

ASAM NEWS

December 1998 Volume 13, Number 6



Newsletter of The American Society of Addiction Medicine

PRESIDENT-ELECT'S INITIATIVE: 1998-2000

ASAM Study to Address the Impact of Managed Care on Addiction Treatment

Marc Galanter, M.D., FASAM

We all know that recent cutbacks in reimbursement for addiction treatment have produced a crisis for our patients. Such cutbacks often have denied us as physicians the opportunity to provide the treatment patients require. In ASAM, we plan to address this problem by launching a study to define the impact of managed care on the lives and recoveries of addicted Americans, and by preparing recommendations for corporate and government groups on how this needs to be addressed. We have benefited from decades of excellent research on treatment and must continue to support further study of cost-effective and effective care. If financing for treatment is inadequate, who will receive the rewards of these efforts?

Here is an illustration of what has happened over the past decade: from 1988 to 1997, the value of benefits in the contracts provided for addiction treatment by major employers has declined by 71% (ASAM/Hay Report, September 1998). This figure was derived by an independent research organization and is based on health benefits provided by 1,043 employers. The decline in general health care value over the same period was only 7%. How can a rational health care delivery system offer proper addiction treatment when the financial support for care has been cut by almost three-fourths?

How did this reduction affect our own members' patients? You may have participated in a survey conducted at the 1998 ASAM Medical-Scientific Conference. ASAM members who responded reported that managed care practices had exerted a negative effect on detoxification (67%) and on both inpatient treatment (86%) and outpatient care (67%). Thus it is no surprise that fully 79% of respondents concluded that managed care has had a negative impact on their practice of addiction medicine.

What Will We Do?

To address these problems, ASAM has secured support from the federal Center for Substance Abuse Treatment and from foundations to carry out a study of the impact of managed care practices, in consultation with experts in the field. The project will be executed in five stages: (1) data collection, (2)



Dr. Galanter

"In compiling data on addiction treatment under managed care, . . . we earnestly seek members' input in terms of examples from their own practices."

solicitation of information from members, (3) expert review, (4) preparation of a consensus document, and (5) dissemination.

We are now in the process of compiling pertinent data on addiction treatment under managed care, using a variety of sources. Published research available from the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism gives a picture of the field three or four years ago, and is more valuable in un-

derstanding the context of current changes than in providing a contemporary reading. Therefore, we are using data from federal surveys and non-government sources. Another important source is information from our members, and thus we earnestly seek members' input in terms of examples from their own practices.

Based on the information developed in the first two stages, we will prepare an analysis and report to the membership at the 1999 Med-Sci Conference, in New York City. This analysis then will be reviewed by a panel of experts who have studied and evaluated the structure of addiction care. They will include leaders in ASAM, researchers on managed care, and parties who evaluate

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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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REPORT FROM THE EXECUTIVE VICE PRESIDENT

ASAM'S NATIONAL RESPONSE TO THE CHALLENGE OF MANAGED CARE

James F. Callahan, D.P.A.

I often am asked what ASAM has done to respond to the challenges posed by managed care. While ASAM has taken definite steps to respond to these challenges, I would not want to leave the impression that ASAM's mission and ASAM's programs have come to be and have been determined by managed care's demands. There is no question that managed care has sharpened and given urgency to the tasks we have undertaken, but the programs I will describe, which ASAM has effectively used to respond to the challenges of managed care, are outgrowths of ASAM's primary goals, which are (1) to integrate the treatment of addictive diseases into the mainstream of health care (e.g., by securing parity of coverage), and (2) to integrate the current knowledge of addictions and their treatment into the education of physicians and medical students at all levels of medical education. ASAM also seeks the recognition of the specialty of addiction medicine.

ASAM has pursued these goals in a number of significant ways, but I will limit myself to a description of those undertakings that have been most central to our response to managed care.

Managed Care's Challenges

Managed care essentially has posed three challenges to addiction medicine. The first is that of *medical necessity and parity*; that is, to justify the need for addiction treatment and the intensity of the treatment services delivered. The second is the challenge of *recognition and credentialing*, which involves justifying the need to include specialists in addiction medicine as treatment providers. The third is the challenge of *treatment effectiveness and outcomes*; that is, the need to demonstrate that treatment works.

Medical Necessity

ASAM effectively responded to the challenge to demonstrate the need for addiction treatment by developing and promoting the national use of the *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders*. Now in its Second Edition, the *ASAM Criteria* have their origins in the days preceding managed care and arose from a desire on the part of addictionists to provide high-quality clinical care that is individualized on the basis of patient assessment and treatment planning. This effort



Dr. Callahan

also responded to demands by third-party payers for both fiscal accountability and a rational clinical decision-making process.

The *ASAM Criteria* demonstrate the need for treatment through assessment of the patient on six dimensions, and justify the intensity of treatment based on the severity of the patient's presenting problems in each of those six dimensions. Dr. David Mee-Lee, Chair of the *ASAM Criteria* Committee, is the prime architect of the *ASAM Criteria*.

