ASAM NEWS

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Newsletter of The American Society of Addiction Medicine

ASAM Publishes New Edition of Landmark Textbook

Allan W. Graham, M.D., FACP, FASAM, and Terry K. Schultz, M.D., FASAM

ASAM Executive Vice President Dr. James F. Callahan (left) and Principles Co-Editor Terry K. Schultz, M.D., FASAM (right) present a copy of the new book to NIAAA Director Enoch Gordis, M.D.

In 1994, the American Society of Addiction Medicine achieved a landmark with publication of its comprehensive textbook, *Principles of Addiction Medicine*. ASAM's purpose in publishing *Principles* was to establish it as the standard textbook of addiction medicine, whose contents reflect state-of-the-art scientific and clinical knowledge of the field. Given the success of *Principles* in the marketplace and the rapid advances in addiction medicine, ASAM's Board of Directors determined that a second edition of *Principles* ought to be published in 1998.

The newly published second edition of *Principles* 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 counselors and other health care professionals. It is, as its size and scope suggest, designed to serve multiple purposes.

At one level, *Principles* is intended to provide background information to augment the faculty presentations at ASAM's biennial Review Courses in Addiction Medicine, which prepare candidates for the certification examinations in addiction medicine. The review courses are open to all physicians—ASAM members and non-members alike—who wish to have an overview and update of clinically relevant information on key topics in addiction medicine.

At a second level, *Principles* is designed as a comprehensive, self-contained text for physicians and other clinicians who wish a comprehensive review of the field of addiction medicine. *Principles* thus joins ASAM's other publications, certification examination, conferences and courses as an expression of the Society's ongoing commitment to help physicians and other health care professionals acquire the knowledge and skills they need to render the highest quality care to addicted patients and their families.

Principles is the product of intensive collaboration among clinicians, researchers, and scholars from the American Society of Addiction Medicine (ASAM), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). The scientific advances in addiction medicine have been dramatic in the four years since *Principles* first was published. As a result, the second edition has been extensively revised and updated. All 17 sections reflect the rapidly expanding and emerging knowledge base. For example, to highlight the scientific discoveries that now guide our field, we have invited introductory overview chapters by NIAAA Director Enoch Gordis, M.D., and NIDA Director Alan I. Leshner, Ph.D.

Enoch Gordis has written an overview of the science of alcoholism that is a model of clarity and compression. He discusses the major conceptual advances in alcohol research that have occurred over the past several decades, highlights research progress toward answering the basic questions about alcoholism, and provides some thoughts on scientific advances that are just over the horizon. He explains the tremendous strides in our understanding of the biology and behavior of alcoholism and the implications of this

Dr. Callahan (left) and Dr. Schultz (right) accept congratulations on publication of Principles from NIDA Director Alan I. Leshner, Ph.D.

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INSIDE

ASAM ANNUAL REPORT: 1997

Dear Colleague:

The 1997 Financial Statements and Independent Auditor's Report reflect a year of ASAM accomplishments and setbacks.

ASAM enjoyed significant achievements in pursuit of the Society's mission to increase the availability and quality of care, educate physicians and medical students, and gain recognition of addiction medicine. Among the notable accomplishments detailed below, we draw your attention to four that have markedly advanced ASAM's mission.

First, 15 states and the Department of Defense adopted the second edition of the ASAM Patient Placement Criteria (ASAM PPC-2) and require that the criteria be used in determining need for care and level of care.

Second, ASAM formed a joint working group with the American Managed Behavioral Healthcare Association (AMBHA) to address patient care and physician credentialing and privileging issues of concern to our members.

Third, the Society successfully collaborated with the National Committee for Quality Assurance (NCQA) to attain recognition of the specialty of addiction medicine.

Finally, ASAM published its third clinical practice guideline (Pharmacological Management of Alcohol Withdrawal) in the Journal of the American Medical Association and issued five policy statements on pain, screening, parity, effective treatment and self-help.

The year's setbacks were financial, and came principally from a loss of unrealized revenue and increased expenses for publications, membership and conferences and courses. Based on 1996 success, the Society budgeted for 1997 growth in each of these areas, only to experience reverses in all three. In publications, 1997 revenue was slightly lower than 1996, and expenses were considerably higher. The same was true of conferences and courses, and membership. Membership dropped slightly, from 3,162 in 1996 to 3,123 in 1997.

The Society's achievements outweigh the year-end financial losses, and as of the writing of this report (September 1998) the financial setbacks have been reversed and we anticipate a strong end-of-the-year balance.

We call your attention, however, to the need to work diligently to have our colleagues renew their membership and to recruit new members to our state societies and to ASAM. If we grow in membership and our members become active in the State Chapters, we can continue to work at the state and national levels to increase access to care and the quality of care, and to obtain recognition for our specialty of addiction medicine.

Sincerely,

G. Douglas Talbott, M.D., FASAM, President
James W. Smith M.D. FASAM, Treasurer

1997 Accomplishments

[The name of the individual who chaired or was principally responsible for an activity is shown in parentheses.]

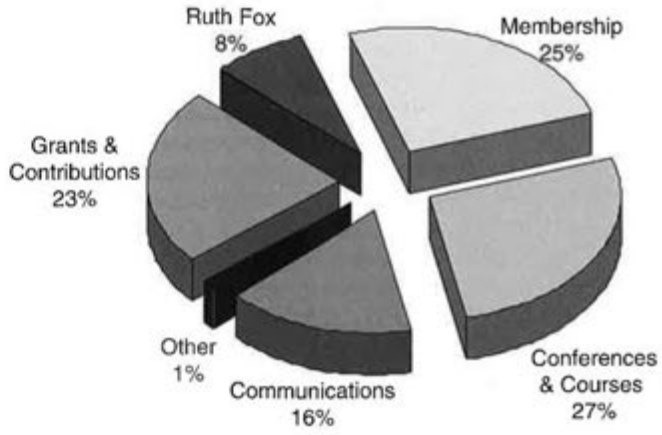
- ❑ Membership for 1997 and 1996 was 3,123 and 3,162, respectively (Dr. William Hawthorne).
- ❑ The number of chartered state chapters grew to 28, up from 5 in 1989 (Dr. Paul Earley).
- ❑ The NCQA 1997 Standards for Accreditation for Managed Behavioral Healthcare Organizations required policies for credentialing "psychiatrists and/or physicians certified in addiction medicine" (Dr. James Callahan).
- ❑ Fifteen states and the Department of Defense required that the ASAM PPC-2 be used (Dr. David Mee-Lee).
- ❑ The ASAM practice guideline, Pharmacological Management of Alcohol Withdrawal, was published in JAMA (Dr. Michael Mayo-Smith).
- ❑ Policy statements were issued on:
  - — Definitions related to the use of opioids in pain treatment (Dr. Seddon Savage)
  - — Rights and responsibilities of physicians on use of opioids in treatment of pain (Dr. Seddon Savage)
  - — Screening for addiction in primary care settings (Dr. Michael Miller)
  - — Parity in benefit coverage (Drs. Michael Miller, David Mee-Lee, Christine Kasser)
  - — Effective treatment of addictive disorders (Drs. Miller, Mee-Lee, Kasser)
  - — The relationship between treatment and self-help (Dr. Sheila Blume)
- ❑ A joint work group was established between ASAM and AMBHA (Drs. Miller, Mee-Lee, Kasser, and Anthony Radcliffe).
- ❑ ASAM educated more than 2,100 physicians and other health professionals through its nine CME conferences and courses.
- ❑ The AMA presented its annual awards to ASAM members Charles Lieber, M.D., for scientific achievement and David E. Lewis, M.D., for achievements in medical education.
- ❑ 130 members were named Fellows of the American Society of Addiction Medicine (Dr. Richard Tremblay).
- ❑ There were 40,000 visits to ASAM's newly established web site (Dr. William Hawthorne).
- ❑ Ruth Fox Memorial Endowment Fund pledges reached $2.3 million (Dr. Max Schneider, Ms. Claire Osman).
- ❑ Grants and contributions in support of ASAM's programs totalled $441,000 (Ms. Osman; Drs. Mel Pohl and Larry Siegel).

