ASAM Election

September 1996 Volume 11, Number 4

Newsletter of The American Society of Addiction Medicine

Review Courses Address Core Problems, New Developments In Addiction Medicine

Review courses to be offered this fall to ASAM members and other interested parties promise to span the breadth of contemporary addiction issues, from brain chemistry to managed care.

The first of the three-day courses, scheduled for October 24-26 in Chicago, is described by its organizers as directed at physicians at all levels, from entry to recertification, who wish to expand or update their knowledge base. Sponsored by the American Society of Addiction Medicine, the course is eligible for 21 hours of Category 1 CME credit (with 3.5 hours of additional credit offered for several pre-conference workshops). The course also is approved for 21 hours of Category 2-A credit of the American Osteopathic Association and by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC).

Organized by a committee chaired by Allan Graham, M.D., with the participation of Drs. Sandra Jo Counts, Andrew DiBartolomeo, Howard A. Heit, Lori D. Karan, Debbie Korwin, Ilene Robeck, and Terry K. Schultz, the Chicago course features a diverse faculty addressing topics that include "Emergency Management of the Intoxicated Patient" (Dennis C. Whitehead, M.D.), "Pathophysiology of Alcohol and Drug Use—

Medical Aspects" (Alan A. Wartenberg, M.D. and Patrick G. O'Connor, M.D.), and a panel session on "Problem-Solving in Addiction Medicine." Optional sessions are offered on "Sleep Disorders" (Steven J. Eickelberg, M.D., Allan W. Graham, M.D. and Ilene Robeck, M.D.) and "Pain Management in the Addict and Alcoholic" (Milton E. Burglass, M.D., Howard A. Heit, M.D, F.A.C.P., and Alan A. Wartenberg, M.D.).

Participants also may register for one of four pre-conference workshops: "Impaired Physicians: Healing the Healer" (Daniel H. Angres, M.D. and Martin C. Doot, M.D.), "Dual Diagnosis" (Amin N. Daghestani, M.D. and Seth G. Eisenberg, M.D.), "Adjunctive Medications" (John Franklin, M.D. and Gloria J. Mouzon, M.D.) and "Economics and Advocacy of Addiction Treatment" (Norman S. Miller, M.D. and David E. Smith, M.D.).

A Review Course Syllabus consisting of speaker's outlines and copies of slides, plus seminal articles and reviews, is included in the course registration fee (before October 14, \$350 for ASAM members, \$425 for nonmember physicians, \$250 for residents, and \$50 for medical students; a one-day registration fee of \$150 also is available). In addition, the organizing committee recom-

mends ASAM's Principles of Addiction Medicine and the update series, Topics in Addiction Medicine, as supplements to the course (copies are available by mail from ASAM or may be purchased at the conference registration desk). Additional information is available from the ASAM office (call 301/656-3920 or E-mail

asamoffice@aol.com), while hotel reservations may be made directly with the Hyatt Regency O'Hare in Chicago at 847/696-1234 (mention the ASAM Review Course to qualify for the conference rate of \$91 per day).

The second course, co-sponsored by ASAM and the California Society of Addiction Medicine, is set for November 6-9 at the Biltmore Hotel in Los Angeles. Course planners promise a host of special features, including a day-long consultation on "Ethical Dilemmas Facing Addiction Medicine Physicians in the Era of Managed Care;" preconference workshops on

Review Courses focus on core issues and recent developments in the theory and practice of Addiction Medicine

"Understanding and Using ASAM's PPC-2" (David Mee-Lee, M.D.) and "Urine Screening Toxicology for General Uses and for the SAP" (H. Westley Clark, M.D., J.D., M.P.H. and Dennis Ritz, J.D., M.S.); and Master Classes (each with registration limited to 15 participants) on "Neurobiology of Reinforcement and Addiction" (Billy Martin, Ph.D.), "Treatment Matching and Outcome 'Evaluation" (A. Thomas McLellan, Ph.D.), "Meeting the Treatment Needs of Addicted Women" (Joan Ellen Zweben, Ph.D. and Vivian Brown, Ph.D.), "Approaching Chronic Pain and Addiction from a Consultation Liaison Practice" (Karen Miotto, M.D. and Margaret Compton, R.N., Ph.D.), "Current Trends in Drug Epidemiology and Treatment" (David E. Smith, M.D.), and "Harm Reduction: What Does the Research Show?" (Jerome Jaffe, M.D.).

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ASAM

American Society of Addiction Medicine

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

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ASAM ELECTION OF OFFICERS

ASAM MEMBERS TO ELECT NEW SLATE OF OFFICERS

As the date approaches for ASAM's election of officers and regional directors, members are urged to watch the mail for their ballots and to vote for the candidates of their choice. Ballots will be mailed to ASAM members in good standing on November 1, 1996, with completed ballots to be returned to the ASAM office by December 1. Winning candidates will be announced in the January 1997 ASAM News.

Nominating Process

Voters may choose between two candidates for each officer position: President-Elect, Secretary and Treasurer. These candidates were selected by the Nominating Committee, which is chaired by the Immediate Past President (Anne Geller, M.D.) and composed of two ASAM committee chairs Ballots mailed to ASAM members November 1. Completed ballots to ASAM office by December 1.

elected by all ASAM committee chairs, two regional directors elected by the nine regional directors of the Board, and two ASAM members-at-large appointed by the President. The Board of Directors has asked the Nominating Committee to make selections that promote balance on the Board—i.e., to assure representation from the academic/research community, and the various practice specialties, as well as the diverse membership characteristics (seeking geographic balance, as well as representatives of the public and private sectors, all types of clinical experience, and ethnic and gender balance).

Candidates for regional director are selected by a Regional Nominating Committee of State Chapter Presidents and State Chairs in each region, or by petition of at least 25 active members of the Society residing in that region. Beginning with the 1997 election, and every four years thereafter, there will be 10 regional directors and 10 alternate directors. In each region, the regional director will be the person receiving the largest number of votes and the alternate director the person who receives the second largest number of votes cast.

Terms of Office

To allow for a gradual transition and turnover, the ASAM Bylaws limit the terms of regional directors and alternate directors to four years. A director may succeed him/herself only once and may be reelected to further terms only after a hiatus of four years. The Secretary and Treasurer have two-year terms and each may succeed him/herself once, without hiatus, and be eligible for reelection after a hiatus of two years. The ASAM Board voted this provision in order to allow for a more gradual turnover and to preserve the Society's corporate memory of history, tradition, and programs.

Campaign Information

To assist members in making their choices, this issue of ASAM News features photos of all the candidates, as well as campaign statements that address two key questions we asked each potential officer or director: What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? and How do you feel your election would benefit ASAM and the field of Addiction Medicine? Candidates profiled in this issue are:

For President-Elect: Marc Galanter, M.D. and William B. Hawthorne, M.D.

For Secretary: Andrea G. Barthwell, M.D. and H. Westley Clark, M.D., J.D.

For Treasurer: Alfonso D. Holliday, M.D. and James W. Smith, M.D.

For Regional Director: Lawrence S. Brown, Jr., M.D., M.P.H., Andrei C. Jaeger, M.D., and Peter A. Mansky, M.D. (Region I); P. Joseph Frawley, M.D. and Gail N. Shultz, M.D. (Region II); John D. Melbourne, M.D., Peter O. Rostenberg, M.D., and Alan Wartenberg, M.D. (Region III); R. Jeffrey Goldsmith, M.D. and Lee H. McCormick, M.D. (Region IV); Paul H. Earley, M.D. and Timothy L. Fischer, D.O. (Region V); Thomas L. Haynes, M.D. and Norman S. Miller, M.D. (Region VI); Ted E. Ashcraft, M.D. and Ken Roy, M.D. (Region VII); Douglas L. Bovee, M.D., Gregory E. Skipper, M.D., and Richard E. Tremblay, M.D. (Region VIII); Sault Alvarado, M.D., Edgardo Della Sera, M.D., and Peter E. Mezciems, M.D. (Region IX); and Richard A. Beach, M.D. and Lloyd J. Gordon, III, M.D. (Region X).

