

ASAM NEWS

Volume IX, No. 4

August-September-October 1994

**We've
Moved!**



Last month, ASAM headquarters relocated to new offices—still in the Washington, DC area.

Please note the new address, phone and fax numbers:

**4601 North Park Avenue, Suite 101
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Inside

Board Nominees	2-6, 7
ASAM Textbook	8
AMA Meeting	13
IDAA Conference	14

Departments

About ASAM	9
Calendar	16
Maintenance Therapy	12
Masthead	11
Ruth Fox Endowment Fund	15

ASAM
American Society of
Addiction Medicine

ASAM - aaPaa Collaborate

The following letter, prepared in August, is being published simultaneously in ASAM NEWS and in aaPaa's Newsletter.

We are happy to report to our respective memberships that the presidents of your organizations met in Washington on July 7 to exchange information about the organizations' activities, clarify misperceptions, and lay the groundwork for collaboration between aaPaa and ASAM.

In an open and frank exchange of views on a wide range of topics, it was agreed that the organizations, while differing in their approach, share a common view on the need for increased training in the addictions, the importance of gaining accreditation for psychiatry fellowships, the importance of achieving certification by ABMS-member boards of internal medicine, pediatrics, family practice, emergency medicine and other specialties, and the urgency of the need to collaborate to assure that health care reform legislation includes comprehensive coverage for addiction services and full parity with coverage granted all other illnesses.

In the spirit of collaboration and in full recognition that the outcome of our joint effort will benefit all members of the two organizations, we have agreed to collaborate on obtaining coverage in health care reform and achieving certification by ABMS-member boards.

This joint letter is the first such collaborative step, and we have promised to discuss these matters with our respective boards, bring them to the attention of the memberships at large, and meet again in the very near future to outline our next steps.

Sincerely yours,

Anne Geller, MD, President
*American Society of
Addiction Medicine*

Edward J. Khantzian, MD,
President
*American Academy of
Psychiatrists in Alcoholism and
Addictions*



Board Candidates' Bios — page 2

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

Nominees for President-Elect

Please Vote. You Have a Real Choice Now.

Lynn Hankes, MD, Seattle, WA



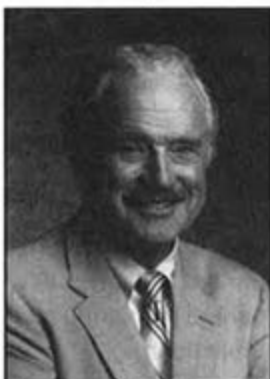
My expertise in this field has been as a treatment provider and advocate for impaired physicians, with "public relations" a priority item. Almost as an avocation, I have tried to integrate addiction medicine into mainstream medicine. I represented Region V on the ASAM Board of Directors for four years, served on four committees, was elected by the board to its Executive Committee, and was the original co-chair of the Ruth Fox Fund. I am the current secretary of the board. My greatest contribution to ASAM has probably been in the educational arena, as director of the Ruth Fox Course for Physicians, held during the ASAM annual meeting in April.

Question

What do you consider your greatest contributions to ASAM, and the field of addiction medicine?



G. Douglas Talbott, MD, Atlanta, GA



In 1983, in conjunction with members of the California Society, I convened the first Kroc Ranch meeting in my capacity as executive director of Georgia's Academy of Addictionology. This led to AMA's second Kroc meeting, and initiation of the multi-organization ASAM.

As a continuous ASAM Board director, I have served on numerous committees. Am present chair of the Physician's Health Committee. Twenty-year involvement with impaired physicians has allowed treatment of over 4,000 physicians.

In 1992, I received ASAM's Annual Award.

Current efforts: I am following David Smith's leadership directed towards protective wording of licensure applications, mainstreaming addiction medicine, effective positioning of ASAM in health care reform, and increasing ASAM's membership among minorities.

Nominees for Secretary

Sandra Jo Counts, MD Seattle, WA



During my eight years on the ASAM Board, I helped develop the current board structure and the credentialing process for ASAM certification. As founding chair of the Clinical Issues Section, I facilitated the establishment of six of the current committees. As a board member, I asked questions until issues were clear, and I represented Region VIII with its widely diversified members and geography.

As a private practitioner, I owe much of my expertise to ASAM. I work to represent patient needs, to integrate levels of care, to insure compensation for medical providers, and to refine treatment for special populations.

For the first time ASAM, unlike many medical societies, is offering a choice for election of all the officers as well as board members-at-large. Two candidates for each position were selected by an expanded and broadly representational Nominating Committee to provide the vigorous, forward-looking leadership we need to be the voice for addictions in medicine. [In accordance with the provisions of the Bylaws, a third candidate for President-Elect was submitted by petition from the membership.] Please read the candidates' biographies. Even if you recognize only a few names, a careful study can help you decide who will be our best leaders for the challenging and changing times ahead.

Anne Geller, MD, ASAM President

David Mee-Lee, MD, Honolulu, HI

My most useful contributions are:

1. *ASAM Patient Placement Criteria*—the Criteria's concepts and implications have helped the field speak a common language of assessment, develop better continuums-of-care, and cope with managed care.

2. *Committee Leadership*—as chair of the Standards and Economics of Care Committee and Section, Criteria Committee, and the Coalition for National Clinical Criteria, I have promoted access to and reimbursement for care, practice guidelines, and treatment outcome research.

3. *Teaching*—in Ruth Fox courses and annual ASAM workshops, I have emphasized assessment, clinical sophistication and accountability in dual diagnosis, and individualized addiction treatment.