CONDENSED STATEMENT OF SUPPORT, REVENUE AND EXPENSES

Year Ended December 31, 1996

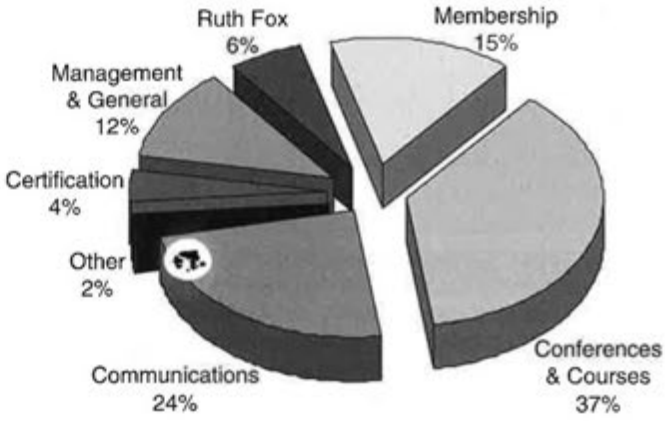
Support and Revenue

Membership	$654,840
Conferences and Courses	748,031
Publications	382,439
Certification	228,989
Medical Specialties	15,000
Investment Income	56,823
Ruth Fox Contributions	35,378
Total Support and Revenue	$2,121,500



Expenses

Direct Program	$771,205
Conferences and Courses	726,823
Publications	460,515
Management & General	224,306
Unrealized Loss on Investments	25,667
Total Expenses	$2,208,516
Change in Net Assets	(87,016)



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FELLOWSHIP

Springbrook Northwest and the Oregon Health Sciences University School of Medicine are pleased to announce the establishment of a Fellowship in addiction medicine as of July 1998. We are seeking applicants whom are Board eligible or certified in a primary speciality and may pursue training for one or two years. Eligibility for certification will be offered through either the American Society of Addiction Medicine or the American Board of Psychiatry and Neurology after successful completion of one or two years training.

Interested individuals should contact:

George Keepers, M.D.
Department of Psychiatry
503/494–6149

– or –

Gregory Skipper, M.D., FASAM
Medical Director,
Springbrook Northwest
800/333–3712

SAVE THE DATE

April 27–29, 1999
Wyndham Franklin Plaza
Philadelphia, PA

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Conference sponsored by
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Soliciting posters for recent work on co-occurring mental illness and substance abuse:
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For more information or to receive a poster application, contact:

Colleen Dunne, Project Coordinator
Behavioral Healthcare Education
Allegheny University of the Health Sciences
3200 Henry Avenue
Philadelphia, PA 19129

215/842–4380 for questions
fax 215/849–3229
e-mail dunne@auhs.edu

Graham and Schultz – continued from page 1

expanded understanding of the disease concept for the future of alcohol treatment.

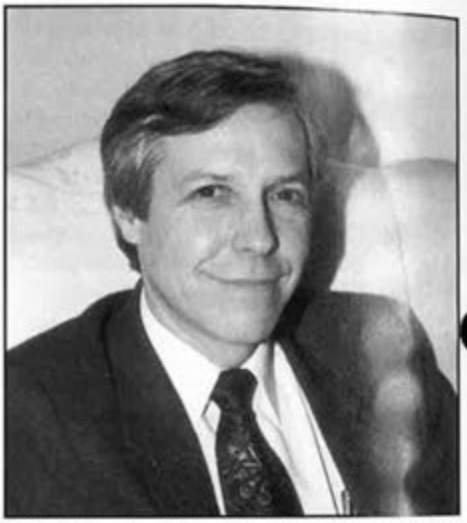
Alan Leshner has provided an update on the "Decade of the Brain" in terms of how far we have advanced beyond mind-brain dualism. He explains how deep our understanding has become of drug abuse as a special type of chronic relapsing brain disease that is expressed in behavioral ways and within social contexts. His comparison of atherosclerotic heart disease and addictive disorders emphasizes that each is defined by an interaction between the afflicted individual's unique genetic factors and environment.

The second edition is based on the solid foundation established with the first edition of *Principles*, edited by Dr. Norman Miller and Dr. Martin Doot. The new edition also has benefited from the generous gifts of time and expertise by ASAM members and by our colleagues in the related disciplines of psychology, sociology, epidemiology, and the basic sciences. We are grateful to these authors for their intellectual contributions to this endeavor. The field of addiction medicine is, in all its aspects—prevention, treatment, research, education and public policy—distinguished by a commitment to excellence and a striving to discover the causes of addiction and the most effective means of preventing and treating addictive disorders. The work that appears in this edition of *Principles* exemplifies that excellence.

As editors, we know that *Principles* will be useful to physicians who specialize in the practice of addiction medicine. Beyond that, we hope that it will prove useful to physicians in primary care, as well as to the wide range of professionals who care for these patients.

