

# ASAM NEWS

American Society of Addiction Medicine

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## ASAM Certification & Recertification Exam

Applications were available in the ASAM office as of July 30, 1993.

**Application Deadline:** Jan. 10, 1994

**Examination Date:** Dec. 3, 1994

**Mark your calendars now!**

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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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## Certification Status & Recovery: One Physician's Saga

**"The purpose of this letter is to inform you that the American Board of Family Practice is rescinding your Diplomate status, effective December 18, 1987..."** -

*--American Board of Family Practice, Inc. letter to Dr. Jones, May 5, 1992.*

In April 1986, Edna Marie Jones, MD, of Ohio voluntarily entered treatment at Shepherd Hill Hospital in Ohio for chemical dependency and major depression. "I had no disciplinary actions against me for any reason at that time," she wrote the ABFP in June 1992. "Subsequent to my suicide attempt (August 1986) the Ohio State Medical Board asked me to come in for a conference.

"I did this in late 1986 after returning to Shepherd Hill to finish treatment. I was asked to sign a voluntary Consent Agreement with the Ohio Board to assure them that I would follow the treatment center's recommendations for my ongoing treatment and recovery.

"I agreed. In 1987, as I prepared to resume practice, the board sent me its standard agreement which included surrendering my DEA." Dr. Jones found this unacceptable, as did Shepherd Hill Hospital, and her employer, Medical Ohio Physicians Group of Ohio State University. The agreement was immediately modified to surrendering her Class II DEA, which she did while under the Consent Agreement. "This did not in any way encumber my ability to diagnose, manage, and/or treat patients. I fully followed all of the board's and the treatment center's requests," she later wrote ABFP.

Part of the Consent Agreement with the Ohio Board included a daily, then weekly, monitored drug screen at Shepherd Hill Hospital for the first six months.

### Certification Rescinded

Dr. Jones was unaware of the Ohio Board's policy of notifying the ABFP of any change in licensure status until she filed an application for recertification in November 1991, which included a self-report about her treatment. Her application was turned down on May 5, 1992, and her Diplomate status retroactively rescinded.

"I was honest at that time," she later wrote ABFP, "and endeavored to explain my circumstances. (cont. on p. 13)

## Dr. Floyd Bloom on Neuroscience of Addictions *Distinguished Scientist Lecture*

by Terry Rustin, MD

**Floyd Bloom, MD**, chair of the Department of Neuropharmacology of the Scripps Research Institute in La Jolla, CA, accepted ASAM's Distinguished Scientist Award at the 24th Annual Medical-Scientific Conference in Los Angeles. Dr. Bloom, a leading researcher and teacher in neuroscience, addressed the membership in the opening session of the conference April 30 on the current status of the neuroscience of addictions.

Dr. Bloom approached the subject from the viewpoint that all behaviors, including addictive behaviors, have biochemical mediators in the brain. Neuroscientists are gradually clarifying the interactions of receptors and neurotransmitters, and the roles of anatomic structures and genetic.; Bloom's review of these findings gave ASAM members an opportunity to consider how these basic science advances might be applied to the clinical practice of addiction medicine.

Addiction research focused on the brain brings together clinicians, who study how chemicals affect their patients, experimental scientists, who study these same chemicals in experimental animals, and bench researchers, who seek to untangle the complex interactions of neurochemicals and neuroanatomy. The 1990s have been declared the "decade of the brain," Dr. Bloom reminded his audience, adding that interest in neuroscience has grown so rapidly that, if the trend continues, by the end of the decade, everyone in America will be a neuroscientist.

That joke may prove more realistic than some would imagine. As Dr. Bloom continued, he elaborated his goal: to examine molecules, cells, systems, and behavior, and to determine their interaction in addictions. ASAM clinicians can make significant contributions to clarifying the puzzle.

The vast majority of neurotransmissions involve simple amino acids, such as GABA (gamma-amino butyric acid) and glutamate. Only one to two percent of brain cells utilize amines (dopamine, norepinephrine, or serotonin) for transmission--but these cells, concentrated in the nucleus accumbens, appear to mediate addictive behaviors. Peptides also contribute to neurotransmission, often as second or third messengers, and compounds not normally thought of as central nervous system transmitters, such as Substance P and vasoactive intestinal peptide, also play a modulating role.

A decade ago, neuroscientists believed that cells utilized one, and only one, transmitter. Current research indicates that that concept was in error. Many cells appear to use several different transmitters--two cells which both use dopamine may differ in the secondary transmitters used by each. Steroid molecules, with the same chemical skeleton as adrenal or sex steroids, may also play a role in neuromodulation.

Receptors appear to have a variety of anatomic structures. Dr. Bloom described three types: M4, G-protein coupled, and M1.

The M4 receptor (so named because its protein is threaded through the membrane four times) is generally found in clusters

## CONFERENCE DIGEST

of four or five. GABA and glutamate appear to work in this way. GABA, the chief inhibiting neurotransmitter, tends to

keep this complex of M4 receptors tightly aggregated, which prevents chloride from passing through the channel; benzodiazepines and alcohol appear to counteract this effect, causing disinhibition.

The G-protein coupled receptor consists of peptides coupled to an enzyme. Whereas the M4-type receptors open ion channels, these receptors turn on enzymes which amplify signals, thus affecting intracellular mediators.

The M1 receptor (whose protein penetrates the membrane just once) appears to work by receiving a signal, turning on an enzyme, and regulating the passage of ions through a channel.

Dr. Bloom then turned his attention to several of the drugs of dependence with which ASAM doctors deal daily: cocaine, opioids and alcohol.

### ***Cocaine, Opioids, and Alcohol***

It is well known that experimental animals can learn to self-administer chemicals for a reward. Cocaine is sufficiently reinforcing that no other reward is necessary to keep an animal responding. Animals thus trained will not only neglect food and water, but a majority will self-administer cocaine up to the point of death.

This overwhelming addiction appears to be mediated by dopamine. With increasing cocaine use, extracellular dopamine levels increase in the animals' brains. When a dopamine antagonist is administered, these animals initially increase their self-administration of cocaine, and then stop altogether, indicating that dopamine is involved in the addiction process. This effect is enhanced when the dopamine antagonist is placed directly into the nucleus accumbens.

Opioids function through an entirely different pathway from cocaine. When experimental animals that are trained to use both cocaine and heroin are given a dopamine inhibitor, they stop using cocaine but continue to use heroin. Opioids appear to work through peptide receptors, not amine receptors as once thought.

Alcohol does not have a specific receptor site; however, it shares aspects of benzodiazepines, cocaine and opioids. Like benzodiazepines, alcohol tends to loosen the elements of the M4 receptor site, and this effect is enhanced by pre-administration of isoproterenol. Recent work has found that alcohol promotes the release of dopamine (like cocaine) and "craving" for alcohol by alcoholics has been decreased by the pure opioid antagonist naltrexone in some studies.

### ***State-dependent Learning***

Dr. Bloom described a study in which experimental animals were trained to run on a treadmill. Some were given intoxicating doses of alcohol before each training session, some received alcohol intermittently, some received alcohol after the training, and some were trained without alcohol. In the testing period, animals that practiced running while intoxicated maintained their balance better than animals that had the same exposure to alcohol but had not practiced running under its effect.

(continued on p. 6)

## Ruth Fox Course

About 200 registered for the annual Ruth Fox Course for Physicians, held in Los Angeles on April 29. Almost all the registrants were physicians. Again, the course directors were **Charles L. Whitfield, MD**, and **Lynn Hankes, MD**; the course coordinator was Claire Osman.

Topics included historical overview (**Maxwell N. Weisman, MD**), managed care (**Michael M. Miller, MD**--see report below), legal issues in ADM (**H. Westley Clark, MD, JD, MPH**), literature update including a discussion of Provisional DSM-IV: Dependence, Abuse, Remission (**Marc Schuckit, MD**), spiritual psychology perspective of addiction (**Roger Walsh, MD, PhD**), outpatient management (**Joseph A. Pursch, MD**), co-dependence in health care (**Gary L. Simpson, MD**), how drug politics enables drug traffickers (**Peter Dale Scott, PhD**), assessing helping professionals for fitness to practice (**Garrett O'Connor, MD**).

