and movement of patients through treatment, and for promoting equitable reimbursement for treatment.

Through its Washington, DC office, ASAM has met with members of Congress, and has commented on several House and Senate bills on healthcare reform.

To improve the quality of treatment, ASAM members have participated in federal government committees to develop treatment improvement protocols on methadone treatment, women, AIDS, dual diagnosis, and intensive outpatient care.

Specialty Status:

We have moved on three new fronts to promote specialty status and the integration of addiction medicine into mainstream medicine:

- Two Medical Specialty Committees -- Pediatrics under **Larry Patton, MD**, and Emergency Medicine under **Andrew DiBartolomeo, MD** -- are working with the American Academy of Pediatrics and the American College of Emergency Physicians, to establish committees and sections on addiction medicine. Under **David Lewis, MD's** leadership, ASAM became a member of the Council of Medical Societies of the American College of Physicians. **Paul Brattain, MD**, chair of the Preventive Medicine Committee, continues to work toward greater recognition of addiction medicine within preventive medicine. An Anesthesiology Committee has been established, chaired by

Seddon Savage, MD.

- As a supporting document for ASAM's Application for a Joint Certificate of Added Qualifications, a draft of the "Content of Addiction Medicine" has been prepared.

- The *ASAM Review Course Syllabus* is under revision and will be published in 1994 as *Principles of Addiction Medicine*, a greatly expanded and more in-depth presentation of basic and clinical science issues in addiction medicine.

AMA:

ASAM successfully introduced a resolution to the AMA to include detoxification as part of the AMA's minimum benefits package of healthcare for all Americans.

ASAM also introduced resolutions to the AMA that called for an end to discrimination by licensing, certifying and credentialing bodies against individuals referred for treatment for alcohol and other drug disorders and mental and emotional illness; on discrimination against people entering the U. S. for addiction treatment; and on the ethical implications of the AMA's accepting support from the alcoholic beverage industry.

Membership:

To better serve our members, and to promote growth and involvement of all members in the society's activities, ASAM hired a new director of membership, Ms. Pam Traylor, and has assigned two staff to the Membership Department. Ms. Traylor will direct the department. Ms. Theresa McAuliffe will be assistant director of membership for certification and membership development, and Ms. Linda Fernandez will be assistant director of membership for member services. **Goals : 1993-1994**

The ASAM Board has identified six top priority objectives for the coming year:

- Develop and publish practice guidelines.
- Have a voice in healthcare policy decisions.
- Continue ASAM Certification.
- Encourage development of CAQs in other specialties, promote the establishment of a conjoint Board, and integrate addiction medicine across specialties.
- Secure grants to the operating fund.
- Secure contributions to the Endowment Fund.

Challenges: 1993-1994

Our challenge is to become active in three areas:

- We must remain involved in the healthcare reform debate in order to ensure prevention and treatment a place in whatever healthcare reform legislation is enacted.
- As the recession, the effects of managed care, and other factors continue to hammer away at the practice of addiction medicine, we must promote ASAM's membership campaign by inviting all physicians who treat addicted patients to join ASAM and to become involved in educating their colleagues.
- We must practice tighter fiscal management, and restructure in order to conserve and grow. ASAM needs your help to find monies to support our many efforts to establish the field of addiction medicine.

In concluding my review of our accomplishments and the 1993-1994 challenge, I want to leave you with my firm conviction that just as we today take it for granted that cancer, heart disease, diabetes and other chronic diseases are part of all →

medical education and mainstream medical practice, so one day we will take it for granted that addictive diseases are an integral part of all medical education and mainstream medical practice.

With healthcare reform we have a window of opportunity to make that a reality. We have to seize this opportunity. It may pass, it may not come again. We have to seize the moment if we care for our patients and if we care for the field of addiction medicine.

Recognitions and Acknowledgements

Before closing, I want to acknowledge the outstanding ASAM staff who are 100% committed to serving ASAM's members, to supporting our programs, and to helping ASAM carry out its mission. The staff are Ms. Mary A. Lamary, executive assistant; Ms. Pamela Traylor, director of membership; Ms. E. Theresa McAuliffe, assistant director of membership; certification and membership development; Ms. Linda Fernandez, assistant director of membership; member services; Ms. Virginia Watson Roberts, director of meetings and conferences; Ms. Sandy Schmedtje, meetings manager; Ms. Claire Osman, director of development; Mr. Arthur Ganta, managing accountant; Ms. Vanita Adams, bookkeeper and office manager; Mr. Jay Arwood, management information services manager. The part-time consultant (contractual) staff are: Mr. Emanuel Steindler, AMA liaison, and Standards & Economics of Care support; Ms. Gail Jara, Certification Project; and Ms. Lucy Barry Robe, editor, *ASAM NEWS*.

Conclusion

Also before closing, I want to recognize the outstanding leadership by **Anthony B. Radcliffe, MD**, as your president. Those of you who know Tony know his dedication to patient care. This is what drives him to work on your behalf and on behalf of the field. No president could have been more available to me or to your staff, to you, or to the members of the board. No president could have been more involved or more committed. On a personal note, I owe a debt of gratitude for his support, his confidence in me, for his encouragement. Tony →



Dr. Callahan (R) greets Ken Roy, MD, (L) Membership Chair, in exhibits area at Los Angeles meeting.

has been to me a brother, a friend, and in your presence I want to say, "Thank you, Tony."

