

# ASAM NEWS

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Newsletter of The American Society of Addiction Medicine

## ASAM Urges AMA to Take Stand on Tobacco Makers' Liability, Physician Education on Addictive Potential of Rx, OTC Drugs

In resolutions submitted for consideration at the American Medical Association's Interim Meeting in December, ASAM has urged AMA to adopt policies relating to tobacco makers' liability under the proposed settlement now under review by the White House. Other proposed policies concern education of physicians about the relative risks of Rohypnol and other sedative-hypnotics and dextromethorphan, a substance widely used in over-the-counter cough suppressants.

### The Tobacco Industry and Civil Liability

Whereas, tobacco products injure and kill, and they will continue to do so for the foreseeable future; and

Whereas, the Board of Trustees has unanimously declared, "All avenues of individual and collective redress [related to harm caused by tobacco products] should be pursued through the judicial system" (Editorial, JAMA, 19 July 1995; 274(3): 256-258); and

Whereas, the House of Delegates has declared that this is the policy of the AMA: "The rights of victims of the tobacco industry to seek compensation for the injuries they have suffered should not be abridged and the tobacco industry should not be immunized from accountability for its wrongdoing" (Policy 490.931, A-97); and

Whereas, the House of Delegates has directed its representatives to "ensure that the proposed [tobacco] settlement include: (a) No legal immunity from product liability" (Policy 490.931, A-97); and

Whereas, the major tobacco product manufacturers have taken none of the four steps that would form an ethical basis for granting immunity; namely, a) admit wrongdoing, b) apologize for the wrongdoing, c) cease the wrongdoing, and (d) compensate those harmed by the wrongdoing; nor have they made any commitments that they will take any of these steps; and

Whereas, the tobacco industry's reprehensible past behavior is largely the basis for its present prosperity and economic strength; and

Whereas, weakening of the civil justice system to accommodate Big Tobacco would be a precedent which would encourage industries which have harmed consumers to lesser degrees to seek similar or greater protections for themselves; therefore, be it

RESOLVED, That the AMA remains opposed to any form of civil immunity for the tobacco industry and remains opposed to giving the tobacco industry any other special legal advantages that would abridge the rights of individuals or groups of individuals who have been harmed by this industry.

### Informing the Public and Physicians about Health Risks of Sedative Hypnotics, Especially Rohypnol

Whereas, there have been increasing press reports and medical literature reports regarding the misuse of the pharmaceutical product Rohypnol; and

Whereas, this agent is perceived as particularly effective in inducing sedation, submis-



AMA Alternate Delegate  
David E. Smith, M.D.

sive behavior, and amnesia, and is therefore linked to cases of "date rape;" and

Whereas, Rohypnol has synergistic effects with ethanol that can produce significant sedation, including coma and death; and

Whereas, Rohypnol is no more or less than a benzodiazepine, with drug interactions with ethanol and other sedative hypnotics like those seen with any other sedative hypnotic; and

**"The rights of victims of the tobacco industry to seek compensation for the injuries they have suffered should not be abridged and the tobacco industry should not be immunized from accountability for its wrongdoing."**

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## American Society of Addiction Medicine

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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# NATIONAL STUDY FINDS TREATMENT REDUCES DRUG USE AND CRIME IN HIGH-RISK POPULATIONS

Hard-to-reach populations enrolled in federally funded treatment programs reduced their use of illegal drugs by nearly half, according to the National Treatment Improvement Evaluation Study (NTIES). The study also found that alcohol and other drug treatment reduced criminal activity among clients; significantly increased employment and reduced homelessness; was linked to a substantial improvement of physical and mental health; and reduced risky sexual behaviors among participants.

Sponsored by the federal Substance Abuse and Mental Health Services Administration, NTIES evaluated the effects of drug and alcohol treatment on 4,411 persons who participated in programs funded by SAMHSA's Center for Substance Abuse Treatment (CSAT). These programs focused on reaching underserved and vulnerable populations such as racial and ethnic minorities, pregnant and at-risk women, youth, residents of public housing, welfare recipients, and persons in the criminal justice system.

"NTIES obtained information from clients who were interviewed at admission to treatment, when they left treatment, and then 12 months following the end of treatment," explained CSAT Director David J. Mactas. He added, "We are encouraged by these findings and will use this information in our efforts to identify new approaches and to strengthen existing treatment programs."

Findings of the study, which was commissioned by CSAT and conducted by the National Opinion Research Center of the University of Chicago and the Research Triangle Institute, include:

- Among women in treatment, drug use declined by more than 40 percent for as long as a year after leaving treatment.
- Among young adults, depending on the treatment setting, use of any drug was reduced by 31 to 47 percent, while use of the primary drug—that is, the drug cited as the reason the individual entered treatment—was reduced by 23 to 45 percent.
- Among the chronic users of marijuana, treatment resulted in a 45 percent reduction in use, while for those who used marijuana in combination with other drugs, there was a 50 percent reduction in use.
- Treatment reduced use of cocaine by 55 percent and use of crack by 51 percent.
- Among those who reported supporting themselves through criminal activity, treatment reduced illegal activity by 49 percent.