Next year's Ruth Fox Course will be Thurs. Apr. 14, 1994, in New York City.

### Miller on Managed Care

Michael M. Miller, MD, of Madison, WI, chair of ASAM's Reimbursement Committee, gave a dynamic presentation on managed care. "We didn't ask for this," he declared. "A managed care organization (MCO) is not a third party -- a fiscal intermediary. An MCO is a fourth party -- neither clinician, nor patient, nor payer -- but a new entity which has powers to decide if a patient can access a care giver, which care givers can be accessed by a patient, and how much care can be given. An MCO has the authority to overrule a decision between a doctor and a patient who want a doctor-patient relationship."

According to Dr. Miller, the impact of MCOs on clinicians features a great deal of time: "time taken away from direct patient care, time on the phone for prior authorization and concurrent review, time writing letters or reports to MCOs, and time conducting appeals."

Dr. Miller suggested the following "constructive responses of ADM treatment institutions to managed care:

- develop systematic, consistent relationships with managed care firms; arrange periodic contact between managed care firm representatives and representatives of your institution.
- invite managed care firms to visit your facility, meet your staff, and discuss quality of care as well as cost containment.
- offer a true continuum of care; don't just funnel patients to the most profitable level of care. If your institution does not provide all levels of care, develop shared services contracts with facilities that offer the levels of care that yours does not.
- use established criteria (ASAM/NAATP *Patient Placement Criteria*) and provide detailed data to managed care representatives when they call--data on severity of illness, stressing clinical features which are positive (the patient is improving) as well as negative (these are the areas in which sufficient improvement has not yet been achieved).
- for a given case, maintain contact with the external managed care agent--continuously, from recertification noti-

fication through patient transfer to another level of care or until discharge.

- establish internal CM/UR staff positions, e.g. one such staff per 20 beds: do the job of CM internally, to improve quality and outcomes, so it's done when managed care calls.
- if a case management or UR firm sends a representative for an on-site chart review, have someone sit with him or her to go through the chart, highlighting data which documents severity of illness and intensity of service descriptors that justify the current plan.
- develop internal data systems for analysis of clinical outcomes: *the future demands treatment efficacy data!!* "

## AIDS and CD Forum

ASAM sponsored the Sixth National Forum on AIDS and Chemical Dependency in Los Angeles as a day-long event on April 29. Course co-directors were **Barbara Chaffee, MD**, and **Kevin O'Brien, MD**.

An enthusiastic audience heard Michael Gottlieb, MD's update on what's new in HIV disease. The multi-center Concorde trial, reported in April (Abouker, JP, Swart, AM, *Lancet* 1993 341: 889-90) was analyzed and its shortcomings discussed. Dr. Gottlieb said that this study had confused people, and suggested that antiretroviral therapy might be ineffective in the early management of HIV disease. However, he said that further analysis of the study showed antiretroviral therapy to be definitely useful in early symptomatic HIV disease. Patients with early ARC had decreased progression to AIDS and decreased rate of death, increased CD4 and decreased P24 antigen with AZT treatment. This area of investigation bears close watching over the next 12 months.

Convergent antiretroviral therapy is a useful treatment where carefully chosen drugs are aimed at the same target on the virus's life cycle. Two regimens that are equally effective are AZT + DDI + Nevirapine; and AZT + DDI + Foscarnet.

Two new regimens for PCP pneumonia treatment (but not prophylaxis) are primaquine + clindamycin; and atovaquone. However, most physicians' first and second choices are still trimethoprim-sulfamethoxazole (TMP-SMX) and pentamidine (aerosolized).

Researchers at NIH have expressed concern that the use of 10% bleach by I.V. drug users to clean their needles and syringes may not be as effective in killing the HIV virus, as had been formerly believed. Use undiluted bleach instead, according to the CDC.

Women appear to die sooner after initial AIDS diagnosis than do men, perhaps because women tend to be diagnosed at a later stage of the disease, and because the diseases that normally define AIDS are not common in women. AIDS defining illnesses in women have recently been added to the case definitions (e.g. cervical cancer).

**Mel Pohl, MD**, chair of ASAM's AIDS Committee, conducted a realistic and touching guided imagery visualization process that enabled us to sample some of the fear, shame, guilt and other feelings that our patients experience when first diagnosed as HIV positive.

Benjamin Schatz, JD, executive director of Physicians for Human Rights in San Francisco, demonstrated the very low risk of patients being infected with HIV by health care workers, and described the unjust way they are treated by patients and employers.

The AIDS Forum Syllabus is complete and worth adding to one's library; the book is available at the ASAM office for \$25 members/\$40 nonmembers (postpaid, prepaid).

(This AIDS Forum report was written by David Brand, MD, of Denton, TX.)

### Caffeine: An Issue in Addiction Medicine

The notion of caffeine as a drug posing a serious problem is still controversial in the addiction medicine field. Only a few registered for this course, held May 1 in Los Angeles during the ASAM Medical-Scientific Conference. Course directors were G. Douglas Talbott, MD, and Max A. Schneider, MD, with faculty of John R. Hughes, MD, and Roland Griffiths, PhD. (Dr. Hughes had offered the only previous ASAM-sponsored caffeine workshop at the medical-scientific conference in Boston, April 1991. See ASAM NEWS, May-June 1991, p. 2-3)

According to Dr. Schneider, symptoms of toxicity ("Caffeinism") usually begin with 250 to 500 mg of caffeine per 24 hours. These symptoms can be cardiac, respiratory, emotional, gastrointestinal, muscular, renal, and CNS.

Dr. Hughes reports that average caffeine intake is approximately 200 mg/day. It is consumed in 6 oz. cups of brewed coffee (100 mg), instant coffee (65 mg), tea (40 mg), or soda (25 mg), and in over-the-counter analgesics, antihistamines, stimulants, and weight-loss aids (50-200 mg/tablet).

#### Withdrawal (Abstinence) Syndrome

The syndrome can include headache (most frequent symptom), lethargy, irritability, flu-like syndrome, restlessness, yawning, nausea/emesis, constipation, tremor, craving.

Onset of withdrawal (abstinence) syndrome is 12 to 24 hours. This peaks at 20 to 48 hours, and lasts 5 to 7 days. Unless there is concurrent withdrawal from opioids or sedatives, Dr. Schneider recommends decreasing daily caffeine by 20% per day over a five-day period. This handles headache, lethargy, etc. Cut down frequency of use, decrease strength of the brew (substitute increasing proportions of decaf coffee). He advocates behavior modification and education for everyone.

### New Methadone Journal

ASAM board member J. T. Payte, MD, will edit a new quarterly; the *Journal of Maintenance in the Addictions* which will provide "cutting edge articles" to "understand clinical management at the most practical level," according to Dr. Payte. This includes new models for services in methadone treatment programs, "leading to a multi-level care system with clearly defined criteria for admission, transfer and discharge." Dr. Payte hopes the new journal will help to "develop a new treatment ethic" for methadone maintenance. Prospective authors are encouraged to ask for "Instructions for Authors," available from Dr. Payte at 3701 West Commerce, San Antonio, TX 78207. ☐ (210) 434-0531. FAX 210-434-0321.

### Med Students Study CD in Summer School

What happens if two foundations decide to give over a million dollars to educate future physicians about alcoholism and other drug dependencies?

Beginning in 1985, the Scaife Family and the J.M. Foundations offered medical students one- to three-week room, board and tuition scholarships, with a travel stipend, to 25 summer school addictions (alcohol/drug) programs nation-wide. Over 1,200 students participated in this program, established by the foundations because few medical schools have required hours for alcohol/drug dependence (less than 1%), and because a 1985 AMA poll showed that 71% of U.S. physicians were "not competent" or "ambivalent about treating A/D dependence."

Results: An alcohol/drug elective in a summer school setting seems beneficial--both short and long term--to most medical students.

