

# ASAM NEWS

Volume IX, No. 2

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## Four Decades of ASAM

Society observes 40th birthday with 25th Annual Conference

highlights begin on page 4



**Medical-Scientific Conference**  
April 14-17 in New York City  
**Register Now**



Ruth Fox, MD, founding president

Advance Copy from Lucy Robe

### Health Care Reform Alert ...

**Drug Law Commission Launches State Initiative  
Clinton Plan No Match for Current State Benefits**  
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### "The Final Issue of ASAM NEWS.

"For those of you who have not yet renewed for 1994, don't let this be your last issue! Use Mastercard or VISA and renew by phone: 202/244-8948, or by fax: 202/537-7252, or send your renewal by mail: ASAM Membership Renewal Center, 5225 Wisconsin Ave., NW, Suite 409, Washington, DC 2005.

"Your renewal ensures uninterrupted delivery of the ASAM NEWS and the *Journal of Addictive Diseases*. More important, your commitment to ASAM gives us bargaining power as your advocate in the health care reform process. *Renew your membership today.*"

— Pam Traylor, ASAM Membership Director

ASAM  
American Society of  
Addiction Medicine

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



# Health Care Reform Alert

A REPORT FROM THE EXECUTIVE VICE PRESIDENT

James F. Callahan, DPA  
executive vice president of the  
American Society of Addiction Medicine



## Drug Law Commission Launches State Initiative

by James F. Callahan, DPA

In a formal White House ceremony presided over by Mississippi Attorney General Mike Moore and South Carolina Governor Carroll Campbell and attended by ASAM, a bipartisan group of state and local officials reasserted leadership in the nation's battle against alcohol and other drug abuse. The event was the December 13 release of a report by the President's Commission on Model State Drug Laws — a report that Moore described as "strikingly different from other efforts that have urged a 'holy war' on drug abusers." The legislative remedies offered by the commission, he said, do not rely exclusively on punishment or on deterrence to "solve" drug problems; rather, the goal has been to "establish a comprehensive continuum of responses and services, encompassing prevention, education, detection, treatment, rehabilitation, and law enforcement to allow individuals and communities to fully address alcohol and other drug problems."

Although the report endorses tough sanctions to punish those who refuse to abide by the law, he added, its recommendations are designed to be constructive, attempting to leverage alcohol and other drug abusers into treatment, rehabilitation and —ultimately—recovery. Among topics of special interest to ASAM members are:

### Model "Health Professionals Training Act."

Requires that accreditation and curriculum statutes for medical and other health professional schools be amended to mandate a minimum of 30 hours of study in the diagnosis and management of addictive disorders, and that a minimum of 10 hours CME in addictions be required for relicensing.

### Model "Addiction Costs Reduction Act."

Requires health insurers to provide a full continuum of addiction services; establishes minimum levels of coverage; and prevents denial of coverage for legal or criminal justice referrals.

### Model "Managed Care Consumer Protection Act."

Requires that managed care vendors use "criteria established by ASAM or the Cleveland...[Criteria]"; establishes qualifications for managed care personnel; and bars conflicts of interest by clinical decision-makers.

In releasing the report, Moore noted that the ultimate goal

of enacting the model laws can only be realized through complete cooperation between the White House, the Department of Justice, and the governors and legislators in the 50 States. To help foster that cooperation, the commission has formed a non-profit corporation, the National Alliance for Model State Drug Laws, to provide State officials with information and technical assistance. Moore says the Alliance is actively seeking the support of field groups. For example, the Employee Assistance Professionals Association is promoting a model EAP law drafted by the Alliance.

Although it's unlikely any legislation actually will be adopted in 1994, given that most states already are well into their legislative sessions, Moore said the group will work hard to gain ground this year, and some laws could be forthcoming. For example, Moore has introduced 15 bills in his home state of Mississippi, and commissioner Keith Kaneshiro has introduced bills reflecting 18 of the model laws in Hawaii.

Moore and Alliance director Sherry Green say the bills likely to win easy approval—assuming that prime supporters are contacted and engaged—include those dealing with treatment in the criminal justice system; empowerment of local communities (such as a nuisance abatement law that can be used to close 'crack houses'); and measures dealing with drugs in the workplace (particularly a model based on Georgia law which gives employers a discount on their worker's compensation taxes if alcohol and drug prevention programs are in place). Model bills likely to encounter more resistance include "everything dealing with alcohol and tobacco," Moore concedes, including model laws limiting alcohol advertising and expanding the concept of drug-free schools to include alcohol and tobacco.

To obtain copies of the report, write to National Alliance/President's Commission on Model State Drug Laws, 750 17th St., N.W., Washington, D.C. 20500, or phone: Sherry Green at (202) 395-6788.



As the President's staff fire up their campaign to rekindle Congressional and public support for national health reform, "the devil is in the details" has become a virtual

continues on next page

## Health Care Reform Alert by James F. Callahan, DPA *continues*

mantra for legislators and interest groups parsing the plan's pluses and minuses. Administration staff have promised reports spelling out the plan's expected impact on specific states; several states, however, are moving ahead with analyses of those details in which the devil may indeed reside.

In New York, a task force of health experts appointed by Governor Mario Cuomo issued a report characterizing President Clinton's plan as a "house of cards" that could have a detrimental impact on the state. In the first of what could be 50 separate analyses of the plan's potential impact on states' budgets and residents, the task force report described the plan as based on "untested assumptions" that "use questionable means to control health costs."

The task force—co-chaired by state Health Commissioner Mark Chassin, MD, and Social Services Commissioner Michael J. Dowling—concluded that, under the Clinton plan, New York would lose \$342 million in 1997 through increased Medicaid spending, but would gain \$317 million back by 1999. However, it was less than confident about the savings, which would result from cost control measures in the President's legislation. Thus, the report says that while the Clinton plan requires losses to the state that are "definite, measurable and almost immediate," any future savings are to be achieved by "untested reforms." The task force also "was repeatedly struck by the complexity of the Health Security Act" and "its cross-cutting effects on our existing system of care."

Governor Mario Cuomo also has sent letters to all New York State employees, telling them they "would generally

have to pay more for less comprehensive benefits" under the Clinton's health reform plan. In his sweeping critique of the President's plan, Cuomo says it would "dismantle an excellent insurance program in New York" and would mean "marked decreases in some benefits," including mental health, rehabilitation, drug and alcohol treatment services.