"The study confirms what we have been saying for years—that federal alcohol and drug treatment programs work and have lasting, positive effects on individuals in critical need of help," said SAMHSA administrator Nelba Chavez, Ph.D. "NTIES shows that proper treatment, client support and follow-up services can significantly improve quality of life, strengthen families and increase productivity," she added, concluding that "Clearly, our investment in substance abuse treatment is making a difference in people's lives."

Copies of the study report are available via the Internet at [www.samhsa.gov](http://www.samhsa.gov) or by calling the National Clearinghouse for Alcohol and Drug Information at 1/800-729-6686.

## FDA ISSUES WARNING

The U.S. Food and Drug Administration has issued a warning about the use of dietary supplements that may be used as a substitute for illicit drugs. The substances, which contain ephedrine alkaloids, are sold under the names "Formula One," "Herbal Ecstasy," and "Ultimate Xphoria," and are promoted for weight loss, bodybuilding, increased energy and concentration.

Adverse reactions reported to the FDA include high blood pressure, irregular heart rate, insomnia, nervousness, tremors, headaches, seizures, cardiovascular problems, stroke and even death.

# SEARCH FOR ASAM DELEGATE AND ALTERNATE DELEGATE TO THE AMA

Michael M. Miller, M.D., FASAM, Delegate to the AMA

In preparation for a transition in ASAM's delegation to the American Medical Association, ASAM is seeking nominees from among its members to serve as Delegate and Alternate Delegate to the AMA's House of Delegates. The new representatives will take office late in 1998, when David E. Smith, M.D. and I will retire from our responsibilities as ASAM Alternate Delegate and Delegate.

An ASAM-wide search is under way to find candidates for these two critical posts. The incumbents will have key roles in expanding ASAM's reputation and influence within the house of medicine, and will be leaders in "legitimizing" the practice of addiction medicine in the eyes of organized medicine and other health care organizations.



AMA Delegate Michael M. Miller, M.D.

I want to take this opportunity to set forth what I have come to believe are the primary qualities needed in a candidate for the Delegate and Alternate AMA positions in the hope that members will recognize themselves in these descriptions and express their commitment to the field of addiction medicine and to the Society by stepping forward for consideration as a candidate.

The Delegate and Alternate Delegate should:

- Have a broad view of the place of addiction medicine within the broad spectrum of medical care;
- Have an interest in the political process, follow national and state issues as they relate to health care and addiction medicine,

and be willing to work through established political channels (such as the representative democracy processes of the AMA);

- Be articulate in delivering testimony in Reference Committees and on the floor of the House of Delegates, and persuasive with regard to positions important to ASAM;

- Be willing to network with other parties, to build coalitions, to look for opportunities for cooperation with other Delegates;

- Have the time to devote to this role. (The Delegate and Alternate Delegate attend two AMA meetings a year, one in June in Chicago and the other in early December at various venues, and also participate as an *ex officio* member in the twice-yearly meetings of the ASAM Board of Directors. Transportation and lodging costs for the AMA meetings are reimbursed by ASAM.)

Useful additional criteria include:

- Active involvement in a state medical society as an officer, board member or member of a state delegation to the AMA House of Delegates;

- Previous involvement with organized medicine on another level, such as the assembly/house of delegates of another medical specialty society (family medicine, psychiatry, internal medicine, etc.), or other significant work in a large organization in organized medicine or some other endeavor.

From my personal experience, I can assure you that these positions not only are an honor, but a distinct pleasure in which to serve. The ASAM delegation to the AMA has expanded steadily over the years to include--in addition to the Delegate and Alternate Delegate to the House of Delegates--a Delegate to the Young Physicians Section, a Delegate and Alternate Delegate to the Resident Physician Section, a Delegate and Alternate Delegate to the Medical Student Section, and the highly experienced liaison to the AMA staff, Emanuel M. Steindler. Clearly, there is strength on which to build, as ASAM's achievements within the AMA over the past 10 years have been significant. With the assistance of an able and enthusiastic delegation, we can continue to advance addiction medicine in its own right and as a legitimate concern of all medi-

cal practice among AMA members, and, indeed, all U.S. physicians.

Please consider this invitation for yourself, and also as an opportunity to identify someone within ASAM whom you believe to be uniquely qualified. For more information, including a detailed description of the responsibilities and structure of the AMA Delegate and Alternate positions, contact Joanne Gartenmann at the ASAM office (phone 301/656-3920, fax 301/656-3815 or E-Mail at [jgart@asam.org](mailto:jgart@asam.org)).