Marc Galanter, MD

New York, NY

A major part of my professional life for the last two decades. My greatest contribution has been to improve opportunities for our members' clinical practice as chair of the Annual Meeting Program Committee for the past 11

years, board member for the past 10, and founding chair of the Committee on Credentialing, which developed the ASAM Certification process. As Professor of Psychiatry and Director of Alcoholism and Drug Abuse at NYU and Bellevue Hospital—and a clinician—I established a national center for training fellows in addiction, and an award-winning treatment program for disadvantaged substance abusers.



Nominees for Treasurer

Alfonso D. Holliday, MD, MBA Gary, IN



ASAM member since 1988, certified in 1990, and received the ASAM-MRO endorsement in 1994. I presently serve on the Finance, Methadone Treatment, and Cross-Cultural Committees. I am a Fellow of the American College of Physician Executives. Active in the field of addiction medicine since 1975, I am current owner and medical director of Holliday Health Care, PC, a private full-service ambulatory addiction medicine treatment facility, which also provides methadone detoxification and maintenance. In 1993, I was selected by the Center for Substance Abuse Treatment of the US Dept. of Health and Human Services to join an expert consensus panel developing a clinical treatment improvement protocol to match patients and opioid substitutes therapy services.



James W. Smith, MD Seattle, WA

I have been in the active practice of addiction medicine for 34 years. During all that time I also have taught medical students about addiction. I have been active in ASAM since it became a national organization. First, as Washington State chair, later on the Certification and Fellowship Committees, the Ruth Fox Memorial Endowment Fund, and the Resource and Development Committee.

I chaired the Finance Committee for five years. My current committee memberships are Finance, Ruth Fox Memorial Fund, Practice Guidelines, Resource and Development, and Public Policy. I also chair the ASAM Operating Fund Subcommittee.

Ballots will be mailed—Nov. 1.

Deadline for their return—Dec. 1.



Nominees for Director-at-Large

Sheila B. Blume, MD, Amityville, NY

My career in addiction medicine began during week one of my psychiatric training in 1962. Since then I have been state commissioner, 20 years in public service, briefly medical director of NCADD, and in the private sector. I joined ASAM in the 1960s and have been a board member since the early 1970s (president 1979-1981). I have served on many committees and chaired both the Public Policy Committee and the Task Force on Healthcare Reform.

During my career in clinical work, research, teaching, writing and public policy, I have seen ASAM grow into a major voice in national affairs. We must now adapt to today's difficult times and emerge in an even stronger position.



Lawrence S. Brown, Jr, MD, New York, NY



Contributed to ASAM policies in AIDS and methadone maintenance; on the faculties of ASAM State of the Art and Review Courses; involved in chemical dependency care and educating physicians, nurses, and PAs at Harlem Hospital, Columbia University, and the Addiction Research Treatment Corp. I have been a principal investigator for research projects relevant to drug abuse, funded by the NIH and the Centers for Disease Control and Prevention, which resulted in more than 75 publications. I play a prominent role in policy development on NIH advisory committees. Member of Alcohol, Tobacco and Other Drugs section of the APHA and of the Drug Abuse Committee of the FDA.

H. Westley Clark, MD, JD, MPH, San Francisco, CA

I have lectured at the Ruth Fox Course, the Annual Meeting and the Fall courses. I participate in the Medical Review Officer Committee, Pain Committee, and ASAM MRO Review Course.

I have authored or co-authored over 25 papers and 10 abstracts, given over 60 lectures in four years nationwide, and been an investigator in over eight funded research projects. I am active in community substance abuse programs. As a board certified psychiatrist, ASAM certified addictionist, and licensed attorney, I bring to ASAM and addiction medicine a unique legal analysis influenced by my clinical practice and legal training.



Nominees for Director-at-Large *(continued)*

Paul H. Earley, MD, Atlanta, GA

As chair of the State Chapters Committee, I see the strength of ASAM and its future growth to be our number one priority. Many state chapters have strong beliefs in ASAM but some are only marginally involved in its evolution and growth.



ASAM's greatest asset is the intelligence and commitments of its members. The State Chapters Committee provides a conduit to coordinate national and state objectives. ASAM's continued evolution requires energy and enthusiasm. How I can best serve the growth of the American Society of Addiction Medicine is to balance the society's national and state needs.

Question:
What do you consider your greatest contributions to ASAM, and the field of addiction medicine?



David Gastfriend, MD

Boston, MA

Patients who need recovery, need ASAM. The society has tackled nationwide barriers to treatment, such as the needs for a legitimate subspecialty and for a level playing field for patient placement. My contribution has been to strengthen our *Patient Placement Criteria*—the most powerful tool ASAM has—as we face National Health Reform. My group has secured the first major federal research funding to continue to make our *Criteria* comprehensive, maximally effective, and resource-efficient. With such efforts, ASAM will be invited to map the future of addictions health care regulation. The beneficiaries of this progress will be the patients.



Stanley E. Gitlow, MD

New York, NY



I have served this society since its inception in the 1950s, and have been active at various times in almost every area of addiction medicine. These efforts have given me great personal pleasure. I do not believe that it is for me to judge which of my activities, if any, might be considered of special significance. However, I would be pleased to continue to serve, should the membership feel that I have something positive to offer.