Use of the *Criteria* is increasing. To date, 18 states require use of the *ASAM Criteria* in some or all state-funded treatment programs. Also, the Department of Defense in 1997 issued its new policy on substance abuse treatment, which establishes a continuum of care "compatible with the *Patient Placement Criteria* of the American Society of Addiction Medicine." This policy applies to servicemen and women and their dependents in all regions of the U.S., Europe and the Pacific.

In the future, a Revised Second Edition will enlarge on prevention and early intervention criteria, update the adolescent criteria, and add criteria for co-occurring psychiatric disorders. To assure even wider adoption of the *Criteria* and their acceptance in mainstream medicine, ASAM has invited

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MARIJUANA BALLOT INITIATIVES APPROVED IN FIVE STATES

Ballot initiatives to legalize the possession, cultivation and distribution of marijuana were approved by voters in five states and, possibly, the District of Columbia in the November 3rd elections.

Defying a national campaign spearheaded by the Office of National Drug Control Policy, voters in Washington State, Oregon, Alaska, Nevada, and Colorado approved referenda that would eliminate penalties for so-called "medical" use of the otherwise banned drugs. However, the initiatives (like those passed in 1996 in California and Arizona) face almost certain court challenges and an array of federal hurdles, not least that the drugs they cover are classified as Schedule I controlled substances under federal law. Thus, physicians who prescribe them and pharmacists who dispense them are subject to revocation of their registration to handle controlled substances by the U.S. Drug Enforcement Administration.

Opponents of the initiatives pointed out that many were financed by out-of-state interests, most prominently international financier George Soros, long a proponent of legalizing drug use.

In the District of Columbia, the ACLU joined ballot sponsors in a court action to compel D.C. election officials to tally the vote results. District officials had declined to do so, pointing to legislation enacted by Congress the week before the election that bars the District from spending money on any initiative that would "legalize or otherwise reduce" penalties for users of marijuana. Even without a count, however, supporters and opponents alike predicted that the D.C. initiative almost certainly won enough votes to pass.

Most Economic Costs of Substance Abuse Borne by Society, Not Addicts

More than half the economic impact of alcohol and drug abuse is passed along to persons who do not abuse alcohol or drugs, according to a study prepared by The Lewin Group for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. Lead author H. J. Harwood and colleagues report that 55% of the costs of alcohol and other drug abuse are borne by "society," which they define as governments, private insurance companies, or victims. Abusers bear less than half the impact of substance abuse, they say, and "arguably the loss by abusers may be lower

than this because the financial burden is often shifted to other members of their households."

The investigators estimated that alcohol and drug abuse cost the U.S. an estimated \$246 billion in 1992, the most recent year for which complete data were available.

FDA Approves New Home Drug Screening Test Kit

The U.S. Food and Drug Administration has approved the "QuickScreen" non-prescription test kit for drugs of abuse, to be marketed for use in the home and other non-professional settings. The maker, Pharmatech, Inc., of San Diego, CA, claims that the test can be performed at home, with results available within 10 minutes.

The urine test kit comes in two versions: one tests for cocaine, marijuana, opiates, amphetamine and methamphetamine. The other tests for cocaine, marijuana, opiates, amphetamine and PCP. Neither model can determine with certainty that drugs are present. Instead, test results are shown as either "negative" or "inclusive: need laboratory analysis."

The QuickScreen kits are expected to be available immediately in pharmacies and other places where over-the-counter drugs are sold.

Tobacco Use Increases Among College Students

Smoking by college students rose 28% from 1993 to 1997, according to a new study reported in the *Journal of the American Medical Association*. Researcher Henry Wechsler and colleagues at the Harvard School of Public Health found that 28% of 14,000 students at 116 colleges surveyed in 1997 described themselves as "current smokers," compared with 22% in 1993. Said Wechsler, "It's like a rising tide raising all boats...it's disturbing."

The authors said that much of the increase was predictable, given that smoking among high school students grew 30% over the past decade. Nearly 90% of the college students surveyed said that they smoked for the first time in high school or before; however, more than a quarter said that they did not smoke regularly until they reached college. At the same time, the college students tried to quit at higher rates than the general population, suggesting that their smoking habits are "in flux," said co-author Nancy Rigotti,

who directs tobacco research at the Massachusetts General Hospital. "It would be an opportune time to intervene," she said, by offering programs to help students quit, and to mount aggressive campaigns to counter tobacco advertising to young adults.

Surgeon General Calls on Colleges to Ban Alcohol Advertising, Sponsorship

Surgeon General David Satcher and HHS Secretary Donna Shalala have released new guidelines calling for colleges to adopt policies prohibiting alcohol advertising in collegiate publications.

In releasing the guidelines, drafted by the Inter-Association Task Force on Alcohol and Other Substance Abuse Issues, Surgeon General Satcher also called for an end to the promotion of college athletics by alcohol beverage companies. Secretary Shalala has asked the National Collegiate Athletic Association and others to break what she describes as an "unholy alliance" between alcohol and college athletics.

Treatment Reduces Criminal Activity, Federal Study Finds

Criminal behavior as well as substance abuse are reduced for at least five years following inpatient, outpatient and residential drug abuse treatment, according to the Services Research Outcomes Study (SROS), sponsored by the federal Substance Abuse and Mental Health Services Administration.

