ASAM NEWS

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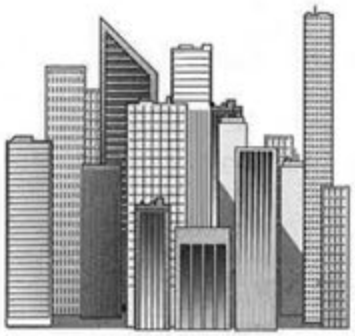

ASAM 26th Annual Medical-Scientific Conference
Chicago
April 27-30
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Inside

Departments

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.

Dream to Reality

by David E. Smith, MD
President-Elect

Tony Radcliffe began his ASAM President's speech in Los Angeles by describing a dream that became a reality.

"I am very fortunate," he said in May 1993, "to have found a place in medicine where I feel accepted, where impossible dreams can happen, and where there are causes worth fighting for. My dream was that addicted patients should be treated with respect and receive the same basic medical knowledge and skills as any other patient." (1)

Haight Ashbury

I HAD THE SAME DREAM ON HAIGHT STREET IN SAN Francisco DURING the "Summer of Love"—June 1967. Several thousand young people had flocked to the Haight Ashbury to participate in a counter-culture lifestyle. They were following a philosophy of "better living through chemistry."

Because drugs were important in this new lifestyle, the dominant culture became offended and denied health care to these kids.

Out of that conflict came my dream.

"Out of that conflict came my dream."

My dream is embodied in the founding philosophy of the Haight Ashbury Free Clinics:

1. *Health care is a right and not a privilege.*

The Health Care system should not be allowed to deny a person access to health care based on dislike of a person's lifestyle, skin color, sexual orientation or other characteristics. Therefore, medicine should be de-mystified, non-judgmental and humane. Health care should be delivered in a courteous and educational manner. When possible, patients should be permitted to choose among alternative methods of treatment.

2. *Addiction is a disease.*

Therefore, a patient suffering from this disease deserves the same right to humane treatment as any other patient.

These philosophical principles were met with much criticism, including my colleagues in mainstream medicine. In 1969, one of my professors of medicine said to me, "David, where did you go wrong? You were always such a promising young medical student." Because of rejections such as these, I believed that my dream would remain in the Haight Ashbury and never become a widespread reality.

Fortunately, I was wrong. Thanks to ASAM and the field of addiction medicine, my pessimistic view of mainstream medicine has changed dramatically.

(see DREAM p. 2)

(**DREAM** *from p. 1)*

As I accept the honor and responsibility of the office of President of ASAM, I realize that much of my dream has become reality. We have a field of addiction medicine that is recognized by the American Medical Association with its own code—ADM. I proudly display ADM beside my name in the San Francisco Medical Society Directory, without fear of criticism or rejection. In fact, American medicine welcomes us. It recognizes that addictive disease represents our country's number one health problem. It kills over half a million patients a year in all its forms: cigarette addiction—400,000; alcoholism—100,000; illicit drugs—20,000.

CSAM

Like Tony, whose odyssey began when he met **Vicki Fox** and **Max Schneider**, my journey from the streets of the Haight Ashbury to the mainstream of medicine began when I met **Jess Bromley**, another pioneer in the field of addiction medicine. Unlike Tony, whose medical role model was a family physician, my role models were laboratory scientists studying the principles of psychopharmacology and clinical toxicology. When I left the lab and came to the streets, I had little experience in the practice of medicine or law enforcement.

Jess gave me that real world education in our first conversation. "David," he said, "did you know that they just arrested two doctors in Southern California for detoxing addicts on an outpatient basis?"

"I do that every day at my clinic," I said uneasily.

"I know," he said. "We need to form a society of doctors who treat addicts, and to affiliate with organized medicine in order to legitimize our field."

We did it. Pioneered by Jess Bromley, Gail Jara, Max Schneider, and many others in this room, we formed what is now known as the California Society of Addiction Medicine. It is the largest ASAM state chapter.

Gail Jara, CSAM's long-time executive director, suggested to me that "one can change the system better from within." Her advice strongly influenced my decision to interact with organized medicine.

As our movement gained momentum, we in California joined hands with another addiction medicine pioneer, ASAM's new president-elect **Doug Talbott** from Georgia. Doug also dreamed about a specialty of addiction medicine. But he stressed national unity.

At that time, our field was divided. Doctors who dealt with patients addicted to legal drugs were separate from "dope doctors" like I am, who dealt primarily with those on illegal drugs. Since our patients abused all psychoactive drugs, legal or illegal, it made little sense for us to remain separated, a separation determined by the different forms of addictive disease that we treated.

Thus we joined with other alcoholism pioneers —**Anne Geller, Stan Gitlow, Sheila Blume**, and **LeClair Bissell** in New York; **Ed Senay** and **John Chappel** in Chicago—and many others, to unify our field as embodied in the principles we laid out in the 1983-1984 Unity Meetings at Kroc Ranch in California.

AMA

These principles were introduced to the AMA in the late 1980s by our new ASAM delegation, led by Jess Bromley and Manny Steindler.

The result? Mainstream medicine accepted addiction as a disease. The practice of addiction medicine is now based on the study and treatment of addictive disease.

Mainstream medicine accepted addiction as a disease.

Our work is far from done. The devastating consequences of addiction still plague our society. As Tony stated two years ago, "If those of us who are proactive ADM are to succeed in helping the addicted, we must focus our efforts on improving the care we render."

Too often, the addiction treatment field is based on ideology rather than on sound clinical practice.

ASAM, with its *Patient Placement Criteria, Principles of Addiction Medicine,* and *Clinical Practice Parameters*, leads in improving the medical quality of care for addiction patients.

We are not the "American Society of My Favorite Treatment Modality." Our practices must be diagnosis-driven, with careful treatment outcome evaluation. Our therapeutic techniques range from pharmacological approaches, such as maintenance pharmacotherapy, to spiritual approaches, such as 12-step recovery. The ADM specialist must be familiar with the broad range of available treatments. He or she must prescribe without bias or judgment if the diagnosis so indicates, in order to be free from the bondage of addiction — a tyranny that many of us in this room have known.

Science

In the same fashion, our discipline must be scientifically based. In the last 25 years, science has learned more about brain chemistry as it relates to addictive disease than in its whole previous history. We must keep up with these many and varied advances.