Some persons opening this book may ask, "What is addiction medicine and what makes it different from other fields of practice?" Addiction medicine is an interdisciplinary practice specializing in the identification and treatment of persons whose disorders are caused or worsened by their use of addictive substances. These substances have the unique property of promoting continued use in a compulsive manner despite adverse consequences to the user. In our society, the most notable offending substances are nicotine, alcohol, opiates, stimulant drugs, and marijuana. The most common services offered by specialists in addiction medicine are:

- ❑ Detoxification from these substances;
- ❑ Consultation with other physicians concerning identification, intervention, and management of patients in hospital or office whose disorders are directly linked to use of these substances;
- ❑ Facilitation of patient engagement in treatment programs designed to reduce the progression of the patient's substance-related problems;
- ❑ Development of outcomes-based treatment programs for such patients;
- ❑ Environmental modifications that attempt to alter the social, behavioral, and pharmacologic inputs that support the continuation of substance abuse and dependence; and
- ❑ Research into the genetic and neurobiologic aspects of addiction, with the ultimate goal of developing improved treatments (behavioral and pharmacologic) for addictive disorders.



Principles Co-Editor Allan W. Graham, M.D., FACP, FASAM

We are grateful to ASAM for giving us the privilege of guiding this work to completion. We also express special thanks to Dr. Dorynne Czechowicz of NIDA and Dr. Raye Litten of NIAAA for helping us in many ways. We also are indebted to our Associate Editor, Bonnie Wilford, whose expertise both as editor and specialist in the field of addiction medicine has served us well throughout this endeavor.

Our success in this unprecedented venture depends on an active, engaged readership as well. We welcome your comments, recommendations, criticisms, and engagement, for the field of addiction medicine is rapidly evolving and we are all participants in its growth. With your input, and the continuing leadership of ASAM's Editorial Board and committees, we will fulfill our pledge to make *Principles of Addiction Medicine* the indispensable resource for all who practice in or share our dedication to this most demanding yet rewarding field of medicine.

Principles of Addiction Medicine
Second Edition

Allan W. Graham, M.D., FACP, FASAM
Terry K. Schultz, M.D., FASAM

Editors

Bonnie B. Wilford
Associate Editor

American Society of Addiction Medicine, Inc.
Chevy Chase, Maryland
1998

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PAIN BULLETIN

PAIN MEETINGS OF INTEREST TO ADDICTION MEDICINE SPECIALISTS

Seddon R. Savage, M.D., FASAM
Chair, ASAM Committee on Pain

In response to a growing interest on the part of ASAM members in issues related to pain management, the ASAM Committee on Pain will be providing a regular report in **ASAM News** on issues related to pain. The primary purpose of the feature, to be called the "Pain Bulletin," will be to share information regarding access to pain medicine resources and pain treatment approaches of interest to specialists in addiction medicine. We also will report on new legislation, policy, third party payment practices, and other developments that may affect the practice of addictionists who provide pain treatment.

In the near future, the Pain Bulletin also will be posted at the ASAM website, at *www.asam.org*, under the sidebar "Pain Management." (Comprehensive resource information on pain already can be accessed through the ASAM website by clicking on "Websites of Interest," then "Treatment and Recovery Resources," then "World Wide Congress on Pain.")

Physicians who use opioids to treat pain will be interested in reviewing the recently issued "Guidelines for the Use of Controlled Substances for the Treatment of Pain," which were approved by the Federation of State Medical Boards in May 1998. The guidelines were developed with input from an interdisciplinary group that included many pain treatment specialists and at least one addictionist. The guidelines have been reviewed by members of the ASAM Committee on Pain, which has found them, on the whole, a positive step toward protecting physicians who appropriately prescribe opioids for the treatment of chronic and other pain. The guidelines have been disseminated to individual state boards for their consideration as the basis for adoption of similar guidelines by the individual states. While the guidelines do not have the force of law, they should have some effect on practice standards. The Guidelines can be obtained from the Federation of State Medical Boards at 400 Fuller Wiser Road, Ste. 300, Euliss, TX 76039 (817/868-4000) or are posted at the Federation's website at *www.fsmb.org*.

ASAM members who have a special interest in the clinical treatment of pain may want to attend the American Academy of Pain Medicine's Review Course in Pain Medicine, which functions as an intensive training course in pain medicine, and may wish to consider becoming certified in pain medicine by the ABPM. Such certification in pain medicine is available to physicians in many specialties who meet eligibility criteria related to training, experience, CME exposure and licensure. The ABPM certification examination is given following the Review Course and ABPM annual meeting. Information on certification is available from the ABPM, 4700 W. Lake Ave., Glenview, IL 60025; phone 847/375-4726, E-mail *abpm@amctec.com*, or use the website at *www.abpm.org*.

Certification by ABPM is somewhat analogous to ASAM certification in addiction medicine, in that it is a respected credential within the field, but is not formally recognized by the American Board of Medical Specialties. The only formal credential in pain medicine currently available under the ABMS is a Certificate of Added Qualification (CAQ) in Pain Management, which is provided by the American Board of Anesthesiology to ABA-certified anesthesiologists. This CAQ may be available in the near future to a limited number of other specialists, including those certified by the American Board of Psychiatry and Neurology and by the American Board of Physical Medicine and Rehabilitation.

Upcoming meetings that may be of interest to ASAM members include the following:

Third Annual Meeting on Pain and Chemical Dependency
New York City, January 28-30, 1999
Contact: 770/751-7332 or E-mail *meetings@imedex.com*

American Academy of Pain Medicine (AAPM)
Review Course in Pain Medicine and Annual Meeting
Palm Springs, CA, February 1999
Contact: 847/375-4731, *www.painmed.org*,
or E-mail *aapm@amctec.com*

AMA REPORT

AMA ADOPTS RESOLUTION ON TWELVE STEP PROGRAMS

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

With ASAM leadership, the following resolution was adopted as policy at the annual meeting of the American Medical Association's House of Delegates:

"**Whereas**, some insurers and managed care entities have regarded attendance at meetings of Alcoholics Anonymous and similar self-help groups as an appropriate substitute for medical treatment for patients who have not reached stable remission from alcoholism or other drug addiction; and

"**Whereas**, self-help groups, although potentially beneficial at every stage of treatment and as long-term social and spiritual aids to recovery, are not equipped to meet criteria for medical treatment and should not be confused with such treatment; and

"**Whereas**, the fellowship of Alcoholics Anonymous (AA) and similar self-help organizations such as Narcotics Anonymous (NA), Cocaine Anonymous (CA), and others, is a well-established useful adjunct to medical treatment, such that referral to such self-help entities is salutary and should be encouraged when appropriate; therefore, be it

"**RESOLVED**, That the AMA recognize that

(a) "patients in need of treatment for alcohol or other drug-related disorders should be treated for these medical conditions by physicians in a manner consonant with accepted practice guidelines and patient placement criteria; and

(b) "Self-help groups are valuable resources for many patients and their families and should be utilized by physicians as adjuncts to a treatment plan; and be it further

"RESOLVED, That the AMA urge managed care organizations and insurers to consider self-help as a complement to, not a substitute for, treatment directed by physicians and to refrain from using their patient's involvement in self-help activities as a basis for denying authorization for payment for the treatment of patients and their families who need such care."