Study results were derived from interviews with 1,799 persons (71% men and 29% women) selected from a random sample of treatment programs across the U.S. All 1,799 were interviewed five years after discharge from drug abuse treatment.

In addition to a 21% decline in the use of any drug, respondents reported reductions in criminal activity following treatment that ranged from 23% to 38%. Types of crimes showing reductions included income-producing crimes (such as breaking and entering, drug sales, and prostitution), disorderly offenses (such as driving under the influence) and violent behaviors (involving weapons use, for example).

The SROS study was conducted by the National Opinion Research Center of the University of Chicago for the federal Substance Abuse and Mental Health Services Administration.

ADDICTION FIELD SCORES SOME GAINS IN 105TH CONGRESS

The 105th session has come to a close and the alcohol and the addictions field fared very well! Although treatment parity legislation did not pass, advocates gathered 95 co-sponsors of the parity bill in the House and nine in the Senate (see the list below). In addition, a great deal of attention was focused on the issue of discrimination against addictive disorders in employer-provided health benefit plans. As a result, parity is at the top of many lawmakers' policy agendas for the next session.

Appropriations

Federal funding for alcohol and drug treatment, prevention and research is higher than ever before. Congress approved the following funding levels for Fiscal Year 1999: Substance Abuse Block Grant, \$1.585 billion (a \$285 million increase over FY 1998); Substance Abuse Treatment Knowledge Development Grant, \$180 million (a \$24 million increase); Substance Abuse Prevention Knowledge Development Grant, \$172 million (a \$21 million increase); Substance Abuse Prevention "High Risk Youth Grant," \$7 million (a \$1 million decrease); "Safe and Drug Free Schools," \$566 million (a \$10 million increase); National Institute on Alcoholism and Alcohol Abuse, \$260 million (a \$33 million increase); National Institute on Drug Abuse, \$603 million (a \$76 million increase). Overall, the appropriations bill cut \$90 million from local prevention activities and permits some program funding to be spent on a National Violence Prevention Initiative.

Write thank you letters to your members of Congress for increasing treatment, prevention and research funding. Also, if your Representative or Senators are co-sponsors of parity legislation, send them a thank you note.

Parity Legislation Co-Sponsors

HOUSE OF REPRESENTATIVES
(Listed alphabetically by state)

Earl Hilliard (D) 7th Dist., AL
Ed Pastor (D) 2nd Dist., AZ
Howard Berman (D) 26th Dist., CA

Mary Bono (R) 44th Dist., CA
Julian Dixon (D) 32nd Dist., CA
Steve Horn (R) 38th Dist., CA
Tom Lantos (D) 12th Dist., CA
Zoe Lofgren (D) 16th Dist., CA
Robert Matsui (D) 5th Dist., CA
Juanita Millender McDonald (D) 37th Dist., CA
George Miller (D) 7th Dist., CA
Nancy Pelosi (D) 8th Dist., CA
James Rogan (R) 27th Dist., CA
Fortney "Pete" Stark (D) 13th Dist., CA
Ellen Tauscher (D) 10th Dist., CA
Esteban Edward Torres (D) 34th Dist., CA
Henry Waxman (D) 29th Dist., CA
Lynn Woolsey (D) 6th Dist., CA
Diana DeGette (D) 1st Dist., CO
Nancy Johnson (R) 6th Dist., CT
Rosa DeLauro (D) 3rd Dist., CT
Christopher Shays (R) 4th Dist., CT
Eleanor Holmes Norton (D) DC
Mark Foley (R) 16th Dist., FL
Alcee Hastings (D) 23rd Dist., FL
Karen Thurman (D) 5th Dist., FL
John Lewis (D) 5th Dist., GA
Charles Underwood (D) Guam
Neil Abercrombie (D) 1st Dist., HI
Lane Evans (D) 17th Dist., IL
Luis Guterrez (D) 4th Dist., IL
Bobby Rush (D) 1st Dist., IL
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Mark Souder (R) 4th Dist., IN
Jim Nussle (R) 2nd Dist., IA
Jerry Moran (R) 1st Dist., KS
Ron Lewis (R) 2nd Dist., KY
Elijah Cummings (D) 7th Dist., MD
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Joe Skeen (R) 2nd Dist., NM
Gary Ackerman (D) 5th Dist., NY
Sherwood Boehlert (R) 23rd Dist., NY
Benjamin Gilman (R) 20th Dist., NY
Maurice Hinchey (D) 26th Dist., NY
Amos Houghton (R) 31st Dist., NY
Carolyn McCarthy (D) 4th Dist., NY
Michael McNulty (D) 21st Dist., NY
Jack Quinn (R) 30th Dist., NY
Charles Rangel (D) 15th Dist., NY
Sherrod Brown (D) 13th Dist., OH
Tony Hall (D) 3rd Dist., OH
Marcy Kaptur (D) 9th Dist., OH
Louis Stokes (D) 11th Dist., OH
James Traficant (D) 17th Dist., OH
Bob Portman (R) 20th Dist., OH
Wes Watkins (R) 3rd Dist., OK
J.C. Watts (R) 4th Dist., OK
Elizabeth Furse (D) 10th Dist., OR
Phillip English (R) 21st Dist., PA
Jon Fox (R) 13th Dist., PA
Tim Holden (D) 6th Dist., PA
Joseph McDade (R) 10th Dist., PA
Jack Reed (D) RI
James Clyburn (D) 6th Dist., SC
Harold Ford (D) 9th Dist., TN
Ken Benisén (D) 25th Dist., TX
Martin Frost (D) 24th Dist., TX
Sheila Jackson-Lee (D) 18th Dist., TX
Ciro Rodriguez (D) 28th Dist., TX
Frank Wolf (R) 10th Dist., VA
Bernard Sanders (I) At Large, VT
Robert Wise, Jr. (D) 2nd Dist., WV
Jay Johnson (D) 8th Dist., WI
Jerry Kleczka (D) 4th Dist., WI