CANDIDATES FOR THE OFFICE OF PRESIDENT-ELECT

The ASAM Constitution & Bylaws state that "The President-Elect shall, in the absence or disability of the President, exercise the powers of the President. The President-Elect shall perform such other duties as may be assigned by the President or Executive Committee."

The Constitution & Bylaws also require that nominees for the office of President-Elect must be from or have served on the Board of Directors within the past four years. Officers, including the President-Elect, have a two-year term of office.

Marc Galanter, M.D. New York

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? In the addiction field we need two things primarily: (1) insurance reimbursement for all needed treatment; and (2) full recognition of Addiction Medicine as a field of medical practice. My greatest contribution to ASAM has been working toward these goals—as a Board member for 11 years, and currently as Secretary; as a leader in initiating our Certification Process as Founding Chairman of our Credentialing Committee, lending credibility and recognition to our specialty. I have also served as Program Chairman of our Annual Meeting for 13 years, as Editor of our annual book series "Recent Developments in Alcoholism" for 16 years, and as Director of our National Center for Medical Fellowships in Addiction for 9 years. This work has been directed at assuring national recognition of identity and parity for our field, and for the importance of our clinical work.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? In order to address the clinical issues confronting our members, experience in the practice of addiction medicine is essential. I founded and directed an award-winning Addiction Division at Bellevue Hospital and NYU, with 80 beds and 600 outpatients, and have conducted a part-time private practice in addiction medicine for the last 25 years. I carried this struggle for high quality care forward in chairing the NY State Governor's Task Force in addiction care.



Over these years, I have addressed insurers, bureaucracies, and government agencies in order to provide high quality clinical care. If elected, I will lead our efforts to assure that all practitioners of Addiction Medicine can provide their patients with the excellent treatment they need and deserve.

William B. Hawthorne, M.D. Florida

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? ASAM has been an important part of my life since 1978. As Treasurer and Executive Committee Member for 10 years, I participated in the major changes and remarkable growth that brought our organization to the forefront of the field. My special responsibility was to work closely with the Executive Vice President and the presiding Presidents concerning administrative issues and the achievement of fiscal responsibility and security. I chaired the Ruth Fox Memorial Fund during the time we raised its first million dollars. For six years I served as ASAM's representative to the JCAHO and fashioned ASAM's relationship with the Journal of Addictive Diseases. The organization, the field, and the leadership of ASAM are well known and important to me.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? The next ASAM President-Elect will help shepherd our organization into the year 2000. I share the vision ASAM must grow in its service to our members and to the field. We cannot forget what brought us together in this effort. We remain committed to ASAM as a multi-disciplinary clinical specialty organization. In pursuit of excellence, we must find ways to fully welcome those whose late entry into Addiction Medicine makes the fulfillment of a residency requirement difficult. We, not third parties, are the ones to set the standards for levels of care



and clinical guidelines in the field. We need to increase training opportunities in addiction medicine and encourage fellowships and residency programs leading to board specialization. I will continue to fight vigorously any discrimination against our members with the Physicians' Health Committee. I would greatly appreciate your support.

CANDIDATES FOR THE OFFICE OF SECRETARY

The ASAM Constitution & Bylaws state that "The Secretary shall: (a) keep an accurate record of the proceedings of the meetings of the Society, the Board of Directors, and the Executive Committee; (b) preserve records, documents and correspondence; (c) cause notice to be given of elections and of meetings of the Society, Executive Committee, and Board of Directors; and (d) perform all other duties incident to the office of the Secretary."

The Constitution & Bylaws also require that nominees for the office of Secretary must be from or have served on the Board of Directors within the past four years. Officers, including the Secretary, have a two-year term of office. A Secretary may succeed himself/herself once without hiatus, and may subsequently be reelected after a hiatus of two years.

Andrea G. Barthwell, M.D. Illinois

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My greatest contributions to ASAM are in the areas of physician education, fund raising, member recruitment and advocacy for new physician roles in systems which treat addiction. I contribute to ASAM's visibility in a number of arenas, public and private, and ASAM's acceptance as an organization whose members are developing standards of practice for the treatment of addiction. I am a generalist in Addiction Medicine with training in many modalities and settings (i.e., medical mode -- all levels of care, methadone maintenance, therapeutic community, sanctuary, social setting, detoxification, etc.). I have experience treating diverse populations (i.e., incarcerated, pregnant or parenting women, adolescents, ethnic minorities, etc.).

My contributions to ASAM are through committee work and promoting stronger links between the Board of Directors and ASAM's chapters and members. I am a member of the Task Force on Addiction Medicine, and I am concerned with funding mechanisms to assure continued treatment for people who are medically undeserved under the current fee-for-service system of care.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? The goals adopted by the Cross Cultural Clinical Concerns Committee, while I served as committee chair, generally describe interests for Addiction Medicine. They are to assure that physicians who treat individuals presented with complications of addictive disease know how to recognize and refer. Those physicians who want to work with individuals with addictive disease in their practice, or addiction medicine settings, will be compensated for their work, and those who work in addiction medicine specific settings understand cultural and ethnic differences in the acquisition and expression of these disorders.

H. Westley Clark, M.D., J.D. California

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My greatest contribution to ASAM has been in the area of clinician scholar. I have actively participated in teaching those about various aspects of Addiction Medicine, most notably in the areas of law, work place drug testing, and forensic issues. I have been willing to research the literature about critical issues and to share my professional observations. My greatest contributions to the field of Addiction Medicine have been in the areas of medical, legal, and policy issues. I have played a significant role addressing policy issues involved in work place drug testing, both from ASAM's perspective and from ACOEM's perspective. Furthermore, I have consulted with the Robert Wood Johnson Foundation's Policy Initiative in order to facilitate the stimulation of interest at the community and academic level in substance abuse policy.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? By being elected Secretary of ASAM, I will have an opportunity to contribute to the formulation and synthesis of ASAM policy. I will also be able to contribute my time and energy in keeping ASAM involved with cutting edge issues of policy. I can assist in highlighting the important role of physicians in the prevention and treatment of substance abuse related disorders; this is an important task in an era of managed care and cost consciousness.



It has been asserted that the role of professionals is tangential to the treatment of alcohol and drug addiction. I believe cost effectiveness is an important concept, however, the field of Addiction Medicine should not acrifice long term quality for short term profit.

CANDIDATES FOR THE OFFICE OF TREASURER

The ASAM Constitution & Bylaws state that "The Treasurer shall be the custodian of the Society's funds from whatever source those may derive. The Treasurer or individual designated by the Board of Directors shall deposit these funds in the Society's name in such depositories as the Finance Committee, following the guidelines of the Bylaws and the Board of Directors, shall recommend. The Treasurer shall dispense funds as authorized by the Board of Directors. The Treasurer shall report an accurate account of all transactions at the Annual Meeting of the Society, and at all Board of Directors and Executive Committee meetings. The Treasurer shall be a member of the Finance Committee."

The Constitution & Bylaws also require that nominees for the office of Treasurer be from or have served on the Board of Directors within the past four years, or in the case of a nominee from the general membership who has qualifications for the position, must have been active on the Finance Committee within the past four years. Officers, including the Treasurer, have a two-year term of office. A Treasurer may succeed himself/herself once without hiatus, and may subsequently be reelected after a hiatus of two years.