Callahan –continued from page 2

covering mental illness but not addiction treatment. Bills introduced or under discussion are shown in the table below. Up to date information also is available on state web sites (see the list, following).

Your state will enact legislation requiring equal benefits for treatment only if you take the time to educate your legislators and give them the accurate information they need to draft parity legislation. Please do this for your patients, and for yourself.

Resources

Information on ASAM policies on parity and related issues is available at the ASAM web site (*www.asam.org*). Information on the most recent clinical data on treatment effectiveness and cost-effectiveness is available from the Brown University web site (*www.caas.brown.edu.plndp*). Other web sites with useful information include Milliman and Robertson actuarial data (*www.health.org/pubs/insur/index/htm*); CALDATA (*www.adp.cahwnet.gov/rc_dir.map?49,167*); and the Robert Wood Johnson Foundation Join Together Project (*www.jointogether.org*).

PARITY FOR ADDICTION TREATMENT:
1998 STATE LEGISLATION STATUS REPORT
as of July 1, 1998
State Parity Legislation

STATE	LAWS	BILLS (1998)	BILL STATUS (1998)
ALABAMA	—	H 941 [1]	Introduced – Failed
ALASKA		S 166 [1,3,c]	Introduced – Failed
		HCR 21 [1,4,c]	Introduced - Failed
	SCR 14 [1,4,c] 1998	SCR 14 [1,4,c]	Adopted
ARIZONA		H 2580 [1,3]	Passed House – Failed
	S 1321 [6] (1997)	S 1247 [5,6]	To Governor
ARKANSAS	H 1525 [1] (1997)	not in session	not in session
CALIFORNIA	—	A 1100 [2,c]	Passed Both Houses
COLORADO	H 1192 [2] (1997)	—	—
CONNECTICUT		S 168 [1,2]	Introduced – Failed
		H 5411 [1,3]	Introduced – Failed
	H6883 [2] (1997)		
	H 8007 [2] (1997)		
DELAWARE	H 156 [2,c] (1998)	H 156 [2,c]	Enacted
	S 166 [6] (1997)		
FLORIDA		H 41 [2,3,c]	Passed House – Failed
		S 268 [2,3]	Passed Senate – Failed
	S 1800 [5] (1998)	S 1800 [6]	Enacted
		H 4495 [6, 7]	Introduced – Failed
GEORGIA	—	S 245 [1,c]	Passed Senate – Failed
HAWAII	HCR 18 [1,3,4]	H 427 [1,3,c]	Introduced – Failed
	(1997)	H 508 [1,3,c]	Introduced – Failed
		H 1492 [1,3,c]	Introduced – Failed
		H 1913 [1,3,c]	Introduced – Failed
		S 368 [1,3,c]	Introduced – Failed
		S 427 [1,3,c]	Introduced – Failed
IDAHO	—	H 609 [2]	Introduced – Failed
ILLINOIS	—	H 81 [2,c]	Introduced
		H111 [2,c]	Passed House
		H 428 [2,c]	Introduced
		H 2459 [2]	Introduced
		H 3154 [1,7]	Introduced
INDIANA		—	—
	H 1400 [1,6,7] (1997)		
IOWA	—	H 206 [1,3,c]	Introduced – Failed
		H 2278 [1,7]	Introduced – Failed
		H 2294 [2]	Introduced – Failed
		H 2240 [1,3]	Introduced – Failed
KANSAS		—	—
	S 204 [6] (1997)		
KENTUCKY	—	—	—
LOUISIANA	HCR 28 [2,4] (1996)	H 89a [1]	Introduced – Failed
		H 120a [2]	Introduced – Failed
	S 1309 [6] (1997)	S 167a [1]	Passed Senate – Failed

STATE	LAWS	BILLS (1998)	BILL STATUS (1998)
MAINE	H 432 [2] (1995) S 622 [2,5] (1996)	—	—
MARYLAND	H 1359 [1,3] (1993) H 756 [1,3] (1994)	—	—
MASSACHUSETTS	—	H 1933 [2,c] H 1934 [1,3,c] H 3072 [2,c] H 3241 [2,c] S 622 [2,c] S 629 [2,c] S 1877 [2,c] S 2160 [1,3] S 2165 [1,3]	Introduced – Failed Introduced – Failed Introduced – Failed Introduced – Failed Introduced – Failed Introduced – Failed Introduced – Failed Introduced – Failed Passed Senate
MICHIGAN	—	H 5847 [1,3] H 5848 [1,3] H 5849 [1,3] H 5850 [1,3]	Introduced Introduced Introduced Introduced
MINNESOTA	SB 845 [1,3] (1995)	H 990 [6,c]	Introduced – Failed
MISSISSIPPI	—	—	—
MISSOURI	—	—	—
MONTANA	S 378 [6] 1997)	not in session	not in session
NEBRASKA	—	L 83 [2,c] L 1112 [1,3]	Introduced – Failed Introduced – Failed
NEVADA	A 521 [6] (1997)	not in session	not in session
NEW HAMPSHIRE	SB 767 [2] (1994)	—	—
NEW JERSEY	—	A 660 [1] A 1038 [1] S 86 [2]	Introduced Introduced Passed Senate
NEW MEXICO	S 176 [6] 1998	S 176 [6] H 315 [2,7] H 370 [6]	Enacted Vetoed Passed House – Failed
NEW YORK	—	A 1379 [2,c] A 8300 [4,c] A 8315 [1,c] A 10770 [3] S 5484 (1)	Introduced Passed Assembly Passed Assembly Introduced Introduced
NORTH CAROLINA	H 279 [1,7] (1991) H 434 [6] (1997) H 435 [1,3,5,7] (1997)	S 400 [1,3,c]	Passed Senate
NORTH DAKOTA	HCR 3008 [4] (1995)	not in session	not in session
OHIO	—	H 420 [1,c] H 718 [2]	Introduced Introduced
OKLAHOMA	SCR 71 [2,4] (1996)	H 2947 [2] S 1059 [2]	Conference – Failed Vetoed
OREGON	—	not in session	not in session
PENNSYLVANIA	—	H 1137 [6, c] H 1286 [1,c] H 1798 [1] H 2544 [1] S 887 [1,c]	Introduced Introduced Introduced Introduced Introduced
RHODE ISLAND	H 7708 [2] (1994)	S 815 [5,c]	Introduced

Check out these state websites for more information on health care reform and other legislative issues.