Allan W. Graham, MD

St. Johnsbury, VT

As a country doctor, my principal contribution has been an interest in early identification and intervention strategies directed at persons with alcohol use problems. I am pleased to have presented at four of the past seven annual meetings, organized a three-day track for the State-of-the-Art Course, and contributed a chapter to *Principles of Addiction Medicine*. I am grateful to ASAM for providing me the learning opportunities and the collegial fellowship which have made this work possible. I have been pleased to serve ASAM as board member, state chair, chair of the Review Course Committee, and member of the committees on Continuing Education, Publications, and constitutional restructuring.



James A. Halikas, MD

Minneapolis, MN

Professor of Psychiatry and Director of CD Treatment Program at University of Minnesota. Written more than 100 articles in the field of substance abuse and chemical dependency during a 25-year research and teaching career. Descriptive research has centered on marijuana users, heroin addicts, skid row alcoholics, teenagers with substance abuse problems. Treatment research has centered on developing new pharmacotherapies for the treatment of cocaine abuse and alcohol abuse. ASAM member for almost 20 years. Medical Education Committee chair since 1978; helped to develop certification process. Chair/cochair of Fellowship Committee. Founding member of Adolescent Committee; member of Medical-Scientific Program Committee for 13 years.



Elizabeth F. Howell, MD

Atlanta, GA

It has been my privilege to contribute to ASAM at the state and national levels. I helped develop a strong Georgia



ASAM chapter, served as chapter president, and built linkages with other state addiction professionals. I served on ASAM's Certification Council,

developed questions for the Certification Examination, helped produce the Fellowship Guidelines, am now Publications Committee chair and a member of other ASAM committees.

I have worked on improving addiction medicine training and treatment, educating legislators and others about addiction medicine, linking with other professional groups, and taking a proactive role in local and national health care reform efforts.

Anthony B. Radcliffe, MD

Fontana, CA

Helped to define a body of knowledge by serving as chair of Exam and Certification Committees. Continue to bring new members into ASAM and onto the board by serving as chair of Membership Committee. Helped lobby for ADM to become part of the basic benefit package by serving as a member of the Health Care Reform Task Force.

Helped to create the national organization by being a board member, and president.



Christine L. Kasser, MD

Memphis, TN

Patient Placement Criteria: Multiple presentations on criteria implementation at ASAM and other conferences; participated in the Coalition for Consensus Criteria; provided on site training.



Committee on Practice Guidelines: Organizer and chair; effective process now in place; several guidelines nearly complete.

Tennessee Society of Addiction Medicine: Led this state chapter development; was its first president. **AMA/CPT Advisory Committee:** Represented ASAM for three years. **Teaching:** Developed and offer addiction medicine elective, ambulatory care rotation, and fellowship. **ASAM Board:** Served on the board during the last year and would be honored to continue in this capacity.

David C. Lewis, MD

Providence, RI

My main interest has been to influence policy by designing clinical and research programs to improve the medical professions' response to people with addictions. Training has been a major facilitating mechanism for change. Working with ASAM members, we produced a new CME curriculum, and facilitated links with AMERSA.



By representing ASAM on the Council of Medical Societies, we now formally present our case to Internal Medicine. By working with ASAM for parity for substance abuse treatment, we furthered our contribution to the health care reform debate. All of this has taught me at least as much as I have contributed.

Karen Lea Sees, DO

San Francisco, CA

Since 1988, I have been a facilitator, course director, lecturer, and poster presenter at several ASAM and CSAM conferences, and have actively served on ASAM's Nicotine Dependence Committee, Medical Care in Recovery Committee, and Pain Subcommittee. Other current activities: president, American Osteopathic Academy of Addictionology; California Board of Osteopathic Examiners Diversion Committee, and CSAM Executive Council. I have advocated for osteopathic physicians at ASAM board meetings, including: desire to receive 1A AOA CME from ASAM courses, concern over ASAM's affinity for the AMA while neglecting the AOA, and need for all discussions and resolutions referring to ASAM physicians to use the appropriate wording to include DOs.



Seddon Savage, MD

Hanover, NH

The growing recognition of addiction medicine as a valuable interdisciplinary specialty, the emerging scientific basis of addiction medicine, and currently evolving health care reforms, provide ASAM unprecedented opportunities for improving the health of individuals with addictive disease. It has been a pleasure to chair the ASAM Committees on Pain and Addiction, and Anesthesiology Specialty, and to serve on the Specialty Status Working Group, and the *Principles of Addiction Medicine* editorial board.



My professional strengths: facilitating communication between individuals who hold divergent views, and across disciplines; integrating the scientific and intuitive spectrum of medicine. It would be a privilege to serve on the ASAM Board.

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**Successful Utilization of the
ASAM Placement
Criteria**

Elections



New Chances to Lead

by **Anthony B. Radcliffe, MD**

ASAM has taken significant steps to increase opportunities for its members to serve on the board of directors. This process began with the establishment of the Organization Structure Committee, with **Anne Geller, MD**, as chair. This committee was established at the urging of ASAM members who wanted an opportunity to lead the society and establish policies. The challenge to the committee was to increasingly introduce new members to the board, yet maintain a presence of those familiar with the society's history, traditions, and programs.

The committee's actions are evident in the current composition of the board, and in the slate of candidates presented in this issue of *ASAM NEWS*.

New Committee:

Organization Structure

Meeting over 18 months, the committee reviewed all the ASAM Bylaws that affect governance, and compared them with governing models of other national medical specialty societies.

Nominating Committee

The Nominating Committee received the principal administrative changes. Heretofore, this committee was composed of the three past presidents under the chairmanship of the immediate past president. Now the Nominating Committee consists of the immediate past president (chair), two ASAM committee chairs elected by all ASAM committee chairs, two regional directors elected by the nine regional directors of the board, and two ASAM members-at-large appointed by the president.