U.S. SENATE
(Listed alphabetically by state)

Ben Nighthorse Campbell (R) CO
Max Cleland (D) GA
Daniel Inouye (D) HI
Carl Levin (D) MI
Lauch Faircloth (R) NC
Daniel Patrick Moynihan (D) NY
Arlen Specter (R) PA
Jack Reed (D) RI
Thomas Daschle (D) SD

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.

NATIONAL ALCOHOL SCREENING DAY

Dear Colleague:

ASAM is proud to be a sponsor of the first-ever National Alcohol Screening Day, to take place April 8, 1999. The National Alcohol Screening Day is a project of the non-profit National Mental Illness Screening Project (NMISP), in partnership with the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Its purpose is to promote awareness, identification and treatment of alcohol problems. The Screening Day will be offered free of charge to the public at over 1,500 community sites such as hospitals, treatment centers, and private practitioner offices, and 600 colleges across the country.

Participants who attend the screenings hear an educational presentation about alcohol problems, take a written screening test, review the test results with a clinician, and receive a referral if appropriate. The free and anonymous screenings are not a substitute for a formal evaluation, and no diagnosis or specific treatment recommendations are given.

ASAM encourages its members to register as screening sites. Each participating site must provide qualified health professionals to conduct the education and screening components, and is responsible for local publicity. NIAAA and NMISP will provide

you with instructions on how to organize and run the screening program, as well as the necessary educational and screening materials (the AUDIT).

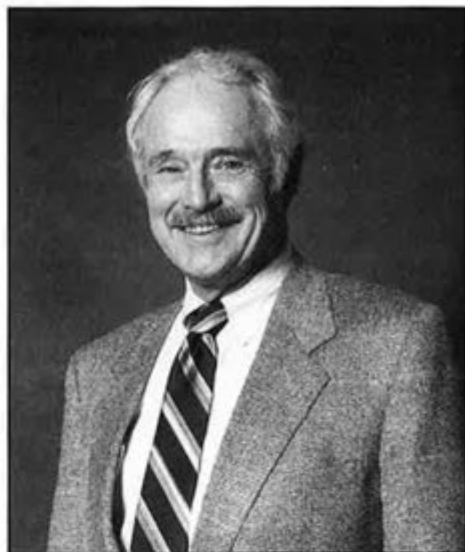
In order to register for the April 8, 1999 program, the Registration Form (enclosed with this issue of ASAM News) and a registration fee must be submitted to the National Alcohol Screening Day office. The deadline to register your site so that it will be listed on the National Alcohol Screening Day Site Locator Line is February 1, 1999. Registrations will be accepted after February 1, as long as materials last, but late registrants cannot be included on the Site Locator Line and may not be included in the site lists that will be sent to local and national media.

Please consider participating by establishing or collaborating with a site in your community!

Sincerely,



G. Douglas Talbott, M.D., FASAM



Dr. Talbott

Washington Society of Addiction Medicine to Sponsor Conference

"Fundamentals of Addiction Medicine" is the theme of a two-day conference offered by the Washington Society of Addiction Medicine, in cooperation with the Providence General Medical Center.

Scheduled for February 26-27, 1999, the conference is set for the Sheraton Hotel and Towers in Seattle, reports Bill Dickinson, D.O., FASAM, who will chair the conference and who also serves as chair of the WSAM Education Committee. Conference presenters include Richard K. Ries, M.D., on "The Interplay of Mental Health and Substance Abuse"; Andrew Saxon, M.D., on "Medications in the Treatment of Substance Use Disorders"; and Anthony B. Radcliffe, M.D., FASAM, on "How Primary Care Can Benefit from the Addiction Medicine Specialist: A Changing Perspective."

Additional information on the conference is available from Jeri Sackett at 425/261-3690.

How to Register a National Alcohol Screening Day Site

Complete the Registration Form enclosed in this newsletter and send it together with the registration fee to the NASD office. There are two ways to do this:

- Check or Money Order
(MAIL ONLY): The Registration Form and the registration fee must be mailed together to the NASD office (no fax copies will be accepted).
Mail to: National Mental Illness Screening Project/NASD, One Washington St., Suite 304, Wellesley Hills, MA 02481-1706.
- Credit Card Registration
(FAX or MAIL): The following credit cards will be accepted: American Express, Discover, MasterCard and Visa.
Only credit card registrations may be faxed to the NASD office; all others must be mailed.
Fax to: NMISP/NASD at 781/431-7447.