Alabama	*www.alaweb.asc.edu*
Alaska	*www.state.ak.us*
Arizona	*www.state.az.us*
Arkansas	*www.state.ar.us*
California	*www.ca.gov*
Colorado	*www.state.co.us*
Connecticut	*www.state.ct.us*
Delaware	*www.state.de.us*
District of Columbia	N/A
Florida	*www.state.fl.us/health*
Georgia	*www.state.ga.us*
Hawaii	*www.hawaii.gov*
Idaho	N/A
Illinois	*www.state.il.us*
Indiana	*www.state.in.us*
Iowa	N/A
Kansas	*www.state.ks.us*
Kentucky	*www.state.ky.us*
Louisiana	*www.state.la.us*
Maine	N/A
Maryland	*www.mec.state.md.us/mec*
Massachusetts	N/A
Michigan	*www.migov.state.mi.us*
Minnesota	*www.state.mn.us*
Mississippi	*www.ms.us*
Missouri	*www.mo.us*
Montana	*www.mt.gov*
Nebraska	*www.state.ne.us*
Nevada	*www.state.nv.gov*
New Hampshire	N/A
New Jersey	*www.state.nj.us*
New Mexico	*www.state.nm.us*
New York	*www.state.ny.us*
North Carolina	N/A
North Dakota	*www.state.nd.us*
Ohio	N/A
Oklahoma	*www.oklaosf.state.ok.us*
Oregon	*www.state.or.us*
Pennsylvania	*www.state.pa.us*
Rhode Island	*www.ids.net/ri*
South Carolina	N/A
South Dakota	*www.state.sd.us*
Tennessee	*www.state.tn.us*
Texas	N/A
Utah	N/A
Vermont	*www.cit.state.vt.us*
Virginia	*www.state.va.us*
Washington	*www.wa.gov*
West Virginia	*www.wvnet.edu*
Wisconsin	*www.state.wi.us*
Wyoming	*www.state.wy.us*

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FOCUS ON . . . NICOTINE RESEARCH

LIKE OTHER DRUGS OF ABUSE, NICOTINE DISRUPTS THE BRAIN'S PLEASURE CIRCUIT

Neil Swan
National Institute on Drug Abuse

All drugs of abuse disrupt the normal flow of the neurotransmitter dopamine, stimulating its release and increasing its brain level. This action is believed to be significantly involved in producing drug-induced feelings of pleasure and reward and, over time, addiction and vulnerability to withdrawal symptoms. Drugs of abuse begin this action by chemically binding to specific molecular sites called receptors, some of which are found on dopamine nerve cells.

Recent findings from several studies supported by the National Institute on Drug Abuse (NIDA) confirm not only that nicotine is highly addictive but that it affects the same brain mechanism as other drugs of abuse and increases brain levels of dopamine. The findings also suggest how nicotine abstinence and withdrawal activate the body's stress systems. Two research teams have spotlighted how nicotine, just like heroin or cocaine, activates dopamine-containing nerve cells in the brain's mesolimbic system, which is involved in emotion and behavior. Another group has shown that some brain changes during withdrawal from chronic nicotine use are similar to those that occur during withdrawal from other drugs of abuse.

Continued from page 13

STATE	LAWS	BILLS (1998)	BILL STATUS (1998)
SOUTH CAROLINA		H 4909 [1,3]	Introduced
	S 288 [6] (1997)	S 1151 [1,3]	Introduced
SOUTH DAKOTA	H 1262 [2] (1998)	H 1262 [2]	Enacted
	S 56 [6] (1998)	S 56 [6]	Enacted
TENNESSEE	S 1699 [6] (1997)	S 2798 [1]	Introduced – Failed
	H 3177 [6] (1998)	H 3177 [6]	Enacted
TEXAS	H 2 [2,7] (1991)	not in session	not in session
UTAH	—	H 38 [2]	Introduced – Failed
VERMONT	H 57 [1,3] (1997)	—	—
VIRGINIA	SJR 285 [4] 1995)	H 1052 [1]	Introduced – carried over
		S 430 [1]	Introduced – carried over
WASHINGTON	—	S 5995 [2,c]	Introduced – Failed
		S 6566 [1]	Introduced – Failed
WEST VIRGINIA	H 2667 [6] (1997)	H 4485 [2]	Introduced – Failed
		S 554 [2]	Introduced – Failed
		HCR 50 [2,4]	Introduced – Failed
		SCR 24 [2,4]	Introduced – Failed
		SCR 33 [2,4]	Introduced – Failed
WISCONSIN	—	—	—
WYOMING	—	—	—

KEY: c = carry over legislation from 1997
1 = coverage for all mental disorders; 2 = coverage for biologically-based mental illness or serious mental illness; 3 = coverage for substance abuse/addictive disorders; 4 = study of parity; 5 = amendment to current parity law; 6 = conforming to 1996 federal law; 7 = covers state employees only.

Source: Robert Wood Johnson Join Together Project and the National Conference of State Legislators Health Policy Tracking Service.

Dr. John A. Dani of Baylor College of Medicine in Houston and his colleagues have shown that nicotine binds at multiple receptors on dopamine nerve cells, or neurons, to activate the neurons. Theoretically, this activation of dopamine neurons by nicotine begins the response that leads to feelings of pleasure and reward, and then addiction. The researchers examined dopamine nerve cells from the brains of rats that had been exposed to nicotine for prolonged periods. They found that nicotine at levels comparable to those found in human smokers first activates or sensitizes these neurons but then quickly desensitizes them.

The researchers believe nicotine-induced desensitization of dopamine cells may explain why smokers report that they rapidly become tolerant to the effects of smoking during the day. The tolerance fades overnight so that by the next morning the dopamine cells are resensitized to nicotine, the researchers theorize. "This finding suggests a cellular explanation for smokers' reports that their first cigarette of the day is the most pleasurable," while the pleasurable effect of cigarettes smoked later in the day is greatly reduced, says Dr. Dani. "It's a biophysical extrapolation to explain how the cellular response to nicotine ultimately affects behavior," he explains. The results further support the theory that nicotine acts through the same cellular mechanism as other addictive drugs and that this mechanism—dopamine activity in the mesolimbic system—is implicated in various ways in the cellular and behavioral effects of addictive drugs, he says.

Dr. Marina Picciotto of Yale Medical School in New Haven, Connecticut, and her colleagues in France, Sweden, and Switzerland have gone a step further and have pinpointed the specific protein to which nicotine binds on a particular nicotinic receptor on a dopamine cell. The researchers used a strain of mouse developed by Dr. Picciotto in which the gene that encodes this protein is eliminated or "knocked out." The researchers found that these knockout mice did not self-administer nicotine as their normal sisters did. The findings suggest that the mice without the protein, called the beta 2 subunit, did not experience the normal reinforcing, or rewarding, effects of nicotine. But the mice did self-administer cocaine, an indication that knocking out the beta 2 subunit affected only their response to nicotine, not to other drugs.