If you wish to be considered as a nominee, or to nominate an ASAM colleague, please submit a letter setting forth the nominee's qualifications for the position, along with a curriculum vitae. Send these documents to your ASAM State Chapter President, State Chair, or one of the Co-chairs of the State Chapters Committee: Paul Earley, M.D., FASAM (phone 770/431-0113, fax 770/431-0176 or E-mail at [paul@earleycorp.com](mailto:paul@earleycorp.com)); or Timothy Fischer, D.O. (phone 803/536-4900, fax 803/531-8419 or E-mail at [tfischer@colum.mindspring.com](mailto:tfischer@colum.mindspring.com)).

## STATE CHAPTERS HOST EVENTS

- Florida Society of Addiction Medicine Annual Meeting.** January 23-25, 1998, at the Grosvenor Resort, Orlando, FL. Contact Robert Donofrio at 904/484-3560.

- Region VIII Meeting.** February 12-13, 1998, at the Ilikai Hotel, Waikiki, HI. Contact Cammy Davidge at 301/656-3920, ext. 108.

- State Chapters Workshop on "Creating a Systems-Driven Chapter,"** 6:30 to 10 p.m. on April 16, 1998, during ASAM's 1998 Med-Sci Conference at the New Orleans Marriott Hotel. Contact Cammy Davidge.

- Meet Your Colleagues Breakfast,** 7:30 a.m. on April 19, 1998, during the Med-Sci Conference. Contact Cammy Davidge.

## MEMBER NEWS

### ASAM MEMBERS RECOGNIZED WITH MAJOR AMA AWARDS

The American Medical Association has bestowed two of its most prestigious awards on ASAM members David E. Lewis, M.D., and Charles S. Lieber, M.D. The awards are among five major honors conveyed annually by the AMA.

Charles S. Lieber, M.D. has been selected as recipient of the AMA's Scientific Achievement Award for 1998. The award was established to recognize an individual for outstanding scientific work. The award medalion was presented to Dr. Lieber during the opening ceremonies of the House of Delegates on Sunday, December 14, in Chicago. Dr. Lieber also has been honored by ASAM for his outstanding work in addiction research.



*Award Recipient  
Charles S. Lieber,  
M.D.*

David C. Lewis, M.D., received the Award for Health Education of the AMA's Education and Research Foundation. In accepting the award, Dr. Lewis said that "This award has particular meaning to me because it recognizes a career in health education which has been devoted to helping every physician learn the basics about caring for patients with alcohol, tobacco and other drug problems. Fortunately, I am now surrounded by many equally deserving colleagues in this educational effort."



*Award Recipient  
David C. Lewis,  
M.D.*

## ASAM LAUNCHES NEW TRAINING PROGRAM FOR USERS OF PATIENT PLACEMENT CRITERIA

The American Society of Addiction Medicine has developed the most widely used and comprehensive national guidelines for placement, continued service, and discharge of patients with alcohol and other drug problems.

The *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition (ASAM PPC-2)*, is an essential tool for use in treatment planning and working with managed care organizations and public and private treatment providers.

The *ASAM PPC-2* has been incorporated into the addiction treatment guidelines for State alcohol and drug abuse programs for use in their managed care or public programs and in Department of Defense courses used throughout the world.

### New Approaches Demand New Skills

As they are required to use the *ASAM PPC-2*, counselors, clinical directors, managed care managers, utilization review personnel, and other care providers and managers must develop new skills and adopt different approaches to individualizing patient care. ETP Inc., in cooperation with ASAM, now offers a training program that gives counselors the basic information and tools they need to use the *ASAM PPC-2* effectively.

### One-of-a-Kind Training

The two-day training course, "Applying ASAM PPC-2 for Quality, Cost-Effective Treatment," was developed by ETP Inc. with *ASAM PPC-2* authors David Mee-Lee, M.D. and Jerry Shulman, M.A. It is the only ASAM-endorsed training for the *ASAM PPC-2*.

The training course is outcomes-oriented: What you learn can automatically be used when you see patients tomorrow. At the completion of the training session, participants will be able to:

- Understand and implement the concepts of clinically driven treatment, variable length of service, levels of service and care, continuums of care, severity of illness/level of functioning, and intensity of service.
- Select the appropriate services to meet the clinical needs of patients within the reality of limited resources.
- Communicate effectively about appropriate treatment in managed care and utilization reviews.

### Complete PPC-2 "Tool Kits" Provided

Training course participants will receive a copy of the *ASAM PPC-2* manual (retail value, \$100), as well as an ETP/ASAM Course Participant Manual containing handouts, quick-reference sheets, implementation tools, survey instruments, case study histories, bibliographies, and an ETP/ASAM Certificate of Completion to acknowledge your attendance.

### Continuing Education Credit

The training course has been approved for 12 hours of Category 1 continuing medical education credit by the American Society of Addiction Medicine, and 12 hours of continuing education credit by the National Association of Alcohol and Drug Addictions Counselors, the California Association of Alcohol and Drug Addictions Counselors, and the Connecticut Certification Board.