Examples include breakthroughs in genetic research; new medication developments such as using Naltrexone to treat alcoholism; epidemiological research that shows disturbing changes in drug patterns, such as the increase of cigarette and hallucinogen abuse among youth; and treatment outcome research which indicates improved effectiveness of therapy when combined with multicultural sensitivity for minority populations.

The ADM field also must move into new areas. Alcohol and drug testing in industry is a reality, designed to protect public safety. ASAM's involvement, led by **Ian Macdonald**, has provided a therapeutic dimension. The employee who tests positive for alcohol and illicit drugs at work can be evaluated by a substance abuse professional and diverted to treatment where appropriate. In fact, ASAM's MRO course has evolved into an addiction medicine laboratory science course. This could be considered essential for any physician who practices ADM.

Spirituality

In our drive to improve the scientific and clinical basis of ADM, we cannot ignore the spiritual dimension of this disease.

(**DREAM** *from p. 2)*

Many physicians — whether or not in ADM — achieve their own recoveries by participating in a 12-Step program. They face the same discrimination as do our recovering patients. In our drive to gain credibility for ADM, we must fight such discrimination wherever it occurs, and continue to welcome into ASAM recovering physicians who are qualified to join.

I recognize the tremendous responsibility and commitment involved in the position of ASAM president. But I feel well prepared. I've been trained by Anne Geller and Tony Radcliffe.

We are not the "American Society of My Favorite Treatment Modality."

In ASAM, we have a tradition of developing a new generation of leaders, including your new president-elect, our new board of directors, and our rapidly expanding state chapter movement.

This complex operation is kept together by our executive vice president, Jim Callahan. As Tony stated in 1993, Jim has become "the glue that holds ASAM together." Jim was very important in preparing me to become president. He is both a capable administrator and an addiction medicine visionary.

Finally, I want to thank my wife Millicent—my partner in life and in recovery, and our children, who have supported my dream, often at their own sacrifice.

Thank you all for making my dream a reality. The most appropriate words for expressing my gratitude are the Serenity Prayer —

"God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference."

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References —

(1) Radcliffe, A.B. "A Covenant with the Future," *Journal of Addictive Diseases*, 1993, Vol. 12, No. 4, pp. 153-160.

Speech by president-elect David E. Smith, MD, *to ASAM membership in Chicago, April 29, 1995, at the ASAM Awards Dinner.*

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

'Substance Abuse Professionals' Handle More than MROs

by **H. Westley Clark**, MD, JD, MPH

THE 1994 DEPARTMENT OF TRANSPORTATION (DOT) Regulations define a Medical Review Officer (MRO) as a medical doctor who has—

(1) knowledge of substance abuse disorders;

(2) training to interpret and evaluate laboratory test results; and

(3) ability to interpret those results in conjunction with an employee's medical history. (1)

Substance Abuse Professional

THESE SAME NEW DOT REGULATIONS introduced new personnel called the "Substance Abuse Professional" (SAP).

An SAP can be a licensed physician; or a licensed or certified psychologist, social worker, employee assistance professional; or an addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Certification Commission.

An SAP must have knowledge of and clinical experience in diagnosis and treatment of alcohol- and drug-related disorders (2). An SAP may be employed by the employer, may operate under contract with the employer, or may be unaffiliated with the employer.

The generic function which the DOT now requires is to evaluate an employee who has tested positive for alcohol or drugs. Regulations require that an SAP make these evaluations:

- to determine what assistance, if any, the employee needs to resolve problems associated with alcohol misuse and controlled substance use;
- to determine through a second evaluation whether the employee has properly followed the prescribed rehabilitation program where offered;
- to determine if the employee also requires drug testing for an alcohol-positive employee, or alcohol testing for a drug-positive employee;
- to determine the number and frequency of unannounced follow-up testing.

Regarding potential conflict of interest, DOT regulations prohibit SAPs from referring employees who need assistance to the SAP's private practice, or to a person or organization from which the SAP receives remuneration or has a financial interest.

The Federal Railroad Administration expands the required function into the area of psychological assessment, thus raising the issue of dual diagnosis. Its rules (3) establish this additional function for the SAP — to determine if the employee is affected by a psychological or physical dependence on alcohol or one or more controlled substances, or by another identifiable and treatable mental or physical disorder that involves misuse of alcohol or drugs as a primary manifestation.

Return to Work

AN SAP MUST EVALUATE AN EMPLOYEE who has tested positive before he or she can return to work.

If the employee violated the sections involving controlled substances, he or she must present a urine sample that tests negative for controlled substances.

If he or she violated the sections involving alcohol, breath for testing must indicate an alcohol concentration of less than .02. An employee must present both a urine sample and breath for testing if the SAP deems it necessary.

"An ASAM-certified physician...could be ideally suited... as both MRO and SAP."

Comment

THE CHANGES IN THE DOT REGULATIONS clearly de-emphasize the function of the MRO in favor of the SAP.

The MRO (who must be a physician) is not involved with alcohol testing. The SAP (who may be a physician, but more likely will not be) must be involved in the consequences of both alcohol and drug testing.

An employer could hire a NAADAC-certified counselor to do substance abuse assessments of employees who test positive. A counselor is certainly cheaper than a physician, a licensed or certified psychologist, or a social worker.

However, in order to enhance efficiency and communications, some companies, already linked with the MRO in the drug testing arena, may be willing to extend the use of the MRO to these newly required functions if the MRO could also qualify as an SAP.

Alternatively, the company may wish the MRO had either a collaborative or supervisory relationship with a non-physician SAP.

An ASAM-certified physician, or a physician certified in addiction psychiatry, could be ideally suited to function as both MRO and SAP.

Physicians currently operating as MROs, but without knowledge of and clinical experience in diagnosis and treatment of alcohol and drug-related disorders, need specific training in these areas to qualify as SAPs.

Physicians who do not meet the criteria of SAPs, but who hold themselves out as being SAPs, create risk management problems for themselves and for the employers who hire them. Issues of public safety and employee rights hang in the balance. Work-related errors caused by employees prematurely or inappropriately returned to work may result in damage awards against the employers.