The experiment tested the behavioral response of the mice. But what about their physiological response? If the knockout mice were in-

Continued on next page

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jected with nicotine, would the nicotine increase dopamine levels? No. In a followup experiment, nicotine injections did not boost dopamine levels in the brains of knockout mice. This finding provided further evidence of the influential role of the beta 2 subunit in the nicotine addiction process. The study findings are consistent with the theory that the dopamine brain circuit is the reward pathway used by all drugs of addiction but the different drugs activate this pathway through different molecular gateways.

"In our altered mice, we've shown that if you take away one subunit of the nicotinic receptor, you take away the ability of nicotine to stimulate dopamine release," explains Dr. Picciotto.

"To actually pinpoint a particular protein shown to be critical to nicotine addiction is a major discovery," says NIDA Director Dr. Alan I. Leshner. Future medications for nicotine addiction might target that specific protein, he says.

Dr. Picciotto is now studying how this nicotinic receptor and its subunits affect the rewarding properties of other drugs such as morphine, cocaine, and alcohol. "People who abuse other drugs are also likely to be smokers, and we would like to know more about interactions between the different systems that mediate the rewarding effects of these different drugs," she says.

Another NIDA-funded study shows that the severity of changes that occur in the brain's pleasure circuits during withdrawal from chronic nicotine use rivals that experienced during withdrawal from other abused drugs such as cocaine, amphetamine, morphine, and alcohol. The study found dramatically decreased sensitivity to pleasurable electrical stimulation in the brains of rats after nicotine administration was stopped. The decreased sensitivity, which lasted several days, may correspond to the depression experienced by humans who quit smoking "cold turkey."

"Understanding these decreases in the brain's sensitivity to pleasurable stimulation during nicotine abstinence helps explain why it's so hard for people to stop smoking and may help develop better treatments for nicotine withdrawal symptoms such as depression, anxiety, irritability, and craving for a cigarette," says Dr. Leshner. "The brain-change similarities to other drugs of abuse emphasize that there are common characteristics to withdrawal from all addictive substances, one of which is decreased sensitivity to pleasure," he says.

Dr. Athina Markou and her colleagues at the Scripps Research Institute in La Jolla, California, measured the effects of nicotine abstinence on the brain's sensitivity to pleasure-inducing electric pulses. They taught rats to self-administer brief electrical pulses in the lateral hypothalamus, part of the brain's reward circuitry, and then monitored the level of pleasure, or reward, experienced by the animals.

Reward sensitivity measures were taken during and after administration of nicotine. For a week the rats were infused with a steady dose of nicotine to produce nicotine blood levels equivalent to those of a human smoking 30 cigarettes a day.

While nicotine was administered, the animals' sensitivity to brain reward remained stable, as shown by the fact that they self-administered pleasure-inducing pulses at the same level as before nicotine was introduced. When the rats' nicotine was cut off, however, the scientists had to increase the intensity of electrical current by more than 40 percent before the rats showed through their behavior that electrical pulses to the brain were again pleasurable.

"These results are comparable to the altered brain reward sensitivity found during withdrawal from many other addictive drugs," says Dr. Markou. The experiment provides a valid animal model for studying the function of brain reward circuits involved in nicotine withdrawal and to help develop treatments for nicotine addiction, she adds.

Sources

Epping-Jordan, M.P.; Watkins, S.S.; Koob, G.F.; and Markou, A. Dramatic decreases in brain reward function during nicotine withdrawal. *Nature* 393:76, 1998.

Picciotto, M.R., et. al. Acetylcholine receptors containing the B2 subunit are involved in the reinforcing properties of nicotine. *Nature* 391:173-177, 1998.

Pidoplichko, V.I.; DeBiasi, M.; Williams, J.T.; and Dani, J.A. Nicotine activates and desensitizes midbrain dopamine neurons. *Nature* 390:401-404,1997.

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TOBACCO SMOKE MAY CONTAIN A PSYCHOACTIVE INGREDIENT OTHER THAN NICOTINE

Nicotine may not be the only psychoactive component in tobacco smoke, according to a study funded in part by NIDA. Using positron emission tomography, an advanced neuroimaging technology, Dr. Joanna S. Fowler and her colleagues at Brookhaven National Laboratory in Upton, New York, have produced images showing that smoking decreases the brain levels of an important enzyme that breaks down the neurotransmitter dopamine. The amount of the enzyme, called monoamine oxidase (MAO), is reduced by 30 to 40 percent in the brains of smokers, compared to nonsmokers or former smokers, the brains scans show. The reduction in brain MAO levels may result in an increase in levels of dopamine, which scientists associate with the reinforcing effects of drugs of abuse.

Although nicotine causes increases in brain dopamine, it does not affect MAO levels, research has shown. Thus it appears that another component of tobacco smoke is inhibiting MAO. "Whatever is inhibiting MAO could be acting in concert with nicotine to enhance dopamine's activity by preventing its breakdown," says Dr. Fowler.

The concept that the smoking-related reduction of MAO activity may synergize with nicotine's stimulation of dopamine levels to produce the diverse behavioral effects of smoking suggests that MAO inhibitor drugs may be useful as an additional therapy in smoking cessation efforts, she adds. MAO inhibitor drugs are used to treat depression and Parkinson's disease. One such drug, moclobemide, is already being used experimentally to assist persons trying to quit smoking.

Sources

Fowler, J.S.; Volkow, N.D., et al. Inhibition of monoamine oxidase B in the brains of smokers. *Nature* 379:733-736, 1996.

Fowler, J.S.; Volkow, N.D.,; et al. Brain monoamine oxidase inhibition in cigarette smokers. *Proceedings of the National Academy of Sciences* 93:14065-14069, 1996.

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THIRTY YEARS OF THE WAR ON DRUGS: "A WASTE OF LIVES AND MONEY"

David C. Lewis, M.D., FASAM, and June E. Osborn, M.D.

The war on drugs is costly, politically divisive and, after three decades, seen by many as a failure. Congress struggles for solutions amid steaming rhetoric. On the front line are frustrated physicians and police searching for new answers.

A nationwide survey of police chiefs by the Police Foundation found that an overwhelming 85% want major changes in drug policy. Sixty percent said law enforcement has not reduced the problem. Because of mandatory sentencing laws, drug offenders represent more than 60% of federal prisoners. Police see firsthand that nonviolent drug users and addicts, who are the targets and victims of drug dealers, are the most negatively affected by "warehousing" in prison.