## CONGRESS APPROVES ONDCP PROPOSAL FOR NEW MEDIA CAMPAIGN TARGETING YOUTH

Congress has approved \$178 million for the first year of a paid anti-drug media campaign proposed by the Office of National Drug Control Policy as a means to change the perceptions and attitudes of young people about drug use and its consequences. The campaign will focus on young people aged nine to 17, their parents, and other adults that influence them.

"The bipartisan support of Congress for this bold, historic initiative will allow us to reach out to kids through the vehicle they are most familiar with and turn to the most--the media," said General Barry McCaffrey, Director of ONDCP. Gen. McCaffrey said the campaign will attempt to strengthen the perception that drug use is risky and diminish the perception that such use is normal or acceptable.

"Perceptions drive attitudes and behaviors regarding illegal drugs," he noted, adding that "Research clearly shows that drug use among young people will increase when they feel that using drugs is a normal part of adolescence and do not sense any danger."

Federal and private sector studies show that adolescent drug use, particularly marijuana use, has been rising over the past several years, corresponding with a marked reduction in anti-drug public service messages and news coverage of drug issues, according to ONDCP. Advertising experts have advised ONDCP that targeted, high-impact, paid media messages are the most effective means of changing drug use behavior.

Porter Novelli, a Washington-based public relations and communications firm, has been awarded a \$195,000 contract to manage the project. The firm will analyze other media campaigns that target youth to determine which techniques are effective, develop a media strategy articulating the themes to be addressed, and issue a request for proposals to the firms that will create and buy the advertising.

Although the campaign is expected to have a large advertising component, it also will consider other marketing efforts to garner public and private support, an ONDCP spokesman said. The media strategy could include plans to obtain corporate sponsorship, generate community participation, and involve the entertainment industry, the Internet, professional sports, and other groups that have influence with young people.

The first pledge of support for the media campaign has come from Ted Waitt, founder and chief executive officer of the computer manufacturer Gateway 2000, who pledged \$100,000 from the Waitt Family Foundation for the purchase of media time and space for advertising to run in Sioux City, Iowa, where Gateway is headquartered. Mr. Waitt said he was moved to act by concern about drug abuse in small towns and rural areas. "Most Americans know that drug abuse is at the heart of many problems affecting our big cities," he said. "What many don't know is that small towns here in the Midwest and across America are just as much at risk. Hopefully the Waitt Family Foundation's efforts will help stem the rising tide of teen drug abuse in small-town America as well."

### Resolutions - Continued from page 1

Whereas, benzodiazepines, including Rohypnol, have specific clinical indications and are safe and effective for many medical conditions, but are nonetheless substances that are misused by significant numbers of Americans; and

Whereas, the Rohypnol problem is especially prevalent in states along the southern border of the United States; therefore, be it

RESOLVED, That the AMA contribute to public education and public health initiatives regarding the dangers of inappropriate Rohypnol use, especially when it is mixed with ethanol ingestion; and be it further

RESOLVED, that the AMA target its own members for education about this matter; and be it further

RESOLVED, that the AMA educate physicians that even though the popular press and some public health officials see

Rohypnol as being a uniquely dangerous product, that it is, in fact, a benzodiazepine, and that other sedative-hypnotics can carry the risks of misuse, morbidity and mortality that are inaccurately solely attributed to Rohypnol.

#### Informing Physicians about the Potential Misuse of Dextromethorphan

Whereas, dextromethorphan is a non-opiate cough suppressant widely used in prescription or non-prescription formulations; and

Whereas, dextromethorphan is widely considered to be safe and effective and a positive alternative to the use of opiate antitussive agents in many populations; and

Whereas, dextromethorphan, when used as directed, is indeed safe and effective and has virtually no potential to trigger a loss-of-control phenomenon or a pattern of compulsive use, even in individuals at risk for addictive disease; and

Whereas, dextromethorphan, when used in supra-therapeutic doses, has psychoactive properties similar to phencyclidine; and

Whereas, use of dextromethorphan in doses of 8 ounces to 32 ounces a day, usually by adolescents, is starting to be an increasing vehicle for substance misuse by youth; therefore, be it

RESOLVED, that the AMA undertake a physician education process to educate especially pediatricians and primary care physicians about the dangers of misuse of dextromethorphan by young people.

ASAM's 1998 Membership Directory will be published in March! Renew your membership today to ensure your place in the directory and your complimentary copy. Call Cammy Davidge at the ASAM office with any questions: 301/656-3920, ext. 108.

## FROM THE LITERATURE...

In addition to the usual sources of clinical and research reports in ASAM's *Journal of Addictive Diseases* and other specialty journals in the addiction field, 1997 was notable for the attention to addiction medicine in the mainstream medical journals. Entire issues on addiction were published by the journals *Science* (October 3), *American Journal of Psychiatry* (September), *Archives of General Psychiatry* (August), *Hospital Practice* (April) and *Medical Clinics of North America* (July), while the *Journal of the American Medical Association*, *The Lancet* and others regularly featured reports on addiction topics. Abstracts of a representative selection of these articles follow.