Specifically, the letter points out that the Health Security Act proposes a combined mental health and substance abuse benefit, imposes utilization limits on the volume of inpatient and outpatient services an individual may use, and co-payments that are higher than for general medical services. While conceding that the comprehensive benefit proposed under the Act probably will be more than adequate to meet the needs of most healthy Americans who use alcohol, drug or mental health services on an "incidental basis," the New York analysis finds that "the proposed benefit will result in major reductions in services for persons with more disabling forms of mental illness or substance abuse disorders."

It further cautions that "the anticipation that many individuals with more severe disabilities may receive their services primarily from HMOs raises a series of concerns....There is no large-scale, demonstrated history of successful integration of persons with chronic mental conditions, developmental disabilities, serious mental illnesses and substance abuse into generic HMOs." The letter concludes that "under the proposal public employees would probably face higher premium costs for less comprehensive benefits."

Cuomo's criticisms are expected to influence Congressional debate on the plan, not least because Senate Finance Committee Chairman Pat Moynihan (D-NY) "is in a position to see that Congress heeds those concerns."

## The Facts: Why Addiction Treatment Must Be Included in Health Care Reform

*NOTE: The following briefing is designed for members when writing legislators and other policy makers. Contributed by David C. Lewis, MD, of ASAM's Public Policy Committee.*

- **The potential cost savings involved in addiction treatment are enormous.** Every dollar spent on addiction treatment saves \$11.54 in overall medical expenses. Minnesota, for example, achieved an 80% return on its expenses for treatment within one year while offering patients a managed and comprehensive benefit. The average cost of alcoholism treatment can be recovered within three years after treatment is initiated, in medical utilization savings for the patient alone.

- **Addiction treatment is affordable.** Using the most recent data on treatment costs, researchers from Lewin-VHI, Inc., showed that a comprehensive substance abuse benefit—without arbitrary day or visit limits or spending caps—has an annual cost of \$45.10 per covered life, or \$6.7 billion to cover all Americans. This is slightly lower than the budget allocated for substance abuse treatment in the current Clinton plan, which contains limits and barriers to treatment.

- **The cost estimates for addiction treatment in the Clinton plan are flawed.** This influenced the decision to limit the treatment benefit in the current Clinton proposal. The HHS actuaries who audited the substance abuse benefit apparently based their treatment cost estimates on 1982 num-

bers, and therefore overestimated the cost of treatment. The advent of managed care, and the consequent decreases in hospital use and length of hospital stays, have substantially reduced the cost of treatment.

- **Addiction treatment helps patients, families, communities, and businesses,** because it reduces the social and economic problems related to substance abuse. The costs of not treating substance abuse include increased incarceration, criminality, AIDS, tuberculosis, alcohol and drug-related injuries, heart disease, cirrhosis of the liver, cancer, neonatal complications, school dropout, joblessness, welfare system utilization, underemployment, worker absenteeism, and decreased worker productivity.

- **Addiction treatment leads to lower medical costs for patients and families.** Appropriate treatment not only reduces future health care costs for the patient, but for the patient's family as well. Children of alcoholics, for example, incur medical costs 32% greater than other children; and secondary smoke is responsible for thousands of expensive hospitalizations, and over 3,000 deaths, each year.

- **Fears of excessive utilization are ill-founded.** The risk of over utilization of treatment programs is virtually nonexistent. Given the potential return on dollars invested in addiction treatment, the real risk to the health care system is that such treatment services will be under utilized.



# ASAM in the '50s

## President

1954-1961: Ruth Fox, MD



*Dr. Fox, first president*

## New York City Medical Society on Alcoholism

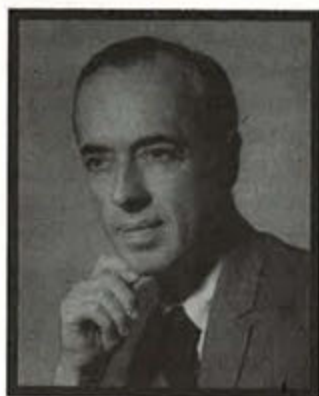
In the 1950s, the New York City Medical Society on Alcoholism meets regularly at the New York Academy of Medicine, 2 East 102nd Street, New York City. Ruth Fox, MD, is president. Stanley Gitlow, MD, and Percy Ryberg, MD, are members. Dr. Fox has found that alcoholics in her psychoanalytic practice do not recover when she uses conventional analytic approaches. She teaches her patients about alcoholism as a disease, introduces them to AA meetings held in her living room, prescribes Antabuse which she herself brings over from Denmark, uses group therapy and psychodrama.

## First Annual Meeting of NYCMSA

1954: Sept. 16, New York City. Chaired by Dr. Fox; 14 physicians attend. Key decision: to establish a Standing Committee for Hospital Standards and Practices.

1954: at a medical symposium in December, Dr. Fox gives "a general, forty-minute talk on the etiology and treatment of alcoholism" followed by a panel discussion.

1958: on April 28, Bill W. co-founder of AA, presents on "Alcoholics Anonymous—Beginnings and Growth."



*Dr. Gitlow, twice president, is still a board member in 1994.*

# '60s

## Presidents

1961: Stanley E. Gitlow, MD  
1963: Luther A. Cloud, MD  
1965: Percy E. Ryberg, MD  
1967: Arnold S. Zentner, MD  
1969: Ruth Fox, MD



*(l. to r.) Dr. Seixas, Dr. Fox, Dr. Cloud, at AMSA exhibit booth in Washington, DC, at the 28th International Congress on Alcohol and Alcoholism, September 1968.*

## American Medical Society on Alcoholism (AMSA)

1967: The society changes its name to the American Medical Society on Alcoholism, Inc. "and will henceforth be a national organization," according to *Physicians Alcohol Newsletter*, Frank A. Seixas, MD, Editor. Society numbers about 100 members.

PAN is published from 1965-1978; first issue of ASAM NEWS is in 1985.

## First National Meeting

1968: Washington, DC, September 15, at the Medical Society of Washington. Guest speaker: Prof. Leonard Goldberg, Karolinska Institute, Stockholm. His topic is "Alcoholism: A World Health Problem."

1969: Dr. Fox resigns after eight years as medical director of NCA(DD) and becomes president again of AMSA. Dr. Seixas replaces her as medical director of NCA(DD).