Historically, drug policy originated from elected officials and police, driven by sensational news stories of drug lords and predatory dealers. But beyond the headlines is the core problem of millions of ordinary people with no connection to the crime world who are caught up in abuse and addiction. As police know, if this medical problem can be reduced, the drug dealers at the top will be strangled by a shrinking market.

While serious and violent offenders must be dealt with by the law, most substance abusers and addicts threaten only themselves. Recovery can come if effective treatment is available. Still, 75% of our federal and state funds for drug abuse go to law enforcement. Physicians, like many police officials, believe that this 3-to-1 ratio should be shifted to significantly increase treatment.

For decades physicians have had no voice in U.S. drug policy. For many years before World War II, doctors were prosecuted and jailed for treating what the newspapers then called "dope fiends." American medicine was elbowed out of drug treatment. This exclusion crippled drug policy, because the huge medical component was almost ignored.

In response to this silence, a group of 37 nationally known doctors, the Physician Leadership on National Drug Policy, is taking an unprecedented step. The group's new consensus statement says that "the current emphasis—on use of the criminal justice system and interdiction to reduce illegal drug use and the harmful effects of illegal drugs—is not adequate to address these problems."

To ensure a true national consensus, members of Physician Leadership were selected to include people with diverse medical accomplishments as well as high-ranking officials from the administrations of Presidents Reagan, Bush and Clinton. Members include Louis Sullivan, M.D., former secretary of Health and Human Services; David Kessler, M.D., former commissioner of the Food and Drug Administration; Lonnie Bristow, M.D., past president of the American Medical Association, and former U.S. surgeon general Antonia Novello, M.D.. Others include the editors of preeminent medical journals.

Recently the group sponsored a major study comparing the efficacy of drug addiction treatment to the treatment of other chronic disorders. This study of more than 600 peer-reviewed research articles showed that treatment of drug addiction is as effective, and sometimes more effective, than is treatment for hypertension, asthma and diabetes.

Furthermore, the study showed that treatment was less costly than incarceration and that it lowered crime rates significantly while producing better outcomes for both the individual and society than does imprisonment.

The annual regular outpatient treatment cost for a drug addict is $1,800, intensive outpatient treatment is $2,500, methadone maintenance for heroin addiction is $3,900 and residential treatment is $6,800. In contrast, a year in prison for a drug addict averages $25,900—triple the cost of the most expensive therapeutic option. Compounding the problem is the fact that prisons rarely include treatment for drug addiction.

While the Physician Leadership has more research underway, the group already has several recommendations to improve the nation's drug policy immediately:

❑ Substance abuse must have treatment parity (insurance coverage and accessibility) with other chronic, relapsing illnesses such as hypertension and diabetes.

❑ The societal stigma surrounding drug problems must be reduced so those needing care will seek it, those providing care will be encouraged to do so, and health care programs will reimburse the costs willingly.

❑ The huge burden of laws and regulations on drug treatment must be reduced so physicians can treat abuse and addiction as aggressively as they now treat other chronic illnesses.

❑ More research needs to be funded to improve the outcomes of both prevention and treatment programs.

The bottom line is that treating drug addicts, rather than locking them up, is better for both the patients and society. It also allows the police to focus on the pursuit of the real criminals, those being the dealers at the top.

David C. Lewis, M.D., FASAM, and June E. Osborn, M.D., are, respectively, project director and chair of Physician Leadership on National Drug Policy. This article originally was published in The Washington Post, *from which it is reprinted with permission.*

California

Chapter President: Gail N. Shultz, M.D., FASAM
Regional Director: Gail N. Shultz, M.D., FASAM

At CSAM's 25th Annual Meeting during the 1998 Review Course in Los Angeles in October, the Society's highest honor was awarded to Garrett O' Connor, M.D., in recognition of his many achievements—particularly his contributions to the understanding and integration of medicine, psychiatry, Twelve Step programs, spirituality, and recovery.

The 1998 Community Service Award was presented to Ruth King, the long time Executive Director of the CLARE Foundation in Santa Monica, honoring her efforts and commitment to bringing addiction treatment to the deaf and to women, especially single women with children.

At the Awards Dinner, the keynote address was given by Richard Corlin, M.D., the Speaker of the House of Delegates of the American Medical Association. Doctor Corlin is a member of the Physician Leadership on National Drug Policy, a group organized by David C. Lewis, M.D. Doctor Corlin's talk was titled, "New Winds Blowing for American Drug Policies."

CSAM is in the process of considering planning another Gala similar to the successful one held in Orange County in February 1998.

Georgia

Chapter President: John D. Lenton, M.D., FASAM
Regional Director: Paul Earley, M.D., FASAM

The Georgia Chapter is working toward adoption of an amendment to the State Constitution to designate appropriation of funds from DUI fines to support treatment of brain or spinal cord injuries. A referendum on this question appeared on the ballot in the November general election.

GASAM will participate in a joint meeting with the Florida Chapter in February 1999.

Ohio

Chapter President: Gregory Collins, M.D.
Regional Director: R. Jeffrey Goldsmith, M.D.

The Ohio State Chapter will host a symposium on Treatment of Nicotine Dependence. The symposium is scheduled for November 12, 1998, from 5:30 to 7:30 p.m., in Cincinnati.

In chapter elections, Gregory Collins, M.D., was voted President of the Ohio Chapter.

South Carolina

Chapter President: John E. Emmel II, M.D.
Regional Director: Paul H. Earley, M.D., FASAM

The South Carolina State Chapter is planning a conference for December 12-13, 1998, at Columbia. SCSAM also is planning its first statewide convention for Myrtle Beach on June 12-13, 1999. SCSAM continues its focus on legislation and other activities to reduce drinking and driving offenses.

INTERNATIONAL NEWS

Bangladesh

Chapter President: Taluker A. Razzaque, M.D.
Regional Director: Peter E. Mezciems, M.D., FASAM

The Bangladesh Chapter hosted a conference on "Drugs: The Enemy Within" on November 5 in Rajshahi District, Bangladesh. This follows a successful seven-day training program on Drug Reduction, held in January 1998 in Dhaka, Bangladesh, and an equally successful three-day seminar on Supply Reduction and Prevention in July 1998.

Bangladesh is asking ASAM colleagues, help in dealing with the aftermath of devastating floods earlier this year, during which the chapter's office was under water. Donations should be sent to Talukder A. Razzaque, SB.AC.NO., 1777, National Bank, Foreign Exchange Branch, D.I.T. Avenue, Dhaka-1000, Bangladesh.