To **Anne Geller, MD**, I want to say "Welcome, Anne. We have two very challenging and very good years of work ahead of us." Dr. Geller, Dr. Radcliffe and I have worked as a team during the past two years. That teamwork will continue with the addition of **David E. Smith, MD**, your new president-elect. ASAM has been blessed with committed, courageous, far-sighted presidents. That tradition continues with Drs. Geller and Smith.

To board members who are leaving the board: I want to thank you for your work on behalf of ASAM and your colleagues, and tell you that I look forward to continuing to work with you.

To our new board members: those who will continue from our former board, and the new members, I want to assure you of my continuing commitment to ASAM, to carrying out your policies, and to administering the society's programs.

To each ASAM member, be assured of our commitment to you and your welfare.



Names in boldface are first mentions of ASAM members.

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Ruth Fox Reception in L.A.

Every year, ASAM holds a reception during its Annual Meeting for all donors to the Ruth Fox Memorial Endowment Fund. The following photos were taken in Los Angeles on Apr. 30:



Drs. J. T. Payte (L), of San Antonio, Terry Rustin (C) of Houston, and Joseph E. Dorsey (R) of Hollywood, Florida.



Claire Osman (C) ASAM Director of Development, with James W. Smith, MD, (R) of Seattle, and Ronald F. Smelt, PT, of Orange, CA.



William Hawthorne, MD (R), chair of the Ruth Fox Fund, gave Mark R. Publicker, MD, of Pittsburgh, a special gift medal for his 1992 pledge which placed him in the Benefactor's Circle.

RUTH FOX MEMORIAL ENDOWMENT FUND

Ruth Fox Fund News

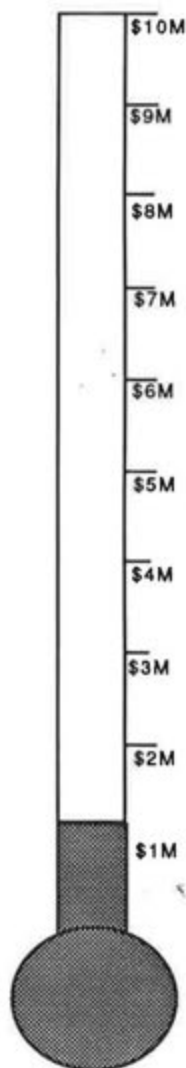
The goal of the Ruth Fox Memorial Endowment Fund is to establish financial stability to ASAM. Income derived from this fund will remain in the fund until the goal of \$10,000,000 is reached. Thereafter, only the income from the fund (not the core) will be made available to the ASAM board for the society's use.

By donating, pledging, and/or making endowments to this fund, you are assuring ASAM's financial future. Thank you for giving, encouraging others to give, and for giving again.

William Hawthorne, MD, chair, RFMEF

Max A. Schneider, MD, chair, RFMEF Advisory Board

Goal: \$10,000,000



Pledged: \$ 1,202,728
(as of 5/19/93)

Recognition Roster by Giving Level

Mar. 18 - May 31, 1993

Leadership Circle

Special thanks to David E. Smith, MD, for joining the Leadership Circle by making a bequest to the Ruth Fox Memorial Endowment Fund.

Circle of Friends

- LaMonte Peter Koop, MD
- G. Edward Stokes, MD
- Humberto Vergara, MD

Donors

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| Sanganur V. Mahadevan, MD | Victoria Lynn Yorke, MD |
| Peter H. Overgaard, MD | |

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

1993

- ☐ **Research Society on Alcoholism Annual Meeting:**
 San Antonio, TX, June 20-24
 Debra Sharp, RSA, 4314 Medical Parkway, Ste 300,
 Austin, TX 78756
 ☐ (512) 454-0022
- ☐ **ASAM MRO Training Courses:**
 New Orleans, June 17-20 *Hotel Inter-Continental New Orleans*
 Arlington, VA, Aug 26-29 *Crystal Gateway Marriott*
- ☐ **Chemical Dependency in Depth:**
 Cayman Brac, British West Indies, July 17-24
 Hub Concepts in Medical Education,
 Attn: Bruce E. Bassett, PhD, 11550 IH-10 West,
 S/185, San Antonio, TX 78230
 ☐ 1-800-547-3747
- ☐ **ONSITE Physician's Institute on Co-Dependency:**
 Rapid City, SD, Oct. 22-27
 Joseph R. Cruse, MD, ONSITE, 2455 W. Chicago St,
 Rapid City, SD 57702-2467
 ☐ (605) 341-4847
- ☐ **ASAM State of the Art in Addiction Medicine:**
 Orlando, FL, Oct. 28-31 *Contemporary Hotel, Disney World*
- ☐ **ASAM 6th National Conference on Nicotine Dependence:**
 Atlanta, Nov. 11-14 *Marriott Marquis Hotel*

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

1994

- ☐ **Florida Society of Addiction Medicine 7th Annual Conf.**
 Orlando, FL, Jan. 20-23, 1994 *Hotel Royal Plaza*
 Lucy B. Robe, FSAM, 303-D Sea Oats Drive,
 Juno Beach, FL 33408 ☐ (407) 627-6815 FAX: 407-627-4181
- ☐ **ASAM Annual Meeting and 25th Annual Medical Scientific Conference:**
 New York City, Apr. 15-17, 1994 *Marriott Marquis Hotel*
Ruth Fox Course for Physicians: Apr. 14
National Forum on Aids and Chemical Dependency: Apr. 14
- ☐ **ASAM 1994 Review Courses:**
 Atlanta, Oct. 13-16, 1994
 Chicago, Oct. 27-30, 1994
- ☐ **ASAM 1994 Certification Exam:**
 Atlanta, Los Angeles, Dec. 3, 1994

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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