

ASAM NEWS

Volume X, No. 3

American Society of Addiction Medicine

May-June-July 1995

Record Turnout for Med-Sci

875 Attended 26th Annual Medical-Scientific Conference in Chicago Apr. 27-30.



E. M. Steindler (r) with ASAM Pres. David E. Smith, MD.

(r) Dr. Smith with Edward C. Senay, MD, PhD.

ASAM Annual Award Winners



Jess Bromley, MD with Dr. Smith.

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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.

Addiction Medicine: Definition of the Specialty Through Definition of the Practice

by James F. Callahan, DPA

Verbatim address at the ASAM Awards Dinner on April 29, 1995 in Chicago. Dr. Callahan is executive vice-president of ASAM.

Has the American Society of Addiction Medicine (ASAM) abandoned its commitment to attain specialty status for addiction medicine? If ASAM has not already done so, should it do so, on grounds that there is no such thing as addiction medicine, or on grounds that the society's resources should be dedicated to educating generalists, rather than pursuing an unattainable goal of a specialty of addiction medicine?

I want to assure you that ASAM has *not* abandoned the goal of specialty status, and to give you equal assurance that ASAM is fully committed to integrating addiction medicine into all areas of general medical education and practice.

The goals of specialty status and of primary care generalist education in the addictions are not contradictory goals, but complementary outcomes of the pursuit of ASAM's mission. And addiction medicine will become a board-certified specialty and primary care physicians will be educated in addiction medicine, if ASAM stays true to its mission, which is to: 1) "develop a body of professional knowledge and literature," or to put it another way, to define what it means to practice addiction medicine; and 2) assure that treatment for alcohol, nicotine, and other drug use will become an integral and required part of all health care and health care reimbursement.

In pursuit of this mission, the ASAM Board of Directors in November 1990 adopted three resolutions presented to it by the ASAM member Task Force on Specialty Status. Those resolutions are:

FIRST: In the short term (1990 through 1994) ASAM should:

- 1) continue to offer the ASAM certification examination;

(continues on page 12)

ADM

Farewell from President Geller



Anne Geller, MD, delivered this speech at the ASAM Awards Dinner on April 29, 1995, in Chicago. She was president of ASAM from 1993-1995.

It has been a great privilege to serve as your president and to have been present as ASAM has consolidated its position as a leader in the addiction field. The work that has been going on for so many years in committees, by the board and by members in their communities has given us a solid base from which we can fulfill our mission to improve the care of addicted patients.

From ensuring access to treatment through training physicians in early intervention to translating research findings into clinical practice, ASAM and its members have been in the forefront.

We have described and are continuing to define the field of addiction medicine. We have an excellent and respected certification exam. We have produced patient placement criteria and practice guidelines. We have published a text on addiction medicine which has been widely praised and used outside our field and which we will continue to update and improve. We are actively involved in the process of defining residency training requirements. Our quest for recognition of our specialty and specialty status within medicine has entered a new phase as we plan the documentation of existing training within primary care programs.

These and many other accomplishments have led to a respect for addiction medicine both within and outside medicine and, I believe, a marked change in the status of ASAM. We have in the past sometimes been perceived, when we were noticed at all, as a group of "fringe" physicians interested only in "manufacturing a specialty" for ourselves. By our dedication to our mission and our commitment to excellence, we have radically changed that perception. It has taken time, patience, consistency and hard work. It enables us to be more effective advocates for what we want not only for our patients but for ourselves.

Whatever the outcome of the health care reform we were anticipating with such excitement when I began my tenure two years ago, ASAM was well prepared, active and extensively consulted and will continue to be in the future. We have arrived.

I am happy to be followed by David E. Smith, MD, who so passionately shares our goals and can so eloquently advocate for our patients.

Before I step down there are some people in ASAM who have been role models for me and whom I want to thank. I selected five from the many, many to whom I am grateful because they embody for me the characteristics I most admire—honestly, integrity, humor, compassion and common sense. They work hard for causes



they believe in but expect no personal reward other than the satisfaction of an excellent job, which they always do.

When I came into addiction medicine I was a neurologist doing research on memory, particularly the effects of drugs on memory consolidation in mice. In myself I was examining somewhat less systematically the effects of alcohol and stimulants on general cognitive function. The mice at the end of the experiment got fed to the snakes at the Bronx Zoo. I got to meet with LeClair Bissell, MD, who was helping addicted doctors sort out their lives. She became my mentor and still is. She suggested that I come into this field that I had never heard of. She prevailed. LeClair combines wit, wisdom and compassion with a mind that is always looking at things in unexpected ways. She is tireless in pursuing her causes—one of which is ASAM. She has persuaded many other physicians besides me to consider addiction medicine and to join ASAM. Once persuaded, she continues to nurture us. She has been not only a role model but also a dear friend.

I first met Tony Radcliffe, MD, in 1980—we have been friends for many years. Tony has shown me the meaning of commitment. I believe he spends his waking hours—and possibly some of his sleeping hours as well—thinking about addiction. He breathes addiction. He is always full of ideas and projects, always asking questions—often the key question no one else has thought of—prefaced by: "I know that it's obvious

to the rest of you but" Learning from Tony when I was president-elect and having his support during the past two years has been an experience which has expanded me personally as it has enormously helped ASAM.

Two other people in ASAM who have been role models for me, though neither is aware of it, have been Sheila B. Blume, MD, and David C. Lewis, MD. Both have dedicated life-time careers to addictions. Both are respected within their own specialties of psychiatry and internal medicine. Both have a broader vision than most of us and are politically astute and pre-eminently sensible. I have watched both—always well prepared, intelligent, calm and persistent—bring about significant changes. They never draw attention to themselves but always to the issues. They are models for us all.

I especially want to thank Jim Callahan, ASAM's executive vice president. I have come to know him only in the past four years. Jim is one of the most honorable people with whom I have worked. His honesty in difficult and painful situations has spurred me on not to take the easy way out. He has made himself extremely well informed about addiction medicine. I doubt that there is another CEO of a specialty society as well informed as he. He is universally respected and totally committed to our vision. It has been one of the great pleasures of my presidency to work with and get to know Jim Callahan. ASAM is so fortunate to have him.

Finally, I want to thank you, the ASAM members. This is not a field that attracts physicians who are looking for personal riches or professional acclaim. Overwhelmingly, you are looking to get the best medical care possible for your patients, and you see ASAM as the organization through which you can do this. Your commitment has been inspiring and

your friendship warming.

ASAM is the one medical society to put

principles above personalities, vision above ambition. Our members nurture and care for each other.

I am proud to have been your president.