# ASAM in the '70s

## National Growth Continues

1970: Membership is nearly 500.

1970: AMSA's First Annual Conference, June 23-24, in Chicago.

1970: The 29th International Congress on Alcoholism and Drug Dependence, held in Sidney, Australia, is the "first where alcoholism was tied to drug dependence," according to *Physicians Alcohol Newsletter*.

## NIAAA Founded

1971: Creation of the National Institute on Alcohol Abuse [*sic*] within the National Institute of Mental Health. The NIDA/NIAAA Career Teacher Program to educate medical school faculty is initiated.

## Diagnostic Criteria for Alcoholism

1972: *Annals of Internal Medicine* and *American Journal of Psychiatry* simultaneously publish "Criteria for the Diagnosis of Alcoholism," conceived by a committee that includes 65 physicians.

## AMSA/NCA(DD)

1973: AMSA becomes a component of NCA(DD) in a medical advisory capacity (until 1983).

1976: AMSA's annual meeting and medical-scientific conference are held concurrently with NCA(DD) (until 1991).

1977: The first issue of *Alcoholism: Clinical and Experimental Research* is published jointly with the recently formed Research Society on Alcoholism, then also an NCA component.

## CSAM Founded

1973: California Society for the Treatment of Alcoholism and Other Drug Dependencies (now the California chapter of ASAM) is established.

## 1st AMSA Position Statement: Abstinence

1974: "Abstinence from alcohol is necessary for recovery from the disease of alcoholism."

## Presidents

1971: Stanley E. Gitlow, MD

1973: Maxwell N. Weisman, MD

1975: Charles S. Lieber, MD

1977: Joseph Zuska, MD

1979: Sheila B. Blume, MD



Dr. Blume (l.) and Dr. Weisman. Dr. Blume is still on ASAM Board in 1994; Dr. Weisman served until 1988.

**A 1974 survey shows only 15% of AMSA members devote more than 75% of their time to alcoholism treatment.**



Dr. Norris, 1974 ASAM Award winner, pioneers EAPs at Eastman Kodak and is a nonalcoholic trustee of Alcoholics Anonymous from 1951-1978 (chair for 17 years).

## ASAM Annual Awards

1972: Marvin A. Block, MD

1973: Ruth Fox, MD

1974: John L. Norris, MD

1975: None

1976: Ebbe Curtis Hoff, MD

1977: Edward A. Swinyard, PhD, and Chester A. Swinyard, MD

1978: Jean-Pierre von Wartburg, MD

1979: Willard P. Arentzen, MD



Dr. Block, first Annual Award winner in 1972, tirelessly promotes concept of alcoholism as a disease to the AMA..

# ASAM in the '80s

## ASAM Annual Awards

1980: Charles S. Davidson, MD  
 1981: Frank A. Selxas, MD  
 1982: Vernelle Fox, MD  
 1983: George E. Vaillant, MD  
 1984: Max M. Glatt, MD  
 1985: Donald W. Goodwin, MD  
 1986: John A. Ewing, MD  
 1987: Ruth Little, EdD, and  
 Ann Streissguth, PhD  
 1988: C. Everett Koop, MD  
 1989: Charles S. Lieber, MD

## Presidents

1981: LeClair Bissell, MD  
 1983: Irvin Blose, MD  
 1985: Max A. Schneider, MD  
 1987: Margaret Bean-Bayog, MD  
 1989: Jasper G. Chen See, MD



Dr. Bissell

## Field Unity Meetings Tap ASAM

1983: At the AMA's suggestion, physicians and other experts meet twice in California. First meeting is convened by the American Academy of Addictionology (G. Douglas Talbot, MD, president) which is later incorporated into ASAM. ASAM is designated the "national society of physicians" concerned with psychoactive drug use.

1983: First CSAM (California Society of Addiction Medicine) certification exam.

1985: AMSA name change to AMSAODD (American Medical Society on Alcoholism and Other Drug Dependencies). Membership is about 1,400.

1985: First issue (Volume I, No. 1) of ASAM NEWS is published in October (original name: AMSAODD Newsletter.) Founding editor: Lucy Barry Robe.

## First Certification Exam

ASAM's first certification exam is announced, with an explanation by Dr. Bean-Bayog, chair of the Credentialing Committee, that "a lot of people in the alcoholism field have long wanted physicians in the field to have a high level of skills and scientific credibility and for this body of knowledge to be accredited."

1986: Over 850 attend the first ASAM Review Course in Chicago, Los Angeles, New York, and Atlanta.

In those cities, 662 physicians take the first ASAM Certification Exam on Oct. 18.

## First Executive Director

1986: in November, Emanuel M. Steindler, MS, is ASAM's first executive director. A former AMA staffer, he opens an office in Chicago. ASAM main office remains in New York City, administered by Claire Osman.



Dr. Vernelle Fox receives her 1982 award.



Dr. Lieber displays his 1989 award.



Dr. Bean-Bayog (l.) with Dr. Schneider in 1988



First issue of ASAM NEWS October 1985 Message from Dr. Schneider on page 1.

**First AIDS Conference**

1987: Feb. 20-21, 150 participate in first AIDS and Chemical Dependency conference, in Fort Lauderdale, FL. Chair: **Larry Siegel, MD**. Held annually in various U.S. cities through 1991; then for one day each at the 1992 and 1993 ASAM Medical-Scientific Conferences.

1987: ASAM discontinues publication responsibilities for *Alcoholism: Clinical and Experimental Research*. (Research Society on Alcoholism retains the journal.)

**First Certification Ceremony**

1987: April 25, Cleveland, Ohio. Over 200 physicians are awarded AMSAODD certificates in person at the luncheon ceremony (now an ASAM tradition). The society has 735 certified members: 565 passed the 1986 ASAM exam; 163 were previously certified by the California Society; and seven helped to develop the ASAM exam.

**"Drug Dependencies Are Diseases" Declares AMA**

1987: With this resolution, the AMA joins ASAM, NCA, the American Psychiatric Association, and the American College of Physicians.

**Seat in AMA**

1988: The AMA House of Delegates votes unanimously in June to admit ASAM to the House. **Jess Bromley, MD**, is appointed ASAM delegate, **David E. Smith, MD**, alternate delegate. This legitimizes the society within the halls of organized medicine.