The Nominating Committee's responsibility is to present a slate of candidates. Two society members are nominated for each officer position of president-elect, treasurer, and secretary. There are also candidates for the seven directors-at-large. The board asked the committee to promote balance on the board—to assure representation from the academic/research community, the various specialties, and the diverse membership characteristics, including geographic representation, public/private, clinical experience,

male/female representation, minority membership, and other features of the society's membership. Candidates for regional directors are not selected by the Nominating Committee, but by elections in each region.

Officers

There will continue to be five officers (president, president-elect, immediate past president, secretary, and treasurer) who serve two-year terms. The selection of the next slate of officers will be made by the Nominating Committee. At least two candidates each for president-elect, secretary, and treasurer must be presented to the membership at large for election.

Board Terms

To allow for a gradual transition and turnover, the board voted to limit the terms of regional directors and directors-at-large to four years. A director may succeed him/herself only once and may be reelected to further terms only after a hiatus of four years. The secretary and treasurer have two-year terms and each may

**Ballots mailed—Nov. 1
Deadline for return—Dec. 1
Results—Jan. ASAM NEWS**

succeed him/herself once, without hiatus, and be eligible for

reelection after a hiatus of two years. All current board members were given the opportunity to stand for reelection. The board voted this provision in order to allow for a more gradual turnover and to preserve the society's corporate memory of history, tradition, and programs.

As a result of enacting these provisions for the 1992 elections, seven of the nine regional directors were elected to the board for the first time: **P. J. Fráwley, MD**, Region II; **Alan A. Wartenberg, MD**, Region III; **R. Jeffrey Goldsmith, MD**, Region IV; **Richard A. Beach, MD**, Region V; **J. Thomas Payte, MD**, Region VII; **Walton E. Byrd, MD**, Region VIII; **Ray P. Baker, MD**, Region IX).

In the upcoming elections, the increased opportunities for members to serve on the board are shown by the fact that the 14 candidates for director-at-large positions include nine seeking board memberships for the first time. Among the candidates for officers, the two for treasurer would be first-timers to the board.



PSYCHIATRIST with SUBSTANCE ABUSE EXPERIENCE

The LSUMC Department of Psychiatry, Division of Addictive Disorders, is actively recruiting for a psychiatrist at the Assistant or Associate Professor level. This position carries a full-time academic appointment with rank appropriate to the individual's academic background, and offers major opportunities for research, teaching, and other academic pursuits. This psychiatrist would serve half-time on a well-staffed training and research dual diagnosis inpatient unit at Charity Hospital of Louisiana. Individuals must have a working knowledge of chemical dependency and dual diagnosis treatment. Salary is competitive and negotiable depending on qualifications and experience. LSUMC is an equal opportunity, affirmative action employer.

Contact: Howard J. Osofsky, MD, Head, Department of Psychiatry, or Martha E. Brown, MD, LSUMC School of Medicine, 1542 Tulane Avenue, New Orleans, LA 70112-2822. (504) 568-6004 or (504) 568-4933.

PHYSICIAN / PSYCHIATRIST with ADDICTION EXPERIENCE

wanted as medical director for a 33 bed alcoholism inpatient facility operated by New York State in Buffalo, NY. Although duties will vary based upon experience and specialty certification, the physician will be responsible for the overall program of medical care as part of an interdisciplinary treatment team.

A current license to practice medicine in New York State is required. Exact title and salary will be based upon years of postgraduate training, subsequent medical experience, and specialty Board eligibility or certification. Starting range is \$85,000-\$99,000.

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From the desk of James F. Callahan, D.P.A. ASAM Executive Vice President

ASAM textbook a great step forward



"Principles of Addiction Medicine"

Available now at headquarters

With a great deal of pride, I report to you the publication of ASAM's *Principles of Addiction Medicine*, our 1,000+ page textbook which will become the essential reference for our field.



Principles has 112 chapters organized into 18 sections, well over 4,000 references, and a 20-page index.

The book offers reliable, current information about developments in basic science and clinical practice, and organization and delivery of services, for physicians who have a special interest or practice concentration in addiction medicine, for practicing physicians who wish a comprehensive reference on the subject, and for other health care professionals.

At one level, *Principles* is intended to provide background information to augment the faculty presentations at ASAM's Review Course in Addiction Medicine, which prepares candidates for ASAM's certification examinations. To achieve this purpose, the editorial committee recruited 164 authors expert in all aspects of addiction medicine. Every paper was rigorously peer-reviewed and fact-checked by a distinguished group of

leaders in the field. Thus, *Principles* succeeds earlier editions of the ASAM Review Course Syllabus, and is more comprehensive than any of the preceding works.

At a second level, *Principles* is designed for physicians and others who wish a comprehensive review of the field of addiction medicine. *Principles* joins ASAM's other publications, the certification examination, and the conferences and courses, as the newest component of the Society's commitment to help physicians and other health care professionals render the highest quality care to addicted patients and their families.

Supplements to Textbook

Principles will be updated on a regular basis through a supplementary publication, *Topics in Addiction Medicine*, which will provide readers with the best and newest information on theory and practice of addiction care.



An undertaking of this scope would not be possible without the unstinting commitment of many ASAM members and non-members. On behalf of the ASAM

leadership and members, I want to extend our sincere thanks to the editor, Norman S. Miller, MD, co-editor Martin C. Doot, MD, and managing editor, Bonnie Wilford, and to all the ASAM members who served as chapter authors and/or as reviewers.