In the case of dual diagnosis, the SAP is at a disadvantage if he or she has little knowledge of mental or physical disorders that have misuse of alcohol or drugs as a primary manifestation. The MRO who is not an SAP, but who collaborates with an SAP, must be concerned with his/her own actions and the actions of the SAP upon whose decisions the MRO, the employer, and the employee rely.

There are now more players in the field. Physicians should be sensitive to these changing requirements and scenarios.

References:

(1) Federal Transit Administration, Federal Register 59(31):7583; Feb. 15, 1994.
(2) (Federal Register 59)(31).
(3) 49 CFR 219.04(d)

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This article is adapted from California Society of Addiction Medicine News, *Winter 1994 p. 1-2*

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Dr. Clark is Chief of Associated Substance Abuse Programs, VA Medical Center, San Francisco, and Assistant Clinical Professor of Psychiatry, UCSF. He joins the ASAM board in April.

ASAM MRO Certificate

ASAM NOW OFFERS THIS MRO Acknowledgment Certificate to ASAM-certified members who take an ASAM MRO course.

For more information, call Theresa McAuliffe at ASAM headquarters.

Annual Meeting, Med-Sci, Chicago, April 27-30

BY NOW, HUNDREDS OF ASAM members have registered for the 26th annual Medical-Scientific Conference to be held in Chicago, April 27-30, at the Marriott Downtown Hotel. Registrations are available on site.

The numerous activities begin with a meeting of the current board of directors on Wed., Apr. 26, which ASAM members are welcome to attend. The new board meets late Friday afternoon, chaired by new president **David E. Smith**, MD.

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.

Other events will include the traditional ASAM annual breakfast meeting on Friday morning, Apr. 28, at which new board members will be installed, an early Friday evening reception for all donors to the Ruth Fox Memorial Endowment Fund, and a Friday late evening dessert reception for all conference registrants.

AA meetings will be offered mornings and evenings in the hotel by IDAA (International Doctors in Alcoholics Anonymous).

Awards Dinner

THIS YEAR THE ANNUAL awards luncheon will instead be a dinner — Saturday evening, Apr. 29. Two ASAM awards, as previously announced (Jan.-Feb. issue), will be presented during the dinner, to Emanuel M. Steindler, former executive director of ASAM, and to **Edward C. Senay**, MD.

A third ASAM Award will be presented to **Jess Bromley**, MD, for outstanding service to ASAM. Specifically "for expanding the frontiers of the field of addiction medicine, in broadening our understanding of the addictive process through research and innovation." Dr. Bromley was secretary of the ASAM Board and is ASAM's representative in the AMA House of Delegates.

Certificate Ceremony

PHYSICIANS WHO passed the 1994 ASAM Certification and Recertification Exam given in December, will formally receive their certificates in a traditional ceremony during the dinner.

Med-Sci Conference chair is **Marc Galanter**, MD.

Ruth Fox Course

THE ANNUAL RUTH FOX COURSE FOR Physicians always attracts an audience of several hundred.

Date this year — Thurs., Apr. 27.

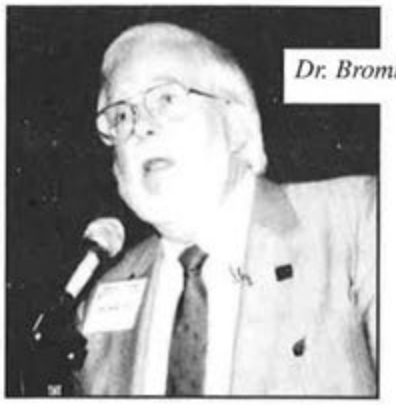
Topics — literature review; treatment in evolution; pharmacologic management of alcohol and of benzodiazepine withdrawal; women's issues; acute and chronic pain management; addiction treatment in managed care; confidentiality.

Faculty — **Andrea G. Barthwell**, MD, **David G. Benzer**, DO, **Martin C. Doot**, MD, **Anne Geller**, MD, **Stanley E. Gitlow**, MD, **Lynn Hankes**, MD, **Christine L. Kasser**, MD, **Michael F. Mayo-Smith**, MD, MPH, **Karen Lea Sees**, DO, **Charles L. Whitfield**, MD, **Maxwell N. Weisman**, MD.

Course director is Dr. Hankes; co-director is Dr. Whitfield.

Young Investigator Award

THE 1995 YOUNG INVESTIGATOR AWARD goes to John Opsahl, MD, MPH, of Loma Linda University for "Prevalence and Correlates of Hepatitis C Virus Infection in Male Substance Abuse Patients." ASAM sponsor was **Anthony B. Radcliffe**, MD.



Dr. Bromley

Dr. Kalant

Distinguished Scientist

HAROLD KALANT, MD, PHD, Professor Emeritus of the University of Toronto Department of Pharmacology and Director Emeritus (Biobehavioral Research) of the Addiction Research Foundation of Ontario, will give the R. Brinkley Smithers Distinguished Scientist Lecture, on Fri., Apr. 28.

His topic— "Experimental Studies on Tolerance: What Can They Teach Us About Alcoholism in Humans?"

Dr. Kalant is well known for his research on the behavioral effects, physiological tolerance (short- and long-term), and biochemical assays of alcohol in laboratory rats and mice.

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. Also near are the Art Institute, Northwestern University Medical Center, AMA headquarters, and the home of the Chicago Symphony Orchestra. Sightseeing tours by bus and trolley are available.

For more conference information, contact Sandy Schmedtje. For information about exhibiting, contact Linda Fernandez.

Both are at ASAM headquarters — 301-656-3920. Fax — 301-656-3815.

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

News of ASAM

Three who have been president of ISAM—the Illinois chapter— in October at their annual meeting. (l. to r.) Drs. ***Martin C. Doot, Violet M. Eggert*** *(with her ISAM Award), and* ***Andrea G. Barthwell.***

Chapters

NEW CHAPTER PRESIDENTS: FLORIDA —**Marilyn C. Moss**, MD of Melbourne; Georgia — **Karl V. Gallegos**, MD of Atlanta; Oregon — **Gary D. Olbrich**, MD of Tigard.