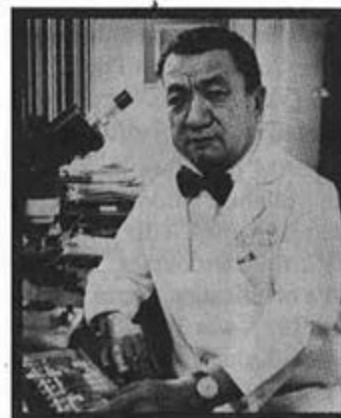
**First Nicotine Conference**

1988: ASAM sponsors the First National Conference on Nicotine Dependence in Minneapolis, Sept. 22-25. Over 300 participate, from 41 states. Chair: **Richard D. Hurt, MD**. **John Slade, MD**, is chair of the ASAM Tobacco Committee. Conference is still held annually at different cities around the U.S.

**ASAM in the '80s**



1987: First ceremony to award certificates in addiction medicine to physicians who passed the ASAM exam.



Dr. Chen See initiates the Ruth Fox Memorial Endowment Fund during his presidency 1989-1991.

**New Name: ASAM**

1989: In April, members vote to change the name to the American Society of Addiction Medicine. Name change reflects the society's evolution from a local medical group (NYCMSA), to a national society for physicians interested in alcoholism (AMSA), to one on alcoholism and other drug dependencies (AMSAODD), and now to addiction medicine (ASAM).

**New Executive Director, New Washington HQ**

1989: James F. Callahan, DPA, joins ASAM in June as new executive director, replacing Manny Steindler, who retires. Most ASAM office activities shift from New York and Chicago to Washington, DC. By the 1990s, Dr. Callahan's titles are Executive Vice President and CEO.

**First State Chapters**

1989: The first states to become ASAM chapters are California, Florida, Georgia, and Maryland. Florida is the first to apply. (By early 1994, there are 22.)

**Specialty Status**

1989: Chaired by Anne Geller, MD, an ad hoc ASAM task force on specialty status is formed in July to investigate the various possibilities for certification in addiction medicine. The task force reports to the board Nov. 11, 1990, with recommendations for short term, middle term and long term goals, suggesting that ASAM continue to offer the certification exam.



Jess Bromley, MD, ASAM's first delegate to the AMA.



Dr. Callahan (l.) Mr. Steindler



ASAM certificate when society's name was still AMSAODD..

# ASAM in the '90s

## ADM

In 1990, the AMA designates addiction medicine as a practice specialty. By 1991, physicians can designate ADM on the annual AMA census questionnaire as their specialty.

### Ruth Fox Endowment Fund

1990: Kickoff of this ASAM fund is in Phoenix, AZ, April 27, during the ASAM Annual Meeting. Co-chairs are Jasper G. Chen See, MD, and William B. Hawthorne, MD. Administrator is Claire Osman. First million is pledged by March 1992. New goal: \$10 million by the year 2000.

### New Definition for Alcoholism

1990: A joint ASAM/NCADD committee of 27 experts (including 15 ASAM physicians) revises the definition of alcoholism devised in 1976. Committee chair is Robert M. Morse, MD.

New definition is unveiled April 25, 1990, at ASAM Medical-Scientific Conference in Phoenix, and is published in *JAMA* Aug. 26, 1992 (Vol. 268, No. 8, pp. 1012-1014).

### Review Course Syllabus

1990: ASAM publishes its revised 636-page, 30-chapter "Review Course Syllabus." Book is prepared by ASAM Review Course Committee, Anne Geller, MD, chair. It is planned to enhance the society's review courses, which help physicians prepare to take ASAM's certification exams. Previous review course syllabus, published in 1987, was 397 pages. Next syllabus is due in mid-1994.

1990: Board adopts five-year plan for ASAM.

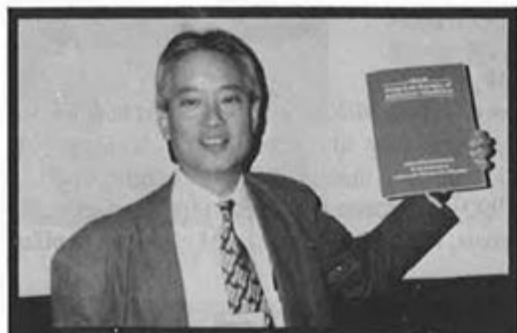
1990: PMP format dropped from ASAM exam.

### First Distinguished Scientist Lecture

1991: Vincent P. Dole, MD, widely known for developing methadone maintenance, gives the first Distinguished Scientist Lecture at the ASAM Medical-Scientific meeting April 19 in Boston.

### Patient Placement Criteria Launched

1991: The ASAM (with NAATP) 300-page book, *Patient Placement Criteria for the Treatment of Psychoactive Substance Abuse Disorders*, is presented for the first time at a seminar in Atlanta March 14-15. David Mee-Lee, MD, chair of ASAM's Standards & Economics of Care Committee, is a principal faculty person. *Criteria* objective is to produce a set of specific, objective, observable, measurable criteria for substance abuse disorders, with a comprehensive assessment process which matches patients to appropriate levels of outpatient or inpatient CD treatment.



Dr. Mee-Lee  
with *Patient  
Placement  
Criteria*

Dr. Stimmel  
and ASAM  
journal



### Presidents:

1991: Anthony B. Radcliffe, MD  
1993: Anne Geller, MD



Two presidents, Dr. Geller (l.) and Dr. Radcliffe (r.) flank 1992 ASAM Award winner Dr. Finnegan.

### ASAM Annual Awards

1990: Stanley E. Gitlow, MD  
1991: G. Douglas Talbott, MD  
1992: Loretta P. Finnegan, MD  
1993: Floyd E. Bloom, MD and  
Max A. Schneider, MD  
1994: Jasper G. Chen See, MD and  
Henri Begleiter, MD

### First National Medical Conference on Adolescent Addictions

1991: June 20-23, in Atlanta. Co-chairs: Peter D. Rogers, MD, and Martha Morrison, MD. Of the 270 who attend, 154 are physicians, a larger percentage than have come to ASAM's other special interest conferences.

### Official Journal for ASAM

1991: The *Journal of Addictive Diseases*, formerly called *Advances in Alcohol & Substance Abuse*, is ASAM's new official journal. The first issue (Vol. 10, Nos. 1/2) is published by Haworth Press in April, 1991. Editor is Barry Stimmel, MD.