Alfonso D. Holliday, M.D. Indiana

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? Since 1996, I have been an elected member of the Gary Community School Corporation, the second largest school district in the state of Indiana. In 1994, I was successful in convincing the Board and Administration to create a department for an Alcohol and Drug Education Program and develop a curriculum which infused the program into the K through 12th grades. The program has been expanded to include prevention and intervention.

I have just been elected President of the Board and will now work to have the program moved fully into the Instructional Division, so that it will carry the same respect as the other components of the general curriculum.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I feel that ASAM will benefit from my M.B.A. skills as its treasurer. The field of Addiction Medicine will benefit from my successful efforts to mainstream alcohol and drug education into the total curriculum from Kindergarten through 12th grade in a major size school system. It should act as a model for the rest of the country.

James W. Smith, M.D. (incumbent) Washington State

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? For the last 36 years, I have practiced Addiction Medicine both as medical director of an addiction treatment hospital and as president of a treatment network. Throughout that time, I have made a major effort to educate medical and other professionals about the modern concepts of addiction. Toward that end, I have lectured to numerous professional groups, written over 70 journal articles and book chapters and have been active in teaching medical students, residents and addiction counselors. In addition, I have required all medical directors working for me to become ASAM certified. As a clinical associate professor of psychiatry and behavioral sciences, I was a member of the curriculum development team that put Addiction Medicine elements into all four years of the curriculum of the University of Washington School of Medicine.

I have been a member of ASAM since it first became a national organization, first as Washington State Chairman, later serving on the Certification Committee, Fellowship Committee, the Ruth Fox Memorial Endowment Fund, and the Resources and Development Committee. I chaired the Finance Committee for five years and chaired the ASAM Operating Fund Committee. I am currently treasurer of ASAM and serve on the Finance Committee, the Ruth Fox Memorial Endowment Fund, the Practice Guidelines Committee and the Public Policy Committee.





How do you feel your election would benefit ASAM and the field of Addiction Medicine? If reelected Treasurer of ASAM, I would bring to the post seven years of intimate experience in the financial operations of ASAM (a not-for-profit organization), as well as over 30 years' experience in the financial operations of a multi-center entrepreneurial for-profit organization. As we progress through the revolutionary changes in the practice and funding of addiction treatment, it is essential to pay close attention to the financial well being of ASAM. Without proper funding, the programs and services that are important to ASAM members cannot be delivered and ASAM could cease to exist as a voice of advocacy for Addiction Medicine.

CANDIDATES FOR DIRECTOR OF REGION I: NEW YORK STATE

Lawrence S. Brown, Jr., M.D., M.P.H. (incumbent) Brooklyn, New York

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? I have been involved in Addiction Medicine in many ways. As a teacher, I am involved in training nurses, physician assistants and physicians. I have served on the faculty of ASAM's State-of-the-Art and Review Courses.

As a researcher, I am involved in research about the epidemiology, consequences, and efficacy of interventions regarding the HIV/AIDS and drug abuse link. This research has led to more than 100 publications and presentations. In public policy, I have served on advisory committees of NIDA, FDA and the National Institute on Allergy and Infectious Diseases.

In ASAM, I have served on the AIDS and Methadone Committees. I am the Chair of the Cross-Cultural Committee, and I am currently filling the unexpired position as Director of Region I.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I bring leadership in Addiction Medicine related to medical education, research, and public policy, along with organizational experience in ASAM.





Andrei C. Jaeger, M.D. Rego Park, New York

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My main contribution to ASAM was to disseminate its principles, clinical views and Patient Placement Criteria to medical and behavioral treatment practitioners and trainees through presentations and teaching activities.

I have been a pioneer in the development of the Dual Diagnosis knowledge base, its early recognition and creating appropriate treatment strategies at all levels of care for double trouble patients and their families.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? ASAM is a young organization going through an exponential growth phase. The Society's Regional Office will benefit from bold representation and strong leadership bringing it into the new age of health care.

My particular experience in broad areas of clinical management, research, education and managed care will prove useful to the membership at large and provide adequate representation at this nebulous juncture in the history of health care.

Peter A. Mansky, M.D. Albany, New York

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? It is a privilege to be considered for the Region I Directorship. My work in Addiction Medicine started in 1969 at the NIMH Addiction Research Center, Lexington, Kentucky, and has involved teaching, research and clinical activities. I serve as the Medical Director of The Committee for Physicians' Health in New York.

This includes extensive outreach to other physicians and medical students, reviewing treatment, and advocating with regulatory agencies, managed care, and employers for physicians suffering from addictive illnesses. In ASAM, I serve as the Vice President of the NY Chapter, on the Computer Committee of the Communications Task Force, on the Physicians' Health Committee and as liaison to the PHC from the Federation of Physician Health Programs.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? My dedication is to further the treatment of those who are still out there suffering from addictive illnesses in this age of managed care and over-regulation.



QUALIFICATIONS FOR REGIONAL DIRECTOR

The ASAM Constitution & Bylaws requires that nominees for Regional Director or Regional Alternate Director: (a) must have been an active member of ASAM for three years; (b) must have demonstrated a commitment to ASAM's mission by having engaged in activities such as service on an ASAM Committee, Task Force, or other significant national or state endeavor; and (c) must be willing to attend two Board Meetings per year for four years at his/her own expense.

The job description approved by the Board of Directors requires that Regional Directors perform the following duties: (a) communicate regularly with Chapter Presidents; (b) participate in bimonthly conference calls between the Regional Directors and Chapter Presidents in their regions; (c) allot a period of time during the Medical-Scientific Conference for informal meetings with members in their regions; (d) send a letter to each Chapter President to solicit any motions for the upcoming Board meeting; (e) attend the face-to-face State Chapters meeting which is held during each Medical-Scientific Conference; (f) conduct regional meetings during each Medical-Scientific Conference in order to receive feedback from members in their regions; (g) become a member of the Continuing Medical Education (CME) Committee and serve as a representative of chapters that are interested in applying for CME credit through ASAM; (h) attend annual meetings of state chapters in their regions; and (i) foster the development of state chapters in their regions by relaying the "tools of success" from one chapter to another and by assisting in membership recruitment.

CANDIDATES FOR DIRECTOR OF REGION II: CALIFORNIA

P. Joseph Frawley, M.D. (incumbent) Santa Barbara, California

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? It is my privilege to work with ASAM in several areas. I believe my greatest contribution has been to work to inject science into the practice of Addiction Medicine. This has been both through encouraging the development of ASAM position on treatment outcome, measurements and procedures, my participation in the Patient Placement Criteria, and the incorporation of the CIWA scale into the detoxification criteria.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I believe that ASAM must continue to look to the future and the way things are, rather than the way things have been, but without losing the knowledge we have gained from the past. Current economic realities have changed my life and I have had to adapt to them. I hope that my contribution would assist ASAM also in adapting to the current and future realities and to take a leadership position to direct Addiction Medicine in a way that would provide quality care and wise direction in the field of Addiction Medicine.



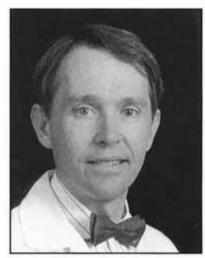


Gail N. Shultz, M.D. Rancho Mirage, California

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? I have been active with ASAM Committees on Physician Health and Managed Care, Executive Council of the California Society of Addiction Medicine, the Federation of State Physician Health Committees and the California Diversion Program. I have also coordinated CSAM's perinatal project and have been increasingly active with State and National issues related to addiction and treatment.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? As one of the few remaining full-time Medical Directors, I have the time and energy to devote to the future of ASAM and Addiction Medicine. We must find ways to continue to provide affordable, quality addiction treatment to our patients, and that is a considerable challenge given today's health care environment. I believe we can find a way; and would like to help ASAM meet that challenge.

