

ASAM NEWS

Volume X, No. 1

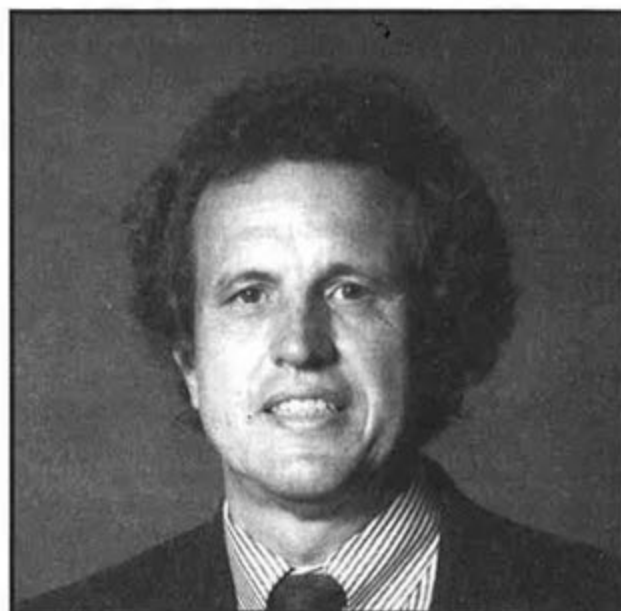
January-February 1995



**ASAM 26th Annual
Medical-Scientific
Conference
Chicago
April 27-30
see page ??**

1994 Election Results

**New Officers Profiles
Story begins on page 2**



David E. Smith, MD
President-Elect

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ASAM

American Society of Addiction Medicine

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

Have you renewed?

WE WANT YOU TO ENJOY THIS ISSUE OF *ASAM NEWS*, and your next of *Journal of Addictive Diseases*, with a clear conscience.

It's easy—be sure your 1995 dues are paid!

If you have not yet renewed your ASAM membership, you're receiving this newsletter during our renewal grace period. We don't want to lose you when the grace period ends.

Please submit your renewal, or contact our membership department at 301-656-3920 if you have any questions about renewing.

Pam Traylor, *Membership Director*

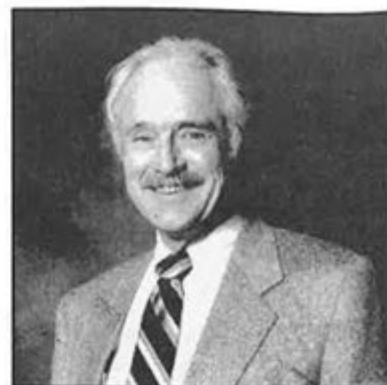


New Officers 1995-1997

President

David E. Smith, MD

**Immediate Past President
Anne Geller, MD**



About the Election

A record 44% of the membership voted in this recent election—significantly up from the 31% who returned ballots in 1992's election. Deadline was a Dec. 1 postmark.

Seven directors-at-large were elected from a slate of 14. Three are new to the board—Drs. H. Westley Clark, James A. Halikas, and David C. Lewis. One officer—treasurer James W. Smith, MD—also is new to the board. The new president-elect and secretary are currently board members.

The new board will be installed on Fri., April 28, at the ASAM Annual Breakfast meeting in Chicago. The current board will meet once more, on Wed., April 26.

Secretary

Marc Galanter, MD

New York, NY

Specialty—Addiction Medicine and Addiction Psychiatry.

Present Title—Director, Division of Alcoholism and Drug Abuse at New York University Medical Center.

Current Academic Affiliation—Professor of Psychiatry, NYU Medical Center.

ASAM Board—since 1987.

ASAM Committee Chair—Annual Medical Scientific Conference (since 1982); Medical Education Section; Founding chair of Credentialing Committee.

ASAM Editorial Board—Journal of Addictive Diseases;

Advisory Cmte—"Principles of Addiction Medicine."

Editor—"Recent Developments" (since 1982).

Author—160 journal articles and book chapters, author or editor 23 books.

ASAM Certification—1986.



President-Elect

G. Douglas Talbott, MD

Atlanta, GA

Specialty—Addiction Medicine.

Present Title—Founder & Medical Director, Talbott-Marsh Recovery Campus.

Current Academic Affiliation—Adjunct Professor, Mercer University School of Pharmacy.

ASAM Board—1980s-1990s.

ASAM Committee Chair—Physicians Health.

ASAM Editorial Board—Advisory Cmte—"Principles of Addiction Medicine."

Author—103 publications (journal and magazine articles); 5 books.

ASAM Certification—1986.

ASAM Award—1992.

Treasurer

James W. Smith, MD

Seattle, WA

Specialty—Addiction Medicine (certified in Family Practice).

Present Title—Medical Director, Schick Shadel Hospital.

Current Academic Affiliation—Clinical Associate

Professor, Dept. Psychiatry and Behavioral Sciences, University of Washington School of Medicine.

ASAM Committee Chair—Finance Committee (5 years); Operating Fund Subcommittee; Washington state chapter president.

ASAM Cmtes—Certification, Fellowship; Public Policy, Practice Guidelines; Ruth Fox Memorial Endowment Fund; Research & Development.

ASAM Editorial Board—Journal of Addictive Diseases.

Author—over 70 articles.

ASAM Certification—1986.



Newly Elected Board Directors-at-Large 1995-1999



Sheila B. Blume, MD

Amityville, NY

Specialty—Psychiatry/Addiction Medicine.

Present Title—Medical Director, Alcoholism, Chemical Dependency, Compulsive Gambling Programs, South Oaks Hospital.