Our success depends on an active, engaged readership. To facilitate what we envision as an ongoing dialogue among practitioners in the field, we enclose as the last page of *Principles* (and will incorporate in every update issue of *Topics*) a reader request form, on which we invite you to make comments and offer suggestions for new subjects to include in the series.

With the input of members and readers, and the continuing leadership of ASAM's Editorial Board and committees, we will make *Principles of Addiction Medicine* the indispensable resource for all who share our dedication to this most demanding, yet rewarding, field of medicine.

"Principles of Addiction Medicine"

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About ASAM

Unified Membership Invoicing



by Pam Traylor

Director, Membership Services

Watch your mail this month for your 1995 membership renewal notice. You'll notice a change! While some chapters will continue their own invoicing, most of you will receive the first **unified membership invoice** from the Washington office. This combined invoice will allow you to renew both your national and chapter memberships with one payment. Remember that unified membership is now a requirement—members of ASAM must belong to the chapter in their state (if there is one), and chapter members must belong to ASAM.

The state chapter leadership and the ASAM Board of Directors feel that unified membership will be mutually beneficial. Many chapters will grow as a result of unified membership, and will be able to offer more services to their members. The Administration, the medical community, and the general public will see that we are united in our efforts on behalf of addiction medicine. Additionally, we believe that unifying and streamlining our membership procedures will help us to serve you better—at both the national and state levels. **Ken Roy, MD**, is chair of the Membership Committee

New Books

Nicotine Addiction: Principles and Management by C. Tracy Orleans and **John Slade, MD**.



Forward by Ronald M. Davis, MD. Oxford University Press.

A Bridge to Recovery: An Introduction to 12-Step Programs by **Robert L. DuPont, MD** and **John P. McGovern, MD**. American Psychiatric Press.

Please send all review books to the Washington office, attention of **Elizabeth Howell, MD**, Publications Chair.

ASAM has a new office address: Suite 101, 4601 North Park Ave, Chevy Chase, MD 20815.

Nicotine Dependence Conference



by **John R. Hughes, MD**

With all the recent publicity about regulating smoking, are your patients, colleagues and friends asking you more about nicotine dependence? Do you feel that treating nicotine dependence is your weakest area? The best way to get yourself up to speed in this area is to attend ASAM's Seventh National Conference on Nicotine Dependence in Cambridge, MA, Nov. 3-6, 1994.

The conference will include workshops, plenary sessions, a poster session, and a debate on various issues such as physician intervention for smoking cessation, effective policy interventions to combat smoking, algorithms for smoking cessation treatment, treating nicotine dependence in the context of other drug dependencies, and maintaining smokers on long-term nicotine replacement.

This conference is the only annual conference on nicotine dependence and is focused on pragmatic and real-world issues in preventing and treating nicotine dependence effectively.

Conference chair is Dr. Hughes, co-chairs are **John Slade, MD**, and **Richard D. Hurt, MD**.

Early registration rates are available until Oct. 20. For more information, call Sandy Schmedtje at ASAM (301) 656-3920.

Nicotine Dependence Committee chair is Dr. Slade.

News About Members

Chen See, Bromley Retire

Retiring from active medical practice: **R. Jasper G. Chen See, MD**, of Reading, PA, ASAM president from 1989-1991, and **Jess Bromley, MD**, of San Leandro, CA, ASAM secretary from 1985-1993. Dr. Bromley will continue to serve as ASAM's delegate to the AMA.

Exxon Alaska Case

David E. Smith, MD, and **Garret O'Connor, MD**, served as expert witnesses for the prosecution in the Exxon Valdez Oil Spill case in Alaska. Exxon's defense, when accused of being negligent in

returning a drinking alcoholic (Capt. Joe Hazelwood) to the helm of a tanker that spilled 11 million gallons of oil in 1989, was that Hazelwood is not an alcoholic. The jury found Hazelwood and Exxon reckless, and Hazelwood negligent as well.

Drs. **David Smith** and **J. Thomas Payte** were honored by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Prevention Network (NPN) with 1994 Career Achievement Awards at the June 1994 conference in San Diego.

John R. Hughes, MD, of the University of Vermont, received the first Ove Ferno Award for research on Neuropsychopharmacology (CINP) for studies describing the nicotine withdrawal syndrome. "This work was crucial in defining smoking as a form of drug dependency," according to Dr. Hughes.

Robert D. Sparks, MD, was recently awarded membership in The American College of Physician Executives, the nation's only educational and professional organization for physicians in medical management.

Bernard S. Sobel, DO, was elected a fellow of the American Psychiatric Association in June.

In Memoriam

Elizabeth Holl Gordon, MD, of Pittsburgh, died of pneumonia August 8 after a successful liver transplant in May. An obstetrician-gynecologist, she was on the ASAM Membership Committee. She was a board member of Hazelden Renewal Center, and on the Pennsylvania Impaired Physicians Committee. Dr. Gordon conducted weekly smoking cessation clinics in Pittsburgh for up to 100 people that featured acupuncture (ear clips). She was a longtime ASAM member and enthusiastically attended most annual meetings and many conferences.

Henry A. Remet, MD, of Kingston, NY, died in December. He was certified by ASAM in 1987.

Names in boldface are first mentions of ASAM members.