### The Substance Abusing Patient in Primary Care

Lewis DC (1997). *The role of the generalist in the care of the substance-abusing patient*. *Medical Clinics of North America* 81(4):831-844, July. Although substance abuse problems have a profound impact on individual health and well-being, family functioning, injury, work performance, and medical costs, these problems remain under-diagnosed and under-treated by physicians. The generalist has an important opportunity to intervene in this pervasive problem. The methods for screening, diagnosis, and intervention for substance abuse problems, as well as treatment approaches for full-fledged chemical dependence, are well established and empirically supported.

### Screening for Alcohol and Drug Abuse

Schorling JB & Buchsbaum D (1997). *Screening for alcohol and drug abuse*. *Medical Clinics of North America* 81(4):845-866, July. The purpose of this article is to review screening for substance use disorders in health care settings. The epidemiology of alcohol and other drug abuse is briefly reviewed, followed by a discussion of the principles underlying whether or not screening is warranted. Different screening instruments and strategies are then described. Finally, current recommendations for screening for alcohol and other drug abuse are discussed.

### Brief Interventions With Substance-Abusing Patients

Barnes HN & Samet JH (1997). *Brief interventions with substance-abusing patients*. *Medical Clinics of North America* 81(4):867-880, July. Brief interventions are short counseling sessions designed to help a patient change a specific behavior. They are effective in decreasing alcohol use and morbidity. Helping a patient to change alcohol or drug use behavior requires an understanding of the stages of change and a patient's readiness to change. Techniques of motivational enhancement can make brief interventions more effective.

Fleming MF, Barry KL, Manwell LB, Johnson K & London R (1997). *Brief physician advice for problem alcohol drinkers*. *Journal of the American Medical Association* 277(13):1039-1045. This study provides the first direct evidence that physician intervention with problem drinkers decreases alcohol use and health resource utilization in the U.S. health care system.

### Treatment Matching

Gastfriend DR & McLellan AT (1997). *Treatment matching: Theoretic basis and practical implications*. *Medical Clinics of North America* 81(4):945-966, July. Substance abuse treatments are effective; however, cost containment is pressing providers to demonstrate selective efficacy, i.e., valid treatment matching. Studies exist to inform decisionmakers about how best to match patients to various treatments, either in terms of theoretic modalities of treatment (e.g., dynamic psychotherapy or cognitive-behavioral therapy)

or the settings in which care is delivered (e.g., inpatient versus outpatient). Data from comparative treatment studies indicate numerous patient characteristics that may be matched selectively to specific treatments. Complex matching algorithms with at least face validity are being adopted throughout the U.S. Although technically difficult, treatment matching research in addictions has become sophisticated and ultimately promises a solid empirical foundation for clinical decision making.

### Management of Withdrawal

Hall W & Zador D (1997). *The alcohol withdrawal syndrome*. *The Lancet* 349:1897-1900, June 28. The alcohol withdrawal syndrome (AWS) is a set of signs and symptoms that typically develops in alcohol-dependent people within 6-24 hours of their last drink. It may occur unintentionally if abstinence is enforced by illness or injury, or deliberately if the person voluntarily stops drinking because of an alcohol-related illness, or as a prelude to becoming or remaining abstinent. The syndrome can be life-threatening in a minority of cases if it is not well-managed. Supervised withdrawal programs can assist alcohol-dependent persons to withdraw from alcohol with a minimum of discomfort.

### Pharmacotherapies

O'Brien CP (1997). *A range of research-based pharmacotherapies for addiction*. *Science* 278:66-70. Modern approaches to the treatment of addiction have been influenced by several important factors. These include advances in our understanding of the nature of addiction, based on longitudinal studies, and progress in elucidating the biological underpinnings of addictive behavior. In addition, changes in the system for delivery of services have begun to shape the way that addiction is treated. This article reviews recent studies of pharmacotherapies for the common drugs of abuse.

Saitz R & O'Malley SS (1997). *Pharmacotherapies for alcohol abuse: Withdrawal and treatment*. *Medical Clinics of North America* 81(4):881-908, July. Pharmacotherapies are integral to the management of alcoholism. Medication effectively prevents and treats withdrawal symptoms and complications, helps maintain abstinence and prevent relapse, and has a role in the treatment of coexisting psychiatric disorders. Benzodiazepines not only treat withdrawal symptoms effectively, but they have been shown to prevent seizures and *delirium tremens*. Naltrexone effective for reducing alcohol craving and for preventing relapse, is the most effective agent available for the management of alcohol dependence. The therapies should be individualized and administered by the generalist or specialist in the context of ongoing psychosocial support.