ASAM is the one medical society to put principles above personalities....

Upcoming ASAM Conferences

8th Nat'l Nicotine Dependence— Toronto

October 12-1

Co-chairs Andrea G. Barthwell, MD, and Terry A. Rustin, MD

For the primary care physician, research scientist, clinicians who work with the chemically dependent individual (nurses, counselors, psychologists, addictionists), public health practitioners and grass roots community activists. Five tracks offered.

Morning plenary sessions

will provide participants with a trans-disciplinary perspective of issues related to nicotine itself—the affected individual as well as control and legislative concerns.

Topics include—

how nicotine works, nicotine control strategies, special populations, perinatal effects, models of behavioral change, models of pharmacological control, workplace control, office based intervention.

Afternoon skills

building workshops

Topics (discipline-specific) —

neuropharmacological research issues, managing psychiatric problems, research issues, motivational interviewing, population based strategies, community-based experiences, interviewing group process.

Plenty of networking opportunities during evening "town meetings" will provide debate on harm reduction, taxation, and lowering nicotine content in cigarettes as a public health strategy.

The conference will take place at the Toronto Marriott Eaton Center.

Chair of ASAM Nicotine Dependence Committee is **John Slade, MD.**

Report by the Nicotine Dependence Committee.



State of the Art— Washington

October 19 - 21, 1995

Conference chair—

Allan W. Graham, MD

ASAM is pleased to sponsor this year's State of the Art Conference in cooperation with the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the College for Problems of Drug Dependence, and the Research Society on Alcoholism. We have jointly formulated a conference program built on the neurobiology of addiction.

Neurobiology of Addiction

Day one will lay a framework for understanding drug effects on neural substrates and neurocircuitry.

Day two will expand on the neurobiological theme by presenting recent advances in the areas of assessment, diagnosis, and staging of treatment. The emphasis will be on office assessment and the use of powerful new technologies for objective, concise evaluation and information feedback.

Day three will focus on office pharmacotherapy as a means for modulating neuroadaptation. Prescription writing practices and behavioral recommendations will be examined in the context of our emerging understanding of neuropharmacology.

Faculty

We have chosen speakers whose research work and presentation skills highly recommend them as valuable scientists and educators. Among this year's speakers are Ivan Diamond, PhD; **Robert L. DuPont, MD**; Mike Eckardt, PhD; **Enoch Gordis, MD**; Dorothy Hatsukami, PhD; George Koob, PhD; Tom Kosten, MD; Alan Leshner, PhD; Robert Malenka, MD, PhD; Roger Meyer, MD; Eric Nestler, MD; Charles O'Brien, MD; Patrick O'Connor, MD; Stephanie O'Malley, PhD; William Miller, PhD; Robert Post, PhD; Jim Prochaska, PhD; Katherine Rivier, PhD; Harvey Skinner, PhD; Ralph Tarter, PhD; and Nora Volkow, PhD.



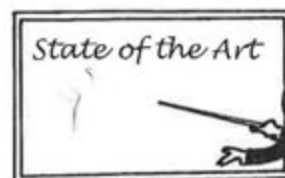
We are very pleased with the enthusiastic support and interest for this conference we have already received, from the Institutes, professional societies, and clinician colleagues. Throughout our planning, we tried to increase ASAM's bridges to sister organizations. We anticipate expansion of these links through collegial, cross-disciplinary sharing at the conference.

The meetings will be Thursday through Saturday, in Washington, DC, at the Marriott Metro Center.

CMEs

Available are 18 hours of AMA Category I CME credit for physicians; a similar amount of AOA Category IIA for osteopaths. We believe that the location will permit flexibility for busy professionals to attend portions of the conference if they are unable to find time for the entire three days. We look forward to seeing you and your colleagues.

Report by Dr. Graham, chair, State of the Art Committee



For additional conference information, contact the ASAM office at (301) 656-3920; fax 301-656-3815.

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

Ruth Fox Course for Physicians

by Marvin Seppala, MD

The annual, day-long, Ruth Fox Course for Physicians enrolled 330 on Apr. 27 in Chicago.

This year's course, directed by **Lynn Hankes, MD**, with co-director **Charles L. Whitfield, MD**, offered an outstanding review of the pharmacological management of alcohol withdrawal and of benzodiazepine withdrawal.

Withdrawal

Michael F. Mayo-Smith, MD, gave a complete review of the work put into a draft of an ASAM Practice Guideline—"Pharmacologic Management of Alcohol Withdrawal."

Christine L. Kasser, MD, followed with a similar presentation about the effort required to produce a draft of another ASAM Practice Guideline—"Role of Phenytoin in the Management of Alcohol Withdrawal Syndrome." ASAM published the latter this past April in *Topics in Addiction Medicine* (for more information see page 10). These presentations helped clinicians understand the actual information that exists describing the pharmacologic treatment of alcohol withdrawal, and delirium related to alcohol withdrawal. They documented the database, defined the article review process, and described the rigorous decision-making required of such guidelines. The practice guidelines in their present form were provided to participants.

The benzodiazepines were described as the treatment of choice for alcohol withdrawal syndrome. The data reveal that chlorthalidoxepoxide and diazepam have the best proven efficacy. Route of administration, dose and adjunctive agents were also documented. The studies related to the use of phenytoin resulted in recommendations specific to patient classifications based on seizure history.

David G. Benzer, DO, reviewed the pharmacology of benzodiazepines as it relates to withdrawal, the features of the withdrawal syndrome, and its treatment. Dr. Benzer's succinct presentation provided the necessary foundation to treat benzodiazepine withdrawal, using one of four techniques—taper, substitution, sedative tolerance, and membrane stabilizers.

Women

Andrea G. Barthwell, MD, discussed women's issues in addiction medicine. She said that women have received less attention than men in the research on substance use, yet they warrant specific attention by addiction medicine specialists. Dr. Barthwell described major aspects of substance use specific to women. There is gender variation in patterns of use, pharmacology, physiology, identification, consequences, and treatment needs. Women are under-diagnosed, and under-represented in treatment settings. They experience more medical complications than do men per amount of alcohol and drugs used, and the overall mortality from alcohol is greater for women. A physician should understand these gender differences, as women are seen in a variety of medical settings which offer opportunities for appropriate intervention.