If you plan to hold screenings at multiple sites, please complete a separate Registration Form and include a separate registration fee for each site. For more information, contact Anne Keliher, NASD Program Manager at 781/239-0071.

Addiction Psychiatry Fellowship of Partners HealthCare System

(Boston, MA) Seeking PGY-5 psychiatrists for one-year appointment to acquire expertise in addictions through comprehensive inpatient, outpatient, partial hospitalization and general hospital consultative settings. Opportunities for teaching and research. Fellows receive Harvard Medical School appointment. The Partners HealthCare System includes Massachusetts General, Spaulding Rehabilitation, McLean, Brigham and Women's, and other teaching hospitals of Harvard Medical School. Program will be accredited by ACGME. Send curriculum vitae to David Gastfriend, M.D., MGH Addiction Services, 15 Parkman Street, WACC 812, Boston, MA 02114, or call 617/726-2712 for information.

Spaulding Rehabilitation Hospital

(Boston, MA) seeks a full-time **psychiatrist** for its **Addiction Services**. The psychiatrist will provide clinical care to patients across the continuum (inpatients, outpatients, partial hospitalization). Additional responsibilities include program development and administration. Spaulding is a major affiliate of the Massachusetts General Hospital and a member of the Partners HealthCare System.

Interested psychiatrists should send their curriculum vitae to:

Dr. Nancy Nitenson
125 Nashua Street
Boston, MA 02114

or contact Jill Fiffy at 617/573-7192 for further information.

MEMBER NEWS

Andrea G. Barthwell, M.D., FASAM

The American Methadone Treatment Association has bestowed its Nyswander-Dole Award on Andrea G. Barthwell, M.D., FASAM, for outstanding contributions to methadone treatment.

In presenting the award, the Association cited Dr. Barthwell's "stature as a researcher, lecturer, teacher, and practitioner of methadone treatment," noting that she has "contributed significantly to the ability of the Illinois Methadone Treatment Association to restore methadone treatment under Medicaid reimbursement."



Dr. Barthwell

The award also notes that Dr. Barthwell "has been a contributing author to several groundbreaking publications for the Center for Substance Abuse Treatment and the National Institute on Drug Abuse. She has

served as a Board member of the American Society of Addiction Medicine since 1992 and has been an untiring advocate for methadone treatment."

Larry Siegel, M.D.

Larry Siegel, M.D., has been named Medical Director of the Whitman-Walker Clinic in Washington, D.C., effective November 3, 1998. The clinic is the region's largest provider of comprehensive services to HIV-positive and AIDS patients.

A long-time advocate for patients with HIV disease, Dr. Siegel served as the first chairperson of ASAM's AIDS and Chemical Dependency Committee. In 1991, he founded ImmuneCare of Key West, FL, a model comprehensive outpatient center for people living with HIV/AIDS, and subsequently co-founded the Delphos Alcohol and Drug Treatment Center in that city. Dr. Siegel is a past president of the Florida Society of Addiction Medicine and was a founding member of the AIDS Task Force of the Gay and Lesbian Medical Association.

James F. Callahan, D.P.A.

ASAM Executive Vice President and CEO James F. Callahan, D.P.A., has been named a recipient of the 1998 Medical Executive Achievement Award of the American Medical Association. In notifying Dr. Callahan of the award, AMA Executive Vice President E. Ratcliffe Anderson, Jr., M.D., noted that the award is given to an executive of a national medical specialty society, state medical association, or county medical society who "has contributed substantially to the goals and ideals of the medical profession." The award will be presented to Dr. Callahan during the opening ceremonies of the December meeting of AMA's House of Delegates.

Impact of Managed Care – continued from page 1

the effects of managed care on employee health benefit plans. A consensus with recommendations then will be prepared and revised in accordance with this review, and will be presented at a consensus conference. We will invite governmental and industry leaders to the conference to make clear the status of treatment and its effect on our patients and on our members as practitioners in the addiction field.

Finally, the material developed in this project will serve as the basis for approaching the U.S.

Congress and private business groups to promote proper support for efficient and effective treatment. ASAM's long term commitment to achieving parity for addiction treatment is a primary issue for discussion, but we also will recommend specific benefits.

We plan to enlist the support of allied groups in medicine, mental health, and the addictions field in this effort, and hope that in this manner we will do our part to address this most important issue confronting our members and their patients.

California

Chapter President:

Gail N. Shultz, M.D., FASAM

Regional Director:

Gail N. Shultz, M.D., FASAM

John Harsany, M.D., Lori Karan, M.D., and David E. Smith, M.D., were elected to the CSAM Executive Council for a two-year term beginning in October 1999. Re-elected to second terms were Margaret Yates, M.D. and Gary Jaeger, M.D.

At its next meeting, CSAM's Executive Council will review a proposal to make auricular acupuncture more easily available in addiction treatment facilities in California, and decide whether CSAM will take a position.

At present, California law restricts the practice of acupuncture to physicians or licensed acupuncturists, while New York, Michigan, Texas and Arizona, among other states, allow trained staff members other than physicians or licensed acupuncturists to perform auricular acupuncture.