Warner KE, Slade J & Sweanor DT (1997). *The emerging market for long-term nicotine maintenance*. *Journal of the American Medical Association* 278(13):1087-1092, October 1. In increasing numbers, Americans will seek to satisfy nicotine addictions through the use of novel nicotine-delivery products devoid of several of the poisons that make cigarettes so deadly. In the vanguard are tobacco industry devices that heat tobacco derivatives rather than burn tobacco, and pharmaceutical industry nicotine-replacement products, with nicotine gum and the patch now available over the counter. Regulatory options range from encouraging competition to banning all nicotine-delivery devices. A more realistic approach discourages use of the most dangerous products, while making less hazardous products readily available to adults.

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Warner EA, Kosten TR & O'Connor PG (1997). *Pharmacotherapy for opioid and cocaine abuse*. Medical Clinics of North America 81(4):909-926, July. Opioid and cocaine abuse is a significant health problem in the U.S. and a major risk factor for acquiring HIV infection. Pharmacotherapy for opioid use includes detoxification with methadone and clonidine, alone or with naltrexone. Long-term maintenance treatment with methadone can reduce the risk of HIV in heroin users (more recent options for opioid maintenance include LAAM, buprenorphine, and naltrexone). Currently, no effective pharmacotherapy for cocaine has been established: drug trials for cocaine abuse are summarized.

### Nonpharmacologic Approaches

Carroll KM & Shottenfeld R (1997). *Nonpharmacologic approaches to substance abuse treatment*. Medical Clinics of North America 81(4):927-944, July. This article provides an overview of the major psychosocial approaches used in more intensive specialty treatment of patients with substance use disorders. It also discusses brief motivational approaches well-suited to general medical practice settings.

### Prescription Drug Abuse

Parran T, Jr. (1997). *Prescription drug abuse: A question of balance*. Medical Clinics of North America 81(4):967-978, July. The current challenge facing physicians regarding the prescribing of controlled medications is to develop a new balance of prescribing. Faced with the clinical reality of underprescribing of narcotic analgesics and benzodiazepines to the majority of patients, and the overprescribing to the minority of patients who have histories of substance abuse and dependence, finding this new balance will be difficult. Strategies to help achieve a more therapeutic balance point include improved screening skills for chemical dependence, knowledge of the differential diagnosis and management of acute pain, chronic pain, anxiety and insomnia, carefully charting behaviors, improved knowledge of the pharmacology of controlled drugs, practice dealing with common scams, and increased comfort when saying "no" to patients who push for prescriptions.

### Geriatric Substance Use Disorders

Reid MC & Anderson PA (1997). *Medical Clinics of North America 81(4):999-1016, July*. Among older adults, substance use disorders historically have received limited attention. Recent epidemiologic studies suggest that substance use disorders, especially alcohol use disorders, are far more common than previously recognized. As significant biologic, functional, and psychosocial change occurs with aging, current methods for the detection and treatment of substance use disorders may not be optimal when applied in older populations. Nevertheless, existing evidence strongly supports heightened awareness of, screening for, and brief interventions or formal treatment of older patients with substance use disorders.

### Dual Diagnosis

Ziedonis D & Brady K (1997). *Dual diagnosis in primary care: Detecting and treating both the addiction and the mental illness*. Medical Clinics of North America 81(4):1017-1036, July. The initial phase of treatment includes engaging the patient in a discussion about the doctor's concerns and providing the patient with information about the problem as well as the possibility of change. Treatment of dual disorders often requires a heightened awareness of the consequences of the problem and the development of a realistic plan for change. The treatment plan must attempt to evaluate and treat the addiction and the psychiatric and mental illness.

### Women and Substance Abuse

Stein MD & Cyr MG (1997). *Women and substance abuse*. Medical Clinics of North America 81(4):979-998, July. Chemically dependent women face special problems. This article reviews the epidemiology, screening, clinical consequences, and treatment of substance-abusing women. Alcohol, opiates, and cocaine abuse are often linked in women, and the individual and overlapping effects of these drugs are described. Gender differences also are highlighted.

### Pain and Addiction

Schnoll SH & Finch J (1997). *Medical education for pain and addiction: Making progress toward answering a need*. Journal of Law, Medicine & Ethics 22(3):252-256, Fall. Pain is one of the most frequent presenting symptoms for patients who come to a physician's office. Yet little consistent, systematic information is provided to medical students or physicians about pain treatment. In addition, relatively little information is given about the recognition and prevention of drug abuse and about how to prescribe analgesics rationally to minimize the risk of abuse. This article presents some recommendations for alterations in medical education to enable physicians to prescribe narcotic medications properly and to improve their ability to manage both pain and addiction.

### The Neurobiology of Addiction

Koob GF & LeMoal M (1997). *Drug abuse: Hedonic homeostatic dysregulation*. Science 278:52-58. Understanding the neurobiological mechanisms of addiction requires an integration of basic neuroscience with social psychology, experimental psychology, and psychiatry. Addiction is presented as a cycle of spiralling dysregulation of brain reward systems that progressively increases, resulting in compulsive drug use and a loss of control over drug-taking. Sensitization and counteradaptation are hypothesized to contribute to this hedonic homeostatic dysregulation, and the neurobiological mechanisms involved, such as the mesolimbic dopamine system, opioid peptidergic systems, and brain and hormonal stress systems, are beginning to be characterized. This framework provides a realistic approach to identifying the neurobiological factors that produce vulnerability to addiction and to relapse in individuals with a history of addiction.