The ASAM Members-in-Training Committee chair David Gastfriend, MD, Chief of Addiction Services at Massachusetts General Hospital, sent a two-page questionnaire to 844 who had attended A/D summer schools between 1985 and 1989; 371 responded (39%). Over two-thirds felt that their programs were high in quality compared to a typical four-week clinical rotation, even more rated them very high in educational usefulness, and 99% would recommend that other students take such a program. Typical comments, according to Dr. Gastfriend, included "good exposure to the optimism of recovering;" "even if I do not practice addiction medicine I have used what I learned throughout my clinical rotations;" "experience on how to confront addiction was very helpful;" "could not attend and not be aware of and better able to deal with addictive illness."

Most noted their current competence to diagnose substance abuse as very high, and to treat as moderately high. However, answers on the sense of competence to provide consultation to other physicians varied widely from "not at all" to "extremely high."

Regarding treatment recommendations, three-quarters of the respondents routinely refer patients to other providers/agencies; one in four provide treatment themselves, and two out of five supply 12-Step or other self-help information.

The students had "personal experiences with or concerns about substance dependence" in themselves (7%); a colleague (25%); a parent (20%).

The study results were presented at the Medical-Scientific Conference in Los Angeles Apr. 30 by Dr. Gastfriend, Dan Glatt, MD, MPH, of the ASAM Members-in Training Committee, Stuart Gitlow, MD, MPH, new chair of the committee, and James F. Callahan, DPA, of ASAM.

The Scaife Family Foundation still funds seven CD centers which offer training to medical students. They are the Betty Ford Center (California), Hazelden (Minnesota), St. Francis Hospital (Pittsburgh), Rutgers (NJ) Summer School of Alcohol Studies, University of California-San Diego, University of Utah Summer School, University of Wisconsin National Rural Institute.

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

## NEXT CONFERENCE

### Sixth Annual Nicotine Conference

**November, Atlanta**

ASAM will sponsor the Sixth National Conference on Nicotine Dependence at the Marriott Marquis Hotel in Atlanta this coming Nov. 11-14.

"The conference is intended for any health care professional who deals with patients who smoke," said **John Slade**, MD, conference chair. "It will focus on three areas: 1) update on evaluating and treating patients with nicotine dependence, 2) the challenge of nicotine dependence for the field of addictive disorders, and 3) update on the pharmacologic and behavioral therapy of nicotine dependence."

The first day (Thurs. Nov. 11) will offer three parallel tracks: two symposia on tobacco control, (including "The Joe Camel Saga," and on tobacco and perinatal health); a National Cancer Institute workshop "How to Help Your Patients Stop Smoking: Training Physicians in Smoking Cessation Techniques;" and the Third Nicotine Research Roundtable, where clinical and basic science researchers will discuss the role of genetics and individual variability in tobacco use.

On the other days, morning plenary sessions will provide a body of general information including tobacco trends and control, community smoking cessation, outcome studies on nicotine dependence treatment, and transdermal nicotine.

Afternoon sessions will offer the chance for information exchange on topics including dealing with nicotine in CD treatment programs, bedside interventions in general hospitals, psychiatric inpatient tobacco policy, nicotine replacement strategies, genetic aspects of nicotine addiction, telephone counseling for smoking cessation, tobacco and HIV, cue extinction, and new information about treating older smokers.

A plenary debate is scheduled: "Resolved--Nicotine Replacement Products Should Be Available Over the Counter."

Saturday Luncheon speaker will be Gar Mahood, executive director of Nonsmokers' Rights Association.

ASAM will present a Young Investigator Award for the first time at this meeting.

A A and NA (Nicotine Anonymous) meetings will be held at the hotel.

There will be a faculty of 32 experts, from various disciplines and nicotine dependence-related health care settings all over the country. Half are physicians. Some are known from presenting at previous ASAM national conferences (such physicians include Drs. Slade, **Richard Hurt**, who chaired the first five nicotine conferences, **Terry Rustin**, **Paul Earley**, **John R. Hughes**, and **Max A. Schneider**, who will again coordinate a film festival).

ASAM has sent conference registration material to ASAM members. For more information, call ASAM headquarters at (202) 244-8948, or FAX: 202-532-7252.

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

### Call for Help

The Resources & Development Committee (Max A. Schneider, MD, chair) is "putting out a call to you, our members, to help us to identify foundations/corporations/individuals and a contact, so that we can seek support for ASAM programs. We will not burden you with the details of solicitation. However, directing us to 'your' contact could be invaluable. Any such information will be kept confidential."

Please contact Ms. Claire Osman, Director of Development, ASAM, 12 W. 21 St, New York, NY 10010.

☐ (212) 206-6770; FAX 212-627-9540.

Thanks to board members, **Stanley E. Gitlow**, MD, and **Jasper G. Chen See**, MD, (former board member) for obtaining foundation grants to support the society's programs.

## SEC NEWS

### NAATP Award to ASAM

The National Association of Addiction Treatment Providers (NAATP) on May 6 awarded ASAM its Nelson J. Bradley Award in recognition of ASAM's significant achievements and contributions to the field of addictions treatment.

ASAM and NAATP collaborated in developing the *ASAM Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders* (the PPC). John T. Schwarzlose is chairman of the board of directors of NAATP.

### Montana Expands Coverage

Less than a year after Blue Cross/Blue Shield of Montana began using the *ASAM Patient Placement Criteria* in their review process (See *ASAM NEWS Nov.-Dec. 1992, p. 1*), the organization has decided to expand benefits.

According to Mona L. Sumner, MHA, associate director of the Rimrock Foundation in Billings, MT, effective Oct. 1993 "Blue Cross Plans to increase the outpatient benefit to its holders significantly (up to \$4,000) and to provide access to its clients to intensive outpatient and partial hospitalization at service sites in the state that are members of a Blue Cross Provider Network."

In order to be an eligible provider of this level of care, a treatment center must have adopted and implemented the PPC. "Without the development of the *ASAM Criteria* none of this would have been possible," Ms. Sumner told *ASAM NEWS*. She also is chair of the Criteria Implementation Task Force of the ad hoc "coalition for national clinical criteria." The PPC "afforded a major tool and leverage with which Montana providers could begin an education and negotiation process with Blue Cross. To me this is an example of a win win situation: providers, patients, and the payer are all winning in Montana!"

## Family Practitioner or Internist

Opening for a board certified family practitioner or internist experienced with substance abuse treatment exists at the VA Medical Center, Highland Drive, Pittsburgh, PA. This well established substance abuse treatment program includes a 48-bed inpatient 21-day program, outpatient clinics and methadone maintenance clinic. Highland Drive is a neuropsychiatric medical center affiliated with the University of Pittsburgh. Faculty appointment is available to qualified applicants. Psychiatric residents from Western Psychiatric Institute and Clinic, University of Pittsburgh, have rotations at the facility. There is a full range of psychiatry treatment programs including day treatment, mental health clinic, consultation/liaison, geriatrics, sleep laboratory, schizophrenia research unit and neurobehavioral unit. Opportunity to develop research projects in respective areas of interest. Excellent supporting staff with a multidisciplinary team approach. Licensure in any state required.

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## Dr. Floyd Bloom

*(continued from p. 2)*

Thus, state-dependent learning and expectation had also influenced alcohol's effects on running performance.

Describing other neurochemical results of expectation, Dr. Bloom described how Wistar rats (which prefer water over alcohol) respond to a variety of novel events with an increase in dopamine, but rats from T. K. Li's line of alcohol-preferring rats do so only when alcohol is presented. This study has a powerful correlate in human behavior: Dr. Bloom described an evoked-potential study in which children of alcoholic men were found to respond equally to drinking an alcoholic beverage or to the smell of the beverage alone.

Dr. Bloom summarized his review of the neurochemistry of addictions by noting that the admonition "Just Say No" shows lack of understanding the basis of the brain's biological functions.

Following questions from the audience, Dr. Bloom accepted the 1993 Distinguished Scientist Award from Marc Galanter, MD, program chair for the conference. The award reads: "In recognition for singular contributions to our understanding of the etiology of alcohol dependence and for generating a team of uniquely skilled investigators in the addiction field."

