

ASAM NEWS



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Newsletter of The American Society of Addiction Medicine

ASAM Members Asked to Support Substance Abuse Parity Treatment Legislation Now in Congress

Dr. James F. Callahan

Landmark substance abuse treatment parity legislation, *The Harold Hughes Substance Abuse Parity Act*, has been introduced by Sen. Paul Wellstone (D-MN, S. 1147) and Rep. Jim Ramstad (R-MN, H.R. 2409). Sen. Ben Nighthorse Campbell (R-CO) has co-sponsored the legislation.

ASAM members are urged to **write to their senators and representatives** who sit on the Senate and House committees that will consider the proposed legislation.

In the House of Representatives, the Commerce, Education and the Workforce, and the Ways and Means Committees will deal with H.R. 2409 before it is put before the entire House. In the Senate, the Labor and Human Resources Committee will review S. 1147 before it is sent to the Senate floor. H.R. 2409 and S. 1147 are identical in their provisions.

Named to honor the late Sen. Harold Hughes, long-time friend of addiction medicine, the legislation would require that companies that *do* provide substance abuse coverage shall not impose treatment limitations or financial requirements on the substance abuse treatment benefits, unless similar limitations or requirements are imposed for medical and surgical benefits. The bills do *not* require employers to offer substance



Dr. Callahan

abuse treatment benefits; rather, they mandate that where such benefits are offered, they be comparable to those for other medical problems.

The definition of "substance abuse treatment services benefits" includes any of the following items and services:

- Inpatient treatment, including detoxification;
- Non-hospital residential treatment;
- Outpatient treatment, including screening and assessment, medication management, individual, group and family counseling, and relapse prevention; and
- Prevention services, including health education and individual and group counseling, to encourage the reduction of risk factors for substance abuse.

The bills do not prohibit an employer from using medical necessity criteria. Small businesses (i.e., those with 50 or fewer employees) are exempted from the requirements.

The Act is far more comprehensive than the limited mental health parity legislation that

Congress passed in 1966. That law bars only discriminatory *lifetime* and *annual* caps on mental health coverage. The Wellstone and Ramstad bills ban any inpatient day or outpatient visit limits, deductibles, copayments or dollar limits on substance abuse coverage that are more restrictive than those for general health care.

The argument that opponents of parity always raise is that parity would be too expensive. In introducing the legislation, Sen. Wellstone and Rep. Ramstad cited a study commissioned by ASAM with other members of the Capitol Coalition for Non-discriminatory Coverage of Addiction Treatment and conducted by Milliman and Robertson. Milliman and Robertson's study estimates that a full parity benefit would increase composite premiums by 0.5% or less than \$1 per member per month. M&R used actuarial data based on the experiences of persons covered through commercial health plans. Parity is *not* costly. That is brought home even more forcefully by comparing the cost of parity with figures which document the enormous dollar cost to employers and society in general of untreated or inadequately treated addictions.

As a further protection against cost increases, the bills contain an "increased cost exemption"

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**Remember ASAM's 1998
Medical-Scientific Conference
in New Orleans,
April 16-19:
see Program Details
inside!**



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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THE CONFERENCE DESK

NATIONAL POLICY CONFERENCE FOCUSES ON CREATING ALCOHOL-SAFE COMMUNITIES

The American Medical Association (AMA) is to host the national Alcohol Policy Conference XI, scheduled for May 10-13, 1998, in Chicago. Held every other year, the conference focuses on preventing alcohol-related problems through innovative research and policy approaches.

This year's conference theme is "Common Goals, Common Challenges: Creating Alcohol-Safe Communities through Alcohol Policies." Percy Wootton, MD, President of the AMA's Board of Trustees, will welcome participants before the Opening Plenary Session on Sunday, May 10.

The 1998 conference features a separate track for physicians, researchers, and other health professionals. The professional track is organized around selected chapters of *Alcohol Policy and the Public Good*, written by Griffith Edwards, M.D. and 16 other researchers (World Health Organization, 1994). This year's conference also offers more than 50 case study presentations on community change strategies and other activities targeting specific populations at the local, state, national, and international levels.

Alcohol Policy Conference XI provides an excellent forum for physicians interested in policy and primary prevention, along with individuals who work in public health, research, education, government, and community activism, to convene under one roof to support the reduction of alcohol-related problems in our communities.

Registration is open to all. To request a registration packet or further information, contact Mercedes Navarro at the AMA by phone at 312/464-4618, or by E-mail at APCXI@ama-assn.org.

CALIFORNIA TRAINING COURSE TEACHES USE OF ASAM PATIENT PLACEMENT CRITERIA

Education and Training Programs (ETP) and the American Society of Addiction Medicine have scheduled a course on "Applying the ASAM PPC-2 for Quality, Cost-Effective Treatment" for May 7-8, 1998, in San Francisco. Developed by David Mee-Lee, M.D., and Gerald Shulman, M.A., the course (and others offered by ETP with ASAM sponsorship) are the only ASAM-endorsed training for the PPC-2.

Sponsors describe the program as "outcome oriented," with a focus on (1) understanding and implementing the concepts of clinically driven treatment, variable length of service, (2) selecting the appropriate services to meet the clinical needs of patients, and (3) communicating effectively with managed care and utilization review agencies. Registration and information can be accessed by phoning ETP at 800/368-6882.

LAST CHANCE TO APPLY FOR ASAM CERTIFICATION EXAMINATION

Physicians who wish to sit for the ASAM certification or recertification examination have until April 30, 1998, to file an application.

The examination is to be offered on Saturday, November 21, 1998, at three locations: LaGuardia, NY; Los Angeles, CA; and Atlanta, GA. Physicians who pass the examination are awarded ASAM Certification or Recertification in Addiction Medicine. Since the examinations were first offered in 1986, over 2,939 physicians have passed the examination, including many of the nation's top addiction treatment professionals. The ASAM certificate in addiction medicine is recognized nationally by accrediting organizations, including the managed behavioral health care accrediting body, NCQA (the National Committee for Quality Assurance).

Applications for the examination can be obtained from Christopher Weirs, Credentialing Program Manager, at the ASAM office, 301/656-3920, or by E-mail at CWEIR@asam.org.

PRESIDENT, CONGRESSIONAL LEADERS CALL FOR A LOWER DWI LIMIT

President Clinton has called on Congress to enact pending legislation that would ask all states to lower the legal blood alcohol limit to 0.08 percent. In a White House ceremony attended by advocates of tougher drinking and driving standards, the President also signed an executive order directing the Department of Transportation to develop a plan to lower the limit to 0.08 on federal property, including military bases and national parks. He said, "Lowering the limit will make responsible Americans take even greater care when they drink alcohol in any amount if they intend to drive."

Legislation containing the 0.08 standard passed the Senate on the same day Clinton spoke, under the sponsorship of Sens. Frank R. Lautenberg (D-NJ) and Mike DeWine (R-OH). Under the Senate bill, states that refuse to adopt the standard would face the loss of five percent of their federal highway construction dollars. However, the measure is expected to encounter difficulties passing the House, where opponents include House Transportation and Infrastructure Committee chair Rep. Bud Shuster (R-PA), who told the *Washington Post* that "The best way to encourage the states to curb drunk driving is by providing incentives, not threats." Shuster's committee is considering another measure that would reward states with grant money for choosing among a number of options to reduce drunk driving, including the 0.08 blood alcohol limit.

The alcoholic beverage industry opposes the legislation, arguing that law enforcement should concentrate on repeat offenders and those with blood alcohol limits above 0.14 percent—the same argument the industry raised several years ago when many states were considering a 0.10 standard.

Despite industry opposition, most states subsequently adopted a BAC limit of 0.10. Recent efforts to lower that limit have found support across the country, with 15 states adopting a 0.08 standard. To exceed that level, a 170-pound man would have to consume more than four drinks in one hour on an empty stomach. A 137-pound woman would exceed the limit after about three drinks.

ADMINISTRATION BOOSTS SPENDING FOR TREATMENT IN 1999 DRUG CONTROL BUDGET

Gen. Barry McCaffrey, Director of the Office of National Drug Control Policy, has announced that the administration will ask Congress for an increase of \$491 million for prevention and treatment programs when it submits its budget for anti-drug activities later this month.

As submitted, the budget calls for \$17.1 billion in total spending, which represents a \$1.1 billion increase over the dollars approved by Congress for fiscal year 1998. The largest percentage increase (\$256 million, or 15%) is earmarked for prevention and education activities targeted to young people.

Specific activities and the levels of proposed funding include:

□ **Treatment (\$3,092,000,000):** The FY 1999 budget includes an increase of \$200 million for the Substance Abuse Block Grant, which is to be targeted to "meet the needs of special populations of chronic drug users who may face economic or geographic barriers to treatment."

□ **Criminal Justice System:** This initiative will provide grants to assist state and local governments to develop and implement comprehensive systems for drug testing, treatment, and graduated sanctions for drug dealers.

□ **Research (\$655,000,000):** the research budget includes an additional \$49 million to allow the National Institute on Drug Abuse to expand its research activities related to drug abuse and addiction among children and adolescents, as well as all chronic users, and to support increased dissemination of research findings.

□ **Youth Tobacco Initiative (\$146 million):** This initiative would provide an additional \$100 million to the Food and Drug Administration to expand its enforcement activities and an additional \$46 million to the Centers for Disease Control and Prevention to fund research into the health effects of smoking and nicotine use.

□ **Methamphetamine Initiative (\$24.5 million):** This initiative provides the Drug Enforcement Administration funding for 223 positions, including 100 special agents, to address the growth of methamphetamine trafficking, production, and use across the U.S.

To offset these increases, the President's budget contemplates a phasing-out of the administration's Community Oriented Policing Services (COPS) program, the drug portion of which is funded in FY 1999 at \$468.6 million.

TEXAS PHYSICIANS SUE HEALTH PLANS, ALLEGING DISABILITIES ACT VIOLATIONS

Two Texas physicians and 12 former patients have sued two San Antonio health plans, alleging that the plans violated the federal Americans with Disabilities Act (ADA) by systematically denying or stalling authorization of care of chronically ill and disabled patients. The American Medical Association's Patient Advocacy Team is investigating similar allegations of discrimination across the country. The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or a perception of having such impairment. Alcohol and drug addiction have been defined as meeting the definition of disability under the ADA.

The AMA is encouraging physicians who have contacts, letters, bulletins or other communications relevant to its investigation to share them with Evamarie Norey or Carol O'Brien in its Health Law Division. They may be reached by phone at 312/464-4835, by fax at 312/464-5846, or by E-mail at Evamarie_Norey@ama-assn.org.



ONDCP Director Barry McCaffrey

AMA PRODUCES GUIDE FOR MANAGED CARE CONTRACTING*Michael M. Miller, M.D., FASAM*

Physicians often wonder why they should belong to the AMA. After all, the dues are rather substantial, and the AMA often seems distant. For years, it has been good sport for doctors to take swipes at the AMA.

In truth, the reasons for ASAM members to be AMA members are many, including advocacy for the practicing physician, public health initiatives, and representation to entities as diverse as the Health Care Financing Administration, the American Bar Association, and the Joint Commission on Accreditation of Healthcare Organizations. The voice of ASAM is certainly heard within the AMA.

Another reason to pay AMA dues is the high quality of member services the AMA provides. An example is a new document available from the AMA entitled "Model Managed Care Medical Services Agreement." Most practicing physicians interact with a number of managed care organizations (MCOs), and are asked to sign provider agreements with some. How can a physician know what features would make such an agreement acceptable or risky? In the new document, the AMA has provided model language for what such an agreement could look like if the interests of the physician were not overwhelmingly weighted in favor of the MCO. It provides commentary on the sort of language one might see and what the physician needs to be wary about.

An excerpt from the document follows. The full 30-page "Model Managed Care Medical Services Agreement" can be downloaded from the AMA's web site (www.ama-assn.org) or write to the AMA Division of Physician Representation at 515 N. State Street, Chicago, IL 60610.

Michael M. Miller, M.D., is ASAM Delegate to the American Medical Association's House of Delegates, and chair of ASAM's Committee on Managed Care.