CANDIDATES FOR DIRECTOR OF REGION III: CT, ME, MA, NH, RI



John D. Melbourne, M.D. Connecticut

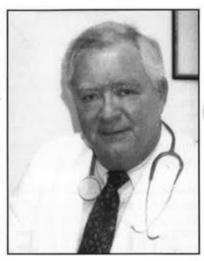
What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? For the past 15 years and more, as an internist in a community hospital, I have dedicated my professional efforts to the care of the addicted patient and that patient s family. I have been witness to their many miracles of recovery and to the tragedies of those who continue to use. Now, as resources for these people decline and as reimbursement to institutions and specialists disappear, it is essential that we as individuals and as an organization focus our energies and our talents on the creation of more effective and efficient systems of treatment. We need practical clinical research data, and we need to communicate this data to each other and to the policy-makers at the state and national level. We need to be more involved with our medical organizations, both locally with the medical staff of each hospital, and nationally with organizations such as the ACP and the AMA and JCAHO. The more others know about what we can do for them, their patients, and their community, the more likely we are to have advocates to help us accomplish our goals.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? A special interest of mine is intoxication, a medical condition, which includes abuse and addiction, but also encompasses hazardous and harmful use. I believe that alcohol intoxication is a valid clinical entity that is just as important to discuss as smoking, high blood pressure, or alcoholism.

Peter O. Rostenberg, M.D. Connecticut

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My greatest contribution to ASAM has been to raise its awareness about alcohol s relationship to injury: that of all causes of death attributable to alcohol use, trauma is the most common. Non-fatal injuries are among the most expensive consequences of alcohol misuse. As co-chair of ASAM s Trauma Committee, I have dialogued with physicians, medical staffs and others to bring to their attention that screening of all for alcohol and other drugs is fundamental to quality medical care. I chaired a Treatment Improvement Protocol (Alcohol & Other Drug Screening in Hospitalized Patients) which is now in print and on the Internet. I am a member of ASAM s task force on Addiction Medicine for the 21st century. I serve as one of CSAT s advisors on their research agenda for the next 5 years.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? As a board member, and as a representative of ASAM, I will continue to engage and challenge the medical community, insurance companies, and health policy makers to perform alcohol and drug screens.





Alan A. Wartenberg, M.D. (incumbent) . Rhode Island

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? Over the last three years, as Region III Director and a member of the Board, I have worked to better coordinate the National ASAM structure with the particular needs of members at the State level, working with the State Chapters Committee. I have served on the Clinical Guidelines and Publications Committees, as well as on the Methadone Committee. I recently took over the chair of the Medical Specialties Committee. I also took over the directorship of the Ruth Fox course, and hope to continue the tradition of excellence and relevance of that course. I contributed to the Medical Disorders section in *Principles of Addiction Medicine*, and now serve on the Editorial Board for the next edition of *Principles*.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I wish to further benefit Region III by focusing efforts at establishing State Chapters, particularly in Massachusetts and Connecticut, and to work within the smaller states to increase membership and involvement, including an effort to coordinate the membership in Vermont, New Hampshire and Maine in either a formal or informal structure. I also wish to improve awareness of ASAM and its

mission among other physicians, particularly those in primary care specialties, by working to create formal liaisons to their professional societies, in addition to our strong presence within the AMA. I plan to continue with the Ruth Fox course direction, work on *Principles* and other ASAM publications, and to foster the continued development and acceptance of the ASAM PPC.

CANDIDATES FOR DIRECTOR OF REGION IV: NJ, OH, PA



R. Jeffrey Goldsmith, M.D. (incumbent) Ohio

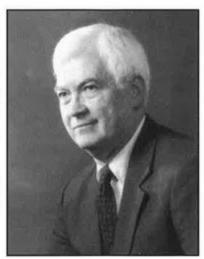
What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My greatest contributions to Addiction Medicine have been my academic writings which added new understanding to the psychology of addiction. Through the creation of the Denial Rating Scale, I have changed our understanding of denial. My work on the integrated psychology of addictions has increased our knowledge about the way in which the addicted individual experiences the progression of his/her disease. For ASAM, my greatest contribution has been as a Regional Director, bringing definition to the recently created job description of Regional Director and helping infuse new life into the Ohio Chapter of ASAM. As Regional Director, I play a critical role knitting the local members together, state by state, into a national network.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? If elected, I will lead the rejuvenation of Region IV, developing a supportive network at a time when managed care distracts us from our national efforts.

Lee H. McCormick, M.D. Pennsylvania

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My greatest contribution to the field of Addiction Medicine has been 25 years of continuously providing detoxification services. Individually in the beginning, and later with my partners, we have often provided more than half of the detoxification services available in Pittsburgh. I have been a frequent speaker to both lay and professional groups on the subject of addiction. As a member of the Pennsylvania delegation to the American Medical Association House of Delegates, I have often spoken in support of ASAM issues in that body.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I have been quite active in Organized Medicine holding leadership positions at the county, state and national levels. If elected to the Board, I could call upon the resources of Organized Medicine, as well as the many friends that I have made through these activities to help advance the field of Addiction Medicine.



CANDIDATES FOR DIRECTOR OF REGION V: DE, DC, GA, MD, NC, SC, VA, WV



Paul H. Earley, M.D. Georgia

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? I have been involved in ASAM for the past ten years. During this time, I have focused my efforts on strengthening ASAM through membership and involvement. I am currently Chair of the International Membership Campaign whose goal is to recruit new members and retain the members we have. In addition to this, I have been involved with the State Chapters Committee for the past eight years, and the Chair of that committee for the past four years. The State Chapters Committee attempts to coordinate national and state affairs. Many members of ASAM are active in the state and local level, but feel less involved at the national level. To continue to grow, we must have a unified national focus with local action. I believe that the State Chapters Committee is at the center of this action.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? ASAM has provided my own career with focus and I believe the Regional Directorship will give me the opportunity to give back to ASAM some of what I have received.

CANDIDATES FOR DIRECTOR OF REGION V: DE, DC, GA, MD, NC, SC, VA, WV

Continued from previous page



Timothy L. Fischer, D.O. South Carolina

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? I feel that my contributions to ASAM have been in the areas of organization, publicity and politics. I am the founding president of the South Carolina Society of Addiction Medicine (SCSAM). We have just jointly sponsored with ASAM a conference with Dr. David Mee-Lee on the ASAM PPC-2. We had newspaper and television coverage for the conference. We have been active in the political process with legislation. While in Iowa, I worked with the state legislature and advised the Governor on Addiction Medicine. I am currently developing web pages for SCSAM and a new organization, the International Society of Addiction Medicine (ISAM).

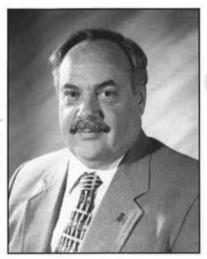
How do you feel your election would benefit ASAM and the field of Addiction Medicine? If elected, I would be able to help in the areas of organization, public relations and in the political area. I also feel I am good at seeing what can be, developing a plan, and getting it done.