*Dr. Rustin of Houston is the author of "Quit and Stay Quit." He frequently lectures at ASAM conferences and courses. Names in boldface are first mentions of ASAM members in report.*



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## AMA NEWS

### First Lady Addresses AMA House of Delegates Meeting

by E. M. Steindler

An address by Hillary Rodham Clinton highlighted the 1993 Annual Meeting of the House of Delegates of the American Medical Association in Chicago in June. Delegates warmly applauded the First Lady's references to managed care abuses and assurances that quality of care and the well-being of patients would take precedence over economic considerations in the federal administration's health system reform proposals. She assured the AMA that its voice would continue to be heard.

The AMA will take a new set of benefits recommendations to the national negotiating tables, following endorsement by the House of Delegates of a "required benefits package" that supersedes the former minimum benefits in "Health Access America."

#### **New Addiction Treatment Guidelines**

Under the new guidelines, addiction treatment is limited to one 28-day inpatient stay, with a \$3,000 lifetime cap. It is unrestricted on an outpatient basis, with unlimited visits for individual or group therapy, including related services and supplies. Outpatient day-night hospital services also are included. This is a marked improvement over the former AMA minimum benefits package which covered only detoxification services. However, as ASAM delegate **Jess W. Bromley, MD**, declared in a statement he prepared for delivery on the House floor, it fell short of providing "a level playing field. Historically, the addictions have been viewed as the down and dirty diseases."

Both Dr. Bromley and **David E. Smith, MD**, ASAM's alternate delegate (he also is ASAM's president-elect) had urged that addiction treatment be covered on the same basis as other medical care, and that it not be subsumed under another category, such as mental health, as is now the case. The house referred ASAM's resolution to the Board of Trustees and the Council on Medical Service for study.

Another ASAM-introduced resolution dealt with an allied concern: recognizing physicians regardless of specialty who have the necessary training, competence, and experience to practice addiction medicine. Both Drs. Bromley and Smith cited instances reported to ASAM by members where managed care companies, health insurers, and utilization review organizations have discriminated against physicians who are not psychiatrists. This resolution also was referred for study.

#### **Tobacco, Alcohol, Other Drugs**

The House reaffirmed AMA policy calling for eliminating tobacco subsidies and increasing federal excise taxes on tobacco and alcohol; reducing the tax deduction allowed tobacco companies for advertising and promotion; raising taxes on tobacco products to support health care for the uninsured and underinsured; and supporting smoking cessation programs in correctional facilities.

When it came to the AMA accepting money from alcohol and tobacco interests, the House was less forthright. It adopted

a board of trustees recommendation that the AMA continue to accept educational grants from the Licensed Beverage Information Council (LBIC), providing that the AMA control selection of topics and faculty, as well as promotion and distribution of CME materials produced. The board's report on this issue was in response to resolutions submitted by ASAM and the New York state delegation in December 1992 asking for a study of the matter (*See ASAM NEWS Jan.-Feb. 1993, p.6.*)

The House also went along with the board's definition of the tobacco industry as "companies or corporate divisions that directly produce or market tobacco products along with their research and lobbying groups ..." It rejected a reference committee recommendation that the definition be broadened to include subsidiaries where controlling interest is held by the tobacco company. Dr. Bromley and other delegates urged the House to support the reference committee's amendment, but to no avail.

Faring better was another ASAM request from December 1992 that the Council on Scientific Affairs acknowledge the role of alcohol and other drug use in the perpetration and perpetuation of family violence. The council's report cautioned physicians to be alert to the association, especially among female patients, between current alcohol or drug problems and a history of physical, emotional or sexual abuse.

#### **Other Business**

After four years of turning down requests to place the AMA explicitly on record as not discriminating against physicians because of sexual orientation, the House finally agreed to amend the AMA's Bylaws to this effect. (The ASAM Board approved a similar Public Policy Statement in April 1993.)

ASAM's representation in the 450-member House of Delegates was renewed for another five years. Dr. Bromley was again recognized for his membership recruitment efforts: ten ASAM members joined the AMA since December 1992. One requirement for a national specialty society's continued representation in the House of Delegates is an AMA membership of at least 1,000. At last count, 1,441 ASAM members belonged to the AMA.

The ASAM Board appointed **Stuart Gitlow, MD**, of Boston, to be its delegate to the AMA Resident Physician Services Section. **Dan Glatt, MD**, also attended that session.

**Tay Gaines, MD**, of Lantana, FL, received the Burroughs-Wellcome Leadership Award.

Finally, it is worth noting that an ASAM-inspired action taken by the House two years ago made itself felt at the annual meeting of the Federation of State Medical Boards in April. The Federation voted to accept the AMA guidelines that physicians engaging in patient care should have no significant body content of alcohol, and that prior to being available for patient care they should refrain from drinking an amount that could cause impaired performance or a hangover effect. **G. Douglas Talbott, MD**, of Atlanta, testified two years ago in support of this action.

*Mr. Steindler was executive director of ASAM in the late 1980s, and a long-time AMA staff member prior to that.*

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

# ASAM

## 1992 Annual Report of the American Society of Addiction Medicine

ASAM is an association of physicians dedicated to improving the treatment of alcoholism and other addictions, educating physicians and medical students, promoting research and prevention, and enlightening and informing the medical community and the public about these issues. The Society serves its members by providing opportunities for education and sharing of experiences and by promoting the development of a body of professional knowledge and literature to enhance the quality and increase the availability of appropriate health care for people affected by the addictions.

June 1993

Dear Colleague:

The 1992 Annual Financial Report of the American Society of Addiction Medicine (ASAM) shows that the Society's financial position is strong. The Society has continued to commit its resources to fulfilling the ASAM mission of educating physicians and improving the quality of care for those suffering from the diseases of addiction. In 1992 ASAM expanded its Education, Certification, Standards and Economics of Care, Public Policy, Treatment and Clinical Issues, Membership Services, and Publications programs. To do this, it successfully sought \$250,500 in grants from Foundations and government organizations. In addition, in order to assure that the Society will remain fiscally strong, ASAM increased the Ruth Fox Endowment goal to \$10 Million, having successfully received pledges from the membership of more than \$1 Million.

In 1993 ASAM will renew its commitment to increasing access to care, improving the quality of care, and establishing Addiction Medicine (ADM) as a recognized field of medical practice. The Society will also continue to serve the needs of its members through the publication of clinical guidelines and through representation of addiction medicine in the medical community and elsewhere. If we achieve these goals, ASAM will continue its growth in membership and will fulfill its role as the preeminent medical organization in the field of Addiction Medicine. The Officers and the Board of Directors pledge their commitment to each member and to the field of Addiction Medicine.

Sincerely yours,



Anne Geller, M.D.

President



William B. Hawthorne, M.D.

Treasurer

### 1992 Accomplishments

- Continued strong membership of 3,350.
- Chartered State Chapter growth to 18 from 5 in 1989.
- Certification of 299 physicians in Addiction Medicine, bringing total to 2,619.
- Education of more than 1,700 physicians and other health professionals attending ASAM conferences and courses.
- Publication of the Journal of Addictive Diseases.
- Promotion of policies to increase access to care, the quality of care, and reimbursement through the use of the ASAM Patient Placement Criteria.
- Adoption by the AMA of ASAM policy on inclusion of detoxification in the AMA Health Access America basic health benefits plan.
- Continued progress in establishing sections on Addiction Medicine in the primary care academies and colleges.
- Acceptance of the American College of Physicians' (ACP) invitation to ASAM to become a member of the ACP Council of Medical Societies.
- Continuing dialogue with primary care boards to establish a joint CAQ in Addiction Medicine.
- Representation in meetings at the Federal, State and local government levels.