Words matter. Nowhere is that truism more accurate than in the arena of business relationships and the laws that govern them. In medicine, provisions in the agreement that runs between a managed care company and a physician or physician group glossed over at the time of signing suddenly spring to life in new and often dangerous ways when a controversy arises that requires interpretation, clarification, or resolution. Physicians, as well as their attorneys, too often discover that important issues not negotiated or discussed prior to signing are the very issues that the unread or the unnegotiated contract both addresses and interprets in a manner disadvantageous to the interests of physicians and their patients.

The drafter of an agreement has two options when commencing the task. One option is to presume that every article, every paragraph, every section and subsection should be drafted to the maximum advantage of the client for whom it is written and should disadvantage to the greatest degree possible the party for whom the client is negotiating. In such a case the drafter views that party

as an adversary. This often occurs when the drafter believes that his or her client has such market power that the client's adversary will have to accept the terms as offered. The second option, and one far more common in the tradition of sound and lasting business relationships in the Anglo-American legal tradition, is to draft the agreement so that both parties are protected on those issues that are important to them, incorporating in the contract only those items that are fundamental to the relationship and excising extraneous, punitive elements.

It has been said that many agreements running between managed care organizations (MCOs) and physicians are virtual contracts of adhesion. Contracts of adhesion are characterized by gross inequality of bargaining power between the parties and the imposition of harsh, sometimes unconscionable terms because of that inequality. While courts may not view a physician/MCO as analogous to a "contract of adhesion" forced upon an unwitting average consumer, it is instructive to note that in many respects managed care contracts increasingly exhibit the elements associated with these disfavored contracts: a standardized contract drafted by the party of superior bargaining strength that relegates to the weaker party only the opportunity to adhere to the contract or reject it.

Today the deteriorating relationship between physicians and managed care organizations which is reflected in many managed care agreements that make material terms—such as the services to be provided and the compensation to be paid—wholly illusory, and add into the relationship extraneous, punitive provisions that are both unwise and unnecessary.

A more constructive approach is one that balances the rights and obligations of the parties and establishes prudent and reasonable parameters of the managed care organization. The American Medical Association offers [its] Model Medical Services Agreement as an example of that approach.

The AMA Model Medical Services Agreement sets forth certain key provisions critical to the physician or physician group wishing to conduct their affairs in a reasonable and business-like fashion. It also incorporates the valid business and administrative concerns of managed care organizations. The annotations provided to key contract clauses and terms will assist physicians and their attorneys in understanding the important issues raised by these agreements. The contract does not include some of the more common punitive provisions that appear in many physician/MCO contracts. Those are identified and described in Part III.

The AMA Model Medical Services Agreement is part of an initiative by the AMA's Division of Representation...to educate physicians about managed care contracting practices and to alert them to practices that may compromise patient care. First and foremost, physicians must read their contracts and understand the legal implications of what they are signing. Legal review is an important part of that process. If physicians identify provisions that they believe may compromise patient care or which pose liability or other concerns they should alert the Division of Representation at 312/464-5490.

EFFORTS TO VALIDATE THE ASAM CRITERIA GAIN MOMENTUM

David R. Gastfriend, M.D.

New study findings from addiction researchers are proving helpful in advancing the ASAM Criteria. The group at Massachusetts General Hospital-Harvard Medical School has succeeded in completing a working computerized algorithm of the *ASAM Patient Placement Criteria*. The algorithm permits a counselor level interviewer to complete an ASAM Criteria assessment in under 60 minutes. The algorithm has achieved good inter-rater reliability, meaning that two independent raters are likely to find that a patient meets the same level of care. Preliminary data from this research group indicates that patients rated as needing Level IV (e.g. hospital care) are significantly more ill than patients needing less intensive treatments. Also, Level IV patients who receive a lesser level of care experience approximately twice as many bed-days over the subsequent year than those who require less intensive treatment and receive it. Work continues to complete the NIDA-funded ASAM Criteria Validity Study, which employs a fully randomized match-mismatch design.

Other groups now are preparing to study the ASAM Criteria, with technical assistance from the MGH-Harvard group. Steven Magura, Ph.D. is the Principal Investigator of a naturalistic study that will use the new computerized algorithm version of the *ASAM PPC-2* at Roosevelt Hospital in New York City. Other researchers have begun to seek grant funds to formally study the Criteria. A multi-hospital Veterans Administration group in the Boston area has plans to submit an ASAM Criteria study as a paradigm for treating not only addiction but also chronic psychiatric disease and post-traumatic stress disorder in military veterans. The University of Maryland Center for Substance Abuse Research (CESAR) has begun negotiations to implement the Criteria in a statewide evaluation of the needs of prison inmates.

Criteria "Entering the Mainstream"

As a result of this research activity, the ASAM Criteria are entering the mainstream medical and psychiatric literature. A major review by Gastfriend and McLellan, entitled "Treatment Matching: Theoretic and Practical Implications," was published in the July 1997 issue of *Medical Clinics of North America*. Another review will appear in the upcoming second edition of the American Psychiatric Association's *Textbook of Substance Abuse*. This progress in gaining the interest of the national research community is a tribute to the clinical consensus work that has led to the ASAM Criteria. ASAM's role as a professional association promoting the science of addiction medicine is increasingly becoming recognized through these efforts.

Dr. Gastfriend is Director of Addiction Services at the Massachusetts General Hospital, Assistant Professor of Psychiatry at Harvard Medical School, Adjunct Associate Director of Addiction Rehabilitation at Spaulding Rehabilitation Hospital of Boston, and Chair of the ASAM Committee on Treatment Outcome Research.

Updates to ASAM's Web Site

ASAM's web site keeps you current on activities between meetings and bimonthly issues of *ASAM News*. Check it out at <http://www.asam.org>!

ASAM AND AMBHA: STRIVING TOWARD AGREEMENT

David Mee-Lee, M.D.

For many treatment providers, especially those providing addiction treatment, managed behavioral health care organizations (MBHOs) are "the enemy." So what's a nice professional organization like the American Society of Addiction Medicine—physicians dedicated to helping the sick and suffering alcoholic and addict—doing "in bed" with a national trade association of MBHOs? What does ASAM see in the American Managed Behavioral Healthcare Association (AMBHA) in developing and issuing joint statements and press releases?

A year ago this past September, representatives of AMBHA and ASAM met in San Francisco to begin a dialogue—not a shouting match or a finger-pointing session, but a conversation to see what common ground there might be between these two important organizations. "Important," because AMBHA represents 17 of the nation's leading managed behavioral health care organizations serving over 80 million enrollees, while ASAM is an international medical specialty society of over 3,500 physicians from all areas of medicine. ASAM is a group that has, in fact, shaped the agenda for patient placement criteria and specialty certification of physicians, to mention just two areas of impact.

Two Ends of the Spectrum

The two ends of the patient placement spectrum could be represented very nicely by, on one hand, clinicians raised in the tradition of 28-day, "one size fits all" inpatient programs and, on the other, MBHOs raised in the tradition of "just say no." Yet, here were these two groups in the same room, talking about patient placement criteria but acknowledging that perhaps they needed to start with some common areas of agreement rather than with that controversial topic. There was simply too much at stake for the good of patients and clients to perpetuate the problem of continued fragmentation and confrontation between providers and managers of care. There had to be a way for all participants to begin being part of the solution.

Thus it was that ASAM and AMBHA formed a small joint task force to begin drafting a statement that would form the basis for an AMBHA-ASAM dialogue. Sharing an interest in the delivery of high-quality, cost-effective treatment of addictive disorders, the ASAM Board of Directors and the membership of AMBHA approved a joint statement on "Effective Treatment of Addictive Disorders" and released it last May. It itemized ten observations of mutual agreement.

Many would agree, I'm sure, that ten points of agreement is a good beginning for two groups that have shared a palpable dose of mutual skepticism and mistrust. However, continuing the search for solutions meant mapping out what was next on the agenda for this healthy dialogue. Consensus on the ten points fell into place relatively easily compared with discussions about the ASAM Patient Placement Criteria. Indeed, the four topics slated for further development of joint statements represent an increasing crescendo of potential dissonance: (1) parity in benefit design, (2) treatment protocols and guidelines, (3) treatment outcome measures, and (4) credentialing of providers of addiction services.

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Agreement on Parity

Parity in benefit design promised to be a fairly benign place to start. AMBHA and ASAM had both gone on record as favoring the same coverage and funding for addictive disorders as is available for physical illnesses. And, indeed, a joint statement on Parity in Benefit Coverage took half as long to develop as the first joint statement. In October, ASAM and AMBHA stated that "Health plan coverage for the treatment of alcohol, nicotine and other drug dependencies should be non-discriminatory...and addictive disorders benefit plans should have the same provisions, lifetime benefits, and catastrophic coverage as any other physical illness."

Moreover, both associations will join forces with other organizations in the field to work toward more consensus among the states on the interpretation of parity legislation and state laws. The stickiest issue yet to be resolved in this area is reaching consensus on what it means for a service to be "medically or clinically necessary."

The next joint statements will likely not come so easily—and not just because we are moving into areas where there's potential for the organizations' respective agendas to more easily part ways. When it comes to discussing Treatment Protocols and Guidelines, for example, the topic is already awash with differing terms, definitions, processes and agendas. Just finding a common language will be difficult enough: Are we talking about "treatment protocols," "treatment guidelines," "best practices," "practice parameters," or "practice guidelines," and what do these terms mean to those using them? Should these be diagnosis-based or clinical situation-focused? General principles or specific prescriptive steps?

Resolving Definitional Issues

ASAM and AMBHA won't be reinventing the wheel on this issue, but just sifting through the array of "guidelines on developing guidelines" and definitional glossaries will be a major task, let alone tackling the more weighty and potentially divisive issues surrounding them. It can be said, at least, that a lack of common language and a fragmentation of ideologies and approaches are not foreign to the addiction treatment field. Perhaps a return to sparring over agendas and approaches, definitions and directions might even be more comfortable for many—the addiction treatment field has been doing that for years.

But then, that is where all of this started—with talk of enemies and with finger-pointing. Today we have a choice: to stop seeing enemies and start seeking solutions, or to

stating that if an employer's benefit costs increase more than 1% as a result of the parity requirement, that employer is exempted from further compliance.

I urge you to tell your senators and representatives who may sit on the various committees that will consider the proposed legislation how important this legislation is for your patients.

ASAM's ultimate goal is to make treatment for addictive disorders a health benefit for all Americans who need this care. ASAM's stated policy is that "Benefit plans for the treatment of addictive disorders, in both the public and private sectors shall be comprehensive; that is, 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." The Harold Hughes Substance Abuse Parity Act represents a major milestone toward that goal.

Sample Letter to Members of the House or Senate in Support of the Harold Hughes Substance Abuse Parity Act

[Be sure to make the appropriate changes for each house, as shown in brackets]

April __, 1998

The Honorable *[insert full name here]*

U.S. House of Representatives *[OR United States Senate]*

Washington, D.C. 20515 *[OR 20510]*

Dear Congressman *[OR Senator]* *[insert last name here]*:

As a physician with a special interest in treatment of the disease of addiction to alcohol, nicotine and other drugs, I ask you to cosponsor H.R. 2409 *[OR, if writing to your Senator: S. 1147]*, the *Harold Hughes Substance Abuse Parity Act*. This bill was introduced by Congressman Jim Ramstad (R-MN) *[OR Sen. Paul Wellstone (D-MN)]* and is of great importance to millions of Americans who suffer from the disease of alcohol and other drug dependencies.

H.R. 2409 *[OR S. 1147]* does not mandate that a health plan offer substance abuse coverage. However, if a substance abuse benefit is offered, the bill would prohibit discrimination against addicted patients by health plans that arbitrarily impose higher copays and deductibles, day and visit limits and annual and lifetime caps. H.R. 2409 *[OR S. 1147]* provides for a level playing field in private health plans that currently offer a treatment benefit. People suffering from the diseases of alcohol and drug dependency should not be discriminated against.