FSAM Annual Conference

THE FLORIDA CHAPTER'S 8TH ANNUAL Conference on Addictions drew 130 registrants to Walt Disney World Village in Orlando Jan. 20-22, 1994. About half were physicians, the rest counselors, nurses and social workers. ASAM speakers who are well-known nationally included president-elect **David E. Smith**, MD, on MRO practice; **Terry A. Rustin**, MD, on basic nicotine dependence strategies; **Mark S. Gold**, MD, on neurobiochemistry as it relates to practical therapeutics in addiction; and **LeClair Bissell**, MD, on health care reform. Other topics included psychological testing, depression, health care practitioners' statistics, pain management, Far Eastern medicine, and personality disorders.

Next year, this conference will again be in Orlando, Jan. 18-20, 1996.

In Memoriam

ELMER E. ZWEIG, MD, 82, OF FORT Wayne, IN, died in December. Specialties were FP and ADM.

Psychiatrist **Herbert J. McBride,** MD, of New Jersey, died in Pennsylvania in December of a heart attack. He was certified by ASAM in 1986.

Writer Deniston J. Kay, PhD, life partner and co-author with **Mel Pohl**, MD, of "Staying Sane: When You Care for Someone with Chronic Illness" (Health Communications Inc. 1993) and of "The Caregiver's Journey: When You Love Someone with AIDS" (Hazelden 1990) died in January, of AIDS.

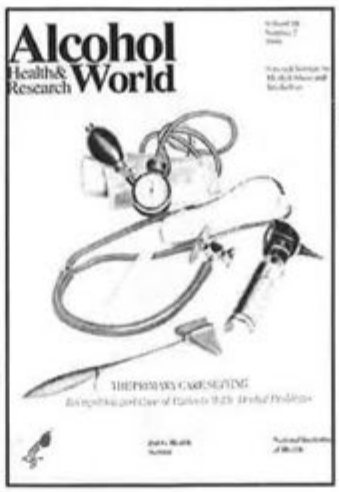
NIAAA

THE LATEST ISSUE OF NIAAA'S QUARterly *Alcohol Health & Research World* (Vol. 18, No. 2), focuses on "The Primary Care Setting — Recognition and Care of Patients With Alcohol Problems." Four articles were written or co-authored by ASAM members: "The Family Physician," **Michael F. Fleming,** MD, MPH; "The Pediatrician," **Hoover Adger, Jr.**, MD, MPH; "Detecting Alcohol-Related Problems in Trauma Center Patients," **Carl A. Soderstrom**, MD; "Medical Education in Alcohol and Other Drugs," **David C. Lewis,** MD.

Recent and forthcoming issues of *Alcohol World* focus on alcohol — and the cardiovascular system, youth, sexuality, drinking and driving, the brain, research, infectious diseases, linking treatment research with clinical practice.

Subscriptions are $13 per year, available from New Orders, Supt. of Documents, PO Box 371954, Pittsburgh, PA 15250-7954. To fax credit card orders: 202-512-2233. Tel. 202-783-3238.

Enoch Gordis, MD, is director of the NIAAA.



Career Moves

AS OF MARCH, **MARVIN SEPPALA**, MD, is new medical director of Hazelden in Center City, MN. He leaves Springbrook Northwest in Oregon.

Allan Graham, MD, chair of the Review Course Committee, goes from Vermont to Colorado in July to join Kaiser Permamente in Denver. He will work with **H. Blair Carlson**, MD.

ASAM board member **Christine L. Kasser**, MD, has joined the faculty of the University of Tennessee Medical School in Memphis with appointments in internal medicine, family medicine, and psychiatry.

Joseph R. Cruse, MD, medical director of Onsite Training and Consulting in Rapid City, SD, moved with his organization to Sierra Tucson in Arizona on April 1.

Richard Kunnes, MD, of New Jersey has joined The Wyatt Company. He was formerly with Prudential Insurance Company of America

AAFP Uses ASAM Terms

Alcoholism & Alcohol Abuse, a 1994 reference guide from the American Board of Family Practice, reprinted definitions from an *ASAM NEWS* article (Nov.-Dec. 1990, p. 9).

Two New Committees

These new committees will meet for the first time during Med-Sci in Chicago.
Managed Care — Sat. Apr. 29, 7-8:30 a.m.
Quality Improvement — Sat. Apr. 29, 6-7 p.m.

by Michael M. Miller, MD

Managed Care Committee

ARE YOU AN ADM PHYSICIAN WHO devotes a significant portion of your professional energies to managing ADM care? Are you the medical director of an HMO, a PPO, an MCO, or a provider network? Are you a Utilization Review manager or consultant for a managed care entity? Are you a clinical director for the addiction care delivery system of an HMO or another organized system of care? In essence, do you work within managed care?

If so, do you ever feel misunderstood by your medical colleagues? Do you feel like "the enemy," or unsavory for being inside the care management arena?

Or are you an ASAM member who would like to be better acquainted with how "managed care" works, and with physicians who work within "managed care"?

The Managed Care Committee is intended as a collegial forum for members of a similar practice background or style, to discuss issues of common interest. Like the Family Practice and Psychiatry Sections of ASAM, this committee will focus on an area of professional interest within addiction medicine.

Also, the committee could be a liaison to entities outside of ASAM. Thus, as the ASAM FP Committee interfaces with the AAFP, and the Trauma Committee with the Emergency Medicine specialty society, the Managed Care Committee might prepare ASAM positions on HMOs, "behavioral health care carve-outs" and other entities, and talk with managed care about panel composition, awarding of credentials, and definitions of medical necessity.

Quality Improvement (QI) Committee

MANAGEMENT STRATEGIES HAVE shifted in recent years to a model variously referred to as "Total Quality Management"(TQM),"Continuous Quality Improvement" (CQI), or simply "Quality Improvement" (QI).

QI has a major foothold in the health care industry. QI processes supplant traditional Quality Assurance processes in many places. The Joint Commission (JCAHO) was a leader in this shift with its Agenda for Change. Its surveys of accredited organizations increasingly focus on QI efforts.

Addiction medicine physicians, whether or not they are medical directors of JCAHO facilities and clinics, should become comfortable with the philosophies and methodologies of TQM and QI.

The new ASAM Quality Improvement Committee's anticipated mission:

1) a forum for ASAM members involved in QI activities within their practice settings, medical management settings, or other medical organizations to pool knowledge and experience about CQI and to determine how philosophies, methods, and tools of TQM can improve the practice of addiction medicine;

2) a clearing house for information on QI in addiction medicine for ASAM members.