Gail Shultz, M.D. has recommended that the California legislature provide a waiver allow certain trained persons (such as nurses and others who provide treatment in a licensed addiction treatment facility) to provide acupuncture treatment to points on the ear of patients in withdrawal as a method of easing their symptoms. Under the pro-

posed waiver, all persons who supervise or perform acupuncture would be required to have completed training to meet standards set by the National Acupuncture Detoxification Association. Doctor Shultz advises that making this form of treatment more accessible will be a cost-effective adjunct to the care of addicted patients.

CSAM has begun to distribute the document prepared by its Committee on Treatment of Opioid Dependence, *Guidelines for the Role and Responsibility of Physicians in Narcotic Treatment Programs*.

Copies of the 47-page booklet are available from CSAM for \$15.00 each. For more than 3 copies, contact CSAM for a reduced price per booklet.

CSAM's 1999 State of the Art Conference has been scheduled for October 13-16 in Marina del Ray (near the Los Angeles Airport).

Maryland

Chapter President: John Steinberg, M.D.

Regional Director:

Paul Earley, M.D., FASAM

The Maryland Society of Addiction Medicine and the state medical society jointly sponsored an October conference on continuing medical education. More information on the conference agenda and outcomes is available from Cathy Kowalewski at 800/492-1056.

CHAPTER UPDATES

New Jersey

Chapter President:

John J. Verdon, Jr., M.D., FASAM

Regional Director:

R. Jeffrey Goldsmith, M.D., FASAM

The New Jersey Society of Addiction Medicine is planning its next election of officers for the March 1999 chapter meeting. For more information, contact Dr. John Verdon by phone at 732/842-9468 or by fax at 732/842-0666.

New York

Chapter President: Merrill Herman, M.D.

Regional Director:

Peter A. Rostenberg, M.D., FASAM

The Spring 1999 CME and business meeting of the New York Society of Addiction Medicine will feature a presentation by Lawrence Brown, M.D., on medical issues in treating hepatitis C, which now is epidemic among drug abusers in the state.

The chapter also will host the opening reception of the 1999 ASAM Medical-Scientific Conference, scheduled for April 30-May 2 in New York City.

North Carolina

Chapter President:

Philip L. Hillsman, M.D.

Regional Director:

Paul Earley, M.D., FASAM

The North Carolina Society of Addiction Medicine recently elected new chapter officers. They are: Philip Hillsman, M.D., President; Jerry Dirkers, M.D., Vice President; and Wilmer Betts, M.D., Secretary-Treasurer.



Leaders of the California Society of Addiction Medicine gather during the CSAM Review Course in Addiction Medicine. From left: Drs. David E. Smith, Steven Eickelberg, Lyman H. Boynton, G. Douglas Talbott, John N. Chappel, and Gail N. Shultz.

In Memoriam

Ralph A. Huie, Jr., M.D., of Madison, GA, passed away in April 1997. A long-time ASAM member, Dr. Huie was certified by ASAM in 1986. A specialist in internal medicine, he was instrumental in establishing the first physician's assistance program in Georgia.

the major primary care and psychiatric medical societies and major organizations in the field to be represented in the development process.

Parity

Perhaps ASAM's most far-reaching effort in this area has been to join forces with all of the national organizations in the field and with the American Managed Behavioral Healthcare Association (AMBHA) to promote parity for addictive disorders. During the healthcare reform debates, ASAM published its "Public Policy Statement on the Core Benefit for Primary Care and Specialty Treatment and Prevention of Alcohol, Nicotine and Drug Abuse and Dependence," in which the Society reiterated that alcohol, nicotine and other drug dependencies are primary diseases which produce serious secondary physical and psychiatric complications, and specified that "coverage for alcohol, nicotine and other drug dependencies should be nondiscriminatory on the same basis as any other medical care." ASAM then outlined a core benefit that would cover prevention, assessment and treatment, and the scope of that benefit.

The ASAM and AMBHA Boards also have approved a joint policy statement on parity, in which the two organizations announced that: "Benefit plans for the treatment of addictive disorders, in both the public and private sectors, shall be comprehensive; i.e., they shall cover the entire continuum of clinically effective and appropriate services provided by competent licensed professionals, and should provide identical coverage and funding to those benefits covering physical illness, with the same provisions, lifetime benefits, and catastrophic coverage."

As part of a long-term commitment, ASAM is a member of the National Coalition for Alcohol and Other Drug Problems, which has helped support the Milliman and Robertson actuarial analysis of the data on costs of addiction treatment, which were used in the 1996 mental health parity debates. The Milliman and Robertson report shows minimal increase in general health care costs from adoption of a parity provision. A full parity benefit would increase composite premiums by 0.5%, or less than one dollar per month for each person covered through commercial health plans. Moreover, the CALDATA (California Drug and Alcohol Treatment and Assessment) studies showed that every one dollar spent on treatment saved California state residents seven dollars. As an added benefit, the CALDATA study found that criminal activ-

ity in the study population declined 43.3% after treatment.

Recognition and Credentialing

Early in its efforts to gain recognition of addiction as primary disease, ASAM (at that time AMSAODD) issued a 1983 policy statement "that alcoholism is a complex, primary physiological disease, and neither a primary behavior nor a symptomatic manifestation of any other disease process." This policy was extended to all dependence-producing drugs in ASAM's 1994 healthcare reform core policy statement, that "Alcohol, nicotine and other drug dependencies are primary diseases which produce serious secondary physical and psychiatric complications." The AMA "endorses the proposition that drug dependencies, including alcoholism, are diseases and that their treatment is a legitimate part of medical practice" (1987).