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Michael Mayo-Smith, MD, Associate Chief of Staff for Ambulatory Care
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ASAM NEWS

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Acute Pain in Maintenance Pharmacotherapy (MPT) Patients

by J. Thomas Payte, MD

Patients treated with methadone or LAAM for chronic opioid addiction are subject to the same range of surgical, medical, dental, and trauma related conditions as any group. Unfortunately, those who experience significant pain are often denied treatment or are seriously under-treated for it. In some cases methadone has even been withheld. Two common misconceptions contribute to the patient's unnecessary suffering:

1. Belief that the maintenance dose of methadone or LAAM will provide any needed analgesia. Actually, analgesia depends on additional medication. Maintenance pharmacotherapy patients have developed complete tolerance to the analgesic, euphoric, and sedative effects of the stable appropriate maintenance dose. Therefore, pain relief will require total doses that exceed their established tolerance level.

2. Unfounded fears of what the addiction patient given an opioid might do—including possible violence and/or disruption of the treatment process. There is no evidence of negative consequences from providing adequate relief of acute pain, either acutely or in terms of continued treatment of the addiction.

Pain Management Principles

1. Ensure maintenance treatment continuity—essential as a foundation for pain treatment.

2. Provide adequate doses of opioid agonist drugs, usually short-acting, against the background of the MPT. Due to cross-tolerance, significantly *higher than typical doses* are often required. The duration of analgesia is often less, *requiring more frequent medication* than in the non-tolerant individual.

Doses must be titrated to ensure adequate relief of the pain, which is subjective. Cross-tolerance accounts for the "blockade" described with MPT that often prevents the MPT patient from feeling the effects of typical doses of heroin or morphine.

3. Avoid partial agonist or mixed agonist/antagonist drugs, as they can precipitate acute withdrawal syndrome in MPT patients. These include Talwin (pentazocine), Nubain (nalbuphine), Stadol (butorphanol), and Buprenex (buprenorphine).

As a practical matter, the issue of pain management should be discussed before admission to the hospital, when possible.

MPT Program Responsibilities

1. Ensure continuity of care. Addictionist should be available to attending physician to assist in pain management.

2. Time and amount of last maintenance dose must be given to appropriate staff.

3. Determine availability of methadone in the hospital and arrange to supply methadone if needed.

4. Discussion should provide for coordination of discharge to prevent disruption in treatment.

Hospital Responsibilities

1. On admission, program should be notified, and time and amount of last dose verified.

2. Ensure continuity of MPT. Any deviations from established maintenance routine should be done only after consultation with treating addictionist and patient.

3. Coordinate discharge with program to ensure uninterrupted MPT.



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Contact: V. A. LaFleur, MD, Associate Medical Director, Colorado Permanente Medical Group, 10350 East Dakota Avenue, Denver, CO 80231.

303-344-7294. EOE/M/F, V/H

AMA Annual Meeting Features Health Care Reform

by E. M. Steindler, MS

National health system reform again dominated the AMA House of Delegates meeting in Chicago in June. ASAM delegates continue to be **Jess W. Bromley, MD**, and alternate **David E. Smith, MD**, president-elect of ASAM.

Sub-specialty Resolution Introduced

A resolution submitted by ASAM on sub-specialization of addiction medicine, together with a virtually identical one from the California delegation, was referred to the American Medical Association Board of Trustees for a report to the House next December.

The resolution asked the AMA to urge national specialty societies in several primary care fields to call upon their respective certifying boards to study the desirability and feasibility of offering sub-specialty examinations in addiction medicine.

In his testimony at the reference committee hearing, Dr. Smith pointed out that the Council on Medical Education last year had emphasized that the large number of patients needing and seeking addiction treatment required physicians from many different specialties. He said that "practice must not be limited to one specialty or sub-specialty."

Dr. Bromley reminded those attending the reference committee hearing that this would be yet another step in the long attempt to achieve full mainstream medicalization of addiction treatment. In referring the resolution, the House agreed with the reference committee that the complex pathway for adopting sub-specialty certification, and the attendant need to develop residency training in this field, warranted consideration by the Board of Trustees rather than immediate adoption.

Health Care Reform

After lengthy debate in reference committee and on the floor of the House, delegates in the main supported the board in its flexible negotiating posture toward health system reform. It refused to tie the board's hands as it defeated resolutions opposed to employer mandates, but it also turned down a recommendation to give the board more latitude to evaluate single payer proposals that might be made in the future.

Closely tied to the AMA's stand on health system reform is its Standard Benefits Package. Outpatient addiction treatment is covered in the package without day or dollar restriction, but inpatient treatment is limited by lifetime caps of 28 days and \$3,000. ASAM and the American Psychiatric Association have urged the Council on Medical Service to remove these limits. The council has indicated considering the matter if supplied with actuarial estimates on the costs of dispensing with the caps. While ASAM hopes to furnish such information to the Council, events at the House meeting did not bode well for liberalizing the current Benefits Package.

In its report to the House, the Council on Medical Services did acknowledge that detoxification services are covered in its present package as a regular inpatient and outpatient medical benefit. If detox is identified as an acute medical emergency, it is not subject to the caps. On the other hand, if it is incorporated as an integral part of an inpatient program, the caps would apply.

In other House business, the AMA continued its sustained assault against smoking and other tobacco use.

Physician Health

Three resolutions involved physicians' health and impairment. The House adopted a proposal that the board issue an updated report on substance abuse and dependence among physicians. It referred to the board two other requests: one to determine the impact of the Americans with Disabilities Act on the practice of asking self-incriminating questions on applications for physician licensure and certification; and the other to express concern to the Federation of State Licensing Boards, as well as to each of the state boards, over the harmful consequences of issuing press releases about sanctions made by the board against physicians.