CANDIDATES FOR DIRECTOR OF REGION VI: IL, IN, KY, MI, MN, ND, SD, TN, WI

Thomas L. Haynes, M.D. Michigan

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My greatest contributions have included the consistent way that I have attended the National Medical-Scientific meetings since 1986, and served as a member of the Membership Committee, Physician Health Committee and the Communications Task Force. I have actively supported the goal of specialty board status and examination, and twice have been certified through testing by ASAM, taking each test when first offered in 1986 and 1994. I carried the initiative to establish the Michigan Society of Addiction Medicine, and serve as its founding president. I have served on state impaired physician committees since 1980, and I established the only long-term treatment program in Michigan for addicted professionals. I also am the chair of the newly created Michigan Health Professional Recovery Committee.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I will be able to further the interests of ASAM through representation of the clinical and treatment arenas. My abilities in the areas of organization, communication, and computers will help ASAM to speak with a unified voice and to effectively represent its membership in the important national issues which we face today.





Norman S. Miller, M.D. Illinois

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? I am president-elect of the Illinois Society of Addiction Medicine. In ASAM, I am former editor of Principles of Addiction Medicine, chair of the Dual Diagnosis and Nomenclature Committees, and member of the Medical Scientific Program and Publication Committees. I have coordinated Symposia, courses and workshops for the ASAM Annual Meeting. I have served as a regional director for the Ruth Fox Endowment. I serve on advisory committees and government agencies (Office of National Drug Control Policy - White House, CSAP, CSAT and DASA-Illinois). I have published 250 articles and books and reviews for medical and scientific journals in Addiction Medicine.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I would further contribute to the academic and administrative leadership in Addiction Medicine and in ASAM. I am dedicated to the principles and practices of Addiction Medicine, and working in ASAM for the benefit of physicians and our patients. As Regional Director, I would represent Addiction Medicine in our region and states.

ASAM ELECTION OF OFFICERS

CANDIDATES FOR DIRECTOR OF REGION VII: AR, IA, KS, LA, MO, NE, OK, TX

Ted E. Ashcraft, M.D. Arkansas

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? I have been active in the field of Addiction Medicine since 1981. Probably my greatest contribution is contributing to the ongoing recovery of many patients in the busy field of Family Practice since 1980. I have also served as State Chairman for helping to raise contributions to the Ruth Fox Memorial Fund for ASAM.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I plan to continue my work in the field of Family Practice and Addiction Medicine and hope to contribute in any way possible, both professionally and financially, to the field of Addiction Medicine. I plan to use all of my experience to help educate legislators and people in power to the need of continuing helpful legislation that will benefit people in recovery.





Ken Roy, M.D. Louisiana

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? I graduated medical school in 1972 and, after an internship, entered Emergency Medicine and then Family Practice. Following attention to my own recovery in 1982, I developed an interest in Addiction Medicine and, in time, became a full time worker in the field of addictive diseases. I joined the American Society of Addiction Medicine (ASAM) in 1984, was certified by ASAM in 1986 and worked to develop addiction treatment programs at New Orleans area hospitals, an outpatient facility and a residential facility. I was elected to the Board of Directors of ASAM in 1988, have served on the Review Course Committee and have chaired the Membership Committee. In December of 1994, I completed a residency program in Psychiatry at Tulane University School of Medicine. I am part of the faculty of a new fellowship program in Addiction Medicine at Tulane.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? If I am elected to the Board of Directors of ASAM, I will bring my prior leadership experience, my interest in the welfare of addicted people, and my interest in training physicians in Addiction Medicine to the leadership of our society.



REVIEW

ASAM'S Review Course in Addiction Medicine October 24-26, 1996 Chicago, IL

> ASAM'S 9th National Conference on Nicotine Dependence November 14-17, 1996 Washington, DC

ASAM

American Society of Addiction Medicine

For Complete Meeting Information
Call: 301.656.3920 or E-mail: asamoffice@aol.com

CANDIDATES FOR DIRECTOR OF REGION VIII: AK, AZ, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

Douglas L. Bovee, M.D. Oregon

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? I have served thousands of patients in the daily practice of state-of-the-art Addiction Medicine for 13 years as an attending and consulting physician in Seattle, Washington, then Eugene, Oregon. I have presented numerous lectures and workshops to help educate hundreds of practicing physicians and scores of residents, along with many allied health professionals regarding the diagnosis and management of addiction problems. I have led committees that helped pass bills in Washington which increased the minimum annual group health insurance benefit for treating addiction, increased the state excise taxes on tobacco products, and decreased access of tobacco products to minors. I have served as President of ORSAM for the last year and on the ASAM Committees on Methadone and Pain and Addictive Disease, and have drafted a vision statement for opioid maintenance pharmacotherapy.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I believe that my long-standing involvement in mainstream medicine, my scientific approach to Addiction Medicine, and my experience and skill in professional education and public health advocacy and policy formation will help me to add substantial value to the ASAM Board of Directors.





Gregory E. Skipper, M.D. Oregon

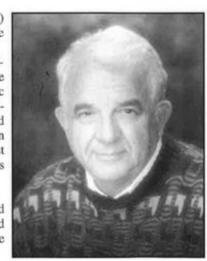
What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My greatest contribution to ASAM and the field of Addiction Medicine has been to sit with one addicted patient at a time and show compassion and understanding and share the "good news" that addiction is a disease and that there is hope. I have carried this same message of "addiction is a treatable disease," to other venues, including appearances on the Today Show, AM Northwest, the Oregon Medical Association, before the state legislature in Salem, Oregon, and others. As an Assistant Professor of Medicine at OHSU, I have trained medical students and residents and developed curriculum guidelines in Addiction Medicine. I have been on the OMA Physician's Committee, was a founding member of the Oregon Diversion Council, and was a founding member of ORSAM. I was founder and host of a popular talk radio show, Recovery Talk.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I feel much desire to serve and contribute to ASAM. I will be active and provide creativity and action. I have lots of ideas and energy for this worthy cause.

Richard E. Tremblay, M.D. (incumbent) Washington State

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My greatest contributions to ASAM and the field of Addiction Medicine are essentially three in number. First, in my twelve years as an ASAM member and attendee at all the medical-scientific meetings, I have served or presently serve on numerous committees including Membership, Methadone, State Chapters, Physician's Health, Fellowship Subcommittee and, recently, the ASAM Board of Directors. Second, I was the Founding President of the Washington State Society of Addiction Medicine. Last, I have worked in the field of Addiction Medicine for thirteen years as addictionist and Medical Director of both private and public sector inpatient and outpatient treatment centers serving both adults and adolescents.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I would bring to the position of Regional Director my experience and determination to energetically and enthusiastically represent the ASAM members from Region VIII, and to participate fully in the Board of Directors' activities and on ASAM committees as needed.



ASAM ELECTION OF OFFICERS

CANDIDATES FOR DIRECTOR OF REGION IX: CANADA AND INTERNATIONAL



Saul Alvarado, M.D. Panama

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My greatest contribution to ASAM and to the field of Addiction Medicine is my personal recovery and my dedication to my work with my clients and their families.

I currently serve as Medical Director of Clinica Margarita and Medical Director of Clinica de la Familia. In addition, I am Secretary of the Panamanian Society of Addiction Medicine.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? If I am elected as Regional Chair or Vice Chair of ASAM, I will exhibit hard work and be a solution-oriented person on the team.

Edgardo A. Della Sera, M.D. Panama

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? Regarding adolescent health program, promotion of positive development, prevention of risk factors and research, especially concerning effective communication skills. Concerning treatment, human research on ibogaine, a proposed anti-addictive pharmacotherapy which is claimed to suppress the multiple symptoms and physical discomfort of narcotic and stimulant withdrawal and to interrupt the psychological drive and craving to continue to seek and use drugs of abuse.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I will promote mainly the prevention of drug abuse through the research on adolescent population s effective communication skills, preventing risk factors, and enhancing protective factors.