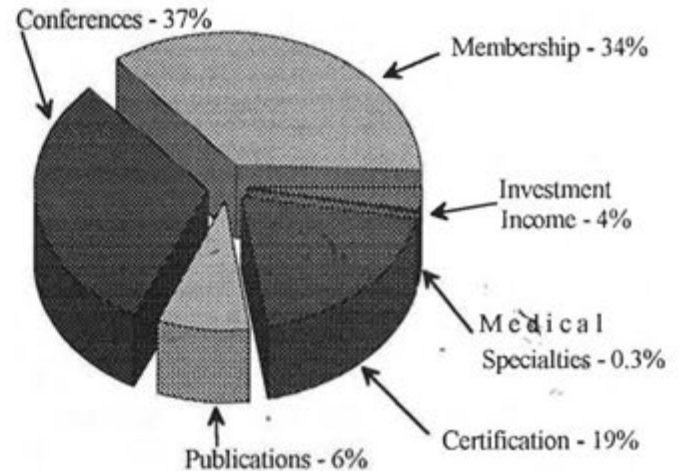


## Condensed Statement of Support, Revenue and Expenses

Year Ended December 31, 1992

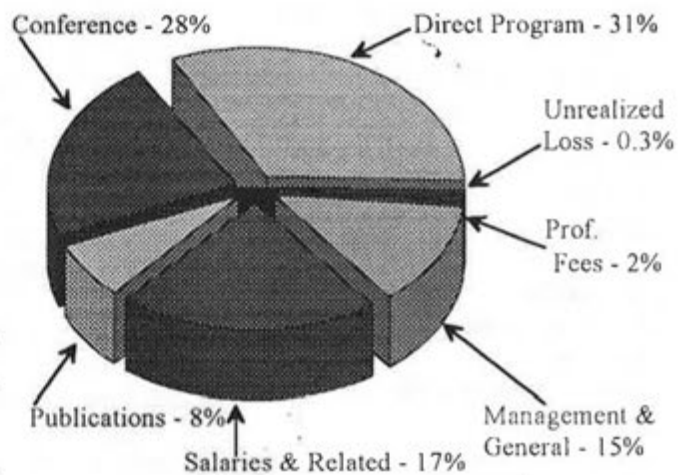
### Support and Revenue

Membership	\$660,087
Conferences and Courses	722,450
Publications	119,484
Certification	377,273
Medical Specialties	5,900
Investment Income	76,062
<b>Total Support and Revenue*</b>	<b>\$1,961,256</b>



### Expenses

Direct Program	\$606,023
Conferences and Courses	538,487
Publications	148,530
Salaries and Related Expenses	325,915
Management & General	288,906
Professional Fees	41,243
Unrealized Loss on Investments	5,540
<b>Total Expenses</b>	<b>\$1,954,644</b>



**Excess of Support and Revenue Over Expenses** \$6,612

\*In 1990 the Society inaugurated the Ruth Fox Endowment Memorial Fund. As of 12/31/92, \$1,161,333 has been pledged with actual monies received totaling \$546,726. This fund is a restricted fund and is not reflected in the financial statement above.

The financial information presented herein is condensed from the audited financial statements of ASAM for the year and ended December 31, 1992. ASAM will be pleased to provide upon written request copies of the complete financial statement from which this information was taken, together with all footnotes and the unqualified report of our independent auditors.

#### 1993-1995 Officers

Anne Geller, M.D.*	President
David E. Smith, M.D.*	President-elect
Lynn Hanks, M.D.*	Secretary
William B. Hawthorne, M.D.*	Treasurer
Anthony B. Radcliffe, M.D.*	Immediate Past President

Alan A. Wartenberg, M.D.	III
Bruce K. Branin, D.O.	IV
Richard A. Beach, M.D.	V
Andrea G. Barthwell, M.D.*	VI
J. Thomas Payte, M.D.*	VII
Walton E. Byrd, M.D.	VIII
Ray P. Baker, M.D.	IX

#### Board of Directors

##### Directors-at-Large

Margaret Bear-Bayog, M.D.
LeClair Bissell, M.D.
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Max A. Schneider, M.D.*
G. Douglas Talbott, M.D.

##### Ex Officio

Jess W. Bromley, M.D.
Barry Stimmell, M.D.

##### Founding President

Ruth Fox, M.D.
1895-1989

##### Executive Vice-President

James F. Callahan, D.P.A.*
----------------------------

##### Regional Directors

	Region
Marc Galarter, M.D.	I
Kevin W. Olden, M.D.	II

\*Executive Committee

## NEW MEMBERS

### Recent Joiners

76 physicians joined ASAM from January through May, 1993. List is from ASAM headquarters.

#### Alabama

Richard Rubin, MD - *Psychiatry*  
Thomas Kent Taylor, MD - *Nephrology*  
Cyrus S. Vepa, MD - *Emergency Med.*

#### Arizona

Karen A. Moriah, MD - *Family Prac.*  
Darryl R. Stern, MD - *Psychiatry*

#### California

Lynne Sandra Baker, MD - *Psychiatry*  
Harry Hoffman, MD - *Radiology*  
Allen Lechtman, MD - *Anesthesiology*  
Samuel Alex Stalcup, MD - *Pediatrics*  
Theron Wells, MD - *Psychiatry*  
Ted Lee Welton, MD - *Internal Med.*

#### Colorado

Jerry A. Freeman, MD - *Anesthesiology*  
George Oliver Tutt, Jr., MD - *Surgery*

#### Connecticut

Richard Monticciolo, MD - *Internal Medicine*  
Gerson M. Sternstein, MD - *Psychiatry*

#### DC

Sherrod V. Anderson, MD, MPH - *Aerospace Medicine*  
John Maloney, MD - *Psychiatry*

#### Florida

Maria G. Belmonte, MD - *Psychiatry*  
Beth A. Bollinger, MD - *Psychiatry*  
Tay G. Gaines, MD - *Public Health*  
Felix R. Toro, MD - *Psychiatry*  
Erick Van Ginkel, MD - *Family Practice*

#### Georgia

Benito Mena, MD - *Psychiatry*

#### Illinois

James B. Neville, MD - *Internal Med.*

#### Indiana

Anthony Hall Sr, MD - *Family Practice*

#### Kansas

Eric A. Voth, MD - *Internal Medicine*

#### Kentucky

Edward Paul Isaacs, DO - *Family Prac.*

#### Louisiana

Jerry Poche, MD - *Family Practice*

Jose M. Rena, MD - *Psychiatry* →

#### Maryland

Loretta P. Finnegan, MD - *Pediatrics*  
Lee Adam Goodman, MD - *Fam. Prac.*  
Kenneth Jay Hoffman, MD - *Psychiatry*

#### Michigan

Nemer Eloeid Hanna, MD - *Internal Medicine*

#### Minnesota

Panupong Chitasombat, MD - *Psych.*  
David H. Klevan, MD - *Internal Med.*  
John J. Walsh, MD - *Family Practice*

#### Mississippi

Lynn Leatherwool, MD - *Internal Med.*

#### New Hampshire

Charles A. Batt, MD - *Psychiatry*

#### New Mexico

Bhalachandra A. Kulkarni, MD - *General Practice*

#### New York

Lewis Seth Anreder, MD - *Family Prac.*  
Gregory Bunt, MD - *Psychiatry*  
Paul Peter Casadonte, MD - *Psychiatry*  
James L. Curtis, MD - *Psychiatry*  
Azimah P. Ehr, MD - *Public Health*  
Marc N. Gourevitch, MD - *Internal Med.*  
Jerome L. Lurie, MD - *Psychiatry*  
Augustus G. Mantia, MD - *Internal Med.*  
Janet L. Mitchell, MD - *Obstet./Gynec.*  
Daniel R. Neuspiel, MD, MPH, - *Pediat.*  
Leslie Ramos-Reyes, MD - *Pediatrics*  
Sui-Kwong Sung, MD - *Psychiatry, Child*

#### North Carolina

Bradley Hutch Bethel, MD - *Internal Medicine*  
Robert Dough, Jr, MD - *Family Practice*

#### Ohio

Victor Christian Kessler, MD - *Internal Medicine*  
Timothy B. Rice, MD - *Internal Med.*  
Marc Whitsett, MD - *Internal Med.*