Pain in Recovery

Karen Lea Sees, DO, discussed the management of acute and chronic pain in recovery. She described the difficulties facing physicians in treating pain, especially the use of opiates. Evaluating opiate dependence in the patient with pain can be quite difficult, and requires knowledge of the distinction between physical dependence and addiction. Dr. Sees provided general guidelines for treating acute, chronic, and terminal pain. These include evaluating addiction, using no-medication approaches, using non-opioid approaches, using opioids, treating associated symptoms, addressing non-pain stressors, and addressing functional status. Pain patients with substance use disorders, whether actively using or in recovery, require effective analgesia. This presents the clinician with some difficult treatment decisions. The addiction medicine specialist who has knowledge of pain and its treatment can play an essential role in these cases.

Managed Care

Martin Doot, MD, presented "The Power of Capitation—Re-engineering Addiction Treatment in the Face of Managed Care." This was his experience with marked changes in addiction treatment services and financing. Dr. Doot described an unprecedented process, which began in 1986 with a negotiated contract to manage supplemental addiction

benefits using a capitated financing model. Four sites in the Chicago area were used to provide a full spectrum of addiction services based on ASAM's four levels of care. They standardized the medical record and the assessment process, using a severity instrument and the *ASAM Patient Placement Criteria*. Treatment shifted from inpatient to outpatient settings, with partial hospitalization and transitional living when necessary. Dr. Doot described an integrated system of services and financing. Enrollment has continued to grow, their system is more stable, has improved, and they provide treatment at a lower cost. Although outcome data are not yet available, he believes that this has improved with the changes in provided services.


Other faculty were **Maxwell N. Weisman, MD**, **John E. Franklin, MD**, **Anne Geller, MD**, and **Stanley E. Gitlow, MD**.

Audiocassette tapes are available from Infomedix, 12800 Garden Grove Blvd, Ste. F, Garden Grove, CA 92643. 800-367-9286. fax 714-573-3244.



Dr. Seppala recently joined the ASAM NEWS Review Board.

Names in boldface are first mentions of ASAM members.



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Conference Digest

HIV/AIDS Workshops

by Penelope Ziegler, MD

Two workshops updated HIV/AIDS as it relates to addiction medicine.

"What Every Addiction Doctor Needs to Know About HIV Testing, Counseling, Confidentiality and Support" was co-directed Apr. 28 by **Barbara H. Chaffee, MD** and **Charles Morgan, MD**. Faculty members **LeClair Bissell, MD**, and **Mel Pohl, MD**, joined them in reviewing the basics of pre-test and post-test counseling, legal and psychological factors involved in HIV testing within the addiction treatment setting, and new perspectives on testing related to the latest developments in HIV/AIDS research.

Role playing provided a graphic demonstration of some difficulties and appropriate interventions for addicts, in residential or outpatient treatment, who undergo HIV testing.

Testing—Pros and Cons

Drs. Pohl and Bissell led a discussion about the pros and cons of testing patients for HIV when they enter short-term inpatient treatment. Advantages include the fact that inpatients are a "captive audience" who may be more willing to undergo testing while drug-free, and who can receive good pre- and post-test counseling if available at the treatment center. Once test results are available, staff and patients can address issues such as long-term health care planning and contact trac-

Medical-Scientific Meeting

April 27-30 Chicago

ing. On the other hand, in today's climate of extremely short stays, time might even be insufficient to obtain results, much less to process the emotional impact of a positive test. The news may cause a patient to flee prematurely from treatment. Some patients are better served if referred to outpatient clinics for anonymous testing. Often such facilities have highly skilled counselors. These facilities also offer the advantage of not reporting test results to the patient's insurance carrier.

In "HIV Update for Addictionists" on April 30, workshop co-director **Kevin O'Brien, MD**, gave an overview. **Marc Gourevitch, MD**, the other co-director, lectured in detail about tuberculosis in HIV-infected patients, its diagnosis and management, and its impact on addiction treatment. **Penelope Ziegler, MD**, reviewed the current knowledge about medical professionals infected with HIV, including an exploration of legal, psychological, and ethical issues, and discussed several cases.

A scheduled presentation by Marshall Forstein, MD, was cancelled due to Dr. Forstein's illness.

Dr. Ziegler joins the ASAM NEWS Review Board with the next issue.



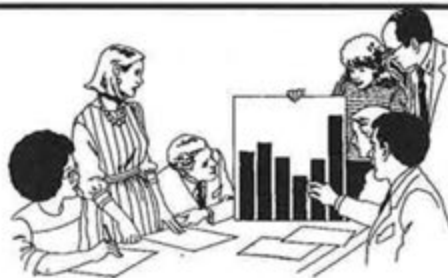
NIDA Symposium:

New Approaches to Drug Abuse Treatment

by **David R. Gastfriend, MD**

Symposium organized by Dorynne J. Czechowicz, MD, of NIDA (National Institute of Drug Abuse), and **Marc Galanter, MD** (also conference chair).

Approximately 200 ASAM members attended the all-day program April 27 chaired by Richard Millstein, JD, Deputy Director of NIDA. Reid Hester, PhD, of Albuquerque, NM reported the considerable data showing that even brief interventions of five to fifteen minutes by a primary care physician improve the likelihood of



recovery. Alan Marlatt, PhD, of the University of Washington, reviewed harm reduction efforts. In Europe, these approaches have been associated with up to 85% of opiate addicts accessing treatment, whereas without this approach, the figure is only about 15% in the US. Stephen T. Higgins, PhD, of the University of Vermont, reported studies showing that incentive contracting (e.g., paying methadone patients, \$3 to \$7 per day for consecutive clean urines) dramatically increases compliance, with some long term benefits. **Marc Galanter, MD**, of New York University, demonstrated his "Network Therapy" technique, in which family and friends systematically help the patient in recovery.

In the symposium's second half, **David R. Gastfriend, MD**, of Harvard, described NIDA's new health services research initiatives and the new ASAM Criteria Validity Study (also see Component Session Report). Annie Umbricht-Schnieter, MD, of NIDA's Intramural Laboratory, reported that opiate treatment has seen recent progress with FDA approval for LAAM, to be followed by buprenorphine perhaps later this year and combination agonist-antagonist and pharmacologic-psychosocial treatments. **Edward V. Nunes, MD**, of Columbia, critically reviewed tricyclic antidepressant therapy for cocaine dependence, noting that meta-analysis of controlled studies supports modest benefits for sub populations, e.g. patients with depressive symptoms. Kathleen Carroll, PhD, of Yale, presented studies combining pharmacotherapy with relapse prevention which indicate the combination is more effective than either alone. Finally, George Woody, MD, of the University of Pennsylvania, critiqued the fragmentation of drug treatment, other health and psychosocial services, and staff turnover. According to Dr. Woody, research data indicate that solving these problems ultimately offers better compliance, care, and resource use.