According to a Milliman & Robertson actuarial study, it would cost private health plans less than \$1 additional per member per month, or an increase of 0.5 percent. The cost is nominal, while the benefits to the individual, the family and society are substantial.

I urge you to cosponsor H.R. 2409 *[OR S. 1147]* and demonstrate support for your constituents who suffer from the disease of addiction. Thank you for your support of this important legislation.

Sincerely,

stay mired in counterproductive posturing while the behavioral health care field cries out for leaders to seek common ground and to struggle with and, hopefully, resolve the tough questions. I, for one, am glad that AMBHA and ASAM are talking. I hope more in behavioral health care will follow their lead.

David Mee-Lee, M.D., is chair of ASAM's Committee on Patient Placement Criteria, and also chairs the National Coalition for Patient Placement Criteria. This article originally appeared in Behavioral Health Management, 17(6):19-23, November/December 1997, and is reprinted here by permission of the publisher.

American Society of Addiction Medicine's 29th Annual Medical-Scientific Conference

ASAM

Plan to attend the American Society of Addiction Medicine's (ASAM) 29th Medical-Scientific Conference in New Orleans, Louisiana, April 16-19, 1998. ASAM is pleased to welcome its members as well as nonmember physicians, nurses, psychologists, counselors, students and other health care professionals.

The American Society of Addiction Medicine is an association of physicians dedicated to improving the treatment of alcoholism and other addictions, educating physicians and medical students, promoting research and prevention, and enlightening and informing the medical community and the public about these important issues.

The Society serves its members by providing opportunities for education and sharing of experiences, and by promoting the development of a body of professional knowledge and literature to enhance the quality and increase the availability of appropriate health care for people affected by addictions.



Cooperating Organizations

The National Institute on Alcohol Abuse and Alcoholism (NIAAA)

The National Institute on Drug Abuse (NIDA)

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April 16-19 1998

New Orleans Marriott New Orleans, Louisiana

Goals and Objectives

The goal of ASAM's 29th Annual Medical-Scientific Conference is to present the most up-to-date information in the addictions field. To attain this goal, program sessions will focus on the latest developments in research and treatment issues and will be presented by the leading investigators and clinicians in the field.

Program Information

The Medical-Scientific Conference, April 17-19, 1998, includes scientific symposia, clinically oriented courses and workshops, as well as presentations of submitted papers. Special day-long sessions will be presented by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA).

ASAM's 1998 Medical-Scientific Conference will be preceded by the Ruth Fox Course for Physicians and the ASAM Forum on AIDS and Addictions, both on Thursday, April 16, 1998.

The Opening Ceremony

The Opening Ceremony, the R. Brinkley Smithers Distinguished Scientist Award Presentation and Lecture, and the Annual ASAM Breakfast and Business Meeting will be held on Friday, April 17, 1998. Enoch Gordis, M.D., Director, National Institute on Alcohol Abuse and Alcoholism (NIAAA); and Alan Leschner, Director, National Institute on Drug Abuse (NIDA), will speak at the Opening Ceremony.

The R. Brinkley Smithers Distinguished Scientist Lecture will be given by Lee N. Robins, Ph.D., Professor of Social Science in Psychiatry, University Professor of Social Science, Washington University, School of Medicine, Department of Psychiatry, St. Louis, MO.

ASAM Awards Luncheon

The ASAM Awards Luncheon will be held on Saturday, April 18, 1998. The Annual ASAM Awards will be presented to Stanton A. Glantz, Ph.D., Professor, University of California, San Francisco, CA; David Mee-Lee, M.D., Clinical Instructor, Harvard Medical School, Boston, MA; and John Slade, M.D., FASAM, Associate Professor of Clinical Medicine, Robert Wood Johnson Medical School, University of Medicine and Dentistry of NJ, New Brunswick, NJ.

The "Young Investigator Award"

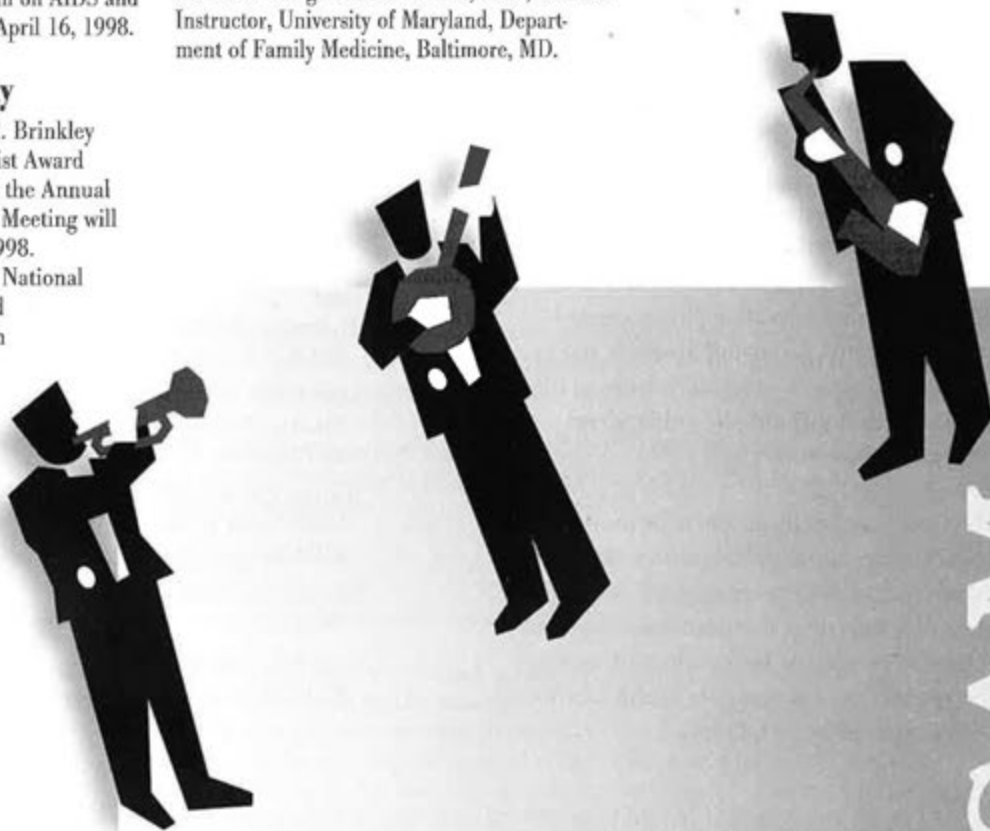
will go to Rita Aszalos, M.D., Clinical Instructor, University of Maryland, Department of Family Medicine, Baltimore, MD.

John P. McGovern Award and Lecture

The John P. McGovern Award and Lecture on Addiction and Society was established in 1997 to recognize and honor an individual who has made highly meritorious contributions to public policy, treatment, research, or prevention which has increased our understanding of the relationship of addiction and society. The Award is sponsored by an endowment from the John P. McGovern Foundation.

This years John P. McGovern Award goes to Daniel J. Anderson, Ph.D., President Emeritus, Hazelden Foundation, Center City, MN. The Award will be presented to Dr. Anderson at the ASAM Awards Luncheon.

The Awards Luncheon is an extra fee event. Please see the registration form for ticket information.





Course and Workshop Information

Courses and Workshops are presentations of clinical material that complement the scientifically oriented symposia. They have been submitted by both ASAM members and non-members and have been carefully reviewed by the ASAM Conference Program Committee for their content and quality. The descriptions provided for each course and workshop include the level of expertise and

experience being addressed. Beside each Course and Workshop in the program is given the maximum number of seats available in each. We ask that you indicate on the registration form those you DEFINITELY plan to attend.

Component Session Information

Component Sessions are open meetings in which members of ASAM Sections, Committees or Task Forces report on their activities and their concerns and obtain feedback from the ASAM membership.

Poster and Paper Session Information

Papers based on accepted abstracts will be presented in three paper sessions on Friday morning and afternoon; posters based on abstracts will be on display on Friday, Saturday and Sunday in the ASAM Exhibit Hall. Titles and authors of all papers and posters will be listed in the final program distributed on-site. Copies of the abstracts will also be available.

Continuing Medical Education Information

AMERICAN MEDICAL ASSOCIATION (AMA)

The American Society of Addiction Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The American Society of Addiction Medicine designates this continuing medical education activity for 21 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. (AMA)

The Ruth Fox Course for Physicians has been designated for an additional 7 credit hours.

The Forum on AIDS and Addictions has been designated for an additional 7 credit hours.

AMERICAN OSTEOPATHIC ASSOCIATION (AOA)

This conference is eligible for 21 hours in Category 2A of the American Osteopathic Association.

The Ruth Fox Course for Physicians is eligible for 7 hours in Category 1A of the American Osteopathic Association (AOA).

AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

The American Society of Addiction Medicine's (ASAM) Continuing Medical Education (CME) has been approved for renewal of certification by the APA College of Professional Psychology. ASAM CME credits may be applied toward the APA's "Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders".

NATIONAL ASSOCIATION OF ALCOHOLISM AND DRUG ABUSE COUNSELORS (NAADAC)

ASAM has been approved as a National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Education Provider, #152. All applying for NAADAC credit should report their hours directly to NAADAC.

THE CAMBRIDGE INSTITUTE

This conference has been approved for 21 credit hours of continuing education credits by the Cambridge Institute. The Cambridge Institute will be providing credits for certified addiction counselors, licensed social workers and registered nurses. Those applying for credit need to sign-in at the ASAM registration desk daily.

Hotel Information

Hotel: The conference hotel is the New Orleans Marriott Hotel, 555 Canal Street, New Orleans, LA, 70130., Phone: 504-581-1000, Fax: 504-523-6755. Special conference rates of \$160.00 single \$180.00 double have been arranged. For hotel reservations call 800-228-2100. **To receive the conference rate, you must mention that you will be attending the ASAM Medical-Scientific Conference and reservations must be made by Tuesday, March 17, 1998.**

The New Orleans Marriott is located in the French Quarter, on the corners of Charters and Canal Street. Just a few blocks to Jackson Square, St. Louis Cathedral, the French Market, Preservation Hall, The New Orleans Riverwalk, The Aquarium of the Americas and the many restaurants internationally renowned for their excellent New Orleans cuisine!

Cosponsored
by the American
Osteopathic
Academy of
Addiction Medicine

RUTH FOX Course for Physicians

Thursday,
April 16, 1998

The Ruth Fox Course for Physicians, dedicated to the founding President of ASAM, provides the practicing physician with current trends in the field of addiction.



CONTINUING MEDICAL EDUCATION CREDIT

The American Society of Addiction Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The American Society of Addiction Medicine designates this continuing medical education activity for 7 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

The American Osteopathic Academy of Addiction Medicine is an AOA-accredited sponsor and the Ruth Fox Course has been designated for 7 hours of Category IA credit. To receive full credit you must sign the program roster. The number of hours earned will be sent to AOA and a CME certificate will be mailed to you. If you have any questions regarding the programs or obtaining CME credit, please notify staff during the meeting. If you have concerns related to AOA CME compliance, you may also call AOA at 800-621-1773, ext. 8262.

GOALS AND OBJECTIVES To provide new directions and concepts in clinical practice and an update in selected areas of research and practical application. This year's RUTH FOX COURSE reflects and underscores some of the continuing interests, developments, diversity and richness in the field of Addiction Medicine. In keeping with past courses, we present a variety of important and timely topics. Some reflect more basic areas, while others help us to connect with conditions that are close to our field. We believe that all of these above factors contribute to the expansion and creativity of both the field of Addiction Medicine and the RUTH FOX COURSE.

FACULTY

David Baron, D.O.

Clinical Professor of Psychiatry, Temple University School of Medicine; Guest Researcher & Senior Psychiatrist Scientist at the NIMH, Bethesda, MD; Medical Director, Psychiatrist in Chief, Kirkbride Center, Philadelphia, PA

John N. Chappel, M.D., FASAM

Professor of Psychiatry, University of Nevada, School of Medicine, Reno, NV

Anthony H. Dekker, D.O., FASAM

Professor & Chair, Department of Family Medicine, University of Health Sciences, College of Osteopathic Medicine, Kansas City, MO; Attending & Consulting Physician, Division of Adolescent Medicine, Clinical Associate Professor, Department of Pediatrics, University of Missouri at Children's Mercy Hospital, Kansas City, MO

William E. Dickinson, D.O., FASAM

Medical Director, Providence Recovery Program, Providence Behavioral Health Services, Providence General Medical Center, Everett, WA; Medical Director, Valley General Hospital Behavioral Health Services, Monroe, WA

Carlton K. Erickson, Ph.D.