Dr. Smith testified in support of the latter resolution in the reference committee hearing, emphasizing that recovering physicians become productive contributing members of the profession and society, and that such public disclosures can impede the recovery process and shatter the lives of family members as well.

Among AIDS/HIV actions, the House referred to the Board a resolution asking the AMA to support the concept of medical methadone maintenance by qualified private practicing physicians as an AIDS prevention measure.

ASAM representatives at the meeting again participated in the meetings of the Section Council on Preventive medicine and the Section of Specialty Societies.

Mr. Steindler was executive director of ASAM in the late 1980s. Before that he was with the AMA for 24 years.

New ASAM Publication:

Phenytoin in Alcohol Withdrawal



ASAM will soon publish its first practice guideline, *The Role of Phenytoin in the Management of Alcohol Withdrawal Syndrome*.

They are meant to be practical, applicable and usable.

Developing high quality practice guidelines is a priority goal for the ASAM Board. They are meant to be practical, applicable, and usable. The Committee on Practice Guidelines plans five more in the next two years. One is on screening for alcohol use disorders and brief interventions, and four are on different aspects of withdrawal from alcohol:

- pharmacological management—will circulate for comment in January and be presented for board approval in April. The 12-member work group, chaired by **Michael Mayo-Smith, MD**, of Manchester, NH, reviewed over 100 articles.
- non-pharmacological management
- management of alcohol withdrawal delirium
- indications for inpatient vs. outpatient management

Committee members report that participation is time consuming but rewarding. In addition to monthly conference calls of the full committee, each serves on at least one work group, preparing detailed summaries of articles, then drafting recommendations and outlining the evidence that supports each. ASAM members interested in the committee's work are encouraged to write to the chair, **Christine L. Kasser, MD**, at Baptist Memorial Hospital, 899 Madison, Memphis, TN 38146.

Article prepared by ASAM Committee on Practice Guidelines.

1,000 Attend IDAA in Atlanta



International Doctors in Alcoholics Anonymous set another attendance record this year: 536 members attended its 45th annual meeting at the Swissotel in Atlanta, GA, Aug. 3-7. With spouses, children and significant others, the total conference attendance was 1,100—a turnout equal to the 1993 IDAA meeting in Scottsdale, Arizona. Conference chairs were Drs. Doug T. and Ed W.

The conference, called "The Power to Change," offered four simultaneous tracks: two AA, one Al-Anon, and one for the kids, with individual schedules for Alateens, "Aladudes" (age 7-12) and "Alatots" (age 3-6). The 197 children (including Alateens) who attended the conference this year set yet another record.

AA meetings included step meetings, speaker meetings, alkathons, discussion meetings, call-up meetings, and open meetings. The variety of special interest meetings seems to increase annually, and included this year meetings for anesthesiologists, psychiatrists, medical students and residents, dentists, women physicians, emergency room physicians, addiction medicine physicians, veterinarians, retired physicians, gay and lesbian, compulsive spenders, women's AA, broke and sober—financial insecurity, SA/SLA/SLAA, nicotine anonymous, couples in long-term recovery. Two physicians whose stories are in AA's "Big Book" led meetings; one has been sober for over 40 years. The Al-Anon dinner speaker was a doctor's wife and daughter; the Alateen speaker that evening, chosen by peers annually, was attending her 7th IDAA meeting. The AA dinner speaker was one of the conference co-chairs, a popular physician with a stirring story of reluctant recovery—that banquet drew 950 people.

Newcomers Banquet

About 110 people attending their initial IDAA conference introduced themselves briefly by microphone to the 740 others at the traditional newcomers banquet. These "newcomers" were sober from 27 days to 19 years. They represented 20 medical specialties (at least 15 anesthesiologists, 12 surgeons, 8 psychiatrists, 7 family practitioners, 5 internal medicine). Among the rest were 7 dentists, 4 psychologists, 10 residents and 2 medical students (one starting school the following week!). Eighteen at the microphone were women, three more than those who introduced themselves at IDAA last year.

IDAA membership is open to any alcoholic or drug dependent physician or other "doctor" whose degree is in the field of health care.

IDAA members are men and women who have doctorate degrees in the health care professions. One strictly confidential listing of members is held by the secretary-treasurer. There is an annual meeting and a directory of weekly meetings of doctors in recovery around the country. IDAA's basic aims are those of AA.

IDAA Address: Dick McK., Secretary-Treasurer, IDAA
PO Box 199, Augusta, GA 63332
414-228-4548

CME

ASAM sponsored the three-day continuing medical education portion of the IDAA conference: presentations for three full mornings by 49 speakers, offered in two parallel tracks. CME speakers who are ASAM members (but not necessarily IDAA members) included ASAM board members **Sheila B. Blume, MD, David E. Smith, MD, Max A. Schneider, MD,** and **G. Douglas Talbott, MD.** Other nationally known ASAM speakers in the CME sessions included **Daniel H. Angres, MD, Joseph R. Cruse, MD, David T. Dodd, MD, Conway Hunter, MD, Richard Irons, MD, C. Richard McKinley, MD, Garrett O'Connor, MD, Larry Sjegel, MD, Penelope Ziegler, MD.**

Major goal of the CME program was "education concerning multiple parameters of addiction medicine," including presentations by experts on substance abuse, eating disorders, gambling; current characterization of dual diagnosis; role of psychiatry in the treatment of addiction; history, development and current role of AA and other mutual help groups in the various phases of addiction medicine.