ADDICTIONIST

Parkside Recovery Services, a leading facility in the treatment of alcoholism and related illnesses, has an opportunity for a physician, with certification in Substance Abuse Treatment, to work part-time in an established treatment program. Excellent opportunity for referral base contact.

For consideration please contact:

Dr. Christian Gerber

Parkside Recovery Services

349 Olde Ridenour

Columbus, Ohio 43230

614-471-2552

inside Ohio:

1-800-282-5512

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News About ASAM

Members in the News

David E. Smith, MD, was awarded a UCSF Medal by the University of California, San Francisco. President of ASAM, he was cited for free medical care and being "one of the creators of the specialty of addiction medicine."

NAATP (National Association of Addiction Treatment Providers) Nelson J. Bradley Outstanding Service Award to **G. Douglas Talbott, MD**, ASAM president-elect.

The Orange County (CA) Medical Association gave **Max A. Schneider, MD**, its 13th Annual Physician of the Year Award. Dr. Schneider, ASAM president in the mid-1980s, just retired from the board.

Two awards to board member **Ray Baker, MD**: the University of British Columbia Faculty of Medicine for introducing an ADM curriculum; and from the Association of Canadian Medical Colleges.

Appointed to the Joint Commission on Accreditation of Healthcare Organizations National Coalition of Addiction Treatment Providers to the Hospital Accreditation Program PTAC for 1995—Representative **Michael M. Miller, MD**, and Alternate **David R. Gastfriend, MD**.

CSAM, the California chapter, presented its 1994 Vernelle Fox Award to **Jack David Gordon, MD** of San Francisco.

New Books by Members

Peter Rogers, MD, MPH, edited "Substance Abuse" in the prestigious Pediatric Clinics of North America series Published by W. B. Saunders. A former ASAM board member, he was chair of the ASAM Adolescents Committee until 1992.



"Memory and Abuse: Remembering and Healing the Effects of Trauma" by **Charles L. Whitfield, MD**. 400 pp., Health Communications, Inc., Deerfield, Beach, FL. Phone 1-800-851-9100. A former board member, he is co-director of ASAM's annual Ruth Fox Course for Physicians.

ASAM e-mail list

ASAM has a list of e-mail addresses of members. Contact headquarters for a copy, or to add your e-mail address to it.

Family and Generational Issues

This committee became inactive last fall when chair **Timmen L. Cermak, MD** resigned. Dr. James F. Callahan invites society members to contact him; if enough express interest, the committee may be reactivated.

State Chapters

Michigan is newest chapter. New presidents: **John M. McRae, MD**—Mississippi; **Merrill Scot Herman, MD**—New York.

Lost and Found

Speaker Room in Chicago—reading glasses, Casio watch.. Call Linda Fernandez at HQ.



NIAAA Seeks Managed Care Research

by **Enoch Gordis, MD**

Few issues have generated more debate in the alcohol treatment community in recent years than "managed care."

What is managed care? How is it being implemented? What is the impact of managed care on access to alcohol services and the outcomes associated with receipt of those services? Despite the fact that there is relatively little research on these important questions, managed care, in some form, is being widely adopted in both the public and private alcohol treatment sectors. More research is clearly needed on the impact of this major change in the way alcohol services are organized and delivered.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) currently funds a small number of studies on managed care and is very interested in cultivating more research in this critical area. Research on managed care is a key component of the Institute's initiative on health services research.

For more information on the grant application process and the NIAAA Health Services Research Program, please contact Dr. Robert Huebner at 301-443-0786, fax 301-443-8774, or via e-mail at bluebner@willco.niaaa.nih.gov.

Dr. Gordis is Director of the NIAAA.



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- TMRC responds to individuals unable to get beyond the intellect to an emotional acceptance of their illness or disease.
- TMRC offers an assessment program which assists in determining a professional's impairment or potential impairment, but not clinical competency

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*A Substance Abuse Professional is the individual required to assess employees who have tested positive on DOT required screens. The CES Associates SAP Service uses a standardized format to coordinate an employee's assessment and recommendation process with the employer, medical review officer, testing lab and treatment facilities, and provides DOT required follow-up. Objective corroboration is utilized to support clinical findings. All assessments are reviewed by a second SAP evaluator. Centralized follow-up program and periodic reports to the employer included.

Call 1-800-435-7327. Ask for the SAP Service.

Boston, MA

Spaulding Rehabilitation Hospital seeks a BC/BA full-time internist or family practitioner to provide clinical care to its inpatients and outpatients in the Addictions Rehabilitation Program. The Addictions Program is affiliated with the Massachusetts General Hospital. Prior experience is not necessary, however, an interest in addictions is required.

Qualified candidates will be eligible to participate in research, teaching and formal academic appointments through Harvard Medical School or Tufts University School of Medicine. Spaulding is a 284 bed modern hospital located in downtown Boston.

Interested candidates should send resumes to:
David Slovik, MD, Chief of Medicine
Spaulding Rehabilitation Hospital
125 Nashua Street
Boston, MA 02114.

ASAM 1996 Examination Certification / Recertification

Application Deadlines:

Early Filing:

Aug., 1, 1995 - Oct. 31, 1995

Standard Filing:

Nov. 1, 1995 - Jan. 15, 1996

Late Filing:

Jan. 16, 1996 - Feb. 15, 1996

Exam Date:

Dec. 7, 1996

Exam Locations:

Atlanta, Los Angeles, Newark

Fees:

Early Filing: \$550—members

\$750—non-members

Standard Filing: \$650—members

\$850—non-members

Late Filing: \$850—member

\$1,050—non-members

Requirements Initial Certification

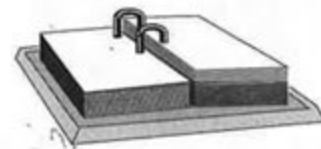
▲ Graduation from a medical school in the U.S. or Canada approved by the UME or CACMS, or from a school of osteopathic medicine approved by AOA (American Osteopathic Association). Graduates of a medical school outside the U.S. or Canada must have a currently valid standard certificate from the ECFMG or MCCEE.

▲ Valid license to practice medicine in the state, territory, commonwealth, or possession of the U.S., or in a Province of Canada in which she or he practices—valid at time of application and at examination time.

▲ Good standing in medical community as evidenced by at least three letters of recommendation. Letters must be submitted by physicians who have known the applicant for at least two years and are acquainted with the applicant's current professional status, medical practice, and involvement in addiction medicine.

▲ *Fulfilled by June 30, 1996;*

Certification by a member-board of the American Board of Medical Specialties, or certification by the AOA, or successful



completion of an approved residency program in any medical specialty. Please contact the ASAM office for a listing of approved residency programs in the U.S., Canada, United Kingdom, Ireland, Australia, New Zealand, and South Africa.