Current Academic Affiliation—Clinical Professor of Psychiatry, SUNY (State University of New York), Stony Brook.

ASAM Board—President 1979-1981; member continuously since 1970s.

ASAM Cmtc Chair—Public Policy; Task Force on Health Care Reform.

ASAM Cmtes—Confidentiality; Nominating & Awards; Medical-Scientific Program; Publications; Tobacco (now called Nicotine Dependence); Ethics; Nomenclature.

ASAM Editorial Board—*Journal of Addictive Diseases*; *Advisory Cmtc*—“Principles of Addiction Medicine;” *Review Board*—ASAM NEWS.

Author—numerous publications.

ASAM Certification—1986.



Dr. Clark

H. Westley Clark, MD, JD, MPH

San Francisco, CA

Specialty—Addiction Medicine/Psychiatry/Law (DC Bar).

Present Title—Chief, Associated Substance Abuse Programs, San Francisco Veterans Affairs Medical Center.

Current Academic Affiliation—Assistant Clinical Professor of Psychiatry, University of California, San Francisco.

ASAM Cmtes—MRO; Cross-Cultural; Pain; presented at MRO, Ruth Fox, ASAM, and CSAM conferences.

Author—25 papers, 3 book chapters, 10 abstracts.

ASAM Certification—1988.

Stanley E. Gitlow, MD

New York, NY

Specialty—Addiction Medicine, Internal Medicine.

Current Academic Affiliation—Clinical Professor of Medicine, Mount Sinai School of Medicine.

ASAM Board: President 1961, 1970. Member 1970s, 1980s, 1990s.

ASAM Committee Chair—Publications (1985-1992); Primary Care Medical Specialties Section.

ASAM Cmtes—Exam; Nomenclature.

ASAM Editorial Board—*Journal of Addictive Diseases*; *Advisory Cmtc*—“Principles of Addiction Medicine.”

Author—226 published scientific papers, chapters in textbooks, and a text on alcoholism.

ASAM Certification—1986.

ASAM Award—1990.

Dr. Gitlow



James A. Halikas, MD

Minneapolis, MN

Specialty—Psychiatry, Addiction Medicine
Present Title—Director, Chemical Dependency Treatment Programs, University of Minnesota.

Current Academic Affiliation—Professor of Psychiatry, University of Minnesota.

ASAM Committee Chair—CME since 1978; Fellowship & Residency.

ASAM Cmtes—Certification, Medical-Scientific Program (13 years).

ASAM Editorial Board—*Journal of Addictive Diseases*.

Author—over 100 articles.

ASAM Certification—1988.



Dr. Halikas



Newly Elected Directors-at-Large

Terms 1995-1999



Dr. Lewis

David C. Lewis, MD

Providence, RI

Specialty—Addiction Medicine, Internal Medicine.

Present Title—Director, Brown University Center for Alcohol & Addiction Studies.

Current Academic Affiliation—Professor of Medicine and Community Health and Donald G. Miller Professor of Addiction Studies, Brown University.

ASAM Committee Chair—Internal Medicine Section; Core Curriculum.

ASAM Cmtes—Task Force on HealthCare Reform.

ASAM Editorial Board—*Journal of Addictive Diseases*; *Advisory Cmtes*—“Principles of Addiction Medicine.”

Author—100 scholarly publications; new ADEPT/ASAM CME volume; executive editor *Substance Abuse* (AMERSA).

Christine L. Kasser, MD

Memphis, TN

Specialty—Addiction Medicine.

Current Academic Affiliation—Clinical Assistant Professor in the Dept. of Medicine, University of Tennessee Medical School.

ASAM Board—1994.

ASAM Committee Chair—Practice Guidelines; first president of Tennessee state chapter.

ASAM Cmtes—State Chapters; Standards of Care.

ASAM Certification—1988.



Dr. Kasser (r) and Dr. Radcliffe

Anthony B. Radcliffe, MD

Fontana, CA

Specialty—Addiction Medicine.

Present Title—Chief of Addiction Medicine, Kaiser Permanente Fontana; Coordinating Chief of Addiction Medicine Services, Southern California Permanente Medical Group.

Current Academic Affiliation—Associate Clinical Professor, Loma Linda University Medical Center School of Public Health.

ASAM Board—Immediate Past President; board member since 1985.

ASAM Committee Chair—Membership (current); Exam (initial chair); Nominating & Awards; Certification Council (past chair).

ASAM Cmtes—Executive (since 1985).

ASAM Editorial Board—*Journal of Addictive Diseases*; *Advisory Cmtes*—“Principles of Addiction Medicine.”

Author—*Pharmers Almanac, Volumes I and II*.

ASAM Certification—1986.

News of ASAM

Certification/ Recertification Exam

TWO HUNDRED AND THIRTY-SEVEN TOOK the 1994 ASAM certification exam in Atlanta and Los Angeles on Dec. 3. Of these, 30 took it for recertification purposes—the first time the exam has been so used. All answers on the seven-hour exam were multiple choice. The same scoring policy applied to everyone, whether for certification or recertification.

ASAM headquarters will notify physicians by March 15 whether they passed or failed, according to Theresa McAuliffe, coordinating proctor. The passing rate of the last two exams (1990 and 1992) was 89%.

Certificates (certification as well as recertification) will be awarded to those who passed in a traditional ceremony Saturday, April 29, at the ASAM Annual Awards Luncheon, held during the Medical-Scientific Conference in Chicago.