#### Oklahoma

Lanny Anderson, MD - *Surgery, Gen'l*

#### Pennsylvania

Fred Radfar, MD - *Psychiatry*  
D. W. Stechschulte, Jr, MD - *Family Practice*

#### Puerto Rico

Amaldo R. Cruz-Igautua, MD - *Psych.*

#### Tennessee

Clifton Emerson, MD - *Anesthesiology*  
James Trigg Gillespie, MD - *Psychiatry*

#### Texas

Paul Hill, MD - *Psychiatry*  
Doug H. Rankin, MD - *Family Prac.*  
Marita A. Sheehan, MD, MPH - *Pediat.*

## ASAM NEWS

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FAX: 407-627-4181  
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Phone: (202) 244-8948  
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#### Newsletter Review Board:

LeClair Bissell, MD  
Sheila B. Blume, MD  
Allan Graham, MD  
Max A. Schneider, MD

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#### Utah

Kim Cook, MD

#### Virginia

David Fluharty, Jr, MD - *ADM*  
(*Addiction Medicine*)

Stefanie Greene, MD - *Psychiatry*

#### Washington

Richard Scott Hawkins, MD - *Family Practice*

Daniel O'Neill, MD - *Internal Med.*

Michael Robert Oresnovich, MD - *Surgery*

#### Wisconsin

Kerry Simon, MD - *Family Practice*

#### International Members:

##### Mexico

Alejandro I. Santander, MD

##### Saudi Arabia

Nyan Win, MD - *Psychiatry*

##### Canada

William A. Wine, MD

##### APO AA

Jonathan Treat Walker, MD - *Psychiatry*

## Membership Campaign Update

Dear Members: I am chairing the Membership Campaign Task Force because I consider membership growth the most essential part of our continued existence. We have an important charge: overseeing the Year 2000 Membership Campaign. Through this recruit-a-colleague campaign, ASAM's goal is to double its membership of 3,500 to 7,000 by the year 2000.

ASAM has devoted three of its ten staff to membership. ASAM staff and ASAM committees will try together to reach as many nonmember physicians as possible. Our strategy is twofold: to ask each current ASAM member to recruit one additional member; and to work by way of the ASAM committees to reach physicians based on a) their specialty (through the nine specialty committees), b) their area of interest (through the 12 treatment and clinical issues committees), and c) their geographic area (through the membership committees).

### How Can You Help?

Membership surveys show that physicians join medical societies because they were asked to do so by a respected colleague. You are the key to this campaign's success. Think about physicians you know in your geographic or practice area who treat the same populations that you do. Each of them could be an ASAM member. They need to be recruited.

□ Tell them about ASAM's goals: assuring that addiction treatment is available to all in need; educating the medical community and general public about addictions; developing practice parameters; attaining specialty status for ADM.

□ Tell them what they'll get with their membership: our certification exam at the member rate; our *Journal of Addictive Diseases*; the *ASAM NEWS*; publication discounts; CME opportunities related to addiction medicine; networking opportunities; member conference rates.

□ Explain ASAM's importance to you--a fellow physician.

### What Do You Get?

To show our thanks, every recruiter will be listed in the *ASAM NEWS* and will receive an ASAM pin. Recruiting six to 15 new members earns one free year of membership. Recruiting 16 or more new members means a free year of membership plus a free registration to an ASAM conference.

### What Does This Do for Addiction Medicine?

This campaign is our response to assuring the future of treatment for patients with addictions to chemicals. It represents a blueprint for establishing addiction medicine as a viable entity. Addiction is an unwanted disease. Many in medicine would relegate its treatment to advice, or to community services. ASAM is the national organization for physicians from all specialties who want to learn about addictions. Without ASAM, treatment for people with addictions and help for their families could easily disappear. To ensure the viability of adequate diagnosis and treatment, please join us in creating a future for the next generation of addiction physicians.

### For More Information

Our ASAM staff can help you, but we can't do it without you. Contact Pam Traylor, Director of Membership Services, for your recruiter kit. ☎ (202) 244-8948. FAX 202-537-7252.

**Anthony B. Radcliffe, MD**

Immediate Past President of ASAM ♦

## Survey About ASAM NEWS

In an attempt to assess the ASAM membership's feelings, an Ad Hoc Committee developed the following brief questionnaire. We would greatly appreciate your taking a few moments to answer these questions.

**Return the survey to:** James F. Callahan, DPA, ASAM, Suite 409, 5225 Wisconsin Ave. N.W., Washington, DC 20015.

**Deadline: Sept. 30.**

### Questionnaire

- Are you currently satisfied with the format of *ASAM NEWS*?  
Yes \_\_\_ No \_\_\_
  - Would you object to an added cost to ASAM to print the newsletter:  
a) on glossy paper? Yes \_\_\_ No \_\_\_  
b) in a color format? Yes \_\_\_ No \_\_\_
  - Is the newsletter currently meeting membership needs as perceived by you? Yes \_\_\_ No \_\_\_  
a) If no, what would you like added to the newsletter?
  - What do you believe is the optimal frequency of publication?  
a) monthly? \_\_\_ b) bimonthly (current schedule)? \_\_\_  
c) quarterly? \_\_\_ d) semiannually? \_\_\_
  - Do you actually read all the material in the newsletter?  
Yes \_\_\_ No \_\_\_  
a) If no, why not?
  - What specific areas that have not been addressed in the newsletter would you like to see covered on a regular basis?
  - How would you describe your overall satisfaction with the newsletter?  
Excellent \_\_\_ Very Good \_\_\_ Good \_\_\_  
Fair \_\_\_ Poor \_\_\_ No Opinion \_\_\_
  - Would you be interested in seeing the newsletter printed in an electronic bulletin form, combined with expansion of informational resources available to members which would include literature searches on current topics?  
Yes \_\_\_ No \_\_\_  
a) If interested, would you be willing to pay an additional fee for this service?  
Yes \_\_\_ No \_\_\_
- Thank you for your cooperation. ASAM would greatly appreciate any other comments you might have.
- Barry Stimmel, MD, Chair**  
Ad Hoc Committee to Review the *ASAM NEWS* Letter

## ASAM to Promote Core Benefit in National Health Care Reform

by James F. Callahan, DPA

The ASAM Board approved on April 28 the following plan for including the ASAM Core Benefit in national health care reform provisions. The board noted that the society has not taken an official position in support of or against any specific health care bill or version of health care reform. The important matter before ASAM is to promote the inclusion of prevention and treatment in all health care reform legislative proposals.

To inform ASAM members, the "ASAM Core Benefit for Primary Care and Specialty Treatment and Prevention of Alcohol, Nicotine and Other Drug Abuse and Dependence" has been published in *ASAM NEWS* (March-April, 1993, p. 4) and will be in the *Journal of Addictive Diseases*. A copy was given to everyone who attended the 24th Annual Medical-Scientific Conference in Los Angeles in April. In addition, an Open Forum on Health Care Reform was held at that conference to discuss the specifics of the Core Benefit.

To educate members of Congress, ASAM will send each U.S. Representative and Senator a copy of the Core Benefit. In addition, each ASAM member was asked to urge his or her U.S. Representative and Senators to include prevention and treatment in all proposed health care reform legislation.

## FROM THE EXECUTIVE VICE PRESIDENT

Also, ASAM's central office will obtain copies of all health care reform proposed legislation. ASAM members designated by the board

will review the proposals, and Dr. Sheila Blume will authorize ASAM's response to the Congressional authors or co-signers.

All testimony before Congress will be done by the ASAM president, Anne Geller, MD; president-elect, David E. Smith, MD; immediate past president, Anthony B. Radcliffe, MD; chair of the Public Policy Committee, Dr. Blume; and/or the executive vice president, James F. Callahan, DPA; or by someone designated by them and approved by the president.

ASAM will continue to participate in meetings of the Washington National Coalition where national addictions and health related organizations meet regularly to discuss health care reform and other important matters affecting the addictions field.

To educate the medical community at large, each ASAM member is urged to bring the Core Benefit to the attention of members of his/her state, county, or local medical society, and the members of his/her respective medical specialty societies.