Parke-Davis Centennial Professor of Pharmacology; Head, Addiction Science Research and Education Center, University of Texas at Austin, Austin, TX

Anne Geller, M.D., FASAM

Director, Smithers Alcoholism Treatment and Training Center, St. Lukes-Roosevelt Hospital, New York, NY

Richard D. Hurt, M.D.

Professor of Medicine, Mayo Medical School; Director, Mayo Nicotine Dependence Center, Mayo Clinic, Rochester, MN

Grant W. Lemaster, D.O.

Contractor, Liberty Healthcare, PA; Former Chair, Department of Psychiatry Behavioral Medicine, New York College of Osteopathic Medicine, New York, NY

Bruce B. Peters, D.O.

Associate Professor of Medicine, University of Health Sciences, College of Osteopathic Medicine; Medical Director for School Based Clinics, Samuel Rogers Health Center, Kansas City, MO

Sidney H. Schnoll, M.D., Ph.D., FASAM

Chairman, Division of Substance Abuse Medicine; Professor, Internal Medicine and Psychiatry, Virginia Commonwealth University, Medical College of Virginia Hospitals, Richmond, VA

Barry Spiegel, D.O.

Director of Addiction Services, Mercy Options, Mercy Hospital, Janesville, WI

Gerald L. Sumner, M.D., FASAM
Medical Director, Physicians Recovery Network; Medical Association of the State of Alabama; Consultant to Impaired Physicians, Federation State Medical Boards, Inc., Montgomery, AL

William Vilensky, D.O., R.Ph., FASAM
University of Medicine and Dentistry of New Jersey; Clinical Associate Professor of Family Medicine, Robert Wood Johnson Medical School; Clinical Associate Professor of Psychiatry, New Jersey Medical School; Medical Director, Forensic & Education Consultants, Alcohol and Drug Abuse, Margate, NJ; Ex-officio ASAM Board Liaison to the American Osteopathic Academy of Addiction Medicine

Carolina E. Yahne, Ph.D.
Center on Alcoholism, Substance Abuse & Addictions (CASAA), The University of New Mexico, Albuquerque, NM

Course Director

Anne Geller, M.D., FASAM

Co-Director

William Vilensky, D.O., R.Ph., FASAM

Director Emeritus

Maxwell N. Weisman, M.D.
Past President, ASAM; Former Director, Alcoholism Control Commission, Maryland Department of Health and Mental Hygiene, Baltimore, MD

Program Committee

Anthony H. Dekker, D.O., FASAM
Marc Galanter, M.D., FASAM
Anne Geller, M.D., FASAM
James A. Halikas, M.D.
Lynn Hankes, M.D., FASAM
Grant W. Lemaster, D.O.
Al J. Mooney, III, M.D.
Barry Spiegel, D.O.
William Vilensky, D.O., R.Ph., FASAM
Charles L. Whitfield, M.D., FASAM

Course Coordinator

Claire Osman, ASAM, New York, NY

COURSE PROGRAM

7:00 am
Registration and Continental Breakfast

8:00 - 8:15 am
Welcome and Introduction
Anne Geller, M.D., FASAM
William Vilensky, D.O., R.Ph., FASAM

8:15 - 8:25 am
Max's Moments
Maxwell N. Weisman, M.D.

Morning Moderator:
Grant W. Lemaster, D.O.

8:30 - 9:15 am
Research Highlights - 1997
Carlton K. Erickson, Ph.D.

9:15 - 10:05 am
Motivational Interviewing Preparing People for Change
Carolina E. Yahne, Ph.D.

10:05 - 10:25 am
Refreshment Break

10:25 - 11:10 am
Is Treatment Cost-Effective? The Economics of Chemical Dependency Treatment
William E. Dickinson, D.O., FASAM

11:10 - 11:55 am
Spirituality in Addiction Medicine
John N. Chappel, M.D., FASAM

12:00 - 1:30 pm
Luncheon

Afternoon Moderator:
Barry Spiegel, D.O.

1:35 - 2:20 pm
Nicotine Dependence Treatment in Alcoholics
Richard D. Hurt, M.D.

2:20 - 3:05 pm
Role of the Menstrual Cycle Phase in Mental Health and Substance Abuse
David Baron, D.O.

3:05 - 3:55 pm
Recent Data on Impaired Physicians
Sidney H. Schnoll, M.D., Ph.D., FASAM

3:40 - 4:00 pm
Refreshment Break

Panel Moderator:
Anne Geller, M.D., FASAM

4:00 - 4:45 pm
Panel A - Use of Potentially Addictive Drugs in Patients With Substance Use Disorders
William Vilensky, D.O., R.Ph., FASAM
Bruce B. Peters, D.O., FASAM

4:45 - 5:25 pm
Panel B - Legal Issues With Impaired Physicians
Gerald L. Sumner, M.D., FASAM
Anthony H. Dekker, D.O., FASAM

5:25 - 5:30 pm
Discussion

ASAM

FORUM PLANNING COMMITTEE

Barbara Chaffee, M.D., Co-Chair

Kevin O'Brien, M.D., FASAM, Co-Chair

Melvin I. Pohl, M.D., FASAM

Larry Siegel, M.D.

GOALS AND OBJECTIVES

Participants will become familiar with:

- Recent research on HIV and antiretroviral therapy, and whether elimination of the virus may be possible;
- The questions around medication compliance issues in HIV patients with drug and alcohol addiction, and techniques to enhance compliance;
- Issues doctors need to address when patients who thought they had endstage illness are no longer terminal;
- Recent epidemiology of and strategies for addressing unsafe sex, and drug use and abuse in adolescents;
- The use of humor as an educational tool in safer sex counseling;
- The epidemiology and trends in the new wave of HIV infection in young gay men;
- The use of psychotropic medications in HIV-infected people with addiction.

A roundtable discussion with problem cases will also be presented to/discussed by the speakers and audience to illustrate and enhance the participant's understanding of the above issues.



AIDS and Addictions

Thursday, April 16, 1998

CONTINUING MEDICAL EDUCATION CREDIT

The American Society of Addiction Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The American Society of Addiction Medicine designates this continuing medical education activity for 7 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

The ASAM Forum on AIDS and Addictions is being supported by an educational grant from Glaxo Wellcome Inc.

FACULTY

Robert P. Cabaj, M.D.,
San Francisco, CA

David Ostrow, M.D., Ph.D., Director,
AIM Research Project, Howard Brown
Health Center of Chicago; Associate
Professor of Psychiatry/Epidemiology,
University of Illinois School of Public
Health at Chicago, Chicago, IL

Zach Rosen, M.D., Attending,
Montefiore Family Health Center;
Assistant Professor of Family
Medicine, Albert Einstein College of
Medicine; Consultant, Office of the
Medical Director, AIDS Institute, New
York State Department of Health,
New York, NY

Michael Saag, M.D., Professor of
Medicine, University of Alabama at
Birmingham; Director, UAB AIDS
Outpatient Clinic, Birmingham, AL

Peter A. Selwyn, M.D., M.P.H.,
Associate Professor, AIDS Program,
Associate Professor of Internal
Medicine, Epidemiology and Public
Health, Yale University School of
Medicine, New Haven, CT

Marilyn Volker, Ed.D., Sexologist,
Miami, FL

CONFERENCE PROGRAM

7:00 am
Registration and Continental
Breakfast

8:15 - 8:30 am
Introduction and Welcome
Barbara Chaffee, M.D. and
Kevin O'Brien, M.D., FASAM

8:30 - 9:15 am
Overview of Recent Research on
HIV and Antiretroviral Therapy: Is
Elimination of the Virus Going to
be Possible?
Michael Saag, M.D.

9:15 - 10:00 am
We've Got the Meds: How Do We
Get Our Patients To Take Them?
(Compliance Issues in Patients With
Drug and Alcohol Addiction)
Zach Rosen, M.D.

10:00 - 10:30 am
Refreshment Break

10:30 - 11:15 am
Death, Dying, and HIV: What
Happens When You Aren't Dying
Peter A. Selwyn, M.D.

11:15 - 12:00 Noon
Panel - Questions and Answers

12:00 - 1:30 pm
Luncheon
Invited Keynote Speaker -
Mrs. Albert Gore

"Sex, Drugs and Adolescents: Is
There Any Hope for Good News?"

1:30 - 2:15 pm
Using Humor as an Educational
Tool: Can Safer Sex Be Funny?
Marilyn K. Volker, Ed.D.

2:15 - 3:00 pm
Old Disease, New Faces: The New
Wave of HIV Infection in Young
Gay Men
Robert P. Cabaj, M.D.

3:00 - 3:30 pm
Refreshment Break

3:30 - 4:15 pm
Using Psychotropic Medications in
HIV-SA Comorbid Patients in the
Age of Protease Inhibitors
David G. Ostrow, M.D., Ph.D.

4:15 - 5:00 pm
Panel - Questions and Answers

ASAM

ASAM'S 29TH ANNUAL MEDICAL-SCIENTIFIC CONFERENCE



APRIL 16-19, 1998 NEW ORLEANS, LA

The GOAL of ASAM's 29th Annual Medical-Scientific Conference is to present the most up-to-date information in the addictions field; to attain this goal, program sessions will focus on the latest developments in research and treatment issues, presented by leading investigators and clinicians.

THURSDAY, APRIL 16, 1998

6:00-8:00 pm
WELCOMING RECEPTION and
OPENING OF ASAM EXHIBIT HALL

7:00-8:30 pm
PROTECTING YOUR ASSETS FROM
MALPRACTICE SUITS: ESTATE AND
OTHER FINANCIAL STRATEGIES

*Paul E. Dow, J.D. and Max A.
Schneider, M.D., FASAM*

8:00-10:00 pm
COMPONENT SESSION 1
"Towards an Operational
Definition of Family Disease"
Family and Generational Issues
Committee

CHAIR: Jeffrey D. Roth, M.D.
Participants will learn about using tools to define and identify the characteristics of the disease of addiction as they occur in the family and the workplace.
Presenters: Dr. Roth and members of the Committee

8:00 10:00 pm
COMPONENT SESSION 2
"Clinical Issues in Nicotine
Dependence"

Nicotine Dependence Committee
Chair: John Slade, M.D., FASAM
Participants will learn about recent clinical advances in the management of nicotine dependence and will review evolving practices in addictions treatment regarding nicotine and tobacco.

*Presenters: Dr. Slade, Richard Hurt,
M.D., Terry Rustin, M.D., FASAM*

8:00-10:00 pm
COMPONENT SESSION 3
"Future Shock in Addiction Care
... What an Addictionist Needs to
Know to Adapt to Rapid Changes
in Health Care Management"

Quality Improvement Committee
Chair: Michael M. Miller, M.D., FASAM
The purpose of this session is to understand the major changes comprising "Future Shock" for medical practice in general and how this relates to addiction medicine practice, ASAM and its members.

FRIDAY, APRIL 17, 1998

7:00-8:30 am
ASAM ANNUAL BUSINESS MEETING
and BREAKFAST
(ASAM Members only)

8:45-10:00 am
WELCOME TO ASAM'S 29TH
ANNUAL MEDICAL-SCIENTIFIC
CONFERENCE and THE R.
BRINKLEY SMITHERS DISTIN-
GUISHED SCIENTIST LECTURE
"An Epidemiologist's View of the
Addict's World"
*Lee N. Robins, Ph.D., Professor of
Social Science in Psychiatry, University
Professor of Social Science,
Washington University, St. Louis, MO*

10:00-10:30 am
REFRESHMENT BREAK in ASAM
Exhibit Hall

10:30 am-12:30 pm
and 2:00-5:30 pm

**SYMPOSIUM I
IS ALCOHOLISM TREATMENT
WORTH ITS COST? HOW DOES
MANAGED CARE DECIDE?**

*Jointly sponsored by ASAM and the
National Institute on Alcohol Abuse
and Alcoholism (NIAAA),
Bethesda, MD*



ORGANIZER and CHAIR: Enoch Gordis, M.D., Director, NIAAA; **CO-ORGANIZER:** Mike Hilton, Ph.D., Health Scientist Administrator, NIAAA

SPEAKERS: Richard Frank, Ph.D., Deborah Garnick, Sc.D., Harold Holder, Ph.D., Richard Lennox, Ph.D., Willard Manning, Ph.D., Robert Stout, Ph.D.