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Journal  
of  
Addictive  
Diseases

ASAM  
American Society of  
Addiction Medicine



**First National Consensus Symposium on CoAs**

1991: Oct. 17-20, Warrenton, VA. 127 physicians, psychologists, social workers, and others hold in-depth discussion about children of alcoholics and co-dependence. Organizer is Steven J. Wolin, MD.

**First MRO Course**

1992: Over 150 attend ASAM's first Medical Review Officer Course Feb. 14-15 in Washington, DC. Chair of ASAM's MRO Committee is Donald Ian Macdonald, MD.

**Detox in AMA Minimum Benefits**

1992: 2nd edition of AMA's "Health Access America" (suggested minimum benefits) includes detoxification, after educational efforts by ASAM members including Drs. Bromley, Smith and Blume.

**Task Force on Health Care Reform**

1992: ASAM initiates a Task form on Health Care Reform, Sheila B. Blume, MD, chair.

ASAM forms a national coalition to promote using the ASAM PPC.

1992: with 299 passing the fifth ASAM exam given Dec. 5, ASAM has certified a total 2,619 physicians in addiction medicine.

1992: the American College of Physicians admits ASAM to its Council of Medical Societies. David C. Lewis, MD, is chair of ASAM's Internal Medicine Section and represents ASAM on that council.

1993: On March 4, ASAM sends its "Core Benefit" (published in March-April ASAM NEWS) to Hillary Clinton at the White House for the President's Task Force on National Health Care Reform.

1993: First issue of "Health Care Reform Alert" is sent to membership by Dr. Callahan in November. New complimentary monthly publication is included in ASAM NEWS and is published separately on the months the newsletter does not appear.

**ASAM in the '90s**



*Dr. Chen See (l.) with Dr. Bean-Bayog (c.) and 1991 ASAM Award winner Dr. Talbott.*

**ASAM's 40th, Med-Sci's 25th in New York City**

1994: ASAM celebrates its 40th birthday April 14-17 where it all began: in New York City. The meeting is also the society's 25th annual medical-scientific conference. Place: Marriott Marquis Hotel in Times Square, New York.

**First Recertification Exam**

1994: December 3. Deadline for applications to take the exam, the first time recertification will be offered, was Jan. 10, 1994. Test also will be the certification exam.



*ASAM members at AMA meeting in 1992. (l. to r.) David E. Smith, MD, alternate delegate and current ASAM president-elect; Jess Bromley, MD, delegate and former ASAM secretary; Silvana Y. Menendez, MD, (Missouri); Dr. Callahan; Sam Cullison, MD (Washington state); Lee McCormick, MD (Pennsylvania).*



*Ruth Fox Fund chairs Drs. William Hawthorne (l) and Chen See*

## Florida Chapter Addresses Health Care Reform

by **Penelope P. Ziegler, MD**

The Florida Society of Addiction Medicine encouraged 135 attendees to its Seventh Annual Conference on Addictions in Orlando to get involved in health care reform by becoming knowledgeable about the issues and taking direct action on a political level.

On Jan. 21, James F. Callahan, DPA, executive vice president of ASAM, presented a thorough review and update on the current health care reform situation as it affects addiction medicine. He explored the Clinton Plan's position on coverage for addictive disorders. He compared this to alternative plans under discussion, including that of the American Medical Association, which proposes much lower and quite unrealistic limits for alcohol and drug treatment. Those attending the FSAM conference were given copies of ASAM's November 1993 "Health Care Reform Alert" and encouraged to take an active role in the upcoming Congressional debates.

At a luncheon session on Jan. 22, LeClair Bissell, MD, ASAM board member, reviewed some of the history of insurance coverage for substance abuse disorders. During the 1960s and earlier, she noted, not only were there no benefits for treatment, but persons suffering from alcoholism and/or other drug addiction were systematically excluded from hospital care. By the mid-1980s, lobbying efforts on behalf of addicted persons had produced extensive coverage for inpatient and residential treatment. The ensuing exploitation of these benefits is at least partly to blame for today's cut-back in services, according to Dr. Bissell. To reverse this pendulum swing, she encouraged political action by addiction professionals and recovering people.

### How To Contact Legislators

Dr. Bissell then provided specific and detailed information about effective ways to communicate with US Senators and Representatives. Stating that a basic principle is "getting goes with asking," she observed that the more personal the contact, the greater is its impact on elected officials. Thus a face-to-face meeting is the most effective approach. A personal meeting is more powerful than—in descending order—a phone call, followed by a hand-written letter or postcard, then a typed letter or card, and finally a signed petition. The writer's name and address on any communication is critical, in order to establish in whose district one lives. Mentioning one's professional credentials also helps, she said, since in reality affluent voters carry more weight. The legislator's staff will read and count letters and cards or—if the mail is voluminous—will weigh it. Therefore, she suggests

## ASAM Members Online

The ASAM Communications Task Force has collected the following addresses of members who use their computers online with modems. Eleven states are represented. Chair of task force is **Stuart Gitlow, MD**.

Name	America Online	CompuServe
ASAM headquarters	no	70720,42
ASAM NEWS (Lucy B. Robe)	LuBaRo	no
CSAM (California chapter)	no	72570,03061
FSAM (Florida chapter)	LuBaRo	(See Dr. Thompson)
◆		
LeClair Bissell, MD	LeClair	no
Milton E. Burglass, MD, MPH	MBurglass	773775,1066
David Cundiff, MD, MPH	no	72054,136
Stanley E. Gitlow, MD	Gitlow	no
Stuart Gitlow, MD, MPH	AFA Gitlow	no
Tom Haynes, MD	no	74055,757
Elizabeth F. Howell, MD	EFH MD	72204,1605
Willy Mautner, MD	Willy NYC	71140,2147
Al Mooney, III, MD	AMooney	70165,242
J. Thomas Payte, MD	JTomP8	76130,1071
Richard Sandor, MD	no	73617,1561
Jane Skorina, MD	JancMarie	no
James Todd, MD	JamesTodd	no
Kenneth W. Thompson, MD	KWT MD	73732,3034
◆		

People can e-mail each other between different online services by sending messages through Internet. *Example:* Dr. Howell's America Online address through Internet would be: EFH MD@aol.com; while her CompuServe address through Internet would be 72204.1605@cis (note the dot instead of the comma when using Internet for CompuServe address!)