On the other hand, promoting research to enhance the quality of health are for people affected by addictions, with both medical and scientific communities and government agencies.





Peter Edgar Mezciems, M.D. Canada

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My prime contribution to Addiction Medicine (apart from full-time daily patient care) is in education. As assistant clinical professor at McMaster Medical School, and Director of Undergraduate Education in the Homewood Addiction Division, I teach medical students, residents, and qualified physicians. I have developed a teaching package for them. I am part of a five year project to develop an Addiction Medicine curriculum in the five medical schools in Ontario. I have presented at the last four annual scientific conferences of CMSAOD, and the last two ASAM annual conferences. For two years, I have run an Addiction Medicine discussion list on the Internet that has almost 200 members from 15 countries.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? Given the above resources and my climical background, my contribution to ASAM would be to give an indepth international perspective to the Board, and to assist in using new technologies to disseminate information to ASAM members, both U.S. and international.

CANDIDATES FOR DIRECTOR OF REGION X: AL, FL, MS, PR, VI (NEW REGION)



Richard A. Beach, M.D. (incumbent) Florida

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? My goal from the beginning of my practice in Addiction Medicine has been to integrate Addiction Medicine into "mainstream medicine." Through professional and community education and interacting with regional health care providers, I have been fortunate to witness the movement of the practice of Addiction Medicine from the isolated freestanding treatment centers, or isolated wards in the hospital, to becoming an integral part of the medical team of the medical centers. This close alignment with the primary care physicians is more important now than ever-in view of the ever shrinking medical dollar in managed care. I feel my greatest contribution to Addiction Medicine has been to play a part in this integrative process.

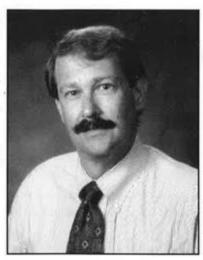
How do you feel your election would benefit ASAM and the field of Addiction Medicine? I feel that my experience and knowledge gained in working with the Board of Directors of ASAM over the past four years, as well as my four years as an officer in the Florida Society of Addictions Medicine, would help me to benefit the field of Addiction Medicine. During my work as an officer in the Florida Society of Addiction Medicine, I helped participate in having Addiction Medicine recog-

nized as a specialty through the Florida Medical Association and granted a seat on the Council on Specialty Medicine. This action not only legitimized Addiction Medicine on a state level, but also gave us a vote in the House of Delegates. Over the past four years, during my services as Regional Director of Region V on the ASAM Board of Directors, I have been gaining education and experience in the function of Addiction Medicine on a national level. I bring to the Board not only this past experience, but also being a full-time primary practitioner in the field of Addiction Medicine.

Lloyd J. Gordon, III, M.D. Mississippi

What do you consider to be your greatest contribution to ASAM and the field of Addiction Medicine? I believe that I have a broad range of experience in Addiction Medicine, both clinically from a research standpoint and from an administrative level. Directing a national treatment center has given me insight into problems in Addiction Medicine all over the country, not only in our local area.

How do you feel your election would benefit ASAM and the field of Addiction Medicine? I want to serve ASAM any way that I can and am most interested in having an input into the direction that Addiction Medicine is taking into the 21st century.



ASAM'S PUBLICATIONS DISTRIBUTION CENTER NOW OPEN

To serve ASAM members and customers more efficiently, ASAM proudly announces that its Publications Distribution Center is now operational. If you are interested in placing a publications order, checking on the status of an order you've already placed or inquiring about a certain publication, the Distribution Center staff will be happy to assist you.

For ordering information, contact:

ASAM Publications Distribution Center PO Box 101

Annapolis Junction, MD 20701-0101

ASAM News 14 September 1996

New! Principles of Addiction Medicine

The ultimate addiction reference in a brand-new edition! In all, 112 chapters by 164 leading experts in addiction medicine; 1,000 pages.

Today, all physicians and other primary care providers need practical guidance about managing alcohol and drug disorders. That's why you need *Principles of Addiction Medicine:* the authoritative reference on addiction treatment. With 112 chapters by 164 authors, well over 4,000 references and a 20-page index, *Principles of Addiction Medicine*

contains the most current and useful scientific and clinical information for physicians who have a special interest or practice concentration in addiction medicine, for all practicing physicians who wish a comprehensive reference on the subject, and for addiction counselprs and other health care professionals.

HERE'S WHAT THE EXPERTS HAVE TO SAY ABOUT ASAM'S PRINCIPLES OF ADDICTION MEDICINE

"Principles of Addiction Medicine is a comprehensive review of addiction medicine which will be an invaluable source for physicians, faculty, addiction counselors, and other health care professionals."

Enoch Gordis, M.D., Director, National Institute on Alcohol Abuse and Alcoholism

"This book contains useful scientific and clinical information that should be of interest to **physicians as well** as other health care professionals."

Alan I. Leshner, Ph.D., Director, National Institute on Drug Abuse

"A key reference for health care professionals – comprehensive and well-organized."

David E. Lewis, M.D., Brown University Center for Alcohol & Addiction Studies, Providence, R.I.

"The information on managed care and case management couldn't be more timely."

Anne Geller, M.D., Smithers Alcohol Treatment Center, New York City

"Principles of Addiction Medicine is jam-packed with current clinical information vital to my practice. I recommend it."

David Mee-Lee, M.D., Castle Medical Systems, Honolulu, Hawaii

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COMMITTEE REPORTS

A CALL TO ACTION

Anne Geller, M.D.

If you are an ASAM member who is interested in achieving specialty status for Addiction Medicine, are you willing to work for it?

In order to be accepted for consideration by the American Board of Medical Specialties (ABMS), ASAM must have fellowship programs in Addiction Medicine. Are there any in your medical community? If not, what can you do to change this?

ASAM needs committed members to work on this and other aspects of specialty status for as long as it takes (which may be into the next century!).

If specialty status is important to you, and you are able to give some of your time and energy to this cause, send a resume and brief account of your interest to me, care of the ASAM office. We are forming a core working group of 12 members and a statewide network to work toward that goal. We hope to hear from you!

HISTORY COMMITTEE SEEKS DOCUMENTS DEPICTING ASAM'S GROWTH

Percy Ryberg, M.D., Chair of ASAM's History Committee, has issued a call for documents, letters, anecdotes and informal remembrances that illuminate key developments in the growth of the Society. These materials are being compiled into a book by Emanuel M. Steindler, who also is interviewing (in person, by phone and by letter) all those who have had a hand in the Society's evolution.

The members of the History Committee, who include ASAM's Past Presidents and others who were active in the early days of the Society, are overseeing the project. In an open letter to all ASAM members, Dr. Ryberg said, "I want to appeal now for your help. We want to include all those who contributed to the Society's growth. It is difficult for Manny and me to reach out to everybody, so please do not be modest about sending material to us, including anecdotal narratives (of which there must be many!)." Members who have information to share should get in touch with Manny Steindler at 1636 N. 75th Court, Elmwood Park, IL 60635, or by phone or fax at 708/453-9191.

FROM THE LITERATURE

NEUROLOGY: NICOTINE, DRUGS GET SIMILAR RESPONSE

A part of the brain that may be important in addiction reacts the same way to nicotine that it does to cocaine, heroin and other highly addictive drugs, researchers have reported in the July 18 issue of the journal *Nature*. Their results provide further evidence of the power cigarettes wield over smokers, and offer hints at new treatment approaches for nicotine addiction.