Panama

Chapter President: Carlos A. Smith, M.D.
Regional Director: Peter E. Mezciems, M.D., FASAM

ASAM President G. Douglas Talbott, M.D., was keynote speaker at a multi-nation conference on the addictions, held in late August in Panama City, Panama. During the conference, Dr. Talbott was honored at a luncheon attended by the First Lady of Panama, U.S. Ambassador William J. Hughes and his staff, the Panamanian Minister of Health, and physicians representing Costa Rica, Guatemala and Nicaraugua.

Gathering in Panama City, Panama, for a multi-nation conference on the addictions were, left to right, Dr. Aida L. Moreno de Rivera, M.D., Minister of Health of Panama; Mrs. Dorita Perez Ballandares, First Lady of Panama; ASAM President G. Douglas Talbott, M.D.; Dr. Carlos A. Smith, President of the Panamanian Society of Addiction Medicine and General Coordinator of the conference; and Dr. Jaime Armijo, Director of the National Psychiatric Hospital of Panama.

Membership Renewals Due

Reminder! It's time to renew your ASAM membership! Renew before January 1, 1999, and receive a coupon good for $20 off your registration fee for the Ruth Fox or AIDS course preceding the Annual Medical-Scientific Conference next April.

If you have questions about your membership or renewal rates, contact Catherine Davidge at the ASAM office.

RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleague:

We trust that you have received our year-end brochure, *Giving at Year-End 1998*, and that you will remember the Endowment Fund in your plans. Your gift will ensure ASAM's financial security to carry out its goals well into the future. 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.

Special thanks go to Penelope P. Ziegler, M.D., FASAM for her generous bequest to the Endowment Fund, and to Joseph E. Dorsey, M.D. for his generous upgraded pledge. This is in addition to their previous contributions. They have now joined the *Founders' Circle*.

Max A. Schneider, M.D., FASAM
Chair, Endowment Fund

Jasper G. Chen See, M.D.
Chair Emeritus, Endowment Fund

Claire Osman
Director of Development

As of September 25, 1998
Total Pledges: $2,273,301

New Donors, Additional Pledges and Contributions
February 1, 1998 – September 25, 1998

Founders' Circle ($25,000-$49,000)
Joseph E. Dorsey, M.D.
Penelope P. Ziegler, M.D., FASAM

Leadership Circle ($5,000-$9,999)
Anne Geller, M.D., FASAM
Kevin D. O'Brien, M.D., FASAM
Barry M. Rosen, M.D.

Circle of Friends ($3,000-$4,999)
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Donors' Circle (up to $2,999)
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Ruth Fox
(1895–1989)

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Bernice Roberts, D.O.
Jennifer P. Schneider, M.D.
Francis E. Seale, M.D.
Earl John Soileau, Jr., M.D.
Robert D. Sparks, M.D.
Nancy W. Stone, M.D.
Carol J. Weiss, M.D.
Norman Wetterau, M.D.

VOTE 425 ON THE AMA SPECIALTY SOCIETY BALLOT

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

The American Medical Association (AMA) has invited AMA member physicians to indicate the medical specialty society they want to represent them in the AMA House of Delegates. In 1996, the AMA established proportional representation for specialty societies. To establish this representation, the AMA annually asks its members to select one specialty society to represent them at the annual and interim (winter) House of Delegates meetings.

Beginning in the year 2001, a specialty society will receive an additional delegate for every 1,000 AMA members who select it as their representative.

ASAM needs your vote! Ballots must be received by December 31, 1998. You must include your 11-digit AMA membership number (Medical Education Number) and indicate the Society (425 – ASAM) as your representative. (If you have difficulty finding your Medical Education Number, call the AMA's Member Service Center at 800/262-3211.)

Completed ballots can be returned in several ways:
- ❑ Fax your vote to 847/517-7229.
- ❑ Phone toll-free to vote: 800/652-0605
- ❑ E-mail your choice to ***ballot@ama-assn.org***, or
- ❑ Mail your response to:
  AMA/Specialty Society Allocation Ballot
  c/o W.J. Weiser & Associates
  1111 N. Plaza Drive, Suite 550
  Schaumburg, IL 60173

Remember to "Vote 425" as your representative speciality society!

Psychiatrist

Clifton Springs Hospital and Clinic, located in the Finger Lakes Region of New York State, is seeking a BC/BE adult, general psychiatrist with experience and/or training in Addictions Medicine for our Behavioral Health Services.

Compensation and excellent benefits (health/dental, tax deferred annuity program, educational leave) complete the picture.

The beautiful Finger Lakes Region offers vast recreational, cultural and educational offerings, including first rate sailing, windsurfing, fishing, skiing (both cross country and downhill), golfing and symphony. Several well-known colleges and universities are nearby, such as the highly regarded University of Rochester School of Medicine and Dentistry. And both metropolitan Rochester and Syracuse are within commuting distance.

Write to:
John R. McCarthy, Practice Manager,
Clifton Springs Hospital and Clinic
2 Coulter Road
Clifton Springs, NY 14432
or call 800/309–5493
or fax 315/462–2706.

Medical Director

Alabama Physicians Recovery Network

The Medical Association of the State of Alabama is seeking a medical director of its impaired physicians program. PRN has provided for a full time medical director since 1991, is fully developed, nationally recognized and has stable funding. Interested applicants should be familiar with the special issues of physicians involved with substance abuse and have a working knowledge of affective illness and personality disorders. Applicants must have strong interpersonal communications skills. Please send CV and request an application for the position to:

Gerald L. Summer, M.D.
19 South Jackson Street
Montgomery, AL 36104

ASAM CONFERENCE CALENDAR

1998

November 13–15
Medical Review Officer Training Course
Toronto, Ontario, Canada
19 Category 1 CME credits

November 21
Certification/Recertification Examination
Atlanta, GA
LaGuardia, NY
Los Angeles, CA
5 Category 1 CME credits

1999

February 16–21
Southern Coastal Conference
Jekyll Island, GA
(Jointly sponsored by ASAM)

February 26–28
Medical Review Officer Training Course
Chicago, IL
19 Category 1 CME credits

April 29
ASAM Forum on AIDS and Addictions
New York, NY
7 Category 1 CME credits

April 29
The Ruth Fox Course for Physicians
New York, NY
7 Category 1 CME credits

April 30–May 2
30th Annual ASAM
Medical-Scientific Conference
New York, NY
23 Category 1 CME credits

July 15
Forensic Issues in Addiction Medicine
Washington, DC
6 Category 1 CME credits

July 16–18
Medical Review Officer Training Course
Washington, DC
19 Category 1 CME credits

November 4–6
ASAM State of the Art Conference
Washington, DC
20 Category 1 CME credits

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