▲ Completion of at least 1,920 hours of involvement in the field of addiction medicine (one FTE). Hours of involvement must be outside the time of residency. For further details, please contact ASAM headquarters.

▲ 50 hours of Category I Continuing Medical Education toward the AMA Physicians Recognition Award. Credits must have pertained to the diagnosis and treatment of persons with alcoholism and other drug dependencies and must have been accrued between October 1, 1994, and November 12, 1996. (Canadian and Osteopathic equivalent accepted.)

Recertification

▲ ASAM certification.

▲ Valid license to practice medicine in the state, territory, commonwealth, or possession of the U.S., or in a Province of Canada in which he or she practices—valid at the time of application and at the time of the examination.

▲ Good standing in medical community as evidenced by at least one letter of recommendation. Letter must be from a physician who is the clinical director, chief of staff, or a Society official who has known the applicant for at least two years.

*For more information, contact: ASAM Certification Dept., 4601 N. Park Ave., #101, Chevy Chase, MD 20814
Phone 301-656-3920, fax 301-656-3815.*



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Plan to attend **SECAD-95** this December 6-9 in Atlanta for the finest educational and networking opportunity available anywhere. For 20 years SECAD has led the field of addiction with the foremost speakers, the most up-to-the-minute topics and an extensive exhibit and networking areas — and 1995 promises to be our very best year yet.

The unequalled SECAD experience offers 3½ days of seminars, meetings and workshops presenting cutting-edge information in areas such as:

- | | | |
|--------------------|----------------------------|----------------------|
| ▶ Managed Care | ▶ EAP Issues | ▶ Cultural Diversity |
| ▶ Brain Chemistry | ▶ Elderly Addiction | ▶ AIDS |
| ▶ Spirituality | ▶ Eating Disorders | ▶ Dual Diagnosis |
| ▶ Detox | ▶ Domestic Violence | ▶ Stress and Burnout |
| ▶ Criminal Justice | ▶ Heroin, Crack, & Cocaine | ▶ And much more. |

World Class Hotel. The spectacular Atlanta Marriott Marquis is once again the conference hotel for SECAD. Located in the heart of downtown Atlanta, it features spacious, ultra-modern accommodations, impressive yet comfortable meeting facilities, plus many close-by, casual, specialty and gourmet restaurants and shops.

Exhibitors. SECAD-95 features an all new, expanded exhibit area, convenient to our meeting rooms, with a large, comfortable lounge and refreshment areas that will be the center of many conference events.

Who should attend. SECAD is directed to medical, counseling, educational, judicial and other professionals or anyone who deals with the problems of addiction in their workplace, school, church, home or community.

Call today or write for complete conference information and agenda:

800-845-1567
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Southeastern Conference on Alcohol and Drug Abuse
December 6 - 9 • Marriott Marquis, Atlanta, GA

AMA Seeks Physicians of Patients Denied ADM Treatment

Finally, a chance for our members to be heard about denial of care," James F. Callahan, DPA, told *ASAM NEWS*.

James S. Todd, MD, executive vice president of the American Medical Association, wrote May 25 to The AMA Federation (organizational members of the AMA), asking physicians to fax their names to the AMA if their patients have experienced

"problems with managed care organizations, including denial of care, desecution, reduced reimbursement, contractual "gag" rules," or any other policies or procedures that interfere or have interfered with good medical practice and patient care."

The AMA would appreciate by fax a physician's name, address, city/state/zip, daytime phone and fax number to Carol O'Brien, JD, AMA PSAT senior attorney, at 312-464-5846. AMA staff will follow up directly with physicians. O'Brien's phone is 312-464-4367.

Dr. Todd's memo said that

"As part of its Private Sector Advocacy Team (PSAT) program, the AMA is gathering information on health plan contracts and policies as well as patient treatment problems such as denial of care. The goal is to obtain a realistic documented view of the relationship between physicians and managed care organizations' health plans..."



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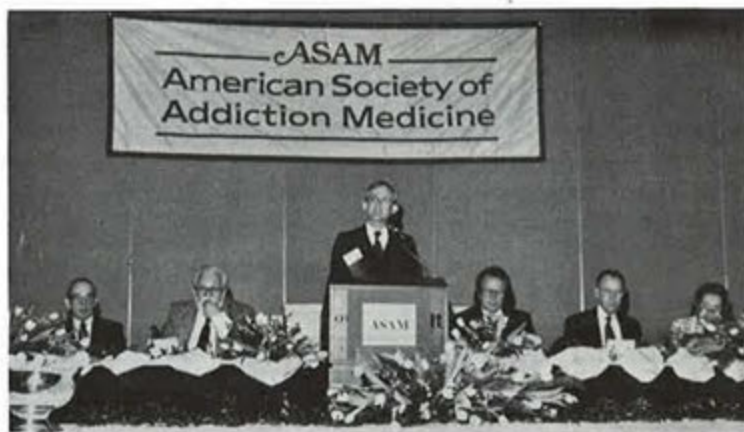
ASAM president
David E. Smith, MD.



Former president
Anthony B. Radcliffe,
MD, on dais.



(above) President-elect G. Douglas Talbott (r) awarding certificate during ceremony held at the ASAM Annual Meeting, after each ASAM Certification/Recertification Exam Next exam will be Dec. 7, 1996.



(below) John Opsahl, MD, Young Investigator, with program chair Marc Galanter, MD.



(clockwise from above)
Immediate past president Anne Geller, MD, with Percy Ryberg, MD, chair of History Committee.
James F. Callahan, DPA (r) with outgoing secretary Lynn Hanks, MD.



Adele Smithers with Dr. Geller and this year's R. Brinkley Smithers Distinguished Scientist Lecturer Harold Kulant, MD, PhD.



Updates for ASAM Textbook

Topics in Addiction Medicine

The first issue of *Topics in Addiction Medicine* was published by ASAM in April. Twice a year, *Topics in Addiction Medicine* will bring you up-to-date information on ADM. Insert each pre-punched issue of *Topics* into your copy of ASAM's textbook *Principles of Addiction Medicine* for a reference text that never goes out of date. Or use it alone as a freestanding compendium of important new articles on the addictions.



Contents of Volume I, Number 1:

▲ ASAM's new "Practice Guideline on the Use of Phenytoin in Detoxification." Developed by the ASAM Committee on Practice Guidelines, *Topics in Addiction Medicine* will bring you future "Practice Guidelines" as they are released.

▲ The new criteria for substance-related disorders from the *DSM-IV* combine with a chapter in *Principles of Addiction Medicine* to show how to translate diagnoses from the *DSM-III-R* to the *DSM-IV*.