Its expected activities:

a) to pool input from committee members on analysis issues such as—

- who are the customers of ADM services? what are their hopes and expectations?
- what are the core processes of ADM clinical care?
- what are the outputs of ADM clinical care?
- what are the desired outcomes of ADM clinical care?
- how can variation in ADM clinical processes be minimized?

b) to generate interaction with other ASAM committees.

c) to write and publish an ASAM Policy Statement on Quality Improvement in Addiction Medicine.

d) to publish other reports on CQI and TQM in ADM.

The findings of this committee could help the ASAM Board, the Executive Committee, and the central office to be more efficient in carrying out their various activities. Increased efficiencies could benefit all ASAM members.

Call for Committee Members

IF YOU BELIEVE YOU CAN PLAY A CONstructive role; if you just want to learn more about QI or MC as applied by ASAM members; or if you only want a place to "feel at home" within ASAM while practicing in a structured network or in administrative medicine, please contact Dr. Mike Miller, at:

NewStart, 1015 Gammon Lane, Madison, WI 53719.

608-271-4144. Fax — 608-271-3457.

Both committees will meet in Chicago during the ASAM Medical-Scientific Conference April 27-30 (see box above).

Dr. Miller, one of ASAM's representatives to the JCAHO, was chair of the Reimbursement Committee. He will chair both new ASAM committees.

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Glossary

ADM—Addiction Medicine
CQI—Continuous Quality Improvement
MCO—Managed Care Organization
PPO—Preferred Provider Organization
QI—Quality Improvement
TQM—Total Quality Management

Certified 1994

198 Pass Exam

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◆◆◆

1st Recertifying Certificate

THIS IS ASAM'S FIRST CERTIFICATE FOR RECERTIFICATION. Recipients are the 26 previously certified physicians who passed ASAM's 1994 certification/recertification exam.

Thirty took the test last December in Atlanta or Los Angeles — the first time the ASAM exam has been so used.

The same scoring policy applied to everyone, whether sitting for certification or recertification.

ASAM has certified a total of 2,791 physicians and recertified 26.

Certification/Recertification Exam

RESULTS OF THE 1994 ASAM CERTIFICATION/ RECERTIFICATION EXAM GIVEN IN December:

- 237 took the exam — 198 passed (84%).
- 26 are recertifications (87% of 30 passed).
- 90 also passed the MRO section of the exam. These 90 may be eligible for the new ASAM MRO acknowledgement certificate (see p. 4). ASAM headquarters sent each a letter.

The 1994 certification and recertification certificates will be given out during the Awards Dinner at the ASAM Annual Meeting in Chicago on Saturday evening, April 29.

A total of 2,791 physicians are now certified by ASAM.

The first exam was given in 1986. The next will be in 1996. More information in May from Theresa McAuliffe at ASAM headquarters.

Credentialing Committee chair is **Lloyd Gordon**, MD. Additional Review Committee chair is **Anthony B. Radcliffe**, MD. Exam committee chair is **Sidney H. Schnoll**, MD, PhD. Certification Section chair is **John B. Griffin**, Jr., MD.

A REPORT FROM THE EXECUTIVE VICE PRESIDENT

James F. Callahan, DPA

AMA Delegates Meet

At the American Medical Association's Interim Meeting of the House of Delegates in Honolulu in early December, several new AMA policies of special interest to the ASAM membership and the chemical dependency field were approved.

Illness prevented ASAM delegate **Jess Bromley**, MD from attending. **David E. Smith**, MD, headed the ASAM delegation, with **Stuart Gitlow**, MD, as alternate delegate, and also delegate to the Resident Physicians Section. James F. Callahan, DPA, also attended.

The 430-member House (the policy-making body of the 297,000-member medical society) approved the following AMA policies:

Specialty Recognition in Addiction Medicine

In June 1994, ASAM had called on the AMA to ask national specialty societies in internal medicine, family practice, emergency medicine, pediatrics, and preventive medicine to urge their specialty boards to study the desirability and feasibility of offering Certificates of Added Qualifications (CAQs) in Addiction Medicine. The AMA Council on Medical Education's response in December:

> Many physicians in specialties other than psychiatry have graduate education and experience appropriate for the treatment of substance abuse. While the AMA acknowledges the importance of the broad field of addiction medicine and is generally supportive of appropriate efforts to recognize clinical expertise in the field, it has no special role to play in establishing CAQs by specialty boards.

The Council, therefore, recommended against adopting ASAM's request.

In introducing the resolution at the June meeting, ASAM had understood that fullfilling the request might fall outside the purview of the AMA. Nevertheless, ASAM decided to introduce the resolution as a means of educating members of the House of Delegates about the need for specialty status for addiction medicine. ASAM continues to work in other areas within the AMA to promote specialty status.

Medical Education

Approved new policy: "Alcohol and other drug abuse education needs to be an integral part of medical education." The AMA will "support the development of programs to train medical students in the identification, treatment, and prevention of alcoholism and other chemical dependencies."

The AMA Liaison Committee on Medical Education will collect data on education in substance abuse in US medical schools to monitor fulfillment of this resolution.

Physicians Health

For a year-and-a-half, ASAM and others have expressed concern over questioning a physician on various applications about referral or treatment of psychiatric and addictive disorders. ASAM had introduced a resolution on this. The AMA has adopted the following policies:

> The AMA urges licensing boards, specialty boards, hospitals and other organizations that evaluate physician competence to inquire only into illnesses or disabilities that may be expected to affect a physician's current (as defined by law) competence.
>
> The AMA encourages specialty boards, hospitals, and other organizations involved in credentialing, as well as state licensing boards, to take all necessary steps to assure the confidentiality of information contained on application forms for credentials.
>
> [The] AMA Policy 275.945 [is to] be reaffirmed, which called for the AMA to:
>
> (1) seek clarification of the application of the Americans With Disabilities Act to the actions of medical licensing and medical specialty boards; and,
>
> (2) encourage the American Board of Medical Specialties and the Federation of State Medical Boards and their constituent members to advise physicians of the rationale behind inquiries on mental illness, substance abuse, or physical disabilities in materials used in the licensure, registration and certification processes, when such questions are asked, and that:
>
> The AMA [is to] continue to monitor the interpretation of the Americans with Disabilities Act as it applies to licensure application, and insure to the extent possible that physicians are treated equitably and that licensing boards have the ability to gain information needed for licensure decisions. The AMA will consult with the Federation of State Medical Boards in this undertaking.