If you are interested in adding your electronic address to ASAM's online files, please send your e-mail address to Dr. Stuart Gitlow, or to anyone listed above. To join either America Online or CompuServe, ask any present member.



Dr. Ziegler

using heavy bond paper.

"Keep it simple!" she urged, and include only one topic in each letter, card, FAX or phone call. Regarding health care reform, Dr. Bissell recommended focusing on the importance of including alcoholism and drug addiction treatment in the basic benefit package *regardless of funding source*.

After offering these practical directions and suggestions, Dr. Bissell provided postcards for the audience to use in writing to their senators and representatives. The group turned in 167 cards which were mailed to Washington, DC.



Dr. Ziegler is medical director of the Physicians' Health Programs in Harrisburg, PA. She is on the ASAM Publications Committee.



## About ASAM

### 31 Recertification Applicants

**A**SAM received a total of 261 applications for its 1994 Certification/Recertification Exam. Of these, 31 are for purposes of recertification. This is the first time that ASAM has offered recertification.

Although recertification is required after ten years, this does not mean that initial ASAM certification will be revoked or jeopardized.

Candidates for initial certification and those who seek recertification will take the same exam. The same scoring policy will apply for both.

The exam will be given Dec. 3 in Atlanta and Los Angeles. Deadline for applications was Jan. 10, 1994.



### News About Members

New president of aaPaa (The American Academy of Psychiatrists in Alcoholism & Addictions) is Edward J. Khantzian, MD; immediate past president is Marc Galanter, MD. Six hundred thirty-two psychiatrists took the initial aaPaa exam for CAQs (Added Qualifications in Addiction Psychiatry) in 1993. Of these, 465 (74%) passed.

**Milton E. Burglass, MD**, is editor-in-chief of a new journal, *Neuropsychiatry...An International Update*. Initial circulation will be to European, particularly French, neuropsychiatrists. Publisher is Healthcare Professional Publishers in New Jersey.

**S. Larry Schlesinger, MD**, received a citation at the 1993 American Society of Plastic and Reconstructive Surgery National Convention, for his work with its Physicians Health Committee in assisting impaired plastic surgeons.

**E. Joan Barice, MD**, of West Palm Beach, FL, periodically studies Chinese medicine—in China! She is on the faculty of Peking Union Medical College of Traditional Chinese Medicine.



### Nicotine Conference Bestows First Young Investigator Award

Susan R. Bradshaw, MD, from Redlands, CA, was the first Young Investigator Award winner at ASAM's 6th National Nicotine Conference last November 11-14 in Atlanta. Her paper was titled "Dopamine D2 Receptor in Nicotine Addiction." Dr. Bradshaw is with the Department of Preventive Medicine, Loma Linda, CA. Nicotine conference abstracts are in Vol. 12, No. 4 (1993) of ASAM's *Journal of Addictive Diseases*. The 7th Annual Nicotine Conference will be Nov. 4-6 in Cambridge, MA.



## Annual Meeting New York City, April 15-17

**T**he topic chosen by Samuel B. Guze, MD, for the Distinguished Scientist Lecture at the ASAM Medical-Scientific Conference on Friday, Apr. 15 in New York City: "Is Substance Abuse a Disease and Does It Matter?" Dr. Guze is with the Washington University School of Medicine in St. Louis, and is a member of the Research Society on Alcoholism.

Luncheon speaker on Saturday, Apr. 16, will be Philip R. Lee, MD, Assistant Secretary for Health at the federal Department of Health and Human Services.

This year's Young Investigator Award (Med-Sci) goes to **Judith S. Rose, MD**, of the Department of Substance Abuse, Brooklyn VAMC, and SUNY (State University of New York). Her paper is "Cerebral Profusion in Early and Late Opiate Withdrawal."

As previously announced, ASAM's annual awards go this year to **Jasper G. Chen See, MD** and **Henri Begleiter, MD**.

The CME Committee will hold a workshop to design a training module. A number of the several dozen respondents to the "CME Workshop Survey" in the November-December 1993 issue of *ASAM NEWS* plan to attend this workshop.

This conference, ASAM's 25th Annual Medical-Scientific, also marks the society's 40th anniversary. Hotel is the Marriott Marquis in Times Square.



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



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## 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 40-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. 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.

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## Parity for Substance Abuse Treatment Essential

by David C. Lewis, MD

***"The issue is not whether substance abuse is part of mental health, but whether substance abuse, and mental health, are part of health."***

Even organizations which view health issues from different perspectives agree that a comprehensive benefit for substance abuse treatment, whether at the federal or state level of government, should be included in the health care system, covered as part of a basic package of benefits, and managed like other medical conditions.

Such diverse organizations include the Substance Abuse Coverage and Health Care Reform Group (consensus statement of treatment outcome and cost benefit researchers), ASAM (the American Society of Addiction Medicine—a national physician organization which is part of the AMA House of Delegates), the Join Together Panel on Health Reform for Communities (2,600 communities fighting substance abuse), and the Washington Business Group on Health (made up of 190 of the nation's largest employers). All these organizations address the full range of mental health and substance abuse services together. The other groups focus only on substance abuse services.

We know from research on substance abuse treatment that we could include a comprehensive substance abuse treatment benefit in a universal system of managed care, and be confident that it would work effectively and efficiently.

Addictive diseases and addicts have long been targets of stigma. Consumers and health care providers are affected by the prejudice, misunderstanding, fear, and denial that surround addiction. As a result, many public and private insurers offer no coverage, or coverage that encourages providers to act in ways that are irrational and needlessly costly. For example, private insurance might cover intensive hospital and inpatient treatment, but limit or fail to cover ambulatory and lower-cost interventions suitable for certain cases. All states pay for hospital-based treatment under Medicaid [California's program does not pay for addictive disease--Ed.], but few cover long-term residential programs. These often are more appropriate. Medicare has no explicit coverage for drug abuse treatment.

Data on prevalence, treatment and outcomes, costs and financing, should be available for substance abuse and for mental health. An analysis of one does not necessarily provide answers for the other. The frequency of comorbidity between substance abuse and mental illness, and between substance abuse and medical diseases, does not eliminate the need for independent analysis of each condition.

Substance abuse and mental health are closely linked. When mental health and substance abuse treatment are covered like other medical conditions, there will be no squabbling over the problems of a combined and "carved out" benefit.