Neuroscientist Gaetano Di Chiara and colleagues at the University of Cagliari, Italy, studied the effects of two nicotine doses on rats. They found that after the higher dose, the amount of dopamine produced in the shell of the nucleus accumbens increased significantly for 20 minutes. At the lower dose, the effect lasted about 10 minutes. Nicotine also significantly increased brain activity in the nucleus accumbens after the higher dose, but not in 36 other brain areas the researchers monitored. The results suggest that some of the methods currently used to treat cocaine addiction might help smokers, the researchers concluded.

Earlier research has shown that nicotine stimulates the release of the neurotransmitter molecule dopamine in the brain. The study by Italian researchers goes a step further by demonstrating that, like most addictive drugs, nicotine causes dopamine to be released in a specific region known as the shell of the nucleus accumbens, which lies between the midbrain and the forebrain.

The shell links the amygdala, which is active during emotional experiences, and the core of the nucleus accumbens, which controls some aspects of movement. The three areas are thought to be central to the process of addiction.

Di Chiara's research "adds new weight to the conclusion that nicotine is indeed addictive," wrote Leslie L. Iversen of the University of Oxford in a commentary that accompanied the study.

PENNSYLVANIA GENERAL AND ADDICTION PSYCHIATRY

Hospital-based position combining inpatient responsibility as treatment team leader on acute short-term unit with outpatient work in a growing ambulatory care division. Responsible for taking the lead in the development of a program track for dual-diagnosed patients. Active involvement in clinical research and teaching.

Seeking BC/BE psychiatrist with added qualifications and/or experience in Addiction Medicine. Join eight other general psychiatrists and three child and adolescent psychiatrists at Lehigh Valley Hospital in Allentown, a safe, attractive city with good schools. Send CV to Michael Kaufman, M.D., c/o Lehigh Valley Hospital, Physician Recruiting Dept., 1243 S. Cedar Crest Blvd., Suite 3335-A, Allentown, PA 18103 or Fax (610) 402-3089.

Review Courses - Continued from page 1

The Review Course itself focuses on core issues such as "Diagnosis and Assessment" (S. Richard Lavine, M.D.) and reviews of drug classes and the neurobiology of addiction by leading experts, as well as targeted sessions on "Evaluating Fitness for Duty" (H. Westley Clark, M.D., J.D., M.P.H.), "Psychiatric Concomitants" (Michael Scott, M.D.), and "Perinatal Alcohol and Drug Use" (Carol Archie, M.D.). A special optional session led by Julie Nyquist, Ph.D., helps candidates prepare for the ASAM Certification Examination.

Participants also have the option of selecting an alternative session to the Review Course on "Medical Management of Opioid Dependence: The Research, the Regulations, the Clinical Dilemmas." Keynoted by Jerome Jaffe, M.D., the session also features clinical presentations by Steven Batki, M.D., Walter Ling, M.D., and Richard Rawson, Ph.D., as well as an overview of the new California regulations on licensure of narcotic treatment programs.

The four days of clinical presentations are to be interspersed with several special events, including presentations of the CSAM Community Service Award to Stanton Glanz, M.D. and of the Vernelle Fox Award to James West, M.D. at a reception and CSAM Awards Dinner. In addition, CSAM has scheduled its annual Business Meeting for 12:30 p.m. on Saturday, November 9.

The Los Angeles course organizing committee is chaired by William S. Brostoff, M.D., and includes Drs. Peter Banys, Alan Berkowitz, Lyman Boynton, John N. Chappel, Steven J. Eickelberg, P. Joseph Frawley, Joseph Galletta, Donald M. Gragg, Gary Jaeger, Amy Khan, John T. Lanier, Nicola Longmuir, Garrett O'Connor, Gail N. Shultz, and Glenhall Taylor III, with the assistance of Gail N. Jara. Like the Chicago course, participants are eligible for 21 hours of Category 1 CME credit for the Review Course, with additional hours available for the optional activities. Credit also has been requested from the American Academy of Family Physicians, and is granted by the American Nurses Association for Category 1 activities.

Information on course registration and fees (\$350 for ASAM members and \$425 for non-physicians for the Review Course, with other fees for different categories of participants and preconference and optional events) is available from CSAM at 510/428-9091. Hotel reservations (at a \$91 per night conference rate available through October 23) may be made directly with the Los Angeles Biltmore at 1-800/245-8673.

MEMBERS AT WORK FOR ADDICTION MEDICINE

ASAM Board member **Max Schneider**, **M.D.**, has been reappointed Chair of the Drug Abuse Advisory Committee of the U.S. Food and Drug Administration.

Richard A. Beach, M.D., Region V Director, and Ian Macdonald, M.D., MRO Committee Chair, have led a successful effort to win recognition of the State of Florida for ASAM MRO Certification.

Drs. Allan Graham and Terry Schultz have been appointed Editors of the ASAM *Principles of Addiction Medicine*, Second Edition, to be published in Spring 1998.

Drs. Michael Miller and Anne Geller have developed a laminated card on "Screening and Brief Interventions for Alcoholism in Primary Care Settings," based on the NIAAA publication, *Physician's Guide to Helping Patients with Alcohol Problems*.

ASAM President David E. Smith, M.D. and EVP James F. Callahan, D.P.A., met with General Barry McCaffrey, Director of the Office of National Drug Control Policy, to discuss ASAM's role in achieving the national policy goals of (1) helping youth reject illicit drug use, and (2) reducing health, welfare and crime costs associated with addiction.

ASAM President-Elect **G. Douglas Talbott, M.D.**, met with staff of the U.S. House Subcommittee on Hospitals and Health Care to express ASAM's strong support for continued training of primary care physicians by the Veterans Administration (a program that is currently threatened by cuts in fellowship funding).

IN MEMORIAM

Long-time ASAM member Willy Mautner, M.D. (New York) passed away in early July. Condolences may be sent to Mrs. Mautner at P.O. Box 27, New Milford, NY 10959.

Dr. Michael Diaz, ASAM-certified psychiatrist in Falls Church, VA, died July 14. Condolences may be sent to his wife, Christine, in care of Thomas N. Wise, M.D., Fairfax Hospital Department of Psychiatry, 3300 Gallows Road, Falls Church, VA 22042.

INTERVENTION

National Counseling Intervention Services, Inc., is the largest crisis intervention organization in the United States. Our "Carefrontation Intervention Program" has been successful in over 90% of cases in helping people get help. We work with individuals, families, corporations, sports organizations, or anyone who is suffering from substance abuse problems, gambling addiction, eating disorders, sexual addiction, workaholism, or depression. Our staff is highly trained and very experienced. We have facilitated over 700 successful interventions worldwide. We work hand-in-hand with the topic clinics and hospitals throughout the country in referring our intervention patients and their families to the appropriate health care provider. NCIS has offices in Minneapolis and Southern California.

"WE HELP PEOPLE GET HELP"

For more information on how we can be a resource for you, phone, fax or E-mail us at the following numbers:

National Counseling Intervention Services, Inc. Phone 1-800/279-3321 or 612/476-1819 Fax 612/476-0622

E-Mail ncis@uslink.net or visit our Web site at http://www.uslink.net/ncis

STATE CHAPTER UPDATE

California

CSAM President William Brostoff, M.D., reports that the chapter's Committee on Physician Impairment has completed a yearlong project to develop the quality assurance and quality improvement standards recently adopted and implemented by California's Diversion Program for Physicians. Working with the California Medical Association, CSAM sponsored a bill passed in the last session of the California legislature that authorizes the Medical Board of California to divert physicians into the Program in lieu of disciplinary action for certain violations.