### Physician Impairment

O'Connor PG & Spickard A, Jr. (1997). *Physician impairment by substance abuse*. Medical Clinics of North America 81(4):1037-1052, July. Physician impairment by substance abuse represents a significant challenge to physicians, patients, and society as a whole. Although data are sparse, the prevalence of alcohol and illicit drug abuse among physicians probably is similar to that of the general population, while abuse of prescription drugs may be more prevalent. From a medicolegal standpoint, these issues are managed mostly at the state level and substance abuse is of increasing interest to credentialing organizations such as hospitals and managed care organizations. A variety of concrete steps can be taken to identify physicians with substance abuse problems and treatment approaches have been designed specifically for impaired physicians.

### Managed Care

Larson MJ, Samet JH & McCarty D (1997). *Managed care of substance abuse disorders: Implications for generalist physicians*. Medical Clinics of North America 81(4):1053-1070, July. This article discusses goals of managed care organizations, managed care models, and physicians' role in managed care.

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PHD703
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Visit NCADI's award-winning web site, PREVLINe, at <http://www.health.org> for the latest information and educational materials on substance abuse prevention and treatment.



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## GRANT ANNOUNCEMENTS

The National Institute on Drug Abuse has issued several new program announcements, one seeking research on drug abuse prevention interventions for women and minorities, one soliciting proposals to conduct research on the economics of drug abuse treatment services, one seeking proposals on the medical and health consequences of drug abuse, and a fourth soliciting research on drug use and HIV in men.

Research grant applications are due on February 1, June 1 and October 1 of each year. Information on scientific and programmatic issues may be obtained from the contact person listed with each announcement. Copies of program announcements and grant application forms may be obtained from the National Institutes of Health Office of Grant Information at 301/435-0714 or through the World Wide Web ([www.nih.gov](http://www.nih.gov)) by clicking on Grants and Contracts.

### Drug Abuse Prevention Intervention Research for Women and Minorities (PA 96-018)

This research grant program addresses the unique risk and protective factors of specific underserved populations. NIDA is seeking research that will (1) identify risk and protective factors associated with cultural and/or gender value systems and life experiences and (2) develop and test comprehensive, theory-based preventive interventions for minority populations and women. *Contact Dr. Rebecca Ashery at NIDA, Room 9A-53, 5600 Fishers Lane, Rockville, MD 20857; phone 301/443-1514; E-mail [ra39b@nih.gov](mailto:ra39b@nih.gov).*

### Economics of Drug Treatment Services (PA 96-075)

Applications are sought for research that would apply methods of economic analysis to the most pressing problems facing the financing and delivery of drug abuse treatment services. Research studies may include health insurance and payment mechanisms; alternative delivery systems and managed care; cost-benefit, cost-effectiveness, and cost-utility analysis; cost of drug abuse treatment; and methodological research. *Contact Dr. William S. Cartwright, NIDA Division of Clinical and Services Research, Room 10A-30, 5600 Fishers Lane, Rockville, MD 20857; phone 301/443-4060; E-mail [wc34b@nih.gov](mailto:wc34b@nih.gov).*

### Medical and Health Consequences of Drug Abuse (PA 96-010)

NIDA is encouraging a wide range of studies on the factors, processes, and mechanisms associated with the onset, duration, clinical manifestations, and treatment of the mental and physical health consequences of drug use. Research may include general population-based, clinical epidemiologic, clinical, and laboratory studies addressing the morbidity and mortality of drug abuse. Parallel animal and human studies are encouraged. *Contact Dr. Jag H. Khalsa, Division of Clinical and Services Research, NIDA, Room 11A-33, 5600 Fishers Lane, Rockville, MD 20857; phone 301/443-1801; E-mail [jk98p@nih.gov](mailto:jk98p@nih.gov).*

### Drug Use, Sexual Risk Behaviors, and HIV in Men (PA 96-074)

This announcement seeks to stimulate research on the interrelationship of HIV risk behaviors among drug-using men who have sex with men; causes and corresponding patterns of risk; the efficacy and effectiveness of behavioral and biological HIV prevention interventions for diverse groups of drug-using men who have sex with men; and development and evaluation of new behavioral therapies, drug abuse treatment approaches, health services, and delivery designs. *Contact Dr. Richard H. Needle, NIDA, Room 9A-42, 5600 Fishers Lane, Rockville, MD 20857; phone 301/443-6720; E-mail [rb97h@nih.gov](mailto:rb97h@nih.gov).*

## CERTIFICATION

### APPLICATIONS FOR CERTIFICATION EXAMINATION DUE IN JANUARY

Members who wish to apply to sit for the next Certification Examination should note that the standard deadline for the ASAM Certification Application is January 30, 1998. (Late registration, at an extra fee, will be available through April 30, 1998, to allow attendees at the ASAM Annual Medical-Scientific Conference to apply.)