EDUCATIONAL OBJECTIVE:

To familiarize clinicians with the kinds of research studies being conducted on the cost and cost-effectiveness of alcoholism treatment, some of the results from these studies, and the likely implications of such results on the treatment options available to clinicians.

SYMPOSIUM DESCRIPTION:

The conduct of cost-effectiveness research on alcoholism treatment is not the responsibility of practicing clinicians, but the progress of that research has important implications for the options that clinicians can make available to their patients. There will be substantial pressures to adopt the least costly approaches to treatment unless the relative effectiveness and cost-effectiveness of competing treatment strategies is known more precisely than it is at present. This day-long symposium will contain presentations of recent research comparing the clinical outcomes and the costs of competing treatment approaches, discussions of whether health-care payers can accurately predict future costs of mental health and substance abuse services use, methodological standards for improving cost-effectiveness studies, and findings about the potential savings in overall health care costs that might be achieved through improvements in alcoholism treatment.

10:30 am-12:30 pm

**SYMPOSIUM 2
HEPATITIS C: CHALLENGES AND OPPORTUNITIES IN THE TREATMENT OF THE ADDICTIONS**

ORGANIZER and CHAIR: Alfonso Paredes, M.D., Professor of Psychiatry, University of California at Los Angeles, Los Angeles, CA; **CO-CHAIR:** Joan Ellen Zweben, Ph.D., Clinical Professor of Psychiatry, University of California at San Francisco, San Francisco, CA **SPEAKERS:** Dr. Zweben, Henry Abraham, M.D., Barbara Cahoon-Young, Ph.D., Gabriel Garcia, M.D., and Forest Tennant, M.D., Dr.P.H.

EDUCATIONAL OBJECTIVES: (1)

To familiarize the addictive disorders specialist with the characteristics of the Hepatitis C virus (HCV) and the natural history and epidemiology of the infection in relation to opioid, cocaine and alcohol dependence. (2) To present guides for risk assessment, counseling techniques and treatment.

SYMPOSIUM DESCRIPTION: The addictive disorders specialist is in a strategic position to address major public health issues as the ease of HIV infection has demonstrated. One more major health challenge has emerged that requires attention. The availability of improved diagnostic methods has documented a remarkably high prevalence of Hepatitis C among intravenous drug users; more than three fourths in this group are affected. The infection also contributes significantly to hepatic morbidity among alcoholics. One third of those alcoholics with cirrhosis of the liver are also infected with HCV. Intranasal cocaine users also constitute an at-risk group.

The health costs of HCV infection in personal and economic terms are substantial. In most patients infected with HCV the hepatitis becomes chronic. A substantial number develop cirrhosis of the liver and hepatocellular carcinoma.

In this symposium a group of experts will present data illustrating the characteristics and behavior of the virus, the natural history and epidemiology of the disorder, guides for clinical referral and treatment and techniques of counseling and risk assessment.

10:30 am-12:30 pm

COURSE 1

**Attendance: 60 maximum
SPECIAL POPULATIONS: AFRICAN-AMERICAN ISSUES IN ADDICTION
COURSE DIRECTOR:**

Louis Edward Baxter, Sr., M.D.
FACULTY: Michael S. DeShields, M.D., Carl Hart, Ph.D., Trusandra Taylor, M.D.

EDUCATIONAL OBJECTIVE: To heighten the awareness of addiction treatment professionals that African-American patients are a "special population group" with some significant differences: neurobiologically, socioeconomically and psychosocially. These differences may seriously impact treatment outcomes. (For beginners, intermediate and advanced)

10:30 am-12:30 pm

COURSE 2

**Attendance: 80 maximum
ROHYPNOL**

COURSE DIRECTOR: David E. Smith, M.D., FASAM
FACULTY: Sarah Calhoun, MPH, MCRP, Gantt Galloway, Pharm. D., Donald Wesson, M.D.

EDUCATIONAL OBJECTIVE: To familiarize participants with the pharmacology of flunitrazepam (Rohypnol), abuse patterns, identification of Rohypnol tablets, consequences of use and treatment issues, including the withdrawal syndrome, detoxification protocol and drug testing issues. Material to be presented is designed to be useful for counselors, nurses and physicians who possess a beginning to intermediate degree of experience in the field.

10:30 am-12:30 pm

COURSE 3

Attendance: 60 maximum

CLINICAL UTILITY OF CDT, A NEW BLOOD TEST FOR THE DETECTION OF ALCOHOL ABUSE AND MONITORING OF TREATMENT OUTCOME

COURSE DIRECTOR:

Raymond F. Anton, M.D.

FACULTY:

Pekka Sillanaukee, M.D., Ph.D.

EDUCATIONAL OBJECTIVE:

Carbohydrate deficient transferrin (CDT) is a recently discovered blood marker of heavy alcohol consumption which, although produced in the liver, is quite distinct from other liver tests such as GGT. With higher sensitivity and specificity for alcohol abuse than GGT, it is currently being used widely in Europe and studied in the USA for the identification of heavy alcohol users and for monitoring treatment outcome. Although not widely available in the USA at this time, it is being performed in some reference laboratories, for insurance screening and in major clinical research studies. The objective of this course is to transfer knowledge of the appropriate use of this new blood test in clinical and non-clinical populations. The intent is to educate the audience about its development, clinical utility and limitations.

Review of data from research studies and clinical case examples will be employed as educational material.

(For beginners, intermediate and advanced)



10:30 am-12:30 pm

PAPER SESSION 1

(Titles and authors of papers will be listed in the final program to be distributed on-site. Abstracts of papers – both oral and poster presentations – will also be available.)

12:45-1:30 pm

POSTER SESSION IN ASAM EXHIBIT HALL

(Authors are requested to be at their posters at this time.)

2:00-5:30 pm

SYMPOSIUM 1 (NIAAA) IS ALCOHOLISM TREATMENT WORTH ITS COST? (continued)

2:00-5:30 pm

SYMPOSIUM 3 COERCION IN ADDICTIONS TREATMENT: OUTCOMES AND EFFECTIVENESS

ORGANIZER and CHAIR: Norman S. Miller, M.D., FASAM, Associate Professor of Psychiatry and Neurology; Chief, Division of Addictions Programs, The University of Illinois at Chicago, Chicago, IL

SPEAKERS: Dr. Miller, M. Douglas Anglin, Ph.D., Vivian Brown, Ph.D., David Farabee, Ph.D. and Elizabeth Stanley-Salazar, Ph.D.

EDUCATIONAL OBJECTIVE: To understand the significance of coercion in addictions programs based on research findings and clinical experiences.

SYMPOSIUM DESCRIPTION:

Coercion is a fundamental concept to intervention, engagement and compliance with addictions treatment. It may be viewed as an opportunity or unwelcome mandate for addictions treatment. We will present current research findings pertaining to coercive methods based on studies of clinical populations, e.g., patient, employed, criminal, DWI, DCSF, and public aid populations. An overview of the role of coercion in treatment settings will highlight its essential nature to favorable outcomes. A long-term, 30-year follow-up will show strengths and weaknesses of coercion in criminal populations. Recommendations for the utility of coercion in medical settings for patients and families will be offered. The importance of coercion as practiced by regulatory agencies will be presented, particularly the legality of such methods and their effectiveness. We will attempt to assess the political implications of requiring coercion as a stipulation for receiving public benefits in addiction populations. We will assess the treatment effectiveness and cost benefits from coerced addiction treatment.

ASAM

2:00-5:30 pm

**SYMPOSIUM 3A
CURRENT AND FUTURE STATUS OF
NALTREXONE: AN UNDERUTILIZED
TREATMENT FOR NARCOTIC
ADDICTION**

*CO-CHAIRS: Frank Vocci, Ph.D.,
Acting Director, Medications
Development Division, NIDA,
Rockville, MD and Donald Wesson,
M.D., Scientific Director, MPI
Treatment Services, Oakland, CA*

EDUCATIONAL OBJECTIVE: To examine the wealth of scientific information available on the use of Naltrexone to treat opioid addiction and to address potential barriers to its clinical efficacy and discuss approaches for enhancing its clinical usefulness for specific populations.

SYMPOSIUM DESCRIPTION: Presentations will include the pharmacology of Naltrexone; the development of depo-Naltrexone to improve compliance; integrating behavioral therapies to improve clinical efficacy; Naltrexone in detoxification, including detoxification under sedation and general anesthesia; the treatment of substance dependent health professionals; the use of Naltrexone in the criminal justice system.

2:00-5:30 pm

WORKSHOP A

**Attendance: 50 maximum
HELPING ADDICTED PHYSICIANS:
BALANCING CLINICAL, REGULATORY,
ADVOCACY AND LEGAL CONCERNS**
*DIRECTOR: Arnold M. Washton, Ph.D.
FACULTY: Daniel H. Angres, M.D.,
Wilfred T. Friedman, Esq.,
Peter A. Minsky, M.D.*

EDUCATIONAL OBJECTIVES: To familiarize participants with (1) problems most commonly encountered in assisting addicted physicians – espe-

cially conflicts and dilemmas faced by healthcare and legal professionals who are apt to focus on different concerns; (2) clinical approaches to assessment, engagement and treatment of the chemically dependent physician, and (3) how to successfully coordinate the efforts of different professionals and agencies involved in physician recovery. This workshop is for professionals of any discipline and at any experience level (beginning, intermediate or advanced) who are involved in helping chemically dependent physicians.

2:30-5:00 pm

WORKSHOP B

**Attendance: 50 maximum
COMPREHENSIVE SUBSTANCE
ABUSE TREATMENT FOR ADOLESCENTS ON CRIMINAL JUSTICE
PROBATION**

*DIRECTOR: Mark Wallen, M.D.
FACULTY: David Festinger, Ph.D.,
Craig Lareau, Victor Lidz, Ph.D.,
Juliana Reiss, Psy.D.*

EDUCATIONAL OBJECTIVE: To concentrate on the design and delivery of substance abuse treatment for troubled adolescents with criminal justice involvement. The registrant will receive an overview of the elements of treatment needed by youth whose substance abuse and related problems, including criminal behavior, have placed their transitions to adult roles at very high risk of failure. Assessment of individual needs and treatment planning for individual patients will also be addressed. The workshop is designed for all types of professionals who provide psychosocial substance abuse treatment services for adolescents.
(For beginners, intermediate and advanced)

2:00-3:30 pm and 4:00-5:30 pm
PAPER SESSIONS 2 and 3

(Titles and authors of papers will be listed in the final program and distributed at the Conference.)

3:30-4:00 pm

**REFRESHMENT BREAK in ASAM
Exhibit Hall**

6:30-8:30 pm

**RUTH FOX ENDOWMENT
FUND RECEPTION
*(By Invitation Only)***

8:00-10:00 pm

**COMPONENT SESSION 4
"The Role of Internal
Medicine in Addiction
Medicine" Internal
Medicine Committee**

Chair: David C. Lewis, M.D.

The purpose of this session is to bring the internists up to date on the policies and activities of national professional societies in internal medicine and to articulate ASAM members' needs.

8:00-10:00 pm

**COMPONENT SESSION 5
"ASAM Publications: Their
Use in Clinical Practice"
Joint Session of Three
ASAM Components:
Publications and
Communications Section,
Standards and Economics of
Care Criteria Committee, and the
Committee on Practice
Guidelines**

At the end of this session, participants will be able to: (1) Discuss clinical issues related to addiction medicine practice guidelines currently in development. (2) Understand more effective ways to utilize patient placement criteria in the clinical setting. (3) Discuss effective clinical uses of electronic and print media information in the care of addiction medicine patients.