The ASAM resolution had included a recommendation that "physicians who are enrolled in an official recognized state medical society program for physicians' health should not be required to disclose their past impairment on applications."

EVP REPORT

(From p. 10)

The AMA commented that this concern of ASAM's was dealt with when it passed the resolutions cited above.

ASAM had introduced a separate resolution on "Mutually Accepted Sanctions by State Medical Boards." asked the AMA to recommend "that the Federation of State Medical Licensing Boards and the Boards of Medical Examiners of the individual states institute a policy of mutually accepted sanctions for physicians whose infractions are associated with impairment from illness, including alcoholism, drug dependencies, psychiatric or physical disorders," and that the policy include four specified provisions to implement mutually accepted sanctions.

Testimony from the Federation of State Medical Boards, the Great Lakes delegation, and others indicated that, although they viewed ASAM's intent as good, this resolution raised many problems. Accordingly, it did not pass.

CD and MH Treatment

SEVERAL RESOLUTIONS DEALT WITH THE problem of physicians being eliminated or barred from managed care or health plans which provide coverage for chemical dependent patients.

The AMA resolved to:

> urge third-party payers to eliminate health plan restrictions on coverage for mental health and chemical dependency treatment by physicians, as well as allow adequate payment and appropriate coverage for applicable diagnostic codes," and "study the impact of single 'carve-out' programs initiated by health care plans on access to quality care and health care outcomes.

Responding to concern about some uses of Board certification as a principal criterion, the House resolved that "the AMA and national medical specialty societies [will] work together to educate patients, purchasers of health care services, managed care organizations and other entities" to use multiple criteria for quality of service from an individual licensed physician.

The AMA reaffirmed its policy that:

> third-party payers should not exclude non-Board certified physicians as a class from participation in their programs, without regard to individual training, experience, and current competence.

Pediatric Accidents — Screening for A & D

THE AMA ADOPTED AS POLICY TO: "support drug and alcohol screening as an appropriate component of a comprehensive medical evaluation for pediatric and adolescent injury victims, when clinically indicated," and, if these young patients test positive for drugs or alcohol, to "encourage physicians to actively pursue appropriate referral and treatment when clinically indicated...."

Harm Reduction

THE AMA WILL "ENCOURAGE NEEDLE exchange programs" as a method of decreasing disease transmission via shared needles. This accords with recent ASAM Public Policy.

The AMA will:

> support study of harm reduction for drug addiction, such as treatment on demand, methadone maintenance, sterile needle exchange, decriminalization of drugs, and peer education and counseling.

The AMA will report to the House of Delegates at the Interim Meeting in December 1995.

Medical Methadone Maintenance

A RESOLUTION IN JUNE 1994 CALLED on the AMA to support the concept of "medical" methadone maintenance by qualified private practicing physicians as a rational public health measure in AIDS prevention.

The AMA adopted the policy that the AMA should:

> support the position that 'medical' methadone maintenance may be an effective treatment for the subset of opioid dependent patients who have attained a degree of behavioral and social stability under standard treatment, and thereby an effective measure in controlling the spread of infection with HIV and other blood-borne pathogens, but further research is needed.

Alcohol Advertising

THE AMA IS TO DRAFT MODEL LEGISlation which would forbid TV commercials of all alcoholic beverages.

Tobacco

THE AMA ADOPTED AS POLICY TO: "support with amicus briefs lawsuits brought against the tobacco industry to reduce smoking and improve patient health," in particular, the one in Minnesota by the State and Blue Cross/ Blue Shield; and to:

—oppose tobacco products in day care and other preschool centers; and

—recommend that HHS and the Dept. of Agriculture withhold "federal money from day care centers where children are exposed to tobacco products."

HIV Counseling, Testing of Pregnant Women

THE AMA ADOPTED AS POLICY THAT: "HIV counseling and testing shall be offered to all pregnant women," and the AMA "strongly encourages all state medical associations to adopt similar policies, and strongly advocates appropriate treatment of HIV-infected pregnant women to prevent vertical transmission of HIV."

Next Meeting

THE NEXT AMA HOUSE OF DELEGATES meeting will be in June 1995 in Chicago.

◆◆◆

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:

Working with managed care providers; current diagnosis and treatment methods; the pregnant addict; pharmacology of abused drugs; medical and psychiatric co-morbidities; surgery in the addicted or recovering patient; pain management and addiction; care of adolescents; special populations; and more.

$115 members; $140 nonmembers.

▲ ASAM's New Membership Directory 1994-1995

January 1995. Includes fax numbers.

Sent free to members; $50 nonmembers.

▲ Membership Mailing Labels

$500 total list; or 20¢ per name.

▲ ASAM Patient Placement Criteria

Published 1991. $45 members; $65 nonmembers.

▲ AIDS Guidelines for Facilities

Published 1991. $2 members; $3 nonmembers.

ASAM Order Form

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Payment: ❑ Check (payable to ASAM) ❑ Purchase Order #

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Return to: American Society of Addiction Medicine, PO Box 80139, Baltimore, MD 21280-0139 Fax 301-656-3815

Letters

To the Editor —

THE FOLLOWING SET OF CIRCUMSTANCES SEEM STRANGE TO ME. I am retired from these organizations as a "fellow" and pay no dues—

American College of Obstetricians and Gynecologists (Founding Fellow); American Board of Obstetrics and Gynecology (Diplomate); American College of Surgeons; International College of Surgeons; American Infertility Society; American Association of Marriage & Family Counselors; American Psychiatric Association (Life Member)

And there are others.

However, as a retired member of ASAM I am required to pay $100 dues per year. I also must pay $35 annually to CSAM (the California Society of Addiction Medicine — ASAM chapter).

Why do I, as a retired member, not have to pay dues to the large, older medical organizations cited above, and yet I am asked to pay dues as a retired member of ASAM and CSAM, which are two far smaller, more-recently-formed organizations?