The next Certification/Recertification Examination for physicians in addiction medicine is to be offered Saturday, November 21, 1998, at three sites: Atlanta, GA; Newark, NJ; and Los Angeles, CA. Physicians who wish to sit for the examination must complete and submit an application. All applications will be reviewed and candidates notified by mail as to whether they qualify to sit for the examination.

Physicians who pass the examination become ASAM Certified/Recertified in Addiction Medicine. Since the examinations first were offered in 1986, 2,939 physicians have passed the examination, including many of the nation's top addiction treatment professionals. ASAM certification is recognized by the National Committee for Quality Assurance (NCQA), which in its 1997 standards for credentialing and recertification requires that behavioral health care organizations accredited by NCQA have credentialing procedures that assure that "psychiatrists and/or physicians who are certified in addiction medicine" are available to care for patients.

### APPLICATIONS FOR FELLOW STATUS DUE

Applications for fellow status (FASAM) will be accepted through December 31, 1997. ASAM inaugurated the Fellow program in 1996 to recognize substantial and lasting contributions to the Society and the field of addiction medicine. Candidates must meet certain criteria to qualify for Fellow status: they must have been ASAM members for at least five consecutive years; (2) they must be ASAM-certified; (3) they must have taken a leadership role in ASAM through committee service, or have been an officer of a state chapter; and they must have made and continue to make significant contributions to the addictions field. To date, a total of 108 member physicians have been elected Fellows of the American Society of Addiction Medicine.

### NEW CENTER HONORS MEMORY OF DR. KEITH

The Julian F. Keith Center for Prevention Advocacy has been established in honor of the late Dr. Keith, who was an active member of ASAM and director of the North Carolina alcohol and drug abuse agency until his death in July 1997. The new Center, to be located at the University of North Carolina at Chapel Hill, will focus initially on prevention advocacy for children and their families. Organizers describe its long-term mission as "spearheading a movement designed to enhance prevention efforts and will ensure the prevention field's future viability across the state of North Carolina and the nation." Additional information is available from Bill Riddick, M.Ed., at 919/966-6586.

### IN MEMORIAM

Wilton N. Jones, M.D., of San Angelo, Texas, died in October 1997. Dr. Jones had been a member of the Society since 1985 and was certified by ASAM in 1986.

## RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleagues:

We extend special wishes of peace, prosperity and happiness to you and your families for the new year, and thank you for supporting the Ruth Fox Memorial Endowment Fund.

We trust that you received our year-end letter and brochure, *Giving at Year-End 1997*, and that you will remember the Endowment Fund in your plans. Please make an investment in the future of Addiction Medicine and give generously to the Endowment Fund. It will give us great pleasure to acknowledge new pledges/gifts of \$5,000 or more at the Ruth Fox Donor Reception, scheduled for April 17, 1998, during ASAM's Medical-Scientific Conference in New Orleans.

If you need additional information about making a deferred gift (bequests, insurance, stocks, pensions), or simply making a pledge/contribution, please contact Ms. Claire Osman at 800/257-6776.

Happy Holidays!

*Max A. Schneider, M.D., FASAM,  
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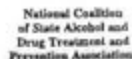
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# ASAM

# CONFERENCE CALENDAR

## ASAM STAFF ONLINE

1998

### February 18-22, 1998

Southern Coastal Conference:  
A Medical-Legal Conference on Addiction  
(jointly sponsored by ASAM)  
Jekyll Island, GA

### February 19

Forensic Issues in Addiction Medicine  
Atlanta, GA  
6 Category 1 CME credits

### February 20 - 22

ASAM MRO Course  
Atlanta, GA  
19 Category 1 CME credits

### April 16

The Ruth Fox Course for Physicians  
New Orleans, LA  
7 Category 1 CME credits

### April 16

Forum on AIDS and Addictions  
New Orleans, LA  
7 Category 1 CME credits

### April 17-19

29th Annual ASAM  
Medical-Scientific Conference  
New Orleans, LA  
23 Category 1 CME credits

### July 16-18

ASAM MRO Course  
San Diego, CA  
19 Category 1 CME credits

1998

### October 22-24

Review Course in Addiction Medicine  
Chicago, IL  
21 Category 1 CME credits

### November 5-8

11th National Conference  
on Nicotine Dependence  
Marina del Rey, CA  
17.5 Category 1 CME credits

### November 13 - 15

Medical Review Officer Training Course  
Toronto, Ontario  
19 Category 1 CME Credits

### November 21

Certification/Recertification Examination  
Atlanta, GA  
LaGuardia, NY  
Los Angeles, CA  
5 Category 1 CME credits

1999

### April 29 - May 2

30th Annual ASAM  
Medical-Scientific Conference  
New York, NY

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## Medical Review Officer (MRO) Training Courses

# MRO

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