Presenters:
Elizabeth F. Howell, M.D., Chair, Publications and Communications Section; David Mee-Lee, M.D., Chair, Standards and Economics of Care Criteria Committee; Michael Mayo-Smith, M.D., MPH, Chair, Committee on Practice Guidelines; Barry Stimmel, M.D., FASAM, Editor, Journal of Addictive Diseases; Terry Schultz, M.D., FASAM, Co-Editor, Principles of Addiction Medicine, 2nd Edition; Stuart Gitlow, M.D., M.P.H., Chair, Electronic Communications Committee; Bonnie B. Wilford, M.S., Managing Editor, Principles of Addiction Medicine and ASAM News



ASAM

8:00-10:00 pm
COMPONENT SESSION 6

ASAM's Delegation to the AMA
Chair: Michael M. Miller, M.D., FASAM

The purpose of this session is to provide dialogue between the ASAM membership and ASAM's delegation to the AMA House of Delegates; the AMA's Young Physicians Section; Resident Physician Section; Medical Student Section; Specialty and Services Society; Section Council on Preventive Medicine, and other relevant interfaces between our specialty and organized medicine in general.

Presenters: Dr. Miller, David E. Smith, M.D., FASAM, Stuart Gitlow, M.D., MPH, Christina De Los Reyes, M.D., Sarah Babai, M.D.

8:00-10:00 pm
COMPONENT SESSION 6A:
"Current Issues in Forensic Science of Addiction Medicine"
ASAM Committee on Forensic Addiction Medicine

Chair: Robert L. DuPont, M.D., FASAM

The widespread problems caused by addiction to alcohol and other drugs are brought into sharp focus in a variety of areas in society where conflicts lead to court-related proceedings. Over time the specific addiction-related issues being litigated evolve as the society confronts the realities of addiction in many settings. The current settings in which

these conflicts are being played out will be the focus of this session as active practitioners will discuss their recent experiences. The program will help ASAM members understand forensics and learn ways to contribute to the evolution of addiction medicine.

Presenters Dr. DuPont, David E.

Smith, M.D., FASAM, Barbara L. Johnson, Esquire, Lance L. Gooberman, M.D., P.C., Milton Earl Burglass, M.D., MPH, FASAM.

9:00-11:00 pm
ASAM DESSERT RECEPTION
(All registrants are invited)

SATURDAY,
APRIL 18, 1998

8:00-8:30 am
Continental Breakfast in ASAM Exhibit Hall

8:30 am-12:00 noon
and 2:30-6:00 pm

SYMPOSIUM 4
TREATING ADOLESCENT DRUG ABUSE AND ADDICTION

Jointly sponsored by ASAM and the National Institute on Drug Abuse (NIDA), Rockville, MD

ORGANIZERS: Dorynne Czechowicz, M.D., Medical Officer, Treatment Research Branch, Division of Clinical and Services Research, National Institute on Drug Abuse (NIDA), NIH, Rockville, MD and Peter D. Rogers, M.D., M.P.H., FASAM, Director, Division of Adolescent/Young Adult Medicine, T.C. Thompson Children's Hospital; Associate Professor of Pediatrics, University of Tennessee College of Medicine, Chattanooga, TN

CO-CHAIRS: Marie Armentano, M.D., Department of Psychiatry, Massachusetts General Hospital, Boston, MA and Stephen R. Zuckin, M.D., Director, Division of Clinical and Services Research, NIDA, NIH, Rockville, MD

EDUCATIONAL OBJECTIVE: To present scientific information on psychopathology and risk; screening and assessment of children and youth; diagnosis and treatment of medical and/or psychiatric comorbidity; treatment strategies including behavioral interventions in primary care; family therapy; pharmacotherapeutic interventions; early intervention and treatment strategies for preadolescents and adolescents from different racial/ethnic backgrounds.

SYMPOSIUM DESCRIPTION: The session is being planned in collaboration with NIDA's Child and Adolescent Research Workgroup, ASAM's Committee on Adolescents and other professional organizations that have expressed interest. It is designed to increase the reciprocal exchange of ideas and information among the treatment research community and practitioners to improve the quality of treatment for children and youth as well as to provide input to the research agenda. It is envisioned that audiotaping of this symposium will make it available to pediatricians, adolescent medicine specialists, child and adolescent psychiatrists, physicians in family practice, etc.

8:30 am-12:00 noon

**SYMPOSIUM 5
POSITIVE AND NEGATIVE
REINFORCEMENT: RESEARCH
AND PRACTICE**

ORGANIZER and CHAIR: *Sidney H. Schnoll, M.D., Ph.D., FASAM, Professor of Medicine and Psychiatry; Chairman, Division of Substance Abuse Medicine, Medical College of Virginia, Virginia Commonwealth University, Richmond, VA*
CO-ORGANIZER: *Enoch Gordis, M.D., Director, NIAAA, Bethesda, MD*

SPEAKERS: *Stephen Higgins, Ph.D., George F. Koob, Ph.D., Norman S. Miller, M.D., FASAM, Charles P. O'Brien, M.D., Ph.D. and Terry E. Robinson, Ph.D.*

SYMPOSIUM DESCRIPTION: The study of how alcohol and other drug use is reinforced in the brain has been a dominant theme in neuroscience research. Positive reinforcement has been the prominent target of investigation, that is, the nature of the circuits that experience the positive effects of substances and lead to the probability of their subsequent re-use. More recently the negative effects of deprivation of alcohol or drugs after a period of use are being studied intensively by neuroscientists. Implications of work on reinforcement relate to clinical goals such as understanding craving, conditioning and cue exposure, contingency management in treatment and the development of new pharmacotherapy such as naltrexone and acamprosate. A distinguished panel of speakers will make it clear why these issues are so important for clinicians to understand.

**8:30 am-12:00 noon
COURSE 4**

**Attendance: 110 maximum
NEW DIRECTIONS IN METHADONE
MAINTENANCE THERAPY**

COURSE DIRECTOR: *Sarz Maxwell, M.D.*
FACULTY: *Andrea Barthwell, M.D., Alix McMurray, M.A., Marc Shinderman, M.D.*

EDUCATIONAL OBJECTIVE: Participants will gain expertise in the management of complicated, difficult and refractory patients, as well as learning strategies to optimize treatment for the general population of patients in methadone maintenance. (For intermediate and advanced)

**8:30 am-12:00 noon
WORKSHOP C**

**Attendance: 50 maximum
STIMULANT ABUSE
AND COMPULSIVE SEX**

DIRECTOR: *Richard A. Rawson, Ph.D.*
FACULTY: *Steven Shoptaw, Ph.D., Arnold M. Washton, Ph.D.*

EDUCATIONAL OBJECTIVE: To describe the linkage between stimulant abuse and compulsive sexual behaviors and clinical strategies that can be used to counteract increased relapse rates, treatment failures and HIV risk in individuals using cocaine and/or methamphetamine. This workshop is for clinicians of any discipline and at any experience level (beginning, intermediate, advanced) who encounter stimulant abusers in their professional work.

**8:30 am-12:00 noon
WORKSHOP D**

**Attendance: 50 maximum
CLINICAL, DYNAMIC AND LEGAL
ISSUES IN THE PRESCRIPTION OF
BENZODIAZEPINES TO PATIENTS
WITH ADDICTIVE DISORDERS**

DIRECTOR: *Lance P. Longo, M.D.*
FACULTY: *Harold Bursztajn, M.D., Brian Johnson, M.D.*



EDUCATIONAL OBJECTIVES: At the conclusion of this workshop the participants should be able to: (1) recognize comorbidity relationships between anxiety disorders and substance abuse disorders; (2) be more fully aware of dynamic considerations in the physician's decision to prescribe benzodiazepines to patients with addictions; (3) understand ethical and legal dimensions of benzodiazepine prescriptions, and (4) become familiar with the vast array of clinical research that supports use of numerous non-addictive medications such as antidepressants, anticonvulsants, mood stabilizers and azapirones as preferential for use in this population.

(For advanced)

9:00-11:30 am
COURSE 5

Attendance: 80 maximum
ROLES OF THE UNITED STATES DEPARTMENT OF JUSTICE IN SUBSTANCE ABUSE TREATMENT OF OFFENDER POPULATIONS

COURSE DIRECTOR: H. Blair

Carlson, M.D., FASAM

FACULTY: Stephen Amos, D.CRIM., Marilyn McCoy Roberts, M.P.A.

EDUCATIONAL OBJECTIVE: To provide an opportunity to hear from faculty members who are central to the United States Department of Justice (USDOJ) support of demand reduction through substance abuse treatment as an appropriate societal response to drug-crime problems. Those who attend this course will learn about the Office of Justice Programs (OJP) support of drug courts, prison residential treatment programs, and treatment alternatives to incarceration for offenders with substance abuse problems. The course is designed for beginners, intermediate and advanced learners in the field of substance abuse and criminal justice. It is appropriate for physicians, nurses, counselors and corrections personnel. It is hoped that healthcare personnel, including

physicians experienced in addiction medicine, may become interested in opportunities for work in a corrections environment. Finally, the course is designed to maintain awareness among ASAM members of the plight of the criminal-addict.

10:00-10:30 am
REFRESHMENT BREAK in the ASAM Exhibit Hall

12:15-2:15 pm
ASAM AWARDS LUNCHEON
ASAM Annual Awards presentation and John P. McGovern Award Presentation
(extra-fee event)

Invited Keynote Speaker:
The Honorable Barry R. McCaffrey,
Director, Office of National Drug Control Policy, Executive Office of the President, Washington, DC

2:30-6:00 pm
SYMPOSIUM 4 (NIDA)
TREATING ADOLESCENT DRUG ABUSE AND ADDICTION
(continued)

2:30-6:00 pm
SYMPOSIUM 6
ABUSE LIABILITY OF NEW MEDICATIONS

ORGANIZER and CHAIR: Sidney H. Schroll, M.D., Ph.D., FASAM, Professor of Medicine and Psychiatry; Chairman, Division of Substance Abuse Medicine, Medical College of Virginia, Virginia Commonwealth University, Richmond, VA.

SPEAKERS: Theodore J. Cicero, Ph.D., Louis S. Harris, Ph.D., Kenzie Preston, Ph.D., Frank L. Sapienza, Curtis Wright, M.D., MPH

EDUCATIONAL OBJECTIVES: Attendees will be able to (1) describe the criteria used to determine abuse



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liability of a drug. (2) Describe the pre-clinical testing procedures in primates and other animals to determine abuse liability. (3) Describe the human testing procedures and post-marketing surveillance techniques used to determine abuse liability of a drug.

SYMPOSIUM DESCRIPTION: The symposium will cover the procedures utilized for determining abuse liability of drugs starting with pre-clinical procedures in animals, moving up through human testing and post-marketing procedures. The use of post-marketing procedures in determining abuse liability is a new approach. In the past, drugs that showed even low levels of abuse potential were scheduled regardless of the low potential for abuse. Speakers from the DEA and FDA will also be present to discuss how their agencies determine whether a drug should be scheduled utilizing the Eight Factor Analysis from the Controlled Substances Act.



ASAM

2:30-6:00 pm

COURSE 6

Attendance: 80 maximum
SEX ADDICTION: THE CHALLENGE OF DIAGNOSIS AND TREATMENT

COURSE DIRECTOR:

Patrick J. Carnes, Ph.D.

FACULTY: *Stephen S. Brockway, M.D., Reid Finlayson, M.D., Jennifer P. Schneider, M.D., John Sealy, M.D.*

EDUCATIONAL OBJECTIVE: To add to addiction medicine specialists' views of what constitutes addictive/compulsive sexual behavior. Those attending will see parallels between chemical addictive behavior and consequence-ignoring compulsive sexual behavior. They will also gain expertise in determining when sexual behavior is a cross addiction for an addict who has other addictions. Awareness of an additional sexual addiction may help the practitioner alert patients to potential relapse triggers. Physicians, nurses, counselors and addiction medicine specialists will all be able to extend their knowledge of the addictive spectrum of diseases as a result of this presentation.
(For beginner, intermediate and advanced)

2:30-6:00 pm

COURSE 7

Attendance: 60 maximum
IMPLEMENTING THE ASAM PATIENT PLACEMENT CRITERIA, PPC-2: WHAT YOU THOUGHT YOU KNEW; NEED TO KNOW; AND WILL NEED TO KNOW
COURSE DIRECTOR:
David Mee-Lee, M.D.