Max A. Schneider, MD, talked about behavioral addictions vs. compulsive disorders. He said that excesses in sobriety to watch out for include exercise, gambling, hobbies (can be isolating), food, caffeine, smoking (80% of recovered alcoholics are cross-addicted), work (inwardly driven/externally pushed to do what we have to do), "joinerism" (joining too many groups and organizations), prayer and religiosity, sex.

For the first time, an ASAM executive came to IDAA to speak officially during the CME session. James F. Callahan, DPA, executive vice president, shared his view of ASAM's "experience, strength and hope" with IDAA members during a luncheon session.

5,000 IDAA Members

During the conference, IDAA "signed up" its 5,000th member—an all-time membership high. (Of historical interest: 13 doctors attended the first IDAA meeting in 1949 in Clarence P.'s garage in upstate New York.)

Next Year

Dates: Aug. 2-6, 1995.

Place: Seasons Resort & Conference Center, Great Gorge, NJ
PO Box 637, Route 5517/McAfee, NJ 07428.
800-835-2555. Fax: 201-827-2955.

Conference chairs: Drs. Joe C., Ira E., Russ F.

Conference Registration and other information:

Connie Hyde,
3311 Brookhill Circle, Lexington, KY 40502.
606-233-0000. Fax: 606-253-0862.

1996 Meeting

Place: Anaheim, CA, at Disneyland.

Dates: July 31-Aug. 4, 1996.

Ruth Fox Memorial Endowment Fund

Ruth Fox, MD
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by Claire Osman, Director of Development

As we approach the last months of the year, there is no better time to consider making a charitable gift to the Ruth Fox Memorial Endowment Fund. Your gift will give ASAM financial security to carry out its goals well into the future. The principal of the Endowment will be held in perpetuity. The interest is to be left with the principal to accrue until \$1,000,000 is on deposit, and then only the interest may be used as ASAM's board directs.

As a donor you have several options. A pledge which may be fulfilled over three to five years, enables you to make a maximum contribution with minimum financial strain. The schedule of payments can be arranged for your convenience, and extended times can be provided, if necessary. You may use one of the following ways to plan your gift: cash; appreciated stocks, bonds or real estate; life insurance; corporate giving; employer matching gift program; bequests/trusts. ASAM is a 501(c)(3) non-profit organization and all gifts are tax deductible to the full extent of the law.

In last fall's tax law change, Congress provided increased incentives for making charitable gifts. You may give and deduct cash up to 50% of your adjusted gross income, and appreciated property up to 30%. Your tax rate determines how much you save—the higher your rate, the more you save from each dollar. Ask your professional advisor about the methods of giving that are most advantageous for you.

All donors are acknowledged by an invita-

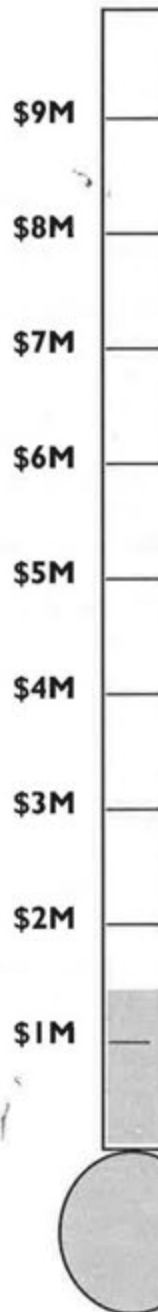
tion to the Annual Ruth Fox Memorial Endowment Reception which takes place during the society's Annual Medical-Scientific Conference. Gifts/pledges of \$3,000+ receive the Endowment lapel pin. Gifts/pledges of \$5,000+ receive the Endowment Medallion. For the first time, in 1994, these medallions were presented to donors at the Endowment Reception. This same presentation is planned for the 1995 Reception.

If you haven't given to the Endowment, we hope that you will consider making a gift. If you have given, please consider an additional gift, or upgrading your pledge to the next category. If you are considering a planned gift and would like more details, please write for the complimentary brochure, "Reflecting on Tomorrow," which offers brief outlines of nine different ideas, or contact Ms. Claire Osman at 212-206-6770, Ext. 217.

We ask you to be generous, please. Help us reach our goal of \$10 million by the year 2000. The Endowment Fund is an investment in your future and the future of addiction medicine. We are very grateful to you for your continued support.

A reminder...the 1993 law requires "substantiation" for particular gifts made in 1994 and thereafter. These substantiation requirements are met by letters of acknowledgment following your gift. To safeguard your deduction, keep any such letters among your records.

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ASAM Calendar

Information about ASAM conferences is available at Washington headquarters. Note new address:

Sandy Schmedtje, ASAM, Suite 101,
4601 North Park Ave., Chevy Chase, MD 20815.

ASAM staff contact for CME information:

Claire Osman, ASAM,
12 W. 21 St., New York,
NY 10010.

☎ 212-206-6770.

Fax: 212-627-9540.



1994

- **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
- **Nov. 4-6—ASAM 7th National Nicotine Conference**
Cambridge, MA *Cambridge Marriott*
- **Dec. 3—ASAM 1994 Certification/Recertification Examination**
Atlanta and Los Angeles
(deadline for applications was Jan. 10)

1995

- **Jan. 20-22—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*
- **Oct. 12-15—ASAM 8th Nat'l Nicotine Conference**,
Toronto, Ontario *Toronto Marriott Eaton Center*
- **Oct. 19-22—ASAM State of the Art in Addiction Medicine Conference**
Orlando, FL *Disney's Contemporary Resort*
- **Nov. 2-4—CSAM/ASAM State of the Art in Addiction Medicine Conference**
Marina del Rey, CA *Ritz Carlton*

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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