ASAM will offer the next exam—which will again provide recertification as well as certification—in 1996. Details will be available by April at Society headquarters. Examination Committee chair is **Sidney H. Schnoll**, MD, PhD. Credentialing Committee chair is **Lloyd Gordon**, MD.

MRO Conferences

ASAM WILL OFFER THREE MEDICAL Review Officers Training Courses in 1995. The courses run for three days (Friday afternoon through Sunday morning) and are approved for 18.5 hours of Category 1 CME credit. About 150 attended the MRO courses in 1994.

The 1995 program schedule is Feb. 24-26—Marina Del Rey, CA; July 7-9—Washington, DC; and Nov. 17-19—New Orleans.

Faculty includes **Donald Ian Macdonald**, MD, chair of the ASAM MRO Committee; **David E. Smith**, MD; **H. Westley Clark**, MD, JD; speakers from

SAMHSA (Substance Abuse and Mental Health Services Administration of Rockville, MD) and others.

ASAM MRO Certificate

Starting this year (1995) ASAM will offer an MRO Acknowledgement certificate for those who meet the following criteria:

- Pass the ASAM Certification/Recertification Exam in 1994 or after;
- Score above a certain level on MRO items included in the ASAM Certification/Recertification Exam;
- Complete an accredited MRO course carrying a minimum of 12 hours CME credit (Category 1 AMA or Category 1B AOA).

ASAM MRO Letter

For over two years ASAM has offered an MRO acknowledgment letter to those who are certified by ASAM and who attended a complete ASAM MRO course. ASAM continues to offer this letter to physicians certified between 1986 and 1992 if they request it within 10 years of initial certification—that is, before the society requires recertification to show mastery of current information.

Physicians who take the ASAM Recertification Exam after 1994 and who qualify per the above outline will be eligible to receive ASAM's MRO Certificate.

MROCC Exam

The Medical Review Officer Certification Council (MROCC) will offer the MROCC

Certification Exam immediately following all three ASAM MRO training courses at all three locations. A separate application/eligibility form must be requested from the MROCC for this exam.

For information, please call the MROCC direct at 708-228-7476, Ext. 55; or write to 55 West Seegers Road, Arlington Heights, IL 60005. The MROCC reserves the right to cancel the exam based on enrollment.

ICAA Institute

Trieste in June

THE 39TH INTERNATIONAL Institute on the Prevention and Treatment of Alcoholism and Drug Dependence will be held in Trieste, Italy, June 11-16, 1995.

For more information, contact **Flavio Poldrugo**, MD, PhD, University of Trieste School of Medicine, Dept. of Psychiatry, Alcohol and Related Addictions Research Group, Via S. Cilino 16, Trieste, Italy 34126.

Phone—040-350-010-571.077

Fax—040-350-010-566.179

Dr. Poldrugo wrote ASAM headquarters that presenters in a wide variety of topics and subject areas are sought.



Membership Committee

OVER THE LAST SEVERAL MONTHS THE Membership Committee has focused on special recruitment activities. Physicians whom the committee feels are under-represented in ASAM—minorities, women, public facility physicians and managed care physicians—have been recruited. The committee will report to the ASAM Board in April. "But this is not a one-time campaign," reports membership director Pam Traylor. "The liaisons we have formed with the National Medical Association, American Medical Women's Association, and other groups will be beneficial for years to come. The committee welcomes your help in developing relationships with these or other groups, or in directly recruiting physicians."

Please contact Pam Traylor at ASAM headquarters if you are interested.



In the News

William H. Goodson, Jr., MD, won the Medical Association of the state of Alabama's 1994 annual award for non-technical writing for his book *Re-Souled—Spiritual Awakening of a Psychiatrist and His Patient in Alcohol Recovery*.



Names in boldface are first mentions of



Medical Director

For 59-bed private substance abuse treatment hospital in south Georgia!

- Salaried Position
- **Must have background in addiction treatment**
 - **ASAM certification preferred**
 - **Position available immediately due to illness of current Director**

For details, call Eloise Gusman,
Physician Recruiter, P.O. Box 1685,
Covington, LA 70434-1685.
TOLL FREE: 1-800-535-7698
FAX: 504-898-0694




KAISER PERMANENTE
Good People, Good Medicine

DENVER, COLORADO

Kaiser Permanente, Colorado Region seeks a full time permanent physician specialist in chemical dependence (CD). This physician would assist the current Chemical Dependence Treatment Services (CDTS) medical director in providing care to patients in a specialized detox facility and CD consultation on patients in medical/surgical beds. In addition, the physician would participate as a member of an outpatient treatment team, teach primary care providers, assist in the continuing development of outcome measures/utilization criteria, and aid in new program development and evaluation. Competitive salary and exceptional benefits.

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

MEDICAL DIRECTOR/ ADDICTION MEDICINE SPECIALIST

Pathways, an affiliate of Anne Arundel Medical Center, is recruiting a full-time ASAM certified (or eligible) physician to coordinate the treatment of:

- 16 bed adolescent inpatient unit
- 16 bed adult inpatient unit
- OP services

Must be Maryland licensed or eligible. Salary commensurate with experience, excellent benefit package. Annapolis is convenient to both Baltimore and Washington, DC, and offers a broad range of cultural and recreational opportunities.

Send letters of interest and CV, in confidence, to:



Sharon Borland
AAMC-HR Dept.
Franklin & Cathedral Sts
Annapolis, MD 21401

Pathways

PSYCHIATRIST AND/OR ADDICTIONIST

Excellent opportunity at one of the nation's pioneer centers for the treatment of drug and alcohol addictions. This free standing inpatient chemical dependency treatment center is located in the rolling hills of scenic Pennsylvania with easy access to several larger metropolitan areas. A friendly, safe environment with affordable cost of living, this beautiful area is a paradise for outdoor sports enthusiasts.