FACULTY: *Christine L. Kasser, M.D., Gerald D. Shulman, M.A., M.A.C., FACATA*

EDUCATIONAL OBJECTIVE: This course will help clinicians, supervisors and program directors learn about the challenges and changes needed to better implement the ASAM Patient Placement Criteria, Second Edition (PPC-2), published in April 1996. It will highlight common misconceptions gleaned from the extensive training and consulting experience of all three presenters. The course will also inform participants on what they need to know now to implement PPC-2 and what are some new developments and pilot projects. Participants will (1) identify implementation issues most commonly misunderstood and difficult about PPC-2; (2) understand the major concepts and varieties of approaches to implement PPC-2 in the context of managed care; (3) learn about new directions in the development and implementation of the Criteria.
(For beginners, intermediate and advanced)

2:30-6:00 pm

COURSE 8

Attendance: 110 maximum
METHAMPHETAMINE: A SCIENTIFIC AND CLINICAL UPDATE
COURSE DIRECTOR:
Walter Ling, M.D.
FACULTY: *Arthur Cho, Ph.D., Steven Choy, Ph.D., Christopher Chung, M.D., Carrie Fisher, Ph.D., Alice Huber, Ph.D., Thomas Newton, M.D., Richard A. Rawson, Ph.D.,*

Cathy Reeback, Ph.D., Steven Shoptav, Ph.D., Sara Simon, Ph.D.

EDUCATIONAL OBJECTIVE: To provide participants with new information on the biological, cognitive, psychiatric, developmental and behavioral effects of methamphetamine (MA) use. Practitioners interested in the clinical manifestations and recovery issues of MA will also find much new and useful information.
(For advanced)

2:30-6:00 pm

WORKSHOP E

Attendance: 50 maximum
IS "SAFE" INJECTION COMPATIBLE WITH SUBSTANCE ABUSE TREATMENT AND PREVENTION?
DIRECTOR: *T. Stephen Jones, M.D.*
FACULTY: *Andrea Barthwell, M.D., Laurence S. Brown, M.D., M.P.H., FASAM, Stephen Koester, Ph.D.*

EDUCATIONAL OBJECTIVE: The US Public Health Service (PHS) recommends that injection drug users (IDUs) who continue to inject drugs, use sterile syringes and techniques to avoid transmission of blood-borne infections. Syringe exchange programs (SEPs) in the United States exchanged 14 million syringes in 1996. In 1997 Maine and Minnesota removed criminal penalties for possession of syringes in an effort to prevent transmission of blood-borne infections, particularly human immunodeficiency virus (HIV), among IDUs. This workshop examines the medical and public health basis for these approaches and the impact of these recommendations on substance abuse treatment and prevention.
(For intermediate)

4:00-4:30 pm

REFRESHMENT BREAK
in the ASAM Exhibit Hall

8:00-10:00 pm
COMPONENT SESSION 7

"Licensing and Practice Issues Related to Physicians Treated with Opioids for the Management of Chronic Non-Cancer Pain"

Committee on Pain

Chair: Seddon Savage, M.D., FASAM

An open and interactive forum for discussion of licensing and practice issues related to physicians who personally are therapeutically prescribed, and use, opioids on a chronic basis for the management of chronic pain. As the use of opioids for the management of chronic non-cancer pain has gained favor in recent years, those who work with issues related to physician health have increasingly been confronted with questions regarding the advisability and safety of physicians practicing medicine while using opioids to manage pain.

Presenters: Dennis Doherty, D.O., G. Douglas Talbot, M.D., FASAM, and members of the Pain Committee

8:00-10:00 pm
COMPONENT SESSION 8

"NCADD: Who, What, Why?"

Joint ASAM/NCADD Committee

Chair: Robert M. Morse, M.D.

The purpose of this session is to refresh the memory of ASAM regarding the purpose and characteristics of the National Council on Alcoholism and Drug Dependence (NCADD), a sister organization.

Presenters: Dr. Morse, Daniel K. Flavin, M.D., Max A. Schneider, M.D., FASAM

SUNDAY, APRIL 19, 1998

8:00-8:30 am
Continental Breakfast
in ASAM Exhibit Hall

8:45 am-12:15 pm

SYMPOSIUM 7
COST EFFECTIVENESS OF
MANAGED CARE

ORGANIZER and CHAIR: David R. Gastfriend, M.D., Director, Addiction Services, Massachusetts General Hospital; Assistant Professor of Psychiatry, Harvard Medical School; Associate Director, Addictions Program, Spaulding Rehabilitation Hospital, Boston, MA

SPEAKERS: Dr. Gastfriend, Steve Allen, Ph.D., Mary Jo Larson, Ph.D., MPA, Christopher D. Peters and Donald M. Steinwachs, Ph.D.

EDUCATIONAL OBJECTIVE: Attendees will become familiar with the ethical, scientific, economic and practical issues in determining the cost effectiveness of managed care and their implications for clinical care, system planning and public policy.

SYMPOSIUM DESCRIPTION: Managed care's offer to employers and insurers has been lower cost for the same or higher quality care. After more than a decade of intensive transition to this mode of payment, has managed care delivered on its promise for the treatment of addictive disease? This symposium brings evaluators, researchers and policy makers

together to describe the questions, measures, methods and outcomes that put managed care to the test. It will consider the issues of cost benefit, cost effectiveness, cost offset and cost dumping in the world of carve-outs and carve-ins. It will also consider cost-effectiveness issues for the ASAM Patient Placement Criteria. In the discussion, panelists and audience members will consider the practical adaptation of these findings for managing and capitating insured populations. Finally, presenters will be asked to assess realities and limits in determining the cost effectiveness of managed care for addictions.



ASAMI

8:45 am-12:15 pm

**SYMPOSIUM 8
PROCESS TO OUTCOME IN ADDICTION
RESEARCH**

An examination of the processes within treatment and their effect on outcome.

ORGANIZER: Anne Geller, M.D., FASAM, Director, Smithers Alcoholism Treatment and Training Center, St. Luke's-Roosevelt Hospital, New York, NY

EDUCATIONAL OBJECTIVES: The student will be able to identify those processes occurring in treatment which might influence outcome and will be able to describe the value and significance of process outcome research. The student will understand the complexity of the treatment process and will be able to determine what elements of treatment can be examined and what research questions might be asked. The student will also become familiar with specific research results.

SYMPOSIUM DESCRIPTION: Process outcome research examines the critical questions of what works in treatment in real life settings. Important issues to be addressed are: Do measurable changes in attitudes and behavior occur as a result of treatment and are these changes consistent with treatment goals? Does achievement of program goals correlate with outcome? Does the delivery of specific services improve overall outcomes? Does treatment ambience affect outcome? The answers to these and many other questions can assist us in developing efficient and effective treatment programs.

8:45 am-12:15 pm

**COURSE 9
Attendance: 80 maximum
WHAT WORKS?**

*COURSE DIRECTOR: Joan E. Zweben, Ph.D.
FACULTY: George De Leon, Ph.D., Barbara Havassy, Ph.D., A. Thomas McLellan, Ph.D., Richard A. Rawson, Ph.D.*

EDUCATIONAL OBJECTIVE: The course focuses on findings from empirical research with the most promise for improving treatment in the community. Emphasis will be on transportability to natural world settings. The faculty will give a brief overview of key findings in their areas of interest and will discuss their application in actual practice. (For beginners, intermediate and advanced)

8:45 am-12:15 pm

**COURSE 10
Attendance: 100 maximum
PATHOLOGICAL GAMBLING FOR
ADDICTION SPECIALISTS**

*COURSE DIRECTOR: James R. Westphal, M.D.
FACULTY: John P. Epling, Jr., M.D., Jill A. Rush, M.D., Dr.PH., Lee Stevens, M.D.*

EDUCATIONAL OBJECTIVES: To: (1) review fundamentals of pathological gambling disorders including the diagnostic and screening instruments, epidemiology and prevention; (2) understand the association between pathological gambling disorders and chemical dependency and criminal behavior; (3) learn about the sci-

entific evidence supporting treatment approaches to gambling disorders. (For beginners, intermediate and advanced)

9:15-11:45 am

**COURSE 11
Attendance: 60 maximum
OUTPATIENT TREATMENT FOR DETOXI-
FICATION IN ADDICTIVE DISORDERS**

*COURSE DIRECTOR: Norman S. Miller, M.D., FASAM
FACULTY: Walter Ling, M.D., Sidney H. Schnoll, M.D., Ph.D., FASAM, Robert M. Swift, M.D., Ph.D.*

EDUCATIONAL OBJECTIVES: To provide (1) specific clinical approaches to the outpatient treatment of detoxification from addictive disorders in addiction medicine (the role of the physician in outpatient detoxification of addictive disorders will be featured); (2) research methods and findings for current and future outpatient treatment of detoxification in addiction medicine. (For intermediate)

9:15-11:45 am

**WORKSHOP F
Attendance: 50 maximum
COLLABORATION TREATMENT IN THE
ADDICTIONS**

DIRECTOR: R. Jeffrey Goldsmith, M.D.

EDUCATIONAL OBJECTIVE: To orient the physician to different models of medication collaboration and to describe the strengths and drawbacks of these different models. The national professional definitions and guidelines will be reviewed for collaboration, supervision and consultation. There will be ample time for discussion of clinical vignettes from the workshop attenders, during which guidelines and tips will be given to optimize collaborative care and maximize clinical satisfaction. This workshop is appropriate for all levels of expertise and disciplines.

10:15-10:45 am
**REFRESHMENT BREAK
in the ASAM Exhibit Hall**



Conference Hotel Information

The conference hotel is the New Orleans Marriott, 555 Canal Street, New Orleans, LA, 70140, Phone: 504-581-1000, Fax: 504-523-6755. Special conference rates of \$160.00 single and \$180.00 double have been arranged. For hotel reservations call 800-228-2100. To receive the conference rate, you must mention that you will be attending the ASAM Medical-Scientific Conference and reservations must be made by Tuesday, March 17, 1998.

Airline Reservation Information "Special Fares"

MSDestinations, Inc. and the American Society of Addiction Medicine (ASAM) have arranged for airfare discounts on Delta Airlines, the official airline for ASAM's 29th Annual Medical Scientific Conference in New Orleans, Louisiana. Delta is offering 5% off the published round-trip excursion fares and a 10% discount on YO6 unrestricted round trip coach rates.

By purchasing your ticket 60 days or more prior to your departure dates, you can receive an additional 5% discount!

Just call one of the numbers listed below to make your travel arrangements.

Delta Airlines 1.800.241.6760, File #111797A

Destinations, Incorporated: 1.800.456.2335

Conference Exhibitors

Plan to visit the ASAM Exhibit Hall for Continental Breakfast on Saturday and Sunday, April 18 and 19, as well as for daily refreshment breaks, the Opening Reception (Thursday, April 16) and the Poster Sessions.

The Exhibit Hall will open on Thursday, April 16, from 6:00 p.m. to 8:00 p.m. for the Opening Reception. It will reopen at 9:00 a.m. on Friday, and will be open until 5:00 p.m. on Friday, April 17; from 8:00 a.m. to 5:00 p.m. on Saturday, April 18; and from 8:00 a.m. to noon on Sunday, April 19.