Finally, the board directed ASAM staff and officers to review the 1993 and 1994 budgets and make provisions for staffing this health care reform implementation plan, while staying within a balanced budget.

### Seattle - King County Department of Public Health

Current opening for a Board Certified Family Practice or Internal Medicine physician with interest and experience in addiction medicine. This is a full time position with the Substance Abuse Division. The physician will work at the detoxification center in a multidisciplinary team. Primary challenges include developing and implementing a more comprehensive practice at this 60 bed facility and providing an integrated, individualized approach to inpatient care.

Benefit package and insurance covered. Salary DOE. EOE.

Please call Russ Alexander, MD, Chief of Physicians Services, at 206-296-4814 for more information.

### Spaulding Rehabilitation Hospital



#### Alcohol and Chemical Dependency Rehabilitation Program (ACDRP)

##### Internist/Assistant Director

Provide clinical care on a 19-bed ACDRP unit. Participate in program development and provide administrative support to a multidisciplinary unit.

##### Psychiatrist/Director of Outpatient

Expand outpatient programs in alcohol and chemical dependency. Provide outpatient psychiatric care.

Qualified candidates may receive faculty appointments at Harvard Medical School or Tufts University School of Medicine.

Opportunities for research and teaching. Favorable administrative salary plus clinical incentive income.

Send Resumes to:

Manuel J. Lipson, MD, General Director  
Spaulding Rehabilitation Hospital  
125 Nashua Street, Boston, MA 02114

A Major Affiliate of  
the Massachusetts General Hospital

### ALAN R. ORENBERG PROFESSIONAL RECRUITER

Specialty: Placements in  
Treating Addictive Disease  
117 PINE RIDGE TRAIL  
MADISON, WI 53717  
(608) 833-3905

**MEDICAL DIRECTOR** Immediate opening. Free-standing chemical dependency hospital on Seacoast in New Hampshire. Addiction specialist preferred. Excellent salary and benefits. Send resume to:  
Executive Director, Seaborne Hospital, PO Box 518, Dover, NH 03820.

**ADDICTIONIST** - certified ASAM 1992, BC in GI/IM by AOA. Presently doing 40% addiction and 60% GI. Would like to relocate from NE climate and practice a similar percentage. Reply:  
ASAM NEWS, Box K, 303-D Sea Oats Dr, Juno Beach, FL 33408.

## Certification Saga

(continued from p. 1)

I have never had my license denied, suspended or revoked. I simply was asked to practice under an agreement that basically said that I would actively treat my diseases of chemical dependency and depression. I was not prosecuted or restricted beyond this.

"I am upset with your policy as it currently stands because it discriminates against recovering chemically dependent physicians like me who voluntarily seek help and then get well. I also worry that this policy as it stands can hurt the chances of other physicians who might need help for their disease of CD, yet who jeopardize their licenses and board status by seeking help. Indeed, in some states--New York for example--just entering a treatment center requires surrendering your license and by your current policy also, therefore, your boards."

Dr. Jones says that her letter from the board gave her a "first hand glance at how our profession still stigmatizes these two common and devastating diseases, chemical dependency and major depression. I was grateful that I had six years of recovery before having to deal with this punitive action by my own colleagues."

Meanwhile, in June 1992 its House of Delegates placed the AMA on record as opposing discrimination against physicians who are under the supervision of state medical licensing boards. (See *ASAM NEWS July-August 1992, p. 6.*) This resolution now incorporated "specialty board certification or recertification." **David E. Smith, MD**, who is president-elect of ASAM, had offered testimony that instances of this kind of discrimination have come to the attention of ASAM's Physicians Health Committee.

### High Score on Certification Exam

Although denying her application for recertification, in May 1992 the ABFP offered Dr. Jones the option of taking the certification exam that coming July. She passed with flying colors and was again certified in family medicine.

In June 1992, she wrote the ABFP to ask that her boards not be retroactively revoked.

The ABFP executive director responded last December. After a "wide ranging and serious discussion" about her case, the ABFP board voted to "change its policy so that when a former Diplomate regains an unrestricted license, the physician automatically is reinstated as a Diplomate and does not need to be reexamined unless the prior certificate has expired." The policy was not retroactive.

The ABFP told Dr. Jones that it is in touch with the Federation of State Licensing Boards to "try to persuade them not to restrict licenses in situations where the physician has sought intervention voluntarily."

Dr. Jones was extremely pleased by her score at the 99th percentile on the overall exam, and relieved at the outcome of her struggle for certification/recertification. "I was determined to show the American Board of Family Practice that I was competent and deserved my Board status," she told ASAM's executive vice president, James F. Callahan, DPA.

Dr. Callahan wrote the ABFP that communicating its decision to the American Board of Medical Specialties and to the

Federation of State Licensing Boards, "along with your advocacy of alternative ways of helping impaired physicians, should lead to more effective and therapeutic approaches to such problems throughout organized medicine."

But Dr. Jones is still deeply concerned by the fact that other medical specialty boards have policies that are similar to the one which the American Board of Family Practice amended as a result of her case. "I hope my speaking up will help future physicians in circumstances similar to mine. I also believe that all physicians who have one or both of my diseases need to be aware that loss of specialty board status may follow when a physician seeks treatment, and has any limitations in any form placed on their licensure.

"I'd be happy to help in any further capacity available to me or to ASAM, to bring about change in our medical system. Doctors should no longer be punished when they are sick and seek help." She hopes that readers who know of similar cases--not necessarily for publication--will contact Dr. Jim Callahan at ASAM headquarters.

## News About Members

**Maxwell N. Weisman, MD**, 81, former ASAM president, is recuperating in Baltimore from hip replacement surgery. He reports "feeling fine" with a cane and walker... **E. Joan Barice, MD**, of West Palm Beach, FL, was recently on "Alcoholism in the Elderly," a MacNeil-Lehrer TV show... **Karl Buretz, MD**, has moved from Rancho Mirage, CA, to Riyadh, Saudi Arabia ... Vol. XI, "Ten Years of Progress" in "Recent Developments in Alcoholism," an official ASAM/Research Society on Alcoholism series, will be published by Plenum Publishing Corp. this fall. Editor is **Marc Galanter, MD**; two section editors are **Alfonso Paredes, MD**, and **Edward Gottheil, MD**.

Send your news to *Lucy Robe, editor, 303-D Sea Oats Dr., Juno Beach, FL 33408. FAX: 407-627-4181.*

## ASAM Annual Meetings

ASAM has held 24 annual meetings. Six have been in or near Washington, DC; none to date in New York.

1970	Chicago	1982	Washington
1971	Baltimore	1983	Houston
1972	Atlanta	1984	Detroit
1973	Valley Forge	1985	Washington
1974	Denver	1986	San Francisco
1975	Milwaukee	1987	Cleveland
1976	Washington	1988	Arlington
1977	San Diego	1989	Atlanta
1978	St. Louis	1990	Phoenix
1979	Washington	1991	Boston
1980	Seattle	1992	Washington
1981	New Orleans	1993	Los Angeles

### 1994 New York City

Next year's annual meeting and medical-scientific conference will be in the "Big Apple" at the Marriott Marquis Hotel in the heart of Times Square. Save the date--April 14-17, 1994--and plan to attend.

## "Staying Sane: When You Care for Someone With Chronic Illness"

by Melvin Pohl, MD  
and Deniston J. Kay, PhD  
Health Communications Inc.  
Deerfield Beach, FL, 1993  
170 pages, \$9.95

Dr. Pohl, chair of ASAM's AIDS Committee, is co-author with Deniston Kay of a previous book, "The Caregiver's Journey: When You Love Someone with AIDS." (See *ASAM NEWS* July-Aug. 1990, p. 11.)

This new book would help anyone involved with someone who has AIDS or any other chronic illness--whether or not he or she is a full time care giver.

The book is divided into nine chapters. Each chapter explains one or more concepts, illustrates these with interesting anecdotes (a special forte of the authors), and offers many practical suggestions. The book is very well written: the style is clear and informal.

Three pages of Resources run the gamut from Adult Day Care Associations to Tourette Syndrome Association.