▲ The "Definition of Alcoholism"—developed in 1990 by ASAM and the NCADD as the definitive statement on the disease nature of addiction.



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* Florida chapter of ASAM.

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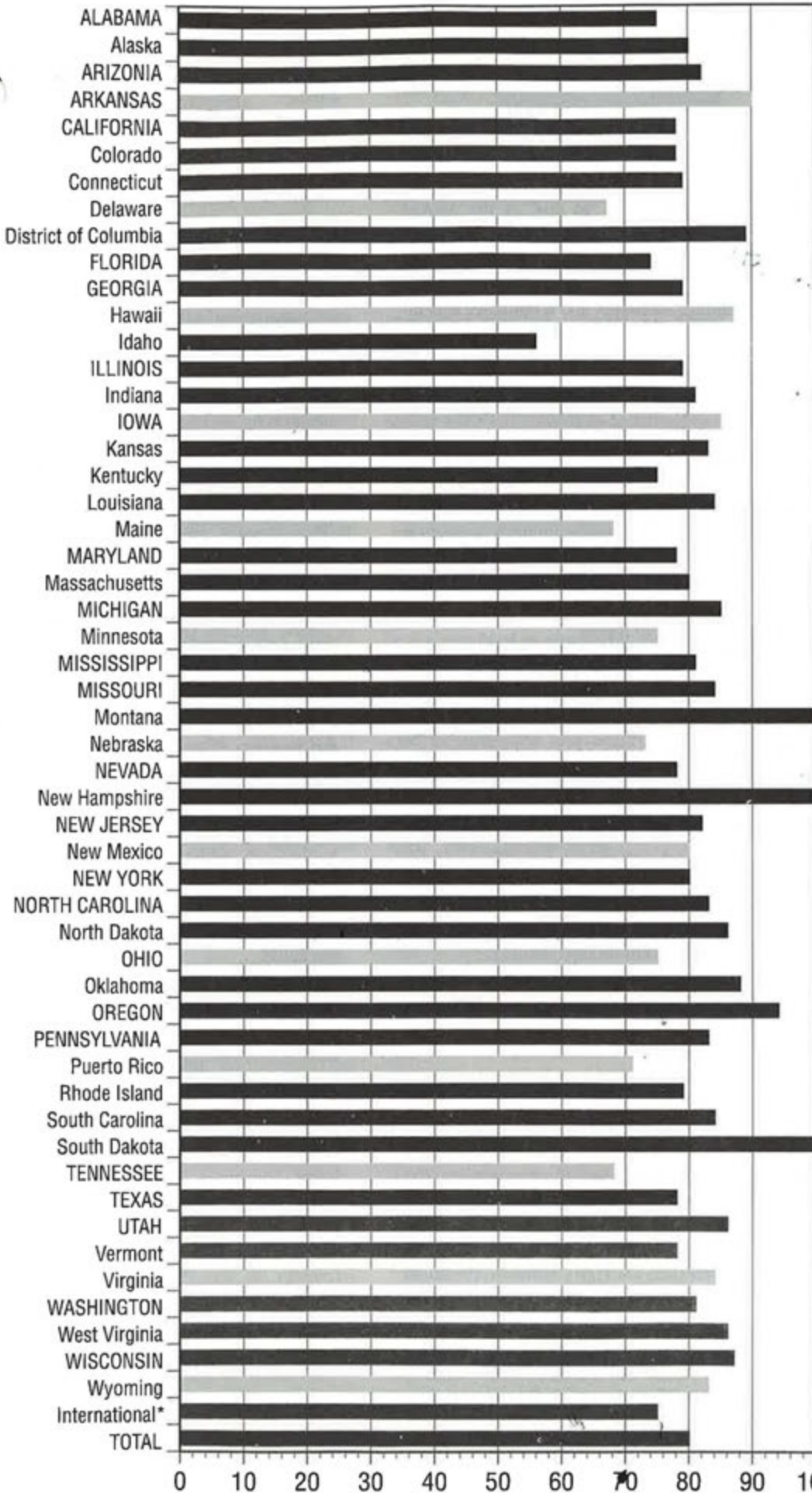
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ASAM

American Society of
Addiction Medicine



1995 Members Retention Rates by State

(as of March 31, 1995)



*From Membership Department,
Washington office.*

*Including Panama chapter

States in capitals indicate
chapters

Shading is for reading
purposes only.

A REPORT FROM THE EXECUTIVE VICE PRESIDENT

by James F. Callahan, DPA

*Verbatim Address by Dr. Callahan
(continues from page 1)*

2) consider methods of ways to make ASAM certification available to physicians who are not ASAM members; and

3) stimulate education in addiction medicine within as many specialties as possible...with a view to encouraging...the establishment of (subspecialties) in as many specialties as possible.

SECOND: *In the intermediate term* (1995 through 1998) ASAM should:

1) continue to offer the ASAM certification examination; and

2) seek the establishment of (subspecialties in addiction medicine) in as many specialties as possible, trying to engage cooperation with these specialties to arrive at mutually acceptable training standards and a mutually acceptable single examination that are mutually acceptable.

THIRD: *In the very long term*, from 1998 onward, ASAM should seek (the establishment of) a conjoint board, under the auspices of the American Board of Medical Specialties (ABMS).

ASAM has carried out the board's short-term plan (1990-1994) by certifying as of April 1995, 2,971 physicians, by opening the examination to non-ASAM members, and by meeting with presidents of specialty boards and directors of residency training.

ASAM is now engaged in carrying out the Board's *intermediate goals* (1995-1998). Three standout achievements are: 1) the AMA's recognition of Addiction Medicine (ADM) as a practice specialty; 2) the AOA's (American Osteopathic Association) approval for the development of Added Qualifications in Addictions; 3) the approval by the American Board of Psychiatry and Neurology of a Certificate of Added Qualifications CAQ in Addiction Psychiatry.

I want to comment on the significance of this latter achievement.

ASAM defines "alcohol, nicotine and other drug dependencies (as) *primary* diseases which produce serious secondary physical and psychiatric complications." (ASAM's "Core Benefit for Primary Care and Specialty Treatment and Prevention of Alcohol, Nicotine and Other Drug Abuse and Dependence.")

ASAM's goal is to assure the specialty certification of an adequate number of physicians to treat the *primary* addictive diseases, and the possible *secondary* physical and psychiatric consequences. ASAM seeks to do this, as the ASAM board's 1990 resolution states, by working with the primary care specialty boards to arrive at "mutually acceptable training standards and a mutually acceptable single examination;" that is to say, by arriving at sub specialization jointly offered and jointly recognized by several primary care specialties, in addition to psychiatry.