Exhibitors at press time are as follows (check the final conference program for any late additions):

Booth 100	National Institute on Drug Abuse
Booth 101	American Academy of Addiction Psychiatry
Booth 102	Alcoholics Anonymous
Booth 103	Menninger Clinic
Booth 104	American Society of Addiction Medicine (ASAM)
Booth 105	Hazelden Publishing and Education
Booth 116	Del Amino Hospital
Booth 118	PineGrove / Next Step
Booth 119	National Institute on Alcohol Abuse and Alcoholism (NIAAA)
Booth 200	Pharmacia & Upjohn - Diagnostics
Booth 201	SmithKline Beecham Consumer Healthcare
Booth 203	The William J. Farley Center
Booth 204	Sierra Tucson
Booth 205	COPAC, Inc.
Booth 206	CEDU Family of Services
Booth 207	Bellwood Health Services Inc.
Booth 208	DuPont Pharma
Booth 209	Behavioral Health Centers of America, Inc.
Booth 210	Charter Behavioral Health Systems
Booth 211	Earley Corporation
Booth 213	The Meadows
Booth 214	Mosby-Williams & Wilkins, Publishers
Booth 215	DePaul/Tulane Behavioral Health Center
Booth 216	Springbrook Northwest
Booth 217	Physicians Drug Test Network
Booth 218	Rush Behavioral Health
Booth 219	Pathways Alcohol and Drug Treatment Center
Booth 300	Ridgeview Institute
Booth 301	Roxane Laboratories, Inc.
Booth 304	National Library of Medicine
Booth 305	Novartis Consumer Health, Inc.
Booth 306	Little Hill-Alina Lodge
Booth 308	Marworth
Booth 314	Keystone Treatment Center
Booth 315	W.B. Saunders Company
Booth 316	Addiction Research Foundation
Booth 317	Jant Pharmacal Corporation
Booth 318	Talbott Recovery Campus
Booth 319	Betty Ford Center
Booth 400	Palmetto Addiction Recovery
Booth 411	American Society of Addiction Medicine (ASAM)
Booth 416	Ruth Fox Memorial Endowment Fund
Booth 418	Sante' Center for Healing

29th Medical-Scientific Conference Fees/Registration

Please register by mail before April 1, 1998. Payment must accompany all registrations. Registrations received after April 1, 1998 will be processed as on-site registrations and a late fee of \$50.00 will be added. There will be a \$75.00 cancellation fee on cancellations received through Friday, April 10, 1998. There will be **NO REFUNDS** on cancellations after Friday, April 10, 1998. **THERE WILL BE NO EXCEPTIONS.**

Name/Degree: _____

Street Address: _____

City, State, Zip Code: _____

Phone: (Business) _____ (Home) _____ (Fax) _____

COURSES & WORKSHOPS:

See the program for the maximum attendance for each individual Course and Workshop. To ensure adequate seating, please check below the courses and workshops you will attend:

Thursday, April 16 Evening Session:

- Protecting Your Assets

Friday, April 17 Morning Sessions:

- Course #1: Special Populations
 Course #2: Rohypnol
 Course #3: CDT

Afternoon Sessions:

- Workshop A: Helping Addicted Physicians
 Workshop B: S.A. TX for Adolescents

Saturday, April 18

Morning Sessions:

- Course #4: Methadone Maintenance
 Workshop C: Stimulant Abuse
 Workshop D: RX of Benzodiazepines
 Course #5: Roles of the USDOJ

Afternoon Sessions:

- Course #6: Sex Addiction
 Course #7: Implementing PPC-2
 Course #8: Methamphetamine
 Workshop E: "Safe" Injection

Sunday, April 19

- Course #9: What Works?
 Course #10: Pathological Gambling
 Course #11: OP TX for Detox
 Workshop F: Collaboration TX

I. RUTH FOX COURSE FOR PHYSICIANS

Thursday, April 16, 1998

- ASAM Member..... \$175
 Nonmember Physician..... \$230
 NonPhysician Professional..... \$175
(RN, Ph.D., CAC, LCSW, etc.)
 Conference Paper Presenter..... \$140
 Resident, Fellow, Intern..... \$140
 Guest..... \$140
 Student..... \$ 50

II. ASAM FORUM ON AIDS AND ADDICTIONS

Thursday, April 16, 1998

- ASAM Member..... \$175
 Nonmember Physician..... \$230
 NonPhysician Professional..... \$175
(RN, Ph.D., CAC, LCSW, etc.)
 Conference Paper Presenter..... \$140
 Resident, Fellow, Intern..... \$140
 Guest..... \$140
 Student..... \$ 50

III. 29th ANNUAL MEDICAL-SCIENTIFIC CONFERENCE

April 17-19, 1998

- ASAM Member..... \$450
 Nonmember Physician..... \$550
 NonPhysician Professional..... \$450
(RN, Ph.D., CAC, LCSW, etc.)
 Conference Paper Presenter..... \$325
 Resident/Fellow/Intern..... \$325
 Guest..... \$325
 Student..... N/C

IV. DAILY REGISTRATION

29th ANNUAL MEDICAL-SCIENTIFIC CONFERENCE

- One Day Registration Fee..... \$200 per day
(Please indicate day(s) attending)
 Friday, April 17
 Saturday, April 18
 Sunday, April 19

V. ASAM AWARDS LUNCHEON

Saturday, April 18, 1998

- All Conference Participants..... \$ 30

PAYMENT INFORMATION

Full payment in U.S. funds must accompany all registrations. ASAM does not accept Purchase Order numbers as a form of payment.

Make check or money order payable to:
 ASAM Medical-Scientific Conference

and mail to:
 ASAM, P.O. Box 80139,
 Baltimore, MD, 21280-0139.

PAYMENT BY CREDIT CARD

- Mastercard
 Visa

Expiration Date _____


Authorized Signature _____

TOTAL REGISTRATIONS:

- Ruth Fox Course \$ _____
 AIDS Forum \$ _____
 Medical-Scientific Conference \$ _____
 Daily Registration \$ _____
 Awards Luncheon Tickets \$ _____

Total Amount Enclosed: \$ _____

IMPORTANT: A \$50.00 late fee will be added to all registrations received after April 1, 1998 and to all on-site registrations.

 If you have a disability that requires special service, please contact Sandy Metcalfe, ASAM Director of Meetings and Conferences at the ASAM Office, 301-656-3920, smetc@asam.org.



Wayne State University

The Department of Psychiatry and Behavioral Neurosciences of Wayne State University School of Medicine seeks a Board Certified Addiction Psychiatrist or ASAM certified Psychiatrist or Internist to develop and direct a substance abuse treatment unit (faculty rank open).

The services provided by this unit include inpatient and outpatient detoxification and an Intensive Outpatient Treatment Program. The development and evaluation of new detoxification treatment approaches would be strongly encouraged.

The successful applicant is expected to have experience with pharmacological, psychosocial and behavioral interventions for the treatment of substance use/dependence. The candidate will be expected to provide leadership to a multidisciplinary treatment team and administrative support staff. The candidate also will be expected to provide resident medical training and medical student teaching in the medical/psychiatric aspects of addictive disorders. In addition, fellows in Addiction Psychiatry will rotate through this unit for training.

The department offers strong encouragement for research and numerous opportunities exist for collaboration with faculty members in the Clinical Research Division on Substance Abuse.

Send CV and letter stating interest to Charles R. Schuster, Ph.D. (Director of the Clinical Research Division on Substance Abuse), c/o Thomas Uhde, M.D., Chair, Department of Psychiatry and Behavioral Neurosciences, 9B, University Health Center, 4201 St. Antoine, Detroit, MI 48201. Wayne State University is an equal opportunity/affirmative action employer. All buildings, structures, and vehicles at WSU are smoke-free.

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Alabama

President: William Jerry Howell, M.D.

Regional Director: Rick Beach, M.D.

Alabama chapter members traveled to the Walt Disney World Village in Orlando, Florida, in January to join the Florida chapter in a Winter Conference. Alabama chapter President William Jerry Howell, M.D., presented alarming data on trends in adolescent alcohol and drug use, based on his work with more than 7,000 teens over 15 years' clinical practice in Birmingham, AL. Dr. Howell discussed treatment outcomes, as well as the effects of age, gender and ethnicity on patterns of use and recovery. He noted that cigarette smoking continues to be a stepping stone to drug abuse, while binge drinking is an early predictor of alcohol abuse.

At a state president's luncheon, Dr. Howell and other key Alabama members discussed organizational strategies with ASAM President G. Douglas Talbott, M.D., Regional Director Rick Beach, M.D., and members of the Mississippi and Florida leadership groups.

Florida

President: Richard Keesal, M.D.

Regional Director: Rick Beach, M.D.

Chapter President Richard Keesal, M.D., reports that chapter's 11th Annual Conference on Addictions, held in January at Walt Disney World Village, was a great success. Jointly sponsored by FSAM and ASAM, the conference featured presentations on ultra-rapid opiate detoxification by Anthony Albanese, M.D.; NIDA's research on clinical neurobiology by Stephen Zukin, M.D.; experience with adolescent patients by Jerry Howell, M.D.; and updates on advocacy for impaired professionals and the needs of sexual minorities by Penelope Ziegler, M.D. Past ASAM Presidents David E. Smith, M.D. and Anne Geller, M.D., addressed the group, as did C. Chapman Sledge, M.D., and Region X Director Rick Beach, M.D. ASAM President G. Douglas Talbott, M.D., commended the speakers and participants for the important work they were doing and encouraged Florida to continue to explore ways for ASAM to develop strong state chapters.

FSAM holds its annual meeting and conference each winter in Orlando, and always invites members of other chapters to participate. This year, the Alabama and Mississippi chapters provided a scientific presentation during the conference and hosted a leadership luncheon. For the second year, the International Nurses Anonymous (INA) responded to FSAM's open invitation by holding a conjoint meeting during the conference.

During the leadership luncheon, FSAM made a commitment to continue inviting other chapters to participating in the annual conference, with opportunities for separate break-out sessions. Chapters interested in scheduling a break-out session during the 12th Annual Conference in February 1999 should contact Robert Donofrio at the FSAM office by phone at 850/484-3560, or by E-mail at healthsystems@pen.net.

Mississippi

President: C. Chapman Sledge, M.D.

Regional Director: Rick Beach, M.D.

Chapter President C. Chapman Sledge, M.D., of Hattiesburg, Mississippi, presented a very detailed overview of the second edition of ASAM's *Patient Placement Criteria (ASAM PPC-2)* as part of Mississippi's contribution to the FSAM/ASAM Annual Conference on Addictions. Dr. Sledge summarized the two-day ASAM training course and reviewed the new *PPC-2* manual for the group; he also presented an analysis of the four levels and six dimensions of care that are the backbone of the *PPC-2*. He emphasized the need for a paradigm shift in the approach to treatment evaluation and discussed how ASAM members could interact successfully with third-party payers and managed care organizations. There was a strong endorsement of the *PPC-2* from the members of the three state chapters in attendance, who praised it as the most comprehensive placement system available.

Working with other key Mississippi chapter members, Dr. Sledge attended a state president's luncheon, hosted by the Mississippi and Alabama chapters. Together with William Jerry Howell, M.D., of Alabama, and Richard Keesal, M.D., of Florida, Dr. Sledge discussed organizational strategies with ASAM President Doug Talbott, M.D., and Regional Director Rick Beach, M.D.

**Interested in the growth
of your state
as an ASAM Chapter?**

Join your state officers for a Workshop at the Med-Sci Conference on Thursday, April 16, from 7:00 to 10:00 p.m. Everyone with an interest in playing a role in their state's activities as a Chapter is encouraged to attend.

RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleague:

The Ruth Fox Memorial Endowment Fund is named in memory of the late Dr. Ruth Fox, founding president of ASAM, whose professional brilliance and great foresight did much to advance professional excellence in the field of addiction medicine. It unites individuals who have personal commitments to the field of addiction medicine. They evidence their commitment through outright gifts, estate plans, or pledges, which can be paid over a number of years.

In making their gift intentions known to the Ruth Fox Memorial Endowment Fund, members also serve as examples to others who wish to have an impact on enhancing the quality of addiction medicine.

The principal of the Ruth Fox fund is held intact, while the income supports the multiple activities of the American Society of Addiction Medicine. As the fund grows, so does the stabilization of the financial structure of ASAM.

Becoming a member of the Ruth Fox Memorial Endowment Fund is very easy. If you have named the Fund or ASAM as a beneficiary in your will