## The Resilient Self: How Survivors of Troubled Families Rise Above Adversity

by Steven J. Wolin, MD,  
and Sybil Wolin, PhD  
Villard Books, New York, NY, 1993;  
238 pages, \$21.00

When psychiatrist Steven Wolin was chair of ASAM's Family and Generational Issues Committee, he organized a national consensus symposium of 127 experts to examine prevailing theories about children of alcoholics and co-dependence (See *ASAM NEWS* Nov.-Dec. 1991, p. 4-5).

Contrary to the nationwide notion that all CoA's were emotionally damaged in childhood and most still need therapeutic help as adults--typically by attending CoA conferences, and/or counseling with selected therapists, and/or buying the books that proliferated in the 1980s--the Wolins believe that numerous children of alcoholics survive quite intact, using seven strengths or resiliencies (the capacity to rebound from hardship

## BOOKSHELF

inflicted early in life). These resiliencies are insight, independence, relationships, initiative, creativity, humor and morality.

"Until now, most information about this topic has been limited to academic books and professional journals," noted the authors, who wrote this book for "those who can most benefit from the knowledge--survivors themselves."

The book is clearly and sympathetically written. While designed for lay readers, it is sophisticated enough for scientists. Along with full explanations of the Wolins' theories, the work includes anecdotes, informal tests, "how to guides," and ample references.

## "Co-Dependence: Healing the Human Condition"

by Charles L. Whitfield, MD  
Health Communications Inc., Deerfield Beach, FL, 1991; 328 pages, \$12.95

Dr. Whitfield is a former ASAM board member. He is widely known for a previous book published in 1987, "Healing the Child Within: Discovery and Recovery for Adult Children of Dysfunctional Families," and subsequent lectures and writing about ACoA's and co-dependence.

In this newer book, Dr. Whitfield defines co-dependence as "any suffering or dysfunction that is associated with or results from focusing on the needs and behaviors of others." He provides 23 other definitions of co-dependence, and writes that it is a disease of "lost selfhood. It can mimic, be associated with, aggravate or even lead to many of the physical, mental and emotional or spiritual conditions that befall us in daily life."

Whether or not a reader agrees with all of Dr. Whitfield's theories, this book can be used as a thorough, encyclopedic handbook on co-dependence. Part I (104 pages) covers "What Is Co-dependence?" Part II (235 pages) deals with treatment and recovery, Parts III and IV (60 pages) with co-dependence as the "new paradigm" and evolution to "co-creation."

There are 30 Tables and 22 Figures. There are 68 pages of references and resources (an impressive 747 references must be the most comprehensive on co-dependence to date). But--curiously--this otherwise painstakingly detailed book has no index. HCI also published Dr. Pohl's book, reviewed on this page, with no index--one wonders why?

## Network Therapy for Alcohol and Drug Abuse

by Marc Galanter, MD  
Basic Books, New York, NY, 1993  
304 pages, \$30.00

Dr. Galanter is current president of aaPaa (the APA's American Academy of Psychiatrists in Alcoholism & Addictions). He is an ASAM Board member, long-time chair of the Program Committee for ASAM's annual Medical-Scientific Conference, and has edited or written numerous books, journals, and scientific papers.

In this new book, Dr. Galanter describes "network therapy," a treatment modality that he devised and has used with 60 drug-abusing patients in the last 12 years. In network therapy "selected family members and friends are enlisted to provide ongoing support and to promote attitude change. Network members are part of the therapist's working team, not subjects of treatment [*as they would be in traditional group therapy--Ed.*] With addicted patients, the goal of this approach is the prompt achievement of abstinence with relapse prevention, and the development of a drug-free adaptation to daily life." Twenty-one were primary alcoholics; 16 of these took disulfiram observed by a network member. AA attendance was strongly encouraged for the alcoholics.

The book covers Rethinking the Treatment of Addiction; Network Therapy in Action (including the role of Alcoholics Anonymous in network therapy, and nuts and bolts--how to persuade people to become a network member, how many sessions Dr. Galanter recommends, etc.); and Principles of Network Therapy. Dr. Galanter uses case material to illustrate most of his points. The writing style is scholarly.

[These reviews written by LBR]

**Ruth Fox Fund News**

We are grateful to you, our members and friends, for your continued support.

If you would like more information about the various categories of giving, upgrading your current gift/pledge, or making a Planned Giving gift, please contact Ms. Claire Osman, ASAM, 12 West 21 St, New York, NY 10010. (212) 206-6770. All calls will be strictly confidential.

- William Hawthorne, MD, chair, RFMEF
- Max A. Schneider, MD, chair, RFMEF Advisory Board
- Claire Osman, Director of Development

**RUTH FOX MEMORIAL ENDOWMENT FUND**

*Ruth Fox, MD  
1895-1989*



**Recognition Roster by Giving Level**

**May 20 - July 7, 1993**

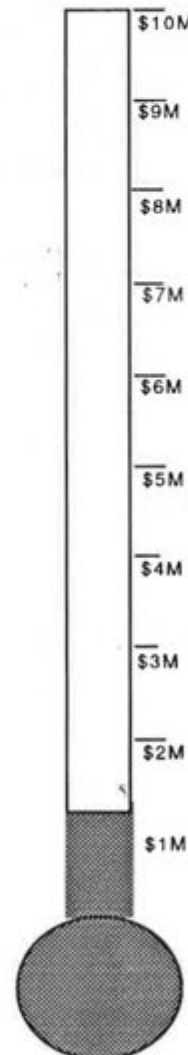
**Benefactors**

Special thanks to Stephan Jon Sorrell, MD, for joining the Benefactors Circle by making a Planned Giving Gift to the Ruth Fox Memorial Endowment Fund. ASAM gratefully appreciates his generosity and dedication to the society.

**Donors**

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



**Pledged: \$ 1,254,228**

(as of 7/7/93)



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**PARTNERS**  
*In Practice*

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 MRO Training Course:**

Arlington, VA, Aug 26-29 *Crystal Gateway Marriott*

☐ **Southeastern Regional Addiction Conference (GASAM):**

Lake Lanier Islands, GA, Sept. 10-12 *Hilton Resort*

Louisa Macpherson, Cluny Conference Services,

1013 Rivage Promenade, Wilmington, NC 28412

☎ (919) 452-4920 FAX: 919-452-4919

(Sponsors are Georgia, Alabama & Mississippi chapters of ASAM) (Includes 3rd Joint Conference of GASAM-GaaPaa)

☐ **Chemical Dependency in Depth:**

Fiji Islands, Sept. 8-17; Cozumel, Mexico, Nov. 6-13

HUB Concepts in Medical Education, 11550 IH-10 West, S/185,

San Antonio, TX 78230. ☎ 1-8700-547-3747

☐ **Canadian Medical Society on Alcohol and Other Drugs  
5th Annual Scientific Meeting (CMSAOD):**

Winnipeg, Manitoba, Oct. 3-4

Audrey Kizinkewich, Dept. of Continuing Medical Education,

S105 Medical College, 750 Bannatyne Ave, University of

Manitoba, Winnipeg, Manitoba R3E OW3

☎ (204) 788-6660 FAX: 204-788-6489

☐ **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 (CSAM):**

Newport Beach, CA, Nov. 18-20. *Four Seasons Hotel*

CSAM, 3803 Broadway, Ste 2, Oakland, CA 94611

☎ (510) 428-9091 FAX: 510-653-7052 ◆

## ASAM CALENDAR

☐ **SECAD--The Southeastern Conference  
on Alcohol and Drug Abuse:**

Atlanta, Dec. 1-5 *Marriott Marquis Hotel*

SECAD, Charter Medical Corp., 12th Floor, PO Box 209,

Macon, GA 31298.

☎ 1-800-845-1567

In Canada: 1-912-742-1161

### 1994

☐ **Florida Society of Addiction Medicine 7th Annual  
Conference (FSAM) Orlando, FL, Jan. 20-23, 1994**

*Hotel Royal Plaza, Disney World*

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:**

(Application deadline: Jan. 10, 1994)

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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