*Dr. Lewis is director of the Center of Alcohol and Addictive Studies at Brown University in Rhode Island. This article is adapted from material on health care reform that Dr. Lewis prepared for Congress*



# New Members Oct. 1993 - Jan. 1994

## Arizona

Judith E. Dixon, MD, *Emerg. Med.*  
William G. Odette, Jr., MD, *Int. Med.*

## Arkansas

Eve J. Wiseman, MD, *Psych.*

## California

Martin M. Anderson, MD, *Gen. Ped.*  
Mikki K. Barker, DO, *Psych.*  
David Berenson, MD, *Psych.*  
Mel Blaustein, MD, *Psych.*  
Linda H. Ferry, MD, *FPI Prev. Med.*  
Tracy A. Flanagan, MD, *OB/GYN*  
Jayson A. Hymes, MD, *Anesth.*  
Amy J. Khan, MD, *Int. Med.*  
John A. Leonard, MD, *Emerg. Med.*  
Raghavendra S. Prasad, MD, *Fam. Prac.*  
Joseph A. Shannon, MD, *Psych./Pub Hlth*  
Frank J. Stass, MD, *Psych.*  
Deborah K. Stephenson, MD, *Prev. Med.*  
Edward W. Swenson, MD, *Occ. Health*  
Glenhall E. Taylor, MD, *Psych.*  
Ramin Tayyanipour, MD, *Ophthalmol.*  
David W. Wardell, MD, *Psych.*

## Connecticut

Howard M. Kussman, MD

## Delaware

Patricia D. Lifrak, MD, *Gen. Psych.*

## Florida

Barbara A. Beeler, MD, *Infect. Dis.*  
Raymond M. Pomm, MD, *Psych.*  
Arelio R. Reyes, MD, *Fam. Pract.*  
Marcia J. Wagaman, MD, *Psych.*

## Georgia

M. Kathy Easterling, MD, *Gen. Surg.*  
Kenneth Alan Hirsch, MD, *Psych.*  
Ronald M. Rosen, MD, *Adult/Adol. Psych*  
Wayne M. Williams, MD, *Emerg. Med.*

## Idaho

John E. Comstock, MD,  
Thomas B. Eschen, MD, PhD, *Gen. Prev. Med./Fam Pract.*

## Illinois

Donna Jean Boone, MD, *Fam. Prac.*  
Richard L. Butler, MD, *Cardiology*  
Katherine L. Gorham, M.D., *Psych.*  
Kent J. Hess, MD, *Int. Med.*  
Robert C. Marks, MD, *Psych.*  
Pedro G. Palu-ay, MD, *Fam. Prac.*  
Byron F. Reed, MD, *Int. Med.*  
Darren E. Wethers, MD, *Int. Med.*

## Indiana

Tom E. Hoshour, DO, *Int. Med.*

## Iowa

Jack L. Dodd, MD, *Psych.*

## Kansas

Benn A. Haynes, MD, *Psych.*

## Kentucky

Juan J. Camona, MD, *Psych.*

## Louisiana

John L. Leopard, III, MD, *Fam. Prac.*

## Maryland

Leo P. Hennigan, MD, *Retired*  
Paul E. Hogsten, MD, *Psych.*  
Dante U. Monakil, MD, *Int. Med.*  
José M. Sifontes, MD, *Psych.*

## Massachusetts

Sarah A. Anderson, MD, *Int. Med.*  
Michael F. Bierer, MD, *Int. Med.*  
Andrew C. Bott, MD, *Psych.*  
John A. Fromson, MD, *Psych.*  
Seymour M. Solomon, MD, *Derm.*  
Ann E. Van Dyke, MD, *Psych.*

## Minnesota

David W. Cline, MD, *Gen. Psych.*  
Farrokh Ghamsosar, MD, *Fam. Pract.*

## Missouri

Abraham Barake, MD, *Int. Med.*  
Joel A. Dickmann, DO, *Aero. Med.*

## Montana

J. Thomas Bulger, MD, *Int. Med./Emg. Med.*

## Nebraska

Arthur S. Annin, MD, *Int. Med.*

## New Jersey

Prakash P. Amin, MD, *Psych.*  
Rodney C. Brunson, DO, *Fam. Prac.*  
Robert L. Gabel, MD, *Int. Med./Rheum.*  
Charles W. Gorodetzky, MD, PhD, *Clin. Pharmacol.*