It is one thing to pronounce addiction a primary disease, and to persuade our colleagues (the AMA) to agree. It is another thing to document it.

ASAM has extensively documented the science and practice of addiction medicine in a number of different ways. It has done so in its textbook, *Principles of Addiction Medicine*, its State-of-the-Art courses, and in its treatment guidelines.

Principles of Addiction Medicine was the first comprehensive textbook in addiction medicine. Other textbooks have been published on the addictions, but none with the breadth and scope of *Principles*. The Second Edition (1998), edited by Drs. Allan Graham and Terry Schultz, extensively documents both the basic science and the clinical practice of addiction medicine. The State-of-the-Art courses, especially those in 1995 and 1997, have showcased research and the translation of research into practice. In recent years, research has shown how addictive substances act on the reward center of the brain, the nucleus accumbens. We have learned that continued assault of the brain with addictive drugs alters brain circuitry and triggers a craving for more drugs. In short, scientists have shown that it is this biologically driven compulsion to repetitively consume the drug, despite physical or other consequences, that characterizes addictive disorders.

The definition of the practice of addiction medicine is contained in the ASAM practice guidelines. Dr. Chris Kasser, former Chair of the Practice Guidelines Committee, and now Dr. Michael Mayo-Smith, current Chair, with the members of the Prac-

tice Guidelines Committee, staffed by Gail Jara, have produced excellent documentation of the practice of addiction medicine in the following: "The Role of Phenytoin in the Management of Alcohol Withdrawal Syndrome" in ASAM's *Topics in Addiction Medicine*, Volume 1, Number 1; "Detoxification: Principles and Protocols" in *Topics in Addiction Medicine*, Volume 1, Number 2; and "Pharmacological Management of Alcohol Withdrawal," published in the *Journal of the American Medical Association (JAMA)* on July 9, 1997 (Vol. 278, No. 2).

Armed with evidence that addiction is a primary disease with a scientific and clinical base, ASAM has effectively—although, as yet, not completely—made the case for credentialing addictionists to treat addictive disorders. On the strength of the AMA's recognition (1991) of addiction medicine as a specialty (ADM), and of the ASAM credentialing process and the ASAM Certification Examination, through which ASAM has to date certified 2939 physicians, the National Committee for Quality Assurance (NCQA) revised its *Accreditation Standards* to stipulate that managed care organizations must hire "psychiatrists and/or physicians who are certified in addiction medicine" to treat the addicted patient. Managed behavioral healthcare organizations seeking NCQA accreditation must adhere to this standard.

To further managed care's recognition of ASAM certified physicians, ASAM has obtained agreement from AMBHA to develop a joint paper on credentialing of addictionists. ASAM members have also been active in efforts to increase the residency core training requirements in the primary care residencies to include more training in addiction medicine. As a result of ASAM members' efforts and as a result of ASAM resolutions passed by the AMA calling for increased training in primary care residencies, more training is now being provided in internal medicine and family practice, and will likely begin to be provided in emergency medicine. To further increase training in the primary care specialties, ASAM introduced and had passed at the AMA a resolution calling for increased training for primary care practitioners, and the AMA has agreed to undertake a survey with ASAM of the primary care specialties' interest in training and ways in which this training can be increased.

ASAM members Drs. Michael Miller and Martin Doot have developed credentialing

Continued on next page

and diagnostic code guidelines that may prove useful to ASAM members. A privileging form for addiction medicine has been developed for Meriter Hospital by Dr. Miller. Dr. Miller, who has been ASAM's representative to the American Medical Association's House of Delegates, also chairs the JCAHO Hospital Accreditation Program PTAC and is past-Chair of the ASAM Managed Care Committee and Chair of the Quality Improvement Committee.

Because reimbursement by managed care organizations is of paramount concern to hospital administrators who set privileging policies, ASAM member Martin Doot, M.D., developed Diagnosis and Service Codes for Lutheran General Hospital, Park Ridge, Illinois. Dr. Doot is Vice Chair of the JCAHO Behavioral Healthcare Accreditation Program PTAC and was Associate Editor of the first edition of ASAM's *Principles of Addiction Medicine*.

Treatment Effectiveness and Outcomes

The most daunting challenge is to demonstrate treatment outcome and effectiveness. This is not simply a quest to show that one treatment modality may be more effective than another, but rather to develop national standardized data to demonstrate in a global way the overall benefits of treatment, as evidenced by patients' ability post-treatment to maintain sobriety, their general health status, their employment, their improved relationships with family and significant others, and other outcome measures.

The addiction field has been hampered by a lack of national, standardized data, and ASAM holds a key to collaborating with other organizations and individuals in the field to establish a standardized data bank. The key is the computerization of the algorithmic version of the *ASAM Patient Placement Criteria*. The computerized edition of the *Criteria* to be developed by Earley Corporation (Judith Earley, Ph.D., President) will have as a distinctive feature the algorithm currently being developed by ASAM member David Gastfriend, M.D. of Harvard University and the Massachusetts General Hospital.