In ASAM's view, the CAQ in addiction psychiatry has broken the barrier that had been erected in organized medicine against recognizing addictions as medical disorders. The door is now open for internal medicine, family practice, pediatrics, emergency medicine, OB/GYN and other specialties to follow.

So this is the point at which we have arrived as of April 1995: 1) ASAM's Specialty Status Task Force recommended a three-phase plan to attain specialty status; 2) the ASAM board has pledged to the membership that ASAM will pursue specialty status. 3) the AMA has recognized addiction medicine as a specialty (ADM); 4) osteopathy has been given the go-ahead to develop a subspecialty; and 5) the American Board of Psychiatry and Neurology now offers a subspecialty certificate in addiction psychiatry.

So what's the holdup; why the delay in achieving the ASAM board's second phase goal of a joint subspecialty with as many specialties as possible?

The delay has been due to the following. Before we can hope to achieve joint subspecialty status in other areas of medicine, ASAM must answer a seemingly simple, but in fact difficult question: The question is: "What *is* addiction medicine?" "What does someone do who practices addiction medicine?" That is the question Dr. Harry Kimball, President of the American Board of Internal Medicine, put to Dr. David Lewis and me when we met with him to discuss a subspecialty that would be jointly offered by internal medicine, family practice, and other specialties.

It is clear that to achieve specialty status of addiction medicine, ASAM must

define addiction medicine, and do so by defining the practice. And it is this simple but penetrating question, "What does someone do



who practices addiction medicine?" that ASAM has over the past two years been answering and, by doing so, laying the groundwork for the establishment of the specialty of addiction medicine.

We have been answering Dr. Kimball's question by defining addiction medicine in four ways: 1) as science, 2) as practice, 3) as a body of knowledge for the education of the generalist and the training of the specialist, and 4) as a science, practice and body of knowledge translated into treatment to which patients have access.

Let me now say a word about each of these four elements of the definition of addiction medicine and what ASAM has done to define addiction medicine as science, practice, training and treatment.

Addiction Medicine as Science

Addiction medicine has its roots in basic and clinical sciences that predate the founding of the American Society of Addiction Medicine. As a multi-disciplinary specialty, addiction medicine rests on the basic and clinical sciences that underlie all of mainstream medicine.

At the same time, addiction medicine lays claim to its own scientific legitimacy that is the result of the basic and clinical pharmacological and neuropharmacological research on the properties and actions in humans of alcohol, nicotine, and other dependence producing chemicals. The science base of addiction medicine continues to broaden through research in the genetics of addictive diseases, and through treatment matching and treatment outcome studies. The transfer of the National Institute of Alcohol Abuse and Alcoholism and National Institute on Drug Abuse to the National Institutes of Health is clear affirmation of the existence of the science of addiction medicine and a clear message to all of us that the future of our field's lies in research-based treatment.

EVP Report*continues from p. 12***ADM****Addiction Medicine as Practice**

The practice of addiction medicine has been a reality since physicians first recognized intoxication and its consequences and tried to intervene and treat. In that sense, addiction medicine is centuries old. But it is only in the past twenty-five (25) years that we have formally codified what constitutes the body of clinical know-how that we call addiction medicine.

The most recent and complete codification of our clinical knowledge is contained in ASAM's new textbook *Principles of Addiction Medicine*. Further codification of the practice is contained in ASAM's practice guidelines. The first guideline, "The Role of Phenytoin in the Management of Alcohol Withdrawal Syndrome," has been published. Five other guidelines are currently in development.

So, the scientific and clinical bases of addiction medicine are well-established. But to advance addictions treatment, to advance the specialty, physicians must be trained in the science and practice. This is the third element of the definition.

Addiction Medicine as Education and Training

A medical specialty has to determine what will constitute the content of its formal education and training programs, describe this, and establish the programs to train current and future practitioners. Addiction Medicine education and training are described in three ASAM documents:

1) the 1986 Public Policy Statement "How to Identify a Physician Recognized for Expertness in Diagnosis and Treatment of Alcoholism and Other Drug Dependence;"

2) the 1992 "Guidelines for Fellowship Training Programs in Addiction Medicine;" and

3) the recent (1995) document "Content of Addiction Medicine."

In October of 1994, a conference attended by the presidents of the primary care boards and the directors of residency review committees of these specialists, was convened under the auspices of the Macy Foundation to discuss and promote increased graduate training and recognition in the addictions. At the December 1994 AMA Interim Meeting, the ASAM delegation (David E. Smith, MD, and Stuart Gitlow, MD)

attempted to introduce a resolution to convene a meeting of the specialty societies to discuss a subspecialty in addiction medicine. The ABMS representative advised the delegation that, given the absence of evidence of the existence of accredited graduate training, he would have to speak against the resolution. The resolution was, therefore, not introduced.

A major goal that the ASAM board has set for 1995 and 1996 is to document and describe the training taking place in addiction medicine in accredited graduate training programs.

To this point, I have shown how addiction medicine has been and will be further defined as science, practice and training. But unless patients have access to care, there can be no practice specialty, nor any need to educate the generalist. This brings me to the fourth and final element of ASAM's definition of addiction medicine which is addiction medicine as integrated into health care and reimbursement.

Addiction Medicine as Integrated into Health Care and Reimbursement

ASAM has been intensely involved in promoting access to care. Our most successful endeavor is the publication and promotion of the ASAM Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders. This document serves as a national guideline for providers and payers to determine need for care and level of care. Work is now under way to publish a supplement to the Criteria to address concerns of managed care companies regarding ambulatory detox, and of the public sector programs regarding long-term rehabilitation and methadone maintenance.

To promote access to care, ASAM's Health Care Reform Task Force promulgated "parity" as the central principle which should govern decisions regarding access to care for the addictions. The task force stated that "coverage for alcohol, nicotine and other drug dependencies should be nondiscriminatory on the same basis as any other medical care."

Definition of the Specialty Through Definition of the Practice

ASAM has not abandoned the goal of specialty status. Nor has ASAM pursued specialty status at the expense of forsaking the goal of educating the generalist.

Rather, ASAM has and will continue to commit itself to the only goal which will one day give addiction medicine both its rightful place at the table of medical specialties as a Board of Addiction Medicine, and provide the scientific and clinical content from which general medical education can draw. That goal is to define the specialty through defining the practice and through assuring its integration into all medical education and health care.

In closing, let me relate what I have said to what most of you are facing in your daily work, coping with managed care and the attempts to define addiction medicine as a part of "behavioral health."