Georgia

Chapter President Karl V. Gallegos, M.D., has announced that the Fourth Southern Regional Addiction Conference will be held in Savannah, October 17-20, 1996. Keynote speakers will include Dr. G. Douglas Talbott and Dr. James Callahan, who will kick off the conference on October 17. On October 18, Jerald Steinman and Dr. Paul Earley will present "Treating Sicker Patients Faster." On the 19th, Marc Schuckit, M.D., will review topics in Adult Dual Diagnosis treatment, and on October 20, Steven Jaffe, M.D., will present "Issues in Adolescent Dual Diagnosis Treatment."

For more information, contact Dr. Gallegos or Regional Director Rick Beach, M.D.

Hawaii

In recent balloting, members of the Hawaii Chapter elected the following officers; Gerald J. McKenna, M.D., President/Director; Stephen Denzer, M.D., President-Elect/ Treasurer/Director; William Hanning, M.D., Vice President/Secretary/Director; Gabrielle Batzer, M.D., Director; Royal Randolph, Jr., M.D., Director; and Wayne Batzer, M.D., Bernice Coleman, M.D., Robin Seto, M.D., Kevin Kunz, M.D./Members.

Michigan

Chapter President Thomas L. Haynes, M.D., reports that MISAM continues to hold quarterly meetings and is hoping to offer a medical-scientific session early in 1997. The chapter also is continuing its aggressive campaign to increase attendance at chapter meetings.

Nevada

Michael Levy, D.O., President of the Nevada chapter, recently was appointed by the Board of Governors of the State Bar of Nevada to fill a position reserved for a non-attorney on the Southern Panel of the Moral Character and Fitness Committee.

New Jersey

The New Jersey State Chapter is in the process of reorganization. George Mellendick, M.D., after several years of dedicated leadership, has requested a leave from his duties as Chapter President. John J. Verdon, Jr., M.D., has agreed to act in his stead until a new President can be selected. Any ASAM member who wishes to become more involved in the New Jersey Chapter is invited to contact Dr. John Verdon at (908) 842-6468 or by fax at (908) 842-0666. The chapter anticipates holding a business meeting in the fall.

Washington State

President Steven Juergens, M.D., has announced that the Washington Society of Addiction Medicine will sponsor "Addiction 101, The Basics," a morning scientific session during the Washington State Medical Association Meeting on Friday, September 26, 1996 in Tacoma.

Member William Dickinson, D.O., was the primary author (with help from Sandra Jo Counts, M.D. and Peter Ways, M.D.) of a new brochure, "What About. . . Alcohol, Drugs, Violènce, Sexual Assault and Teens." More than 21,000 copies of the brochure have been printed and will be distributed to schools and medical offices throughout the region.

Region III

Regional Director Alan A. Wartenberg, M.D., reports that the Rhode Island ASAM group held a State meeting in cooperation with the American Academy of Addiction Psychiatry. Robert Swift, Ph.D., M.D., hosted the meeting and David Gastfriend, M.D., spoke on the ASAM Patient Placement Criteria. The meeting was well attended and further joint meetings are planned.

Plans are being made for a Region III meeting, tentatively set for November 14-15, in the area of Amherst, Massachusetts. The meeting program will include presentations on scientific as well as political, social and economic issues facing Addiction Medicine. Dr. Pyanamurtula Kishore is organizing the meeting. For information, call 617/782-5800.

Region III members met during the 1996 ASAM Med-Sci Conference to discuss issues regarding potential arrangements for cooperation or merger of the northern New England states (Maine, New Hampshire and Vermont). Efforts to promote chapters in Connecticut and Massachusetts also were discussed.

ADDICTION FIELD LEADER PETER BROCK DIES

Charles Peter Brock, 64, who retired last year as Director of Alcoholism and Mental Health Programs with the office of the Assistant Secretary for Health Affairs in the Department of Defense, died August 2 in Arlington, VA.

Mr. Brock began working at the Defense Department in 1985 as a consultant on alcohol and drug abuse programs. Two years later, he was a senior policy analyst on substance abuse and mental health prevention, education, training and treatment. By 1988, he had oversight of alcohol and drug dependence and mental health programs in the armed services.

When the White House Health Care Reform Task Force began taking shape, Mr. Brock was selected to head the Substance Abuse Working Group. He also served as a member of the Benefit Design and Mental Health working groups.

Mr. Brock was a native of Montgomery, AL, and a graduate of the University of Alabama, where he also attended medical school before serving two years in the Army. After leaving the Army, Mr. Brock served as Director of Alcoholism Programs for the State of Alabama and later held a similar position with the State of New York? Before assuming his duties with the Department of Defense, Mr. Brock was Deputy Director of the Alcohol and Drug Problems Association and President of the Johnson Institute.

ASSISTANT COMMISSIONER

The State of New Jersey Department of Health and Senior Services is seeking innovative, dynamic leadership to administer policies and programs aimed at reducing the rates of alcohol, drug and tobacco addictions of New Jersey citizens.

As Assistant Commissioner of the Division of Addiction Services, the individual will lead and manage approximately 150 employees, with a budget of \$77 million. Responsibilities include: preparation and oversight of the Substance Abuse Prevention and Treatment Block Grant and management of the services provided by grants to support multi-modality drug clinics and treatment facilities; development and evaluation of prevention strategies; collaboration on the treatment and rehabilitation placement of substance abusing inmates and juvenile offenders; collaboration with health care systems and insurance entities, including Medicaid, to incorporate treatment services into managed care networks; collaboration with county coordinators on substance abuse needs assessment, planning, service delivery and evaluation.

The successful candidate must have an M.D., M.P.H., Ph.D. or other advanced degree in a social science or health related field and experience in substance abuse prevention and treatment. Significant managerial experience in a health care treatment or administrative setting is essential.

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1996

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November 1-3

MROs: Medical Review Officer Training Course Chicago, IL 19 Category 1 CME credits

November 3

MROCC Medical Review Officer Certification Examination (Following ASAM's MRO Course) Chicago, IL

November 6-9

CSAM's Review Course in Addiction Medicine Los Angeles, CA 21 Category I CME credits

November 14-17

9th National Conference on Nicotine Dependence Washington, DC 15 Category 1 CME credits

December 7

Certification/Recertification Examination Atlanta, GA Los Angeles, CA, and Newark, NJ 5 Category 1 CME credits

1997

January 31-February 2

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February 3

Forensic Issues in Addiction Medicine Washington, D.C.

March 20-23

Prevention '97 American College of Preventive Medicine Atlanta, GA

April 17

Ruth Fox Course for Physicians San Diego, CA 7 Category 1 CME credits

April 18-20

28th Annual Medical-Scientific Conference San Diego, CA 22 Category 1 CME credits

July 18-20

MROs: Medical Review Officer Training Course Dallas, TX 19 Category I CME credits

October (dates to be announced)

10th National Conference on Nicotine Dependence Minneapolis, MN 15 Category I CME credits

October 23-25

State of the Art in Addiction Medicine Conference Washington, DC 20 Category 1 CME credits

November 14-16

MROs: Medical Review Officer Training Course Seattle, WA 19 Category I CME credits

In addition to accessing ASAM's web page, members can reach any ASAM staff member via E-mail, at the following addresses:

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September is *Treatment Works!* Month

September 1996 marks the seventh anniversary of Treatment Works! month—a time to educate the nation about the effectiveness of addiction treatment. Declared General Barry R. McCaffrey, Director of the Office of National Drug Control Policy: "By joining...in celebrating Treatment Works! month, our colleagues in the treatment field reaffirm their commitment to help those in need, their families, and the communities where they live and work." For a copy of the promotional kit or other information on Treatment Works!, contact the National Association of Alcoholism and Drug Abuse Counselors at 1-800/548-0497; Fax 703/741-7698; or E-mail legis@internetmci.com.