Lee Hinden, MD, *Psych.*

Sanjay Jain, MD, *Emerg. Med.*

Marvine W. Lefter, MD, *Psych.*

Jude Germaine-Munoz, MD, *Int. Med.*

Joyce F. Schneiderman, MD, *Int. Med.*

## New Mexico

Robert A. Buser, MD, *Psych./Neur.*

Richard C. Pembroke, MD, *Cardiol./IM*

Jerry W. Sheffield, MD, *ADM*

## New York

Terry Andrews, MD, *OB/GYN*

Ira Birnbaum, MD, *Int. Med.*

Jose B. Celleri, MD, *Int. Med.*

Thomas J. Craig, MD, *Psych.*

Maria C. Delgado, MD, *Pub. Health*

Dan Hamner, MD, *Rehab. Med.*

Robert A. Herman, MD, *Psych.*

Debbie Korwin, MD

Sandra A. Lowe, MD, *Clin. Prac.*

James T. Marron, MD, *Fam. Med.*

Lawrence M. Moloff, MD, *Fam. Prac.*

Salvatore A. Ricotta, MD, *Int. Med.*

David Weber, MD, *Psych.*

Sam U. Yoon, MD, *Int. Med.*

## North Carolina

Jerome D. Dirkers, MD, *Int. Med.*

Lionel G. Fernando, MD, *Psych.*

Ureh N. Lekwauwa, MD, *Gen. Psych.*

Virginia S. Roberts, MD, *Anesth.*

## Ohio

Philip A. Anderson, MD, *Int., Med.*

Doran M. Christensen, DO, *Occupat. Med.*

Mahjabeen Islam-Husain, MD, *Fam. Prac.*

Mary S. Nobilski, MD, *Psych.*

Chester J. Prusinski, DO, *Fam. Med.*

Thomas M. Robb, MD, *Psych./ADM*

George Smirnoff, MD, *Fam. Prac.*

## Oklahoma

Mary Sue Pinski, MD, *Fam. Prac.*

## Oregon

Linda J. Semlitz, MD, *Child Psych.*

James R. Thayer, MD, *Int. Med.*

## Pennsylvania

David R. Battista, MD, *Fam. Prac.*

David L. Blinn, MD, *Int. Med.*

Rodolfo M. Medina, MD, *Psych.*

Suzanne Vogel-Scibilia, MD, *Psych.*

Jagdish P. Somani, MD, *Int. Med.*

## South Carolina

David P. Sheridan, MD, *Prev. Med.*

## Tennessee

Christopher D. Prater, MD, *Fam. Prac.*

Rachel T. Farmer, MD, *Fam. Prac.*

## Texas

Tynus W. McNeel, MD, *Psych.*

Laurie Schneider, MD, *Psych.*

M. Jane Wray, MD, *Ped.*

## Utah

George J. Van Komen, MD, *Int. Med.*

## Virginia

Avtar S. Dhillon, MD, *Psych.*

Thomas D. Murray, MD, *Fam. Prac.*

C. M. Prasad, MD, PhD, *Psych.*

## Washington

Robert D. Wigert, MD, *Int. Med.*

## International

### Panama

Miguel J. Brumas, MD, *Int. Med.*

Gloria C. Grimaldo, MD, *Psych.*

### Singapore

Arthur Lee, MD, *Psych.*

### Canada (Toronto)

Trevore G. Lewis, MD, *Fam. Prac.*

George S. Davidson, MD, *Pathology*

### Sweden (Hudiksvall)

Curt Astrom, MD, *Int. Med.*

### Japan (Sapporo)

Motoi Ogara, MD,

### Egypt (Cairo)

Ahmed A. Shohayer, MD, *Emerg. Med.*

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## Ruth Fox Memorial Endowment Fund

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

ASAM expresses its appreciation and gratitude to you, our members, for continuing to support the Ruth Fox Memorial Endowment Fund. We hope that those who have not yet participated in this campaign will join your colleagues and make a contribution/pledge/bequest so that the Endowment can reach its second million dollars before the end of 1994. We cannot do it without your help. Just a reminder--a pledge can be paid out over three to five years (quarterly, semi-annually) and is fully tax-deductible since ASAM is a 501 (c)(3) corporation.

We are pleased to announce that the Ruth Fox Memorial Endowment Reception will take place this year on Friday, April 15, 1994, from 6:30-8:00 PM in the Marquis Ballroom at the Marriott Marquis Hotel, New York City (by invitation only for those who have donated to the Fund at any time). We hope that ASAM donors plan to attend, to give us the opportunity to thank you in person.

For the first time, ASAM will present Ruth Fox Memorial Endowment Medallions, inscribed with each donor's name, to those who have contributed/pledged \$5,000 or more.

*For more information about making a pledge/contribution, planned giving gift, or upgrading your current pledge, please contact:*

Claire Osman, *Director of Development*  
ASAM, 12 W. 21 St., New York, NY 10010.  
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Jasper G. Chen See, MD, *Chair Emeritus*

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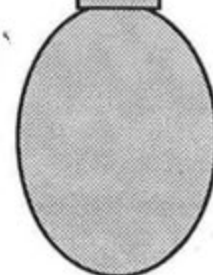
### In Memoriam

ASAM lost two good friends within the last year. R. Brinkley Smithers, 86, of Mill Neck, NY, died Jan 11. He donated over \$40 million to alcoholism treatment and research during the 40 years of his own sobriety (was first major donor to the Ruth Fox Fund). In 1971 he founded the Smithers Alcoholism Treatment and Training Center in New York City; first director was LeClair Bissell, MD, current director is Anne Geller, MD.

Thomas (Tom) Pike of San Marino, Cal., died July 30, 1993. He and his wife Katharine were donors to the Fund.

**Pledged**  
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as of March 7, 1994



# ASAM Calendar

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ASAM staff contact for CME information is Claire Osman, ASAM, 12 W. 21 St., New York, NY 10010.

☎ (212) 206-6770. FAX: 212-627-9540.

## 1994

- **April 15-17: ASAM Annual Meeting & 25th Annual Medical Scientific Conference**  
New York City *Marriott Marquis Hotel*  
Apr. 13: ASAM Board Meeting  
Apr. 14: Ruth Fox Course for Physicians  
*Marriott Marquis*
- **June 23-25: American Hospital Association Annual Conference**  
Washington, DC *Stouffer Mayflower Hotel*  
(ASAM is a cooperating organization)  
AHA, Psychiatric and Substance Abuse Services, 840 N. Lake Shore Drive, Chicago, IL 60611. ☎ (312) 280-6451
- **Aug. 26-28: ASAM MRO Training Course**  
Arlington, VA *Crystal Gateway Marriott*
- **Sep. 30-Oct. 2: ASAM Board Meeting**  
San Diego, CA *Marriott Marina & Tower*
- **Oct. 27-30: ASAM 1994 Review Course**  
Chicago *O'Hare Marriott*
- **Nov. 3-5: CSAM Review Course (California Chapter) (ASAM co-sponsor)**  
San Francisco *Miyako Hotel*  
CSAM, 3803 Broadway, Suite 2, Oakland, CA 94611  
☎ 510-428-9091. FAX 510-653-7052

## 1994

- **Nov. 4-6: ASAM 7th National Nicotine Conference**  
Cambridge, MA *Boston Marriott (Cambridge)*
- **Dec. 3: ASAM 1994 Certification/Recertification Examination**  
Atlanta and Los Angeles

## 1995

- **Jan. 19-22: FSAM 8th Annual Conference on Addictions (Florida Chapter) (ASAM joint sponsor)**  
Orlando, FL *Hotel Royal Plaza*  
Lucy B. Robe, FSAM, 303-D Sea Oats Drive, Juno Beach, FL 33408. ☎ 407-627-6815. FAX 407-627-4181
- **April 27-30: ASAM Annual Meeting & 26th Annual Medical-Scientific Conference**  
Chicago *Marriott Downtown*

## 1996

- **April 18-21: ASAM Annual Meeting & 27th Annual Medical-Scientific Conference**  
Atlanta *Atlanta Marriott Marquis*

## 1997

- **April 17-20: ASAM Annual Meeting & 28th Annual Medical-Scientific Conference**  
San Diego *San Diego Marriott*

## 1998

- **April 16-19: ASAM Annual Meeting & 29th Annual Medical-Scientific Conference**  
New Orleans *New Orleans Marriott*

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