Increasingly, there are efforts to define addiction medicine and the addictions as behavioral health. We should resist this, as we would resist defining diabetes, heart disease, cancer, and the other chronic relapsing conditions as "behavioral health" problems.

To be sure, there is a strong behavioral component in the addictions, as there is in many other chronic relapsing diseases. But the behavioral component is only one component of addictive diseases. Addictive diseases are multi-etiological and have complex syndromal manifestations.

ASAM must therefore continue to define addiction medicine as a multidisciplinary specialty which draws from internal medicine, psychiatry, family practice, emergency medicine, pediatrics, and all of the specialties. To define it as anything less is to do great disservice to your patients, and grave disservice to your fellow physicians, regardless of their specialty.

If we continue to commit ourselves to defining the science and the practice of addiction medicine, we will lead organized medicine to an understanding of what it means to practice addiction medicine, to recognizing addiction medicine as the specialty that it truly is, and to integrating addiction medicine into all areas of medical education and practice.



Letters

Managed Care Music Critic

The following "apocryphal material" was sent to ASAM by member **Mark Publicker, MD** who had read it in the *American Psychiatric Association's Psychiatric News* August 19, 1994, p. 14. The APA had received it from ASAM member **J. Ronald Bean, MD** via Barbara Epstein in Pittsburgh.

THE PRESIDENT OF A LARGE CALIFORNIA managed care company was also board chairman of his community's symphony orchestra. Unable to attend a concert, he gave his tickets to the company's director of health care cost containment. The next morning, the president asked his associate how he enjoyed the performance. Instead of the expected usual polite remarks, the director handed him the following memo:

"The undersigned submits the following comments and recommendations relative to the performance of Schubert's Unfinished Symphony by the Civic Orchestra as observed under actual working conditions:

A. The attendance of the orchestra conductor is unnecessary for public performances. The orchestra has obviously practiced and has the prior authorization from the conductor to play the symphony at a predetermined level of quality.



Considerable money could be saved by merely having the conductor critique the orchestra's performance during a retrospective peer review meeting.



B. For considerable periods, the four oboe players had nothing to do. Their numbers should be reduced and their work spread over the whole orchestra, thus eliminating peaks and valleys of activity.

C. All 12 violins were playing identical notes with identical motions. This is unnecessary duplication; the staff of this section should be drastically cut with consequent savings. If a large volume of sound is required, this could be obtained through electronic amplification, which has reached very high levels of reproductive quality.



D. Much effort was expended playing 16th notes, or semi-quavers. This seems an excessive refinement as most of the listeners are unable to distinguish such rapid playing. It is recommended that all notes be rounded up to the nearest 8th. If this is done, it would be possible to use trainees and lower grade operators with no loss of quality.

E. No useful purpose would appear to be served by repeating with horns the same passage that has already been handled by the strings. If all such redundant passages were eliminated, as determined by the utilization review committee, the concert could have been reduced from two hours to 20 minutes, with greater savings in salaries and overhead. In fact, if Schubert had attended to these matters on a cost containment basis, he probably would have been able to finish his symphony."



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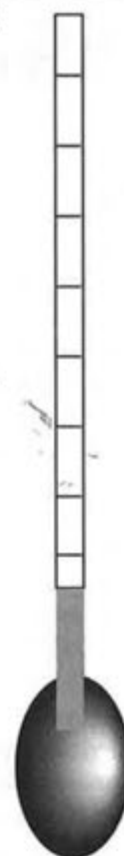
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The Ruth Fox Memorial Endowment Donor Reception was held on Friday, Apr. 28, during the annual Medical-Scientific Conference in Chicago. Donors from all years were invited. Members who pledged or contributed \$5,000 or more were presented with Ruth Fox Memorial Endowment Medallions at the reception.

President's Circle medallions for the year went to Drs. Joseph E. Dorsey, P. Joseph Frawley, Lynn Hankes, Conway W. Hunter, John A. Luker, George W. Nash, Anthony B. Radcliffe, and James W. Smith. All attended except Dr. Frawley, Hunter and Luker.

Leadership Circle medallions went to Drs. Sara L. Casto, Martin C. Doot, Jean L. Forest, Gerald A. Huber, John T. Lanier, John M. McRae, David Mee-Lee, James P. Miller, Ronald F. Pike, Percy E. Ryberg, Peter Szilagyi, Alan A. Wartenberg, and Penelope P. Ziegler. All attended the ceremony except Drs. Casto, Forest, McRae, Miller and Ziegler.

If you would like 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.

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(l from r) Drs. Anthony B. Radcliffe wears President's Circle medallion; G. Douglas Talbott, Anne Geller, David E. Smith



Max A. Schneider, MD with Director of Development Claire Osman.

ASAM NEWS

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ASAM Calendar

1995

- **July 7-9 — ASAM MRO and SAP Training Course**
Washington, DC *The Capitol Hilton*
- **Aug. 2-6—IDAA (International Doctors in AA)**
Name of town? NJ
Connie Hyde, 3311 Brook Hill Cir., Lexington, KY 40502
606-233-0000; Fax 606-253-0862.
- **Oct. 6-8 GASAM (Georgia chapter) 3rd Annual S.E. Regional Addiction Conference (GASAM)**
Lake Lanier Islands, GA *Hilton Resort*
GASAM Exec. Office, c/o JLH Counseling,
150 E. Ponce de Leon Ave., Ste 370, Decatur, GA 30030
404-377-9398
- **Oct. 7 — WISAM (Wisconsin chapter) Conference**
Milwaukee
Michael M. Miller, MD
608-271-4144; Fax 608-271-3457
- **Oct. 12-15 — ASAM 8th National Conference on Nicotine Dependence**
Toronto, Ontario *Toronto Marriott Eaton Center*
- **Oct. 19-21 — ASAM State of the Art in Addiction Medicine**
Washington, DC *Marriott Metro Center*
- **Nov. 2-4 — CSAM/ASAM State of the Art in Addiction Medicine**
Marina del Rey, CA *Ritz-Carlton*
- **Nov. 17-19 — ASAM/SAP MRO Training Course**
New Orleans *Intercontinental New Orleans*

1996

- **Jan. 19-21 — FSAM (Florida chapter) 9th Annual Conference on Addictions**
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1996

- **April 18-21 — ASAM Annual Meeting & 27th Annual Medical-Scientific Conference**
Atlanta *Atlanta Marriott Marquis*
- **Dec. 7 — ASAM Certification/Recertification Exam**
Atlanta, Los Angeles, Newark

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*
- **Dec.—ASAM Certification/Recertification Exam**

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