The right candidate will be a certified Addictionist and/or Psychiatrist willing to deliver full medical and psychiatric services to facility patients, including detoxification and medication of psychotropic drugs. Potential for medical director position is also available. A personal and keen understanding of recovery is required.

Outstanding remuneration package, including incentive, malpractice, benefits and career advancement.

For further information please contact:
Pamela J. Layng (800) 468-0590

(24 hour message service)
and/or mail/fax resume to

PJL

30 Lake Ave.
Newton Centre, MA 02159
Fax (617) 558-1497
All inquiries confidential

AMA Cmte Needs ASAM Rep

by Michael M. Miller, MD

CURRENT PROCEDURAL TERMINOLOGY (CPT) is a listing of identifying codes for medical services and procedures performed by physicians. CPT codes serve as the basis for much of the billing procedures for physician services.

The AMA's CPT Advisory Committee is comprised of physicians who represent national medical specialty societies such as the American College of Surgeons and the American Psychiatric Association. The AMA Advisory Committee makes recommendations on procedure coding and nomenclature as relevant to different medical specialties. The advisory committee meets annually to discuss items of concern related to coding and nomenclature.

ASAM currently needs to identify an individual to represent the society on the AMA's CPT Advisory Committee. If you are interested in this area and would consider serving on the committee, please contact Michael M. Miller, MD, Chair, ASAM Reimbursement Committee; Medical Director, NewStart; 202 S. Park Street, Madison, Wisconsin, 53715 (608-267-6291).

If you would like further information, please contact **Christine L. Kasser, MD**. She has represented ASAM on this CPT Committee (901-754-6505).

GASAM Annual Conference

THE GEORGIA CHAPTER'S SECOND SOUTH eastern regional addiction conference, "Working Together: Reinventing Substance Abuse Services to Survive Health

Care Reform in the 90s" drew 109 registrants to Lake Lanier Islands in Georgia Oct. 14-16, 1994. Aside from physicians, others

included counselors, nurses, and social workers.

Guest speaker **David E. Smith, MD**, president-elect of ASAM, participated in a discussion on national health care reform and also lectured on ambulatory detoxification and on upcoming treatment options.

Medical Scientific Conference

April 27-30 in Chicago

BY NOW ASAM MEMBERS SHOULD HAVE received from headquarters registration material, hotel and travel information for the 26th annual Medical-Scientific Conference to be held in Chicago, April 27-30, at the Marriott Downtown Hotel.

Numerous activities are scheduled, beginning with a meeting of the current board of directors on Wed., Apr. 26, which ASAM members are welcome to attend. It will be the last chaired by **Anne Geller, MD**, as president. The new board will meet on Friday, chaired by new president **David E. Smith, MD**.

Thursday is the day-long, popular Ruth Fox Course for Physicians, chaired by **Lynn Hankes, MD**.

The conference officially opens Friday morning, with this year's R. Brinkley Smithers Distinguished Scientist Lecture by Harold Kalant, MD, PhD, of the University of Toronto Department of Pharmacology. He will talk on "Experimental Studies on Tolerance: What Can They Teach Us About Alcoholism in Humans?"

There will be ten symposia, five courses, nine workshops, oral and poster sessions, an exhibit hall with a welcoming reception, eight component sessions by ASAM committees and sections, and many committee meetings.

Paul H. Earley, MD, who is chair of the States Chapters Committee, presented on levels of care. Other topics included continuing care issues, dual diagnosis—general and theoretical concepts, and practical and clinical aspects—substance abuse prevention, and impaired professionals.

Georgia chapter president is **John Lenton, MD**.

Joint sponsors of the conference were the Georgia Chapter, American Academy of Psychiatrists in Alcoholism and Addictions (aaPaa) and the Medical Association of Georgia. Co-sponsors were the Georgia Addiction Counselors' Association and the Georgia Association for the Prevention and Treatment of Substance Abuse.

Other events will include the traditional ASAM annual breakfast meeting on Friday morning, at which the new board members will be installed, and a dessert reception that evening. This year's two ASAM awards will be presented at the annual awards luncheon on Saturday. Physicians who passed the 1994 ASAM Certification and Recertification Exam will formally receive their certificates in a traditional ceremony at the luncheon.

AA meetings will be offered in the hotel by IDAA mornings and evenings.

Conference chair is **Marc Galanter, MD**.

About Chicago



The Marriott Downtown Hotel is located on the "Magnificent Mile" of Michigan Avenue, near Lake Michigan. An easy walk to great shopping—famous department stores as well as specialty shops. Many good restaurants are close by, including one on the 95th floor of the John Hancock Tower. Also near are the Art Institute, the Chicago Symphony Orchestra, Northwestern University Medical Center, and the AMA. Sightseeing tours by bus or trolley are available.

For more conference information call or fax Sandy Schmedtje at headquarters—301-656-3920. Fax—301-656-3815.

For information about exhibiting, contact Linda Fernandez at headquarters.



Names in boldface are first mentions of ASAM members.

1995 Annual Awards

Emanuel M. Steindler, MS

ASAM's First Executive Director

MR. STEINDLER WILL RECEIVE THE 1995 ASAM ANNUAL Award "for outstanding contributions to the growth and vitality of our Society, for thoughtful leadership in the field, and for deep understanding of the art and science of addiction medicine."