Under a grant from the National Institute on Drug Abuse, Dr. Gastfriend and colleagues are measuring the reliability of the *ASAM Criteria* for placement. The computerized version of the *Criteria* will be an algorithmic software product that will walk users through the process of patient assessment, identification of prob-

lems and problem severity, and suggest levels of care for the identified problems, consistent with the branching decision points of the *ASAM PPC-2*. This basic program will be so constructed that it can be customized by the user, particularly in the area of assessment tools, treatment planning tools, outcome measurement instruments, etc. As assessment, treatment planning and outcome measurement instruments become more standardized and integrated into the ASAM algorithmic software, the concept of a standardized data bank will become more feasible.

Unless the field of addiction medicine establishes a standardized data bank, it will forever be consigned to use anecdotal data to make its case for the effectiveness of treatment. During my years at the National Cancer Institute, I was greatly impressed by the Institute's system of national tumor registries and its compilation of the resulting data into its annual forecasts of survival rates by cancer type and stage. These data have convinced not only the general public, but also policymakers and particularly members of Congress, of the effectiveness of cancer therapies and of the need to fund cancer research and treatment. ASAM wants to work with other organizations in the field to develop national data resources to do the same for addictive diseases.

Conclusions

ASAM has successfully and convincingly answered managed care's challenges, but our answers have not yet been fully accepted. We certainly have not completed our work, but we have made a significant beginning through development of the *ASAM Patient Placement Criteria*, the documentation of the science and practice of addiction medicine, and the outline of an approach to making possible, through the ASAM algorithmic *Criteria* and in close collaboration with all organizations in the field, development of a national standardized data bank.

These are the challenges we have met in response to managed care. However, there is an even greater challenge that ASAM must meet, which we pose to ourselves; that is, the strengthening of the American Society of Addiction Medicine as the national leader in the growth of the science and practice of addiction medicine. This is a challenge that I pose to each member of ASAM and to myself. It is the challenge to build the national infrastructure of the Society through an increase in individual memberships and the development of state chapters. The indispensable building block of the Society is membership growth. Each member must reach out and recruit colleagues to join the

Society and to take part in the development of the field of addiction medicine.

The second indispensable building block is the growth and strengthening of state chapters. In 1989, ASAM had only five state chapters. Today, we have 30. The chapters are at varying levels of development. All must be strengthened; all must become more aggressive in working at the state level to achieve the same goals that ASAM has set at the national level, namely: (1) to integrate the treatment of addictive disorders into the mainstream of health care services (through parity), and (2) to integrate knowledge about the addictions and their treatment into all levels of medical education.

Few individuals in medicine have had the opportunity to influence the development of the profession, to actually define how medicine is practiced. Each ASAM member has precisely that opportunity through his or her pursuit of ASAM's mission, which is unique in the history of medicine. ASAM's mission to establish the prevention and treatment of addictive disorders as a basic health benefit and to establish the specialty of addiction medicine is attainable, but only if each member is committed to that mission and works to actively achieve that mission.

No other group of physicians has such a unique mission. It is ASAM's; it is yours. It cannot be accomplished for us, but it cannot fail to be accomplished if we commit to doing it for ourselves.

VISIT THE DISCUSSION FORUM ON ASAM'S WEB SITE

William Hawthorne, M.D.,
ASAM Webmaster

We have added a Discussion Forum to the ASAM web site, where visitors can make comments and raise issues or share information that other visitors can see and comment on. This will lead to long discussions of topics of interest to our members, where everyone can get in their "two cents' worth." Such a discussion forum has been frequently requested by ASAM members, and became a reality with the help of Dr. Saul Alvarado, of Panama. Another addition to the ASAM web site is a search capability, which allows visitors to search for key words or subjects over the entire ASAM site. The search feature is very easy to use, and is another improvement requested by visitors because the ASAM site has grown so large.

The ASAM web site can be accessed at www.asam.org.

RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleague:

Holiday greetings from the Ruth Fox Memorial Endowment Fund! We are grateful to our donors for their foresight and generosity. With all good wishes for the new year,

Max A. Schneider, M.D., FASAM
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Claire Osman
Director of Development



Ruth Fox
(1895-1989)

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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.

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Write to:

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Clifton Springs Hospital and Clinic
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Clifton Springs, NY 14432
or call 800/309-5493
or fax 315/462-2706.

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ASAM

CONFERENCE CALENDAR

1999

January 15

Oklahoma State Chapter Conference
Tulsa, OK
(Jointly sponsored by ASAM)

For additional information: 918/838-4808

January 27-30

Conference on Pain Management
and Chemical Dependency
New York, NY

(ASAM is a cooperating organization)

For additional information: 912/638-5530

February 5-7, 1999

Florida State Chapter Conference
Orlando, FL
(Jointly sponsored by ASAM)

For additional information: 850/484-3560

February 7-8, 1999

Alabama State Chapter Conference
Birmingham, AL

(ASAM is a cooperating organization)

For additional information: 205/975-4882

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

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Ballot Code 425

Coming in
**ASAM News in
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ASAM's
Review Course in
Addiction Medicine**