"How do other old geezers feel?"

I have not been in practice for some years, but I would like to remain a member (or fellow) of all these societies—including ASAM and CSAM. Has ASAM considered a reasonable dues break for retired members? How do other old geezers like me feel about this?

Earle M. Marsh, MD
Walnut Creek, CA

Dr. Marsh is author of Physician Heal Thyself! *(CompCare, 1989)*

ASAM Responds —

AS YOU NOTED, THE LARGE, OLDER MEDICAL ORGANIZATION don't require their retired members to pay dues. Part of the reason, very simply, is budgetary. Revenue from their active members and from non-dues sources subsidize a larger percentage of the membership of those larger organizations. ASAM does reduce dues to $100 for retirees, and heavily subsidizes both house officer and student member dues ($75 and $20, respectively).

However, with nearly one-third of our members over the age of 60, ASAM must be careful about what we promise to our members who are retiring from practice.

On the other hand, we would like to acknowledge the support of our longtime members.

The Membership Committee and ASAM staff reviewed the cost of servicing one member. We then determined the budgetary impact of reducing or eliminating dues for any status of member. With this information, we are exploring the possibility of establishing an Emeritus membership status for those who have been ASAM members for a prescribed length of time (possibly 20 years). We may find that this is only possible if Emeritus members receive limited services (for example, no subscription to the *Journal of Addictive Diseases*).

Hopefully, the resulting motion will be reviewed by the Finance Committee and voted on by the board during this month's Board of Directors meeting in Chicago.

Whatever the outcome, we will certainly keep you and the ASAM membership informed.

Ken Roy, MD.
Chair, Membership Committee

ASAM NEWS welcomes letters to the editor. We hope to make this a regular feature in the newsletter. Please send letters to Lucy B. Robe, Editor, ASAM NEWS, 303-D Sea Oats Drive, Juno Beach, FL 33408. Fax 407-627-4181.

Treatment in the Era of HIV/ AIDS

by Barry S. Brown, PhD

WHILE MOST AGREE THAT THE RISK OF HIV infection must shape some aspects of drug abuse treatment, there is far less agreement about which aspects — or how.

"Harm reduction" has entered treatment terminology with — at best — uneven influences on treatment programming. Surveys of outpatient drug abuse treatment showed only half (53%) made AIDS education/prevention available. Only 6% provided HIV testing to a majority of their clients.

No information is available about the nature of the education/prevention services. We do not know:

How many programs are simply making pamphlets available? How many programs work with clients to review their risk-taking behaviors? How many help clients develop risk reduction strategies? Whether or not risk reduction strategies include education about condom use or the provision of condoms? Or information on the proper use of bleach or other disinfectants? If service providers believe drug abuse is a "chronic relapsing disorder," should they discuss appropriate needle hygiene practices during treatment? Do they?

Some aspects of drug abuse treatment have been ruled off limits. "Interim methadone" exists in law, but not in fact. "Treatment on demand" remains a phrase in search of a program. Are these appropriate responses to a lethal disease that threatens the population we have elected to serve?

Protecting sexual partners of drug users from HIV infection appears to depend on the inclination of treatment clients either to adopt risk-free behaviors, or to advise partners of risk-reduction strategies. Is it appropriate for staff to expect this level of responsibility from patients?

None of this is meant to challenge the energy, concern, or capability of treatment staff who are striving to protect and foster the health and well-being of their drug abusing patients. Rather it is a suggestion that organizations such as ASAM air these issues and search for new ways to cope with them.

References—
Price, R.H., & D'Aunno, T.A. "The organization and impact of outpatient drug abuse treatment services." In R. R. Watson (Ed.), *Drug and Alcohol Abuse Reviews, Volume 3: Treatment of Drug and Alcohol Abuse.* Humana Press. 1992.
D'Aunno, R.A. & Mohr, R.A. "The role of drug abuse treatment units in HIV prevention." Unpublished paper. 1993.

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Barry Brown, PhD, *is Professor, University of North Carolina at Wilmington NC. He was previously with NIDA for nearly 20 years.*

This is the fifth of a six-series column on pharmacotherapy in the addictions, under the direction of **Andrea G. Barthwell** , MD, *and* **J. T. Payte**, MD.

ASAM Policy Statements

BEGINNING WITH AN OFFICIAL POSITION ON ABSTINENCE for recovering alcoholics 21 years ago, ASAM has published 50 policy statements on a wide variety of addiction medicine topics.

ASAM committees develop and write most public policy statements. The Public Policy Committee, chaired by **Sheila B. Blume**, MD, carefully reviews all statements before submitting them to the ASAM Board for approval.

The *Journal of Addictive Diseases* publishes ASAM policy statements on a regular basis. *ASAM NEWS* has done so in the past. All statements are available at ASAM headquarters.

Abstinence (1974)
Advertising of Alcohol (1983)
Alcoholism, Definition of (NCADD/ASAM) (1990)
Alcoholism as a Primary Disease (1983)
Children of Parents Suffering from Alcoholism and Other Drug Dependencies (1987)
Detoxification/Alcoholism **Criteria** (1986)
Discrimination on the Basis of **Sexual Orentation** (1993)
Highway Safety in Relation to Alcoholism and Other Drug Dependencies (1987)
How to Identify a **Physician** Recognized for **Expertness** in Diagnosis and Treatment of Alcoholism and Other Drug Dependence (1986)
Increasing the **Availability** of Appropriate High-Quality **Alcoholism Services** to all Americans Delivered in a Cost-Effective Way (1980)
Labeling (alcohol warning labels) (1979)
Managed Care and Addiction Medicine (1990)
Marijuana (1987)
Medical **Ethics**, Principles of (1992)
Medical Review Officers: the Role of (1991)(1992)
Methadone: *See Treatment*
Measures to Counteract **Prescription Drug Diversion** (1989)
National **Drug Policy** (1994)
NIAAA and Alcoholism Research (1982)
Organ Transplantation (1987)
Persons with Alcohol & Other Drug (AOD) Problems and the **Criminal Justice System** (1994)
Prevention (1984, 1989, 1990)
Self-Help Groups (1979)
State of **Recovery** (1982)
Trauma and Chemical Misuse/Dependency (1991)

HIV/AIDS

The **Treatment** of Patients with **Alcoholism** or **Other Drug** Dependencies, and Who Have or Are at Risk for AIDS (1985)
Primary Medical Care for HIV Infected Patients in Addiction Treatment (1994)
HIV Testing of Patients in **Addiction Treatment** Facilities (1994)
HIV/AIDS **Education** for Drug and Alcohol Treatment (1994)
Needle Exchange (1994)

Pregnancy

Fetal Alcohol Syndrome (1980)
The Use of **Alcohol and Other Drugs** During Pregnancy (1988)
Chemically Dependent Women and Pregnancy (1989)

Nicotine Dependence

Clean Air Policy (1986)
Nicotine Dependence and **Tobacco** (1988, 1989)
Nicotine Dependence Documentation on **Death Certificates** and **Hospital Discharge Sheets** (1989)
Reimbursement for Treatment of Nicotine Dependence (1990)
Clinical Applications of the Nicotine **Patch** (1992)

Insurance

Mandatory Insurance Coverage (1986)
Third-Party Coverage for Addiction Treatment (1990)
Addiction Medicine and **Health Insurance Reform** (1992)
Core Benefit for Primary Care and Specialty Treatment and Prevention of Alcohol, Nicotine and Drug Abuse and Dependence (1993)

Physician Health

Impaired Health Professional, The (1984)
Inquiring into Physicians' Health on Applications for Licensure, Examination and Privileges (1994)
Mutually Accepted Sanctions by **State Boards** of Medical Examiners (1994)

Treatment

Medical Needs of the **Public Inebriate** (1980)
Medical Care in Recovery (1989)
Methadone Treatment (1990 *[2]*, 1991)
Practice of Addiction Medicine, The (1993)
Recommendations for Design of Treatment **Efficacy Research** with Emphasis on **Outcome** Measures (1992)
Returning to Work: People Treated for Alcoholism and Other Drug Dependencies (1989)
Treatment for **Alcoholism** and **Other Drug** Dependencies (1980) (1986)

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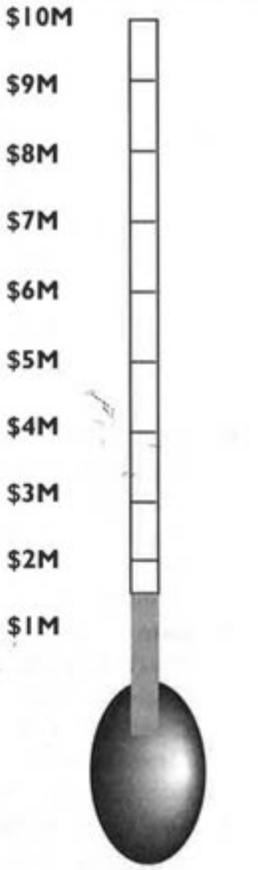
Dr. Ruth Fox (1895-1989)

Ruth Fox Memorial Endowment Fund

Goal $10,000,000

Pledged $1,431,474



Dear fellow ASAM members:

We have included the Ruth Fox Memorial Endowment Fund in our Wills. We'd like to invite you to join us by making a similar bequest.

We know that making a Will and deciding who would benefit from it is a very private matter. But everyone should make a Will and keep it up-to-date. If you pledge a bequest during your lifetime, you will be acknowledged now. Your kindness will be greatly appreciated. A bequest to the Endowment Fund is free of inheritance tax. This means that you reduce the tax liability on what you leave, and the part of your estate that would otherwise be paid in taxes goes instead to support the future of addiction medicine. If you are interested in exploring opportunities offered by a Will, or adding a bequest, please contact your attorney.

If you wish information about making a pledge, contribution or bequest, contact Ms. Claire Osman, ASAM Director of Development, 212-206-6770, Ext. 217, or write to her at ASAM, 12 West 21st Street, New York, NY 10010.

The Ruth Fox Memorial Endowment Donor Reception will be held on Friday, Apr. 28, from 6:30-8:00 p.m. during the annual Medical-Scientific Conference at the Downtown Marriott Hotel in Chicago. All donors will be sent invitations. If you have not already participated in the Endowment Fund by making a pledge or contribution, you still have time to do so and to receive your invitation to this reception. Members who pledge or contribute $5,000 or more will be presented with a Ruth Fox Memorial Endowment Medallion at the reception.

Please let us hear from you now. Help us reach the Endowment's goal of $10 million.

Sincerely,

Jasper G. Chen See, MD—
Chair Emeritus, Endowment Fund
William B. Hawthorne, MD—
Chair, Endowment Fund
Max A. Schneider, MD—
Chair, Resources & Development Committee

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Please send all books submitted for review in *ASAM NEWS* to ASAM headquarters. Mark package "Elizabeth Howell, MD, Publications Chair."

Special thanks to the Yasuda Trust and Banking Co. for its additional contribution in 1995 to the Ruth Fox Memorial Endowment Fund. ASAM is very grateful for this continued support.

ASAM Calendar

Information about ASAM conferences is available at Washington headquarters:

Sandy Schmedtje, ASAM
4601 North Park Ave., Arcade Suite 101
Chevy Chase, MD 20815
301-656-3920
Fax: 301-656-3815

ASAM staff contact for CME information:

Claire Osman, ASAM
12 W. 21 St.
New York, NY 10010
212-206-6770, Ext. 217
Fax: 212-627-9540

1995

- **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
- **June 18-21 — American Hospital Assn. Section for Psychiatry and Substance Abuse Services and National Assn. of Psychiatric Health Systems Joint Conference** "Creating Future of Behavioral Health Care"
  New Orleans (ASAM cooperating organization)
  Info: Connie Schantz, conf. coordinator, 301-589-3009
- **July 7-9 — MRO Training Course**
  Washington, DC *The Capitol Hilton*
- **Oct. 7 — WISAM (Wisconsin Chapter) Conference**
  Milwaukee
  Info: Michael M. Miller, MD, 608-271-4144
  Fax 608-271-3457
- **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

- **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

- **Jan. 19-21 — FSAM (Florida chapter) 9th Annual Conference on Addictions**
  Orlando
  Robert Donofrio, MN, FSAM, 890 Lexington Rd., Pensacola, FL 32514. 904-478-5310; Fax 904-857-1301
- **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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