"Manny" Steindler was ASAM's first executive director, beginning in November 1986. He previously had been with the AMA for 24 years—his final position there as Director of Mental Health and Substance Abuse.

ASAM's accomplishments while Steindler was executive director included the following:

- first annual national AIDS & Chemical Dependency conference—Feb. 1987 (Ft. Lauderdale, FL).
- first certificate ceremony for those who passed the first ASAM certification exam—April 1987 (Cleveland).
- ASAM awarded a seat in AMA House of Delegates—June 1988.
- first state chapter charter (Florida)—1988.
- first annual Nicotine Dependence conference—Sept. 1988 (Minneapolis).
- newsletter from quarterly to bi-monthly, from 8 pages to 16.
- regular press releases.
- name change from AMSAODD (American Medical Society on Alcoholism and Other Drug Dependencies) to ASAM—1989.
- membership doubled.
- more than half the membership certified by ASAM.
- specialty status of ADM officially explored.

Although Steindler formally retired after two-and-a-half years in June 1989 (when James F. Callahan started) he has remained active with ASAM as a consultant.

In the May-June 1989 *ASAM NEWS*, Steindler wrote, "For the future I have these thoughts to leave you: You have brought addiction medicine to the threshold of independent specialty status. You should be resolute about pushing ahead. Addiction medicine is worthy of its own seat at the table of practice specialties.

"In the so-called war on drugs, prevention will continue to be a buzzword. But it will become more than that only when enough people finally realize that early and successful treatment of addiction is our most effective tool in preventing the most severe and most damaging behavioral consequences of drug use—from drunk driving to child abuse to HIV infection to industrial accidents to crime in the streets. And ASAM can be a leader in validating this message.

"[the practice of addiction medicine] takes a special kind of dedication, a special kind of love, a special kind of human being. That is what, in the end, is uniquely special about the specialty of addiction medicine. I am grateful to you all for permitting me to witness and observe."

ASAM is grateful to you, Manny Steindler.



ASAM has given Annual Awards since 1972. Other winners in the 1990s were Drs. Henri Begleiter, Floyd E. Bloom, Jasper G. Chen See, Loretta P. Finnegan, Stanley E. Gitlow, Max A. Schneider, and G. Douglas Talbott.

This year the awards will be presented at the ASAM Annual Luncheon, Apr. 29, in Chicago.

Edward C. Senay, MD

DR. SENAY WILL RECEIVE THE 1995 ASAM ANNUAL AWARD "for expanding the frontiers of the field of addiction medicine, in broadening our understanding of the addictive process, through research and innovation."

Dr. Senay has been at the University of Chicago, where he is Professor of Psychiatry, since 1967. He also is Chief Medical Consultant of the Illinois Department of Alcoholism and Substance Abuse.

Long involved in the growth of drug abuse treatment services, in the 1970s he was director of the Illinois Drug Abuse Program, which preceded the Illinois Department of Alcoholism and Substance Abuse. He was instrumental in developing the methadone and therapeutic community aspects of the program. During the 1980s, he was active in developing psychiatric and substance abuse services in Cook County Jail.

Over three decades, Dr. Senay has authored or co-authored 108 original articles on a wide variety of topics in treatment and research, including narcotic addiction; marijuana, stimulants and hallucinogens; methadone maintenance; other therapies for opiate addiction; and psychosomatic illness. The most recent of his three books was *Substance Abuse Disorders in Clinical Practice* (1983). Dr. Senay has "contributed greatly to the literature through his writings about addict careers—the lifestyle of the street addict," **Sidney H. Schnoll, MD, PhD**, told *ASAM NEWS*. Dr. Schnoll will present this award in April at the ASAM Annual Meeting in Chicago.

Dr. Senay has been on editorial boards that include *Alcoholism: Clinical and Experimental Research*; *American Journal of Drug and Alcohol Abuse*; *Journal of Psychoactive Drugs*; *Substance Abuse: Use/Misuse*; *Drug and Alcohol Dependence*; and for ASAM's new textbook, *Principles of Addiction Medicine*.

He has served all over the world as a consultant to the World Health Organization (WHO), including working with Third World countries to develop addictions treatment programs.

Other national awards include the AMERSA Annual Award in 1984, the NIDA Pacesetter Award in 1982, and the NASADAD Award (National Association of State Alcohol and Drug Abuse Directors) for Outstanding Contribution to the Field in 1980.

After Yale Medical School and a residency in internal medicine at George Washington University Hospital in the 1950s, Dr. Senay returned to Yale for a residency in psychiatry and then joined its faculty for several years before going to Chicago in 1967.

He was certified by the ABPN in 1966, and by ASAM in 1991.



Nicotine Dependence Conference

by **Terry A. Rustin, MD**

ASAM's 7TH NATIONAL CONFERENCE on Nicotine Dependence drew 313 physicians, scientists, nurses, psychologists, counselors, respiratory therapists, administrators, public health specialists, and other professionals to Boston Nov. 3-6. The participants, who are variously involved in prevention, treatment, and research on nicotine dependence, heard a variety of specialists present a wide range of topics in the field. There were 11 presentations, 10 workshops, three pre-conference workshops, a luncheon speaker, and a debate about nicotine replacement maintenance.

Three highlights during the four-day conference were a presentation on weight gain after stopping smoking, a report on the relationship of alcoholism and nicotine dependence, and the keynote address by a member of Congress.

Weight Gain

IN "IS POST-CESSATION WEIGHT GAIN Helpful or Harmful?" Kenneth Perkins, PhD, presented carefully assembled data that documented how nicotine increases both metabolism and caloric expenditure. He is an associate professor at the Western Psychiatric Institute of the University of Pittsburgh School of Medicine, and is well-known for his research in this area. According to Dr. Perkins, most who quit smoking do gain weight. Minimizing this weight gain affects the cessation success rate.

However, rather than counsel patients on weight-maintenance strategies—which can divert attention from smoking cessation therapy—he suggested that treatment professionals first focus on helping patients to accept some weight gain, and then deal with their reaction to gaining that weight.

CD Deaths from Tobacco

Richard D. Hurt, MD, director of The Mayo Nicotine Dependence Center, described a Mayo Clinic project in which he and his colleagues collected data on patients treated for alcohol dependence at

Mayo over the past 20 years. They identified the cause of death when pertinent.

Not surprisingly, the death rate of this group is significantly higher than would be expected. What might not be expected is that more died from diseases caused by tobacco than from diseases caused by alcohol or other drug use. These data, said Dr. Hurt, who was a previous chair of this ASAM conference, provide a compelling reason for including nicotine dependence counseling in the context of other drug addiction treatment.

John Slade, MD, chair of ASAM's Nicotine Dependence Committee and also a former chair of this conference, introduced the keynote speaker, US Representative **Martin T. Meehan (D-MA)** as one of the strongest advocates in the Congress for tobacco control.

Critic of Tobacco Industry

I HAVE BEEN STUNNED ON A DAILY BASIS," said Mr. Meehan, who represents the Fifth Congressional District of Massachusetts, "by the tobacco companies' limitless capacity to distort the truth." Referring to the recent hearings before Congress in which tobacco company representatives denied manipulating nicotine levels in cigarettes in an effort to addict smokers, Rep. Meehan said, "We have a right to learn whether their conduct has been merely despicable or whether it has risen to the level of criminality." He called on the conference participants to make their individual voices heard, by writing to members of Congress and to FDA Commissioner David Kessler. He concluded by saying, "We must hold the [tobacco] industry accountable for its actions and thwart its campaign to addict our youth into becoming a new generation of tobacco statistics." (A Democrat, Rep. Meehan was reelected to his seat by a wide margin in the recent elections.)



Dr. Slade



Pre-Conference Workshops

PRIOR TO THE CONFERENCE OPENING, ASAM organized three simultaneous day-long pre-conference workshops. This year Michael Fiore, MD, and Thomas Houston, MD, led the first, which focused on teaching physicians how to use the National Cancer Institute model of smoking cessation treatment—a model that can be readily used in their practices by primary care physicians. In the second workshop, the 4th Nicotine Research Roundtable, Lori Karan, MD, and John Rosecrans, PhD, brought together a diverse group of clinicians and researchers to discuss the structure and function of nicotine receptors and their implications in addiction and in smoking cessation treatment. The third workshop gave those working on the Massachusetts Tobacco Control Initiative an opportunity to present their progress and results, and to demonstrate a model for similar programs to be developed in other states.

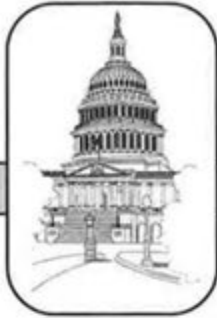
In closing the meeting, conference chair John Hughes, MD, expressed gratitude to the speakers and participants for another successful annual conference.

Next Year

The 8th National Nicotine Dependence Conference will be held Oct. 12-15 at the Toronto Marriott Eaton Center in Canada.

*Terry Rustin, MD, is author of **Quit and Stay Quit** (Hazelden). He led a workshop "Treating Smokers with Alcohol/Drug Abuse" at this conference.*

Names in boldface are first mentions of ASAM members.



Health Care

A REPORT FROM THE EXECUTIVE VICE PRESIDENT

James F. Callahan, DPA



Wrap-Up— Looking Back, Looking Forward

1994 BEGAN WITH ALL EYES ON WASHINGTON. LEGISLATORS weighed President Clinton's health reform plan and the alternatives, but could not agree on a major package.

With no comprehensive reform at the federal level, attention in 1995 is shifting back to the states. In fact, a number of states did enact "small R" reforms in 1994 that are important for addiction medicine. Key areas included expanded access to care and adopting protections for providers and patients who are involved in managed care plans.

Determining Who Gets Care

ACCORDING TO NIAAA DIRECTOR ENOCH GORDIS, MD, AN ASAM member, the question of who controls access to care is critical in determining who gets treatment for alcohol and other drug problems. Addressing a CSAT national conference in December, Dr. Gordis noted that the power of "gatekeepers" such as managed care plans is enormous. If gatekeepers are knowledgeable and interested, they can expand access to care. But if they are unsophisticated and rely on books, manuals and regulations to make their decisions, gatekeepers pose an obstacle that may be insurmountable.

Indeed, regulating these managed care "gatekeepers" was important to many state legislators in 1994. The stakes are high. At least 40 state Medicaid programs use managed care as a cost-control device. Two-thirds of the privately insured are covered by some form of managed care. Similarly, managed care organizations use utilization review (UR) as a mechanism to "squeeze out" excess use of medical resources. Legislative concern here centers on questions such as insurers' intrusion into clinical decision-making, and both providers' and patients' rights to appeal adverse UR decisions.

"...the power of gatekeepers ... is enormous."

**—Enoch Gordis, MD,
NIAAA Director**



Dr. Gordis

Landmark Legislation Regulates Managed Care

LANDMARK LEGISLATION ADOPTED IN CALIFORNIA PROVIDES safeguards to patients and providers in managed care arrangements. Developed by the California Medical Association (CMA) with support from consumer and union groups, Senate Bill 1832 represents organized medicine's latest effort to provide physicians with greater freedom to practice in a managed care environment. Senate Bill 1832 sets some rules for health care services' plans regarding prior authorization—particularly of emergency care services—and information disclosure.

For example, plans must—

- 1) Reimburse providers for emergency care without prior authorization,
- 2) Follow procedures for resolving disagreements about patients who have received emergency care,
- 3) Disclose to the Commissioner of Corporations and providers and enrollees the processes used by the plan to authorize covered benefits,
- 4) Refer contested claims in an appeals process to the plan's medical director or other appropriately qualified health care provider,
- 5) notify enrollees of the termination of contracts with providers.

Perhaps most important, a health service plan may not rescind or modify an authorization given for a specific treatment after that treatment has been provided, or release any information to the employer about the nature of an employee's treatment.

Measures that regulate managed care and utilization review vendors also were adopted in 1994 in **Alabama, Georgia, Indiana, Kansas, Maine, Maryland, and Vermont.**

As the AMA works to have its Patient Protection Act—which is based on the CMA proposal—introduced in Congress, further state and federal activity is expected in 1995.

Reform Alert

Any Willing Provider Legislation— Freedom to Choose

PERHAPS THE MOST SENSITIVE COLLECTIVE NERVE TOUCHED BY managed care is most Americans' desire to choose freely among health care providers. Therefore we were not surprised when freedom of choice was the major emphasis in managed care provider legislation enacted during the first half of 1994. This issue was a major focus of opponents of the Clinton Administration reform proposal.

A provider's freedom to participate in managed care plans is a closely related issue. "Any willing provider" laws obligate insurers—including HMOs and PPOs—to contract with any provider that meets a plan's terms and stipulations. The managed care industry has aggressively fought these counter measures; nonetheless, 1994 saw "any willing provider laws" adopted in eight states.

How Will Elections Affect Health Reform?

THE CONSERVATIVE SWING OF the 1994 elections should not affect addiction benefits much at the state level. States will continue

to respond to changes in the marketplace. They may enact more reforms in 1995, as the proliferation of new organized systems of care increases pressure to consolidate health care delivery. In regulating the market, legislators will have to strike a delicate balance between preserving the innovation in health care delivery brought about by the private sector, and protecting the public's interests.

The November '94 elections advanced the health care agendas of certain governors.



For example, Lawton Chiles was reelected governor of **Florida**, almost assuring that the Florida legislature will address that state's Health Security Plan in 1995.

In **New Mexico**, Democratic Gov. Bruce King was defeated. The governor-elect—Gary Johnson—ran on a more conservative, tax-reduction platform. Johnson stressed two points: that those who need health care should receive it, but should be responsible for paying for it; and the state overextended itself financially in past efforts to expand coverage.



Illinois's Republican Gov. Jim Edgar was reelected, while the GOP retained control of the state Senate and took control of the House. With a Republican majority in both houses now, Edgar is likely to revisit Medicaid reform, for which there is considerable public support in suburban Cook County and down state.



Vermont engaged in one of the most widely watched health reform debates in 1994. Democratic Gov. Howard Dean was reelected by a 70% margin. However, in the legislature next year, health care will have a competing priority: property tax reform.



Minnesota Republican Gov. Arne Carlson won handily. Carlson pledged no new taxes except on cigarettes, or possibly on gasoline. This will affect MinnesotaCare in that there are no funds to cover the current level of enrollees, much less any planned expansion efforts.

Under state term limit law, **Tennessee's** Democratic Gov. Ned McWherter could not run for reelection. Republican Don Sunquist will replace him. What this means for TennCare remains to be seen. Community ADM providers are particularly interested in this development, given their recent joint venture with Medco Behavioral Care Corp. to provide managed mental health services to TennCare's 1.2 million beneficiaries.



"...the 1994 elections should not affect addiction benefits much at the state level."

ADM in AMA Survey

ENCOURAGE EACH ASAM MEMBER TO PARTICIPATE IN THE 1995 American Medical Association (AMA) annual survey of physicians.

This is your opportunity to identify addiction medicine (AMA survey code "ADM") as your practice specialty.

"...your opportunity to identify ADM as your practice specialty."

The AMA acknowledged addiction medicine as a Self-Designated Practice Specialty in 1990. This action resulted from a successful campaign by ASAM's AMA delegates **Jess W. Bromley, MD**, and alternate delegate **David E. Smith, MD**, who were supported by many ASAM members nationwide.

Designating ADM as a practice specialty means the AMA acknowledges that addiction medicine—

- is based on major new concepts in medical science having broad professional support;
- is a distinct and well-defined new field of medical practice; and
- is in enough demand for a significant number of physicians to choose limiting their practices to the ADM specialty.

The AMA survey is a key source of information about physicians and their practices. Your selection of ADM will send a signal to the AMA, and to all who analyze and use these data, that addiction medicine is a viable, growing field of practice.

A report of the December AMA House of Delegates meeting in Hawaii will appear in the March-April issue of **ASAM NEWS**.

—James F. Callahan, DPA

Addictions: A Review & Update May 4 - 6 New Orleans, LA

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Methadone Myths & Truths

by Susan F. Neshin, MD

Myth—Since it is more difficult to become opiate-free the longer a patient is on methadone, "short-term" methadone maintenance (MM) should be encouraged.

Truth—Premature withdrawal almost inevitably leads to relapse to opiate use and potential exposure to HIV infection for IDUs. Study after study shows a better outcome the longer a patient is retained in MM treatment. In a motivated patient, medically managed withdrawal can be as successful after six months as after 16 years of MM.

Myth—All opiate addicts who truly "work a program" of recovery can maintain a "normal" opiate-free existence.

Truth—While this may be true for most opiate addicts with a short addiction history, many chronic opiate addicts have a derangement of the endogenous opiate receptor system which persists after withdrawal from opiates. This manifests in chronic dysphoria and narcotic hunger, usually leading to relapse to opiate use.

MM, while not curative, is a corrective treatment for this derangement.

Myth—Continued use of cocaine, alcohol, and other substances by MM patients is evidence of methadone's questionable efficacy.

Truth—Methadone is opiate maintenance therapy and effectively decreases/eliminates illicit opiate use. It is not effective for other substance abuse. On the other hand, polysubstance abusers who avail themselves of substance counseling and other therapeutic services in an MM treatment program will inevitably decrease and/or eliminate other substance use.

Myth—Since 30-40 mg. is a "blocking" dose of methadone, maintenance doses above this are excessive and unwarranted.

Truth—While some patients do not experience the narcotic effects of self-administered opiates (are "blocked") while maintained on methadone doses of 30-40 mg., most still experience narcotic craving and irritability and are vulnerable to

relapse to opiate use. The 1990

General Accounting Office report on MM treatment programs concluded that "60 mg. of methadone is the lowest effective dose to stop heroin use, and low-dose maintenance (20-40 mg.) is inappropriate." In study after study, the single most important factor, both for decreasing/eliminating illicit opiate use and for retaining patients in treatment, is adequacy of methadone dosage.

Myth—Since opiates are immunosuppressive, HIV infected patients should avoid MM treatment.

Truth—While acute doses of opiates can be immunosuppressive in vitro, there is no evidence that chronic doses of opiates are immunosuppressive. On the contrary, patients on MM evidence neuroendocrine and immune function normalization.

Dr. Neshin is medical director of Jersey Shore Addiction Service, Asbury Park, NJ.



ASAM Publications

▲ Principles of Addiction Medicine

ASAM's New Textbook—October 1994.

18 sections, over 100 chapters, over 1,000 pages, the latest information about:

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▲ ASAM's New Membership Directory 1994-1995

January 1995. Includes fax numbers.

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◆ ASAM State Chapters 1994



Seek New Chapters

ASAM IS NOW 24 CHAPTERS STRONG. IF YOU live in a state that has a chapter, we urge you to get involved by contacting the chapter president listed on this page. See your *1994-1995 ASAM Membership Directory* for his or her address and phone number. If your state does not have a chapter, how about forming one? As it grows, your chapter can support

state and/or regional educational meetings.

Call Pam Traylor or Theresa McAuliffe at headquarters (301-656-3920) for more information.

—Pam Traylor, *Membership Director*

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Allegheny Addictions Program Medical Director

Allegheny General Hospital (AGH), a 746 bed urban hospital located in Pittsburgh, is recruiting a psychiatrist who specializes in addiction medicine for the position of Medical Director of the Allegheny Addictions Program (AAP).

The AAP is a program of the Department of Psychiatry and Allegheny Neuropsychiatric Institute of the Medical College of Pennsylvania and Hahnemann University School of Medicine, Allegheny Campus.

The program includes an innovative hospital-based substance abuse and alcohol consultation/liaison service and comprehensive, state-of-the-art adult ambulatory alcohol and drug treatment programs. The ambulatory programs include: Partial Hospitalization, Intensive Outpatient, and Outpatient Detoxification Treatment services. The Director of the AAP oversees all clinical operations and provides both direct service and staff supervision.

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and includes attractive opportunities for teaching and research.

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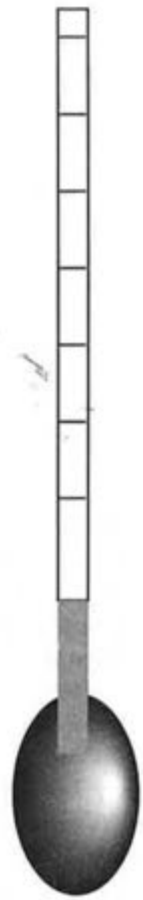
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1995

- **Feb. 24-26—Medical Review Officer (MRO) Training Course**
Marina Del Rey, CA *Ritz-Carlton*
- **April 27-30—ASAM Annual Meeting & 26th Annual Medical-Scientific Conference**
Chicago *Marriott Downtown*
ASAM Board Meeting—Apr. 26
Ruth Fox Course for Physicians—Apr. 27
Medical-Scientific Conference—Apr. 28-30
- **July 7-9—MRO Training Course**
Washington, DC *The Capitol Hilton*
- **Oct. 7—WISAM (Wisconsin Chapter) Conference**
Milwaukee
- **Oct. 12-15—8th National Conference on Nicotine Dependence**
Toronto, Ontario *Toronto Marriott Eaton Center*
- **Oct. 19-21—State of the Art in Addiction Medicine**
Washington, DC *Marriott Metro Center*

1995 (continues)

- **Nov. 2-4—CSAM/ASAM State of the Art in Addiction Medicine Conference**
Marina del Rey, CA *Ritz-Carlton*
- **Nov. 17-19—MRO Training Course**
New Orleans *Intercontinental New Orleans*

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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