

ASAM NEWS

American Society of Addiction Medicine

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Combined Unified Membership Postponed

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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 & Recertification 1994 Examination

by Anne Geller, MD, President

ASAM will begin its recertification project in 1994.

All who were ASAM certified in 1986 or 1987 may be eligible to apply for recertification either in 1994 or 1996. This article is an attempt to provide a history of ASAM's certification project and to answer some of your questions.

History of Certification

In 1985, as part of its medical education mission, ASAM announced the certification project and began the development of a credentialing process and a certifying examination to be administered at the national level.

The first exam, in October 1986, was the result of a process which had been started by the California Society of Addiction Medicine (CSAM).

In 1981, CSAM developed a consensus on how to identify a physician recognized for expertise in the diagnosis and treatment of alcoholism and other drug dependencies. Next came the identification of the core body of knowledge, and development of questions to test for mastery of it.

A pool of questions was formed, starting with selected items from the alcoholism and substance abuse modules prepared by the National Board of Medical Examiners (NBME) and items developed by the Career Teachers. CSAM refined and updated those questions and added to the pool, then gave exams in 1983 and 1984 to some 200 physicians.

In 1985, the item pool was taken over by ASAM. New items were developed for ASAM in order to cover required topic areas. The ASAM Examination Committee subjected this pool of questions to a series of refinements, with technical assistance from consultants such as the Department of Psychiatry and Behavioral Sciences at the University of Nevada School of Medicine, the Department of Medical Education at the University of Southern California School of Medicine, and the National Board of Medical Examiners. Each item was edited, tested for validity, and field tested on both naive and expert groups. After analyzing those results, some questions were deleted and others changed.

(continued on p. 2)

Certification & Recertification

(continued from p. 1)

Each exam is drawn from the questions which remain, with proportional balance on alcohol and other drugs, and basic science and clinical areas. New questions are added to the pool each year, with each question subjected to the same rigorous process.

Criteria for 1994 Exam

An applicant must meet all of the following six criteria in order to qualify to take ASAM's 1994 certification examination:

1) Graduation from a medical school in the United States or Canada approved by the Liaison Committee on Medical Education (LCME); or the Committee on Accreditation of Canadian Medical Schools (CACMS), or from a school of osteopathic medicine approved by the American Osteopathic Association (AOA).

If the applicant is a graduate of a medical school outside the United States or Canada, s/he must have a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or have passed the Medical Council of Canada Evaluating Examination (MCCEE).

2) A valid license to practice medicine in the state, province, territory, commonwealth, or possession of the United States, or in a Province of Canada, in which s/he practices: valid at the time of the application and at the time of the examination.

3) Good standing in the medical community, as evidenced by letters of recommendation. All letters of recommendation must be submitted by physicians.

4) Certification by a member-Board of the American Board of Medical Specialties (ABMS), or certification by the American Osteopathic Association, or successful completion of a residency training program in any medical specialty. The program must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), the post-doctoral training committee of the American Osteopathic Association (AOA), or, in Canada, by one of the three following accrediting agencies: (1) Professional Corporation of Physicians of Quebec; (2) College of Family Physicians of Canada; (3) Royal College of Physicians and Surgeons of Canada.

5) One year's full-time involvement (1 FTE) in the field of alcoholism and other drug dependencies. Involvement may come under the headings of clinical care of patients, education, research, and administration. At least 50% of such time of involvement must have been spent in the treatment of patients for alcoholism and other drug dependencies. Time spent providing general medical care to patients, some of whom are diagnosed as chemically dependent, cannot be used to meet the requirement. The requirement for one year involvement is met only by time spent specifically treating patients for alcoholism and other drug dependencies.

6) 50 hours of Category I credit toward the AMA Physicians Recognition Award for continuing medical education on topics related to the diagnosis and treatment of persons with alcoholism and other drug dependencies. Credit must have been accrued between Oct. 1, 1992, and Nov. 12, 1994. (Canadian or

osteopathic equivalent accepted.)

Recertification

The ASAM Board of Directors has established that recertification is required ten years after initial certification. *I would like to point out, however, that this does not mean that initial ASAM certification will be revoked or jeopardized in any way.*

ASAM Directory Status

After the 1994 exam, the ASAM Membership Directory will indicate the year of initial certification ("Certified by ASAM 1986") and the year of recertification ("Recertified 1994") if there is one. Certified members who do not get recertified will continue to have the entry "Certified in 19XX."

Recertification Exam

Recertification will be by examination. Candidates for initial certification and those who seek recertification will take the same exam. The same scoring policy will apply for both. The 1994 exam is being developed by the Examination Committee and the National Board of Medical Examiners (NBME).

Recertification Requirements

The three requirements for recertification in 1994 are:

1. ASAM certification.
2. A valid license to practice medicine in the state, province, territory, commonwealth, or possession of the United States, or in a Province of Canada in which s/he practices: valid at the time of the application and at the time of the exam.
3. Good standing in the medical community, as evidenced by one letter of recommendation from the clinical director, chief of staff or an official of the applicant's state or local medical society or medical specialty organization (including ASAM) who has known the applicant for two years and can attest to his/her current good standing.

Exam Details

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

Application deadline: Jan. 10, 1994.

Exam date: Dec. 3, 1994 (Atlanta, Los Angeles).

Review Courses

ASAM State of the Art in Addiction Medicine:

Oct. 28-31, 1993 (Orlando, FL)

CSAM State of the Art in Addiction Medicine:

Nov. 18-20, 1993 (Newport Beach, CA)

ASAM Review Course:

Oct. 27-30, 1994 (Chicago)

CSAM/ASAM State of the Art in Addiction Medicine:

Nov. 4-6, 1994 (San Francisco)



Dr. Geller

Combined Unified Membership Postponed

by James F. Callahan, DPA, Executive Vice President

In October 1992 the ASAM Board of Directors resolved that effective January 1994, each member of the national organization would be required to belong to the chapter in the state in which s/he resides, and each state chapter member would be required to belong to the national organization. This combined unified membership policy was adopted in order to promote a strong national society and strong state societies united in a national endeavor to increase access to care, enhance the quality of care, and establish the field and practice of addiction medicine. Since these are national agendas, they require the work and consensus of the entire membership.

While the board's intent has not altered regarding the need for a combined unified membership, the Executive Committee recently recommended postponing implementation of the policy. Required dual membership would place financial hardship on many members who live in states with chapter dues. The Executive Committee, sensitive to the realities of the economic recession and members' financial constraints, asked the State Chapters Committee to take this recommendation to postpone under advisement, and has recommended that the board discuss the matter at its October 1993 meeting.

1993 State of the Art Conference

by Terry A. Rustin, MD

ASAM's 1993 State of the Art in Addiction Medicine Conference Oct. 28-31 will be a unique experience for ASAM physicians. In order to explore the changes in healthcare delivery as well as the advances in Addiction Medicine, the 1993 conference will include both didactic and experiential sessions, including a set of no-extra-cost pre-conference workshops for interested participants.

The five pre-conference sessions will include a five-hour experiential workshop on psychodrama in addiction medicine led by Terry A. Rustin, MD, a certified psychodramatist (and conference co-director). **Andrea G. Barthwell**, MD (conference co-director) and **Lawrence S. Brown, Jr.**, MD, will lead a workshop on cross-cultural issues in recovery. **Peter D. Rogers**, MD, author of *A Private Practice*, will lead a four-hour workshop on how to write your own personal story—a session of particular interest to those who have been saying "I want to write a book someday."

The fourth pre-conference session introduces one of the highlights of the conference: a set of intensive workshops led by **Allan Graham**, MD, in which participants will discuss and develop emerging models for addiction treatment. Group participants will meet several times during the conference to further develop their plans and will present their results to the conference as a whole on the final day. The fifth pre-conference session will be **Michael M. Miller**, MD, discussing addiction medicine treatment: service delivery, financing, and case management in the managed care environment.

Didactic sessions will include updates on infectious diseases in addiction treatment, the treatment of relapse, dual diagnosis treatment, women's issues in treatment, the pharmacological and non-pharmacological treatment of addictions, clinical

ABOUT ASAM

applications of care management strategies, and other topics. Faculty will include (in addition to those

named above): **Anne Geller**, MD, **A. Thomas McLellan**, PhD, **Carlton K. Erickson**, PhD, **William Clark**, MD, and **Martin C. Doot**, MD.

The Contemporary Hotel at Disney World near Orlando, Florida, will host the conference this year.

Chapter News

The **Georgia Chapter** Southeastern Regional Addiction Conference at Lake Lanier Islands, Georgia, Sept. 10-12, was co-sponsored by the **Alabama** and **Mississippi** chapters; along with the Georgia and Florida chapters of aaPaa (American Academy of Psychiatrists in Alcoholism and Addictions) and the Georgia Association for the Prevention and Treatment of Substance Abuse.

The **California Chapter** (California Society of Addiction Medicine) annual Vernelle Fox Award goes this year to **George Lundberg**, MD, *JAMA* editor. Dr. Lundberg was a charter member of CSAM in 1972. CSAM's Community Service Award goes to **Gail Jara**, executive director of the chapter. She has staffed a number of ASAM committees.

CSAM's 1993 State of the Art in Addiction Medicine course Nov. 18-20 in Newport Beach, CA, offers a faculty of 30. There will be ten master classes, in pain, CoAs, intervention, drug epidemiology and treatment, managed care, cocaine, risk management, outpatient treatment, assessing fitness for duty, LSD and MDMA. Other presentations will cover neurochemistry of addiction, perspectives on recovery and relapse, smoking cessation, public policy and harm reduction. Among the nationally known speakers are Drs. **Alan Blum**, **Timmen Cermak**, **John Chappel**, **H. Westley Clark**, **Enoch Gordis**, **David E. Smith**, **Anne Geller**, **Garrett O'Connor**, **John Slade**, and **George Vaillant**.

Practice Guidelines

by **Chris Kasser**, MD, Chair
Standards of Care Committee

Practice guidelines are recommendations for patient management which identify a particular management strategy or a range of management strategies (AMA). ASAM is committed to developing scientifically sound practice guidelines. The primary mission of the Standards of Care Committee is to develop such guidelines.

A number of guidelines are already being developed: The Management of Alcohol Withdrawal Delirium (Delirium Tremens), Drug Screening in Trauma Patients (with the Trauma Committee), and The Role of Phenytoin in the Management of Alcohol Withdrawal.

The committee plans to develop a number of guidelines in order to assist physicians in managing alcohol withdrawal. **Michael F. Mayo-Smith**, MD, is leading a work group on the Pharmacologic Management of Alcohol Withdrawal. Work group members will be primarily responsible for carefully evaluating pertinent studies and articles. If you have clinical or →

research expertise, or a particular interest in this area and you would like to participate in this work group, please contact Dr. Mayo-Smith. In order to carry out this task, the work group must be relatively small and the participants be willing to commit to careful analysis of studies and follow a strict time line.

If you have any questions, please contact:

Christine L. Kasser, MD, Baptist Recovery Center, 899 Madison Ave, Memphis, TN 38146. ☎ (901) 227-4357, or

Michael Mayo-Smith, MD, VAMC, 718 Smyth Rd, Manchester, NH 03104. ☎ (603) 624-4366, Ext. 6319.



Coming Soon in the Mail Your 1994 Membership Dues Notice

Renew so you won't miss your:

- Involvement in the leading professional society actively seeking to define and expand the field of addiction medicine.
- Professional networking among physicians.
- Opportunity to help develop treatment guidelines and protocols, and to foster clinical research.
- Subscriptions to the *Journal of Addictive Diseases* and to *ASAM NEWS*.
- Discounts on ASAM publications and educational conferences.

Renew Promptly by January 31, 1994.

Members in the News

Sheila B. Blume, MD, received the 1993 Rutgers Summer School of Alcohol Studies (in New Jersey) Distinguished Service Award in July. A former ASAM president, Dr. Blume is currently a board member and chair of the Public Policy Committee.

Karen Sees, DO, is president of the American Osteopathic Academy of Addictionologists.

Lawrence S. Brown, Jr., MD, MPH, to receive the Leadership Award of the Alcohol, Tobacco, and Other Drugs Section at the APHA (American Public Health Association) Oct. 27 in San Francisco.

Managed Care Poses Moral Dilemmas

by Paul H. Earley, MD

These days I seem to be continually caught in moral dilemmas in addiction treatment. The worst surround the unethical practices of some managed care and review organizations, which make prejudiced opinions about patient care.

Should I respond by coloring my judgment about a patient's condition?

The most obvious kind of incident involves the patient who enters a detoxification program in florid denial, and who refuses to participate in treatment past detoxification. A third-party review organization often tells me it cannot approve days past detox, despite the life-threatening denial that drives my patient to stop the treatment process.

MY POINT OF VIEW

"The patient has no signs or symptoms that meet our criteria for medical necessity," states the reviewer.

"What exactly are your criteria?" I ask.

To this I get either a curt, "We do not disclose the information," or "This information is proprietary."

One of my responses to such a double bind is blind rage. Why are third-party review organizations allowed to evaluate patients by long distance phone without a license to practice therapy or medicine in Georgia? How come they can apply secret criteria -- thinly veiled as "medical necessity" -- to which I have no access?

Sometimes I engage in a ruthless ego battle with the reviewer, simply to relieve my feelings of impotent wrath. I have become quite skilled at pointing out, indirectly, that the most parasitic type of individual in our society today is this hired gun of an insurance company. In the main, however, my rage is seldom productive, or of any benefit to the patient.

Another response is to become as dishonest and farcical as these reviewers. In an effort to buy more time in treatment, I am often tempted to exaggerate the medical or psychological condition of the patient. I struggle with this urge every day. Part of me says, "They are dishonest with you, and they deserve the same in kind." However, one of the most precious things I have in my care of patients is my honest and straightforward approach to the dilemma of their disease. I want this honesty to prevail, despite my fantasies of manipulating the facts and even though the current treatment climate runs counter to it.

A third response to managed care is to give in -- complete resignation. I do admit that I have done exactly that at times. Feeling defeated has become part of the managed care experience. Many patients leave treatment believing that their insurance should have helped more, blaming all of us at Ridgeview for not having their treatment needs met, and not a snowball's chance in heck for recovery from their addictive disease.

Recent evidence indicates that addiction treatment saves money. In one review study (Holder, H.D., Blose, J.O.: The reduction of health care costs associated with alcoholism treatment, a 14-year longitudinal study. *Journal of Studies on Alcohol* 53(4):293-302, 1992) the researchers found that the total

cost of health care, including the cost of the treatment itself, was reduced by 23% to 55% from the employees pretreatment cost level. Such studies provide yet another way of managing the double binds in which the era of managed care

places us. We can look at this period as a terribly misguided effort on the part of insurance companies and employers to save money. The answer to the health care crisis lies in research. At Ridgeview we are participating in a multicenter outcome study to do our part. Rather than get mad, devious, or depressed, we hope to become enlightened.

Dr. Earley is chair of ASAM's State Chapters Committee. He is editor of GASAM NEWS, the Georgia chapter newsletter. The original version of this editorial was in vol. 3 #2, August 1993, of that publication.



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

CONFERENCE DIGEST

Record Turnout for IDAA in Arizona

A record 537 members attended the 44th annual meeting of International Doctors in Alcoholics Anonymous at the Camelback Inn in Scottsdale, AZ, Aug. 4-8. Another 576 spouses, significant others, and children brought the total conference attendance to over 1,113, a peak total turnout.

The conference was called "The Family Afterwards ... Happy Joyous & Free." There was not only a full schedule of Al-Anon meetings, but also activities for the 100 Alateens who registered (another record), and for the some 100 "Aladudes" (age 7-12), "Alatots" (age 3-6), and infants.

AA meetings were held all day and evening. There were also meetings for special groups such as doctors who have lost licenses, anesthesiologists, physically challenged, dentists, pharmacists, psychologists, veterinarians, women, young people, gay/lesbian.

An ASAM member was Al-Anon dinner speaker; he gave a stirring message. The author of the Big Book chapter "Doctor, Alcoholic, Addict" was speaker for the Saturday banquet, which drew 1,000 people.

Newcomers Banquet

At the traditional newcomers banquet, 130 attending their first IDAA national conference introduced themselves briefly to the 800 others there. These people represented 23 medical specialties (at least 11 family practitioners, 8 anesthesiologists, 8 emergency medicine, 8 internal medicine, 8 surgeons, 6 ob/gyn's, 6 psychiatrists). Among the others were 8 medical students, 8 dentists, 4 veterinarians, and doctors from at least 3 foreign countries. Half the newcomers reported a primary addiction to alcohol; the rest cited other drugs as a major problem. Fifteen newcomers at the mike were women, which was below the 1992 count of 27. Five Al-Anon members took the mike this year.

Ten newcomers to the IDAA conference were sober more than 10 years, two were sober for 60 days.

CME

CME presentations were spread over three days. Speakers who were ASAM members (they are not necessarily IDAA members): **Daniel Angres, MD**, on the psychology of recovery; **Joseph R. Cruse, MD**, on fiscal sobriety, work addiction; **Richard R. Irons, MD**, on healthy sexuality in recovery; **C. Richard McKinley, MD**, on nicotine dependence -- a workable approach; **George W. Nash, MD**, on alcoholism and the 12 Steps; **Bernice Roberts, DO**, on making peace with food.

When Dr. Cruse spoke on fiscal sobriety, he offered "Suggested Twelve Steps to Financial Recovery (From Those Who Have Been There)." The first three steps and the twelfth set the tone for the other nine:

1. We admitted that we have choices regarding money matters -- that our lives can be financially manageable.
2. Came to believe that we could be restored to solvency.
3. Made a decision to turn our payables and receivables

over to the care of the best accountants and advisors we can find and understand

12. Having had a beginning financial recovery as a result of these steps, we tried to carry these messages to other recovering individuals and to continue to practice these conservative principles in all aspects of our lives.

4,666 IDAA Members

According to Secretary-Treasurer Dr. Dick McK., IDAA membership reached a new high this year of 4,666. This includes 500 who joined since last year.

IDAA members are "women and men who have, or are in preparation for, doctorate degrees in the health care profession. We are physicians in nearly every specialty, dentists, veterinarians, educators, psychologists, and others. There is only one strictly confidential listing of members, and this is held by the secretary-treasurer. Any communication with individual members occurs only with the permission of all parties.

"In addition to our yearly meeting, a directory is available to members only, with information about more than 150 weekly meetings of doctors in recovery. These often enhance recovery in regular AA, which the majority of our fellowship finds to be the bedrock of sobriety. The directory, updated annually, also carries a listing of regional yearly meetings;

"Our basic aims are those of Alcoholics Anonymous. Our primary purpose is to carry the message of recovery to other alcoholics -- particularly alcoholic doctors and their families. Through association with our group, many of us have become better able to solve our common problem, and problems in common. There are no dues, although there is a modest registration fee at the annual meeting, covering costs of the meeting, expenses for the year, and a contribution to GSO. We are self supporting through our own contributions. The only requirement for membership is the doctor's desire to belong."

IDAA address: Sec.-Treas., IDAA

PO Box 199, Augusta, MO 63332

☎ (314) 228-4548

Next Year

Dates: Aug. 3-7, 1994

Place: Swissotel 1-800-253-1397 or (404)365-0065;
and the J. W. Marriott Hotel (404) 262-3344;
Buckhead, Atlanta, GA.

Conference co-chairs: Drs. Doug T. and Ed W.

Registration and other information: Connie Hyde,
3311 Brookhill Circle, Lexington, KY 40502.

☎ (606) 233-0000 (business); (606) 277-9379 (home);
606-253-0862 (FAX).

When ASAM NEWS phoned in early September, the Swissotel was nearly sold out for the 1994 IDAA conference. Overflow will go to the J. W. Marriott.



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:

- Adolescents
- Relapse
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- Dual-Diagnosis
- Eating Disorders
- Sexual Abuse
- AIDS and Chemical Dependency
- Future Treatment Options
- Special Populations

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progressive, stable,
successful chemical
dependency and psychiatric
facility which is part of an
expanding, healthy treatment
organization.



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2) Review Course (1990) Syllabus	\$25.	\$50.	_____	\$_____
3) Ruth Fox Course Syllabus (1993)	\$25.	\$40.	_____	\$_____
4) AIDS Forum Syllabus (1993)	\$25.	\$40.	_____	\$_____
5) AIDS Guidelines for Facilities	\$ 2.	\$ 3.	_____	\$_____
6) ADM Fellowships Guidelines	\$ 6.	\$ 7.	_____	\$_____
7) ASAM NEWS	Free	\$25./year	_____	\$_____
ASAM Membership Directory	Free \$25. additional copies	\$50.	_____	\$_____
(Funds must be in U.S. dollars)				
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1) ASAM Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders

170 pages, © 1991. A clinical guide to match adult and adolescent patients to appropriate levels of in-patient and outpatient care, and to make objective patient placement decisions through multidimensional assessments.

*Nonmembers who purchase the PPC can buy the 1990 Review Course Syllabus for \$25.

2) **ASAM Review Course Syllabus** 630 pages, © 1990. A comprehensive review of the field of addiction medicine. "General Principles" addresses basic science, theories of addiction, nomenclature, pharmacology, epidemiology, screening/diagnosis, prevention/intervention, management of withdrawal, treatment, and psychiatric issues. "Specific Issues" on alcohol, other sedative hypnotics, cocaine, heroin and other opiates, marijuana, perceptual disorders and inhalants, tobacco and nicotine, steroids, and other drugs. "Special Issues" includes managing the addicted mother and child, AIDS and HIV infection, family disorders, adolescents, special populations, impaired health professionals, prescription drug abuse, legal concerns, and recent advances in research and treatment.

3) **Ruth Fox Course for Physicians Syllabus** (April 29, 1993, Los Angeles) 153 pages. Stages of Recovery, Dealing with the Managed Care Dilemma, Current Legal Issues in ADM, Literature Update in ADM, Spiritual Perspective of Addiction, Outpatient Management of Personality Disordered CD Patients, Co-Dependence in the Health Care System, Drug Politics, Assessment of Helping Professionals for Fitness to Practice.

4) **6th National Forum on AIDS & Chemical Dependency Syllabus** (April 29, 1993, Los Angeles) 182 pages. Guide to STD Screening of Patients in Addiction Treatment, Alcohol Use: A Critical Risky Behavior, Women and AIDS, Medical Management of Chemical Dependent HIV, HIV and Minority Populations, Physicians for Human Rights, AIDS and Attitudes, Psychotropic and Pain Medications in HIV and Recovering Addicts, New Medical Prospective in HIV Care.

5) **Guidelines for Facilities Treating Chemically Dependent Patients at Risk for AIDS or Infected by HIV** 34 pages, ©1991. Covers treatment and housing, the service spectrum, precautions for care giver and for people with HIV-infection, programs with child care services, HIV antibody testing, pretest and post-test counseling, HIV-infection symptoms, rationale for addictions treatment, significant others, legal concerns, sample consent form for testing, and more.

6) **Guidelines for Fellowship Training Programs in Addiction Medicine**

28 pages, 1992. Detailed recommendations by the ASAM Fellowship Committee.

7) **ASAM NEWS - bimonthly newsletter** 16 pages. Sent free to ASAM members six times a year. Non-members subscribe for \$25. The only national newsletter by and for physicians in all specialties who are interested in the field of addiction medicine.

Only 10 Years Ago ...

"In 1982, alcoholism was accepted as a disease," **David E. Smith, MD**, president-elect of ASAM, told *ASAM NEWS*. "The other psychoactive drug dependencies qualified as diseases but were not integrated with alcoholism." Dr. Smith and other experts in the fledgling field of addiction medicine wondered, "Could a specialty be developed that is based on the study and treatment of addictive disease, including legal and illegal drugs?"

After a formal request, initiated by the California Society for the Treatment of Alcoholism and Other Drug Dependencies (now the California chapter of ASAM) at the behest of **Jess Bromley, MD**, in Dec. 1982 the AMA House of Delegates resolved that the AMA convene a meeting to encourage "an existing professional society to include a focus on not only alcoholism but also on other drug dependencies."

At the time, ASAM was called the American Medical Society on Alcoholism. **LeClair Bissell, MD**, was president.

"The First Kroc Ranch Conference on Addictionology" took place in Feb. 1983 in Santa Barbara, California, with 34 participants (29 were physicians) from 14 organizations in the alcoholism/chemical dependency field. (See photo p. 9.) The group explored the possibility of establishing and promoting "addictionology" (a term later replaced by "addiction medicine") as a separate and distinct medical specialty, and the organizational affiliations and institutional relationships that would be affected by such actions.

G. Douglas Talbott, MD, president of the American Academy of Addictionology (since then incorporated into ASAM) had convened the meeting with the support of the Caduceus Foundation. At it, **Max A. Schneider, MD**, said that

despite the field having an array of notable experts, "we need to recognize that [addictionology] is a *field* that needs expertise." **Stanley E. Gitlow, MD**, described the continually changing public and professional attitudes about addiction; the schism, at times, between concepts of alcoholism and addictive diseases; allocation of resources based on fashion rather than on need; perennial public confusion about the field. Dr. Bromley, who for ten years had been eager to move addiction medicine into mainstream medicine, said that "the specialists are here, but is the *specialty* here?"

After two days of spirited discussion, the conference decided that "a national medical specialty society focussing on alcoholism and other drug dependence should exist or be established."

The second Kroc meeting "Conference on Formation of a National Physicians Society on Alcoholism & Other Drug Dependence" took place in Oct. 1983, with 23 people representing five organizations. (See photo p. 9.) Seventeen of these had attended the first Kroc meeting. This conference was to reach consensus on the function of a national medical society, delineate steps to establish it, and agree on how to achieve it.

ASAM offered to be the "national society of physicians concerned with the problems of psychoactive drug use" with the understanding that it would be "responsive to issues raised" at this conference.

An ASAM Committee on Restructuring/Expansion was designated: **Drs. Sheila B. Blume, Jess Bromley, Stan Gitlow, Roger A. Goetz, David C. Lewis, Robert M. Morse, Max Schneider, Edward C. Senay, Joseph H. Skom, David E. Smith, Doug Talbott, Peter Talso, Melvin Udel, Maxwell N. Weisman** (chair), and **E. M. Steindler** (Recorder).

ASAM also appointed a Committee on Credentialing: **Drs. Marc Galanter, John Griffin, James A. Halikas, William J. Kennedy, Donald G. Mackay, Anthony B. Radcliffe, Doyle P. Smith, Joel Solomon, Barry Stimmel, Jokichi "Joe" Takamine** (chair), **Doug Talbott, Charles L. Whitfield**.

Most Kroc conference participants said that they believed credentialing and certification were a top priority for ASAM.

Meanwhile, the California Society (now CSAM) had been working since 1981 on "standards for a physician specialist." This had been prompted by a recent requirement in California that its new category of hospital, a "chemical dependence recovery hospital," have "a medical director who must be knowledgeable about the diagnosis and treatment of alcoholism and other drug dependencies." That CSAM committee, chaired by Dr. Radcliffe, included **Drs. Schneider, Joseph J. Zuska, and John Chappel**. In November 1983, about 115 physicians took the first California Society certification exam.

Three years later, more "medical history was made when 662 AMSAODD [ASAM] members in Atlanta, Los Angeles, Chicago and New York, sat for the first national physician's exam in chemical dependency," reported ASAM president Dr. Schneider on page one of *ASAM NEWS*, November 1986.

To date, 2619 physicians have been certified in addiction medicine by ASAM.

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



1st row, L to R: Howard Vigrass, Stanley Gitlow, Roger Goetz, Max Schneider, Kenneth Williams. *2nd row:* Karen Trull, Wallie Dube, David Lewis, Maxwell Weisman, Doyle Smith, Sheila Blume, Melvin Udel, Daniel Freedman. *3rd row:* John Chappel, Jess Bromley, Stephen Kelly, William Kennedy, Roland Herrington, Al Mooney, III, Rogers Smith, Gail Jara, Markku Linnoila. *4th row:* Stewart Baker, Irvin Blose, John Griffin, G. Douglas Talbott, Lewis "Luke" Reed, William Farley, David E. Smith, Robert Niven, Bruce Dull. *Not shown:* William Mayer, James F. Callahan, Dorynne Czechowicz, Bob Fredricks, Wendy Gross

Unity I Meeting: Feb. 7-8 (above) ↑

1983

Unity 2 Meeting: Oct. 2-5 (below) ↓



1st row, L to R: Bruce Dull, Charles Whitfield, Stanley Gitlow, Rogers Smith, Sheila Blume, Maxwell Weisman, Bob Fredricks.
2nd row: E. M. Steindler, Jess Bromley, James Halikas, David Lewis, Roger Goetz, Leon Mardt, William Kennedy, Max Schneider, Gail Jara, Robert Niven.
3rd row: Jokichi Takamine, Anthony B. Radcliffe, David E. Smith, Edward Senay, G. Douglas Talbott, John Griffin, Jr., Doyle P. Smith, Joseph Skom.

**FROM THE EXECUTIVE
VICE PRESIDENT**

by James F. Callahan, DPA

ASAM members continue to work on many fronts to increase access to care, improve its effectiveness, and establish addiction medicine (ADM) as an integral part of medical education and practice. At a time when addictions treatment is de-emphasized in or eliminated from health insurance and other third party payment systems; when hospital closings, treatment program cutbacks, and denial of the need for medical care make it increasingly difficult for our members to practice, it is important to reflect on the fact that as a field we continue to make progress and realize encouraging results from our efforts. Some examples follow.

Health Care Reform

In anticipation of President Clinton's health care reform proposals, ASAM continues its efforts to inform the Congress and organized medicine about the "ASAM Core Benefit for Primary Care and Specialty Treatment and Prevention of Alcohol, Nicotine and Other Drug Abuse and Dependence." Since the Open Forum in Los Angeles in April, chaired by Sheila B. Blume, MD, members have continued to write, and speak with, members of Congress. The EVP has met with and had telephone conversations with Senate staff to urge inclusion of the Core Benefit in Congressional resolutions and proposed legislation. ASAM members have also been at work within state medical societies.

At the AMA annual meeting in June, as was reported in *ASAM NEWS* (July-August, p. 7) ASAM introduced a resolution asking for AMA adoption of the ASAM Core Benefit.

At that meeting, Drs. **Jess Bromley** (AMA delegate), **David E. Smith** (alternate delegate), **Stuart Gitlow** (ASAM delegate, Resident Physician Section), **Tay Gaines** (ASAM member, Florida), **Dan Glatt** (ASAM member, Maryland), and **Norman S. Miller** (ASAM member, Illinois) worked on behalf of ASAM members and ADM. Mr. Manny Steindler provided staff support.

In preparation for the December AMA meeting in New Orleans, ASAM has submitted to the AMA Council on Medical Service a critique of the AMA's proposed "Health Access America" provision for inpatient care (\$3,000 or one 28-day lifetime cap). A report on the provisions for addiction treatment will be presented to the House of Delegates by the AMA Board of Trustees in New Orleans. I urge you to introduce a resolution to the AMA through your state medical society that coverage for alcohol, nicotine, and other drug dependencies should be non-discriminatory on the same basis as any other medical care, and that coverage should include a continuum of primary care and specialty services that provide effective treatment for substance abuse disorders. In Washington, ASAM staff will continue to meet with the National Coalition to recommend adoption of the ASAM Core Benefit.

Clinton Proposal on Addiction Treatment

ASAM took advantage of a unique opportunity at the "AMA President's Forum" in July, where Dr. Smith questioned

Dr. Callahan

White House Health Policy Advisor Ira Magaziner on the Clinton Administration position of including addictions treatment as a basic benefit. Mr. Magaziner responded that a comprehensive benefit for substance abuse would be part of the Clinton health care reform package; that the benefit would be "phased in," that an incentive in reduced premiums would be offered for those who do not smoke or use other drugs, and that if revenue sources are needed to fund the benefit, a tax on tobacco would be considered.

Access to Care

At the same time as working to assure treatment as a basic benefit under health care reform, ASAM promotes access to care through implementing the *ASAM Patient Placement Criteria*. Recently, each state director of alcohol and other drugs received a complimentary copy of the *Criteria* in return for assistance in bringing the *Criteria* to the attention of treatment program directors. This month each treatment program director will receive information describing the *Criteria* with the recommendation that they be used for patient placement, continued stay and discharge. The Washington office receives orders daily for the *Criteria*. All these efforts have been supported by Ms. Linda Fernandez, assistant director of membership, Washington office.

In November, ASAM will host the 3rd Annual Meeting of the Coalition on National Clinical Criteria, attended by representatives of managed care companies, insurers, national medical societies and professional associations, government agencies, and by clinicians and providers. This effort is chaired by Drs. **David Mee-Lee**, **Michael Miller**, **Christine L. Kasser** and **P. Joseph Frawley**, with the assistance of Mr. Steindler.

ASAM also promoted access to care through the JCAHO. **Martin C. Doot**, MD, was recently appointed by our president, **Anne Geller**, MD, to serve as the ASAM representative to the JCAHO Mental Health Professional Technical Advisory Committee (PTAC). Dr. Chris Kasser, serves as alternate representative.

Dr. Mee-Lee will soon conclude his term of office as ASAM representative to the JCAHO Hospital Accreditation PTAC and will be followed in that position by Dr. Michael Miller.

Quality of Care

Dr. Kasser and members of the Standards of Care Committee, assisted by Ms. Gail Jara, are preparing a proposal for the October ASAM Board of Directors' consideration →



for the development of clinical guidelines in 1994 and 1995. The purpose of the guidelines is to assist physicians in making clinical decisions that result in improved health outcomes and enhanced quality of care, and to guide clinical research. Guideline topics are still under discussion.

Specialty Status

ASAM members and staff carry out the board policy of promoting the development of a joint Certificate of Added Qualifications, while continuing to offer the ASAM Certification Examination. Recently the executive director of the American Board of Preventive Medicine (ABPM) was briefed by ASAM member **Paul L. Brattain, MD**, of Illinois, and the EVP submitted a report to the ABPM describing addiction medicine, ASAM, the membership, the society's clinical endeavors, and its work in medical education and research.

A document describing the field of addiction medicine is in the final stages of development under the direction of **Anthony B. Radcliffe, MD**. This document was prompted by requests from presidents of medical specialty boards who want information on what physicians do who practice addiction medicine.

In December 1994, the **ASAM Certification Examination** and the first **Recertification Examination** will be offered (for more information see p. 1-2). The exam will again be developed by the ASAM Examination Committee (**Sidney Schnoll, MD, PhD**, chair) and the National Board of Medical Examiners. To date 2619 physicians have been certified. Ms. Theresa McAuliffe, assistant director of membership, manages the certification project in the Washington office.

Education/Conferences & Courses

During the last quarter of 1993, two important ASAM courses will be offered: State of the Art in Addiction Medicine Oct. 28-31 in Orlando, FL (**Andrea Barthwell, MD**, and **Terry Rustin, MD**, co-chairs) and Nicotine Dependence Nov. 11-14 in Atlanta (**John Slade, MD**, chair). Ms. Sandy Schmedtje, acting director of conferences and courses, supports the work of the chairs and manages the conferences and courses.

Membership Services

The Membership Committee (**Ken Roy, MD**, chair) and State Chapters Committee (**Paul Earley, MD**, chair) continue monthly telephone meetings to plan the Membership Campaign, develop a member benefits program, and deal with issues of importance to members and with issues regarding the formation and activities of ASAM chapters. Ms. Pamela Traylor, Director of Membership, is putting the final touches on plans for the membership campaign (7000 Members by the Year 2000) and supports the work of the committees, while responding to daily requests from members.

The Members-in-Training Committee is now chaired by Dr. Stuart Gitlow, who will be responsible for recruiting medical students, residents and others in training, and involving them in the work of the society.

An important study is underway directed by **David R. Gastfriend, MD**, and funded by the Scaife Family and J.M. Foundations, to look at the effect of medical student summer training in alcohol and other drugs on their current practice of

medicine, their choice of specialty, and their understanding of alcoholism and other addictions. The full report will be forthcoming in the fall.

Endowment, Program Support & Fiscal Management

The Ruth Fox Memorial Endowment Campaign and efforts to raise monies to support ASAM's programs are now under the direction of **Max A. Schneider, MD**, Chair, Resources and Development Committee. **William Hawthorne, MD**, chairs the Ruth Fox Endowment; **Jasper G. Chen See, MD**, is chairman emeritus. Gifts and pledges to the endowment now total \$1.3 million.

ASAM received grants from the Scaife Family Foundation to underwrite the certification examination, and from the Rosensiel Foundation to support development of the examination. Drs. Chen See and **Stanley E. Gitlow** are responsible for ASAM's receiving these grants. Ms. Claire Osman, director of development, assists our members in this very important work, both for the present operation of the organization and for its future viability.

Dr. Joe Frawley has accepted the chair of the ASAM Finance Committee, responsible for managing the society's resources. At the Washington office, Mr. Arthur Ganta, managing accountant, is responsible for the internal coordination of the financial management systems, for the work with the auditors and accountants, and for preparation of reports to the board. Ms. Vanita Adams, ASAM bookkeeper and office manager, is responsible for the day to day management of the society's resources, and for relations with members about dues payment and other financial matters.

Communications

The *ASAM NEWS* (**Margaret Bean-Bayog, MD**, Publications Committee chair; Ms. Lucy Barry Robe, editor) and the *Journal of Addictive Diseases* (**Barry Stimmel, MD**, editor), provide information of importance to members and recent clinical research findings.

Principles of Addiction Medicine will be published in 1994 under the editorship of Drs. **Norman S. Miller** and **Martin C. Doot**, with managing editor Ms. Bonnie Wilford. *Principles* will be the 3rd edition of ASAM's former *Review Course Syllabus*, and will be the first step toward the development of a comprehensive text on addiction medicine.

Management Information Systems, Member Services

The national administration of our efforts to communicate with members and be responsive to their needs, are made possible by the ASAM Information Management System (AIMS) under the direction of Mr. Milton Hayward. The AIMS goal is to provide the capacity to communicate rapidly with members, with those who have attended ASAM conferences and courses, purchased ASAM publications, or expressed an interest in the work of the society, and with those whom we must advise of our work and policies. These include the directors of the national medical specialty societies, the national professional societies, the Washington federal agencies, the media, Congress, and others.

Board of Directors and Executive Committee

ASAM member activities described above have been carried out under the direction of the board of directors. ➔

EVP Report*(continued from p. 11)*

The board's work has been supported by the EVP and his executive assistant, Ms. Mary Lamary. At its October 1993 meeting, the board will review the society's past accomplishments and history, and its priorities for 1994 and 1995.

ASAM is fortunate to have had board members from the very beginning who are fully committed to the field. Each program and activity has been carefully considered and authorized by the board with one goal in mind: the establishment of the field of addiction medicine for the ultimate welfare of the patients the members serve, and for the welfare of the members and others who practice addiction medicine.

While most ASAM members are experiencing the effects of the recession and of cutbacks in addictions services, the work the members do is having a positive effect and will eventually succeed in winning addictions medicine its well deserved place at the table of organized medicine.

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

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Dr. Callahan would like members to know about the following position:

The Center for Substance Abuse Treatment, in the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA) which was formerly ADAMHA, Dept. of HHS, is searching for a director. SAMHSA was authorized by the ADAMHA Reorganization ACT on Oct. 1, 1992.

Location: Rockville, MD.

Salary range \$92,900 to \$115,700 (plus up to \$20,000 allowance per year for physicians only).

Forward an Application for Federal Employment (SF 171), c.v., bibliography, and evaluations of performance through letters of reference to Ms. Lois Mercer, SAMHSA, Division of Personnel Management, Room 15C-26, 5600 Fishers Lane, Rockville, MD 20857. More information and SF-171 application are available from Ms. Mercer: ☎ (301) 443-5030.

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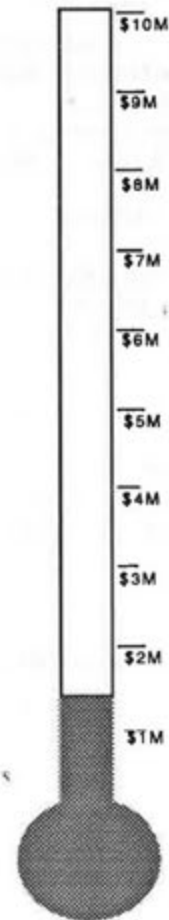
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Information about ASAM conferences available at Washington headquarters:

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 ☎ (202) 244-8948 FAX: 202-537-7252

- **Oct. 17-19: National Treatment Consortium
"Treating Workforce 2000"**
 Portland, OR *Portland Hilton*
 National Treatment Consortium,
 444 No. Capital St. NW, Ste 642, Washington, DC 20013
 ☎ (202) 434-4780
- ◆
- **Oct. 28-31: ASAM State of the Art in Addiction Medicine**
 Orlando, FL *Contemporary Hotel, Disney World*
- ◆
- **Nov. 5: Pennsylvania Society of Addiction Medicine:
"Meeting the Challenges of Addiction Medicine in the
Nineties"**
 Harrisburg, PA *Pennsylvania Medical Society Bldg.*
 Kathy York, Penn. Society of Addiction Medicine,
 777 East Park Dr, PO Box 8820, Harrisburg, PA 17105-8820
 ☎ 1-800-228-7823 or (717) 558-7750; FAX 717-558-7841
- ◆
- **Nov. 11-14: ASAM 6th National Conference on Nicotine
Dependence** Atlanta *Marriott Marquis Hotel*
- ◆
- **Nov. 18-20: 1993 State of the Art Conference and
California Society's 20th Annual Meeting (CSAM)**
 Newport Beach, CA *Four Seasons Hotel*
 CSAM, 3803 Broadway, Ste 2, Oakland, CA 94611
 ☎ (510) 428-9091 FAX: 510-653-7052
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- **Nov. 18-21: AMERSA**
 Bethesda, MD *Hyatt Regency Hotel*
 Phyllis Arnold, AMERSA, Box G-BH, Brown University,
 Providence, RI 02912
 ☎ (401) 863-7791
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ASAM CALENDAR

1994

- **Jan. 20-23: Florida Society of Addiction Medicine
7th Annual Conference (FSAM)**
 Orlando, FL *Hotel Royal Plaza, Disney World*
 Lucy B. Robe, FSAM, 303-D Sea Oats Drive,
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- **Apr. 15-17: ASAM Annual Meeting and
25th Annual Medical Scientific Conference**
 New York City *Marriott Marquis Hotel*
 Apr. 14: Ruth Fox Course for Physicians
 Apr. 14: National Forum on Aids and
 Chemical Dependency *Marriott Marquis Hotel*
- ◆
- **Oct. 27-30: ASAM 1994 Review Course**
 Chicago *O'Hare Marriott Hotel*
- ◆
- **Dec. 3: ASAM 1994 Certification Exam**
(Application deadline: Jan. 10, 1994)
 Atlanta and Los Angeles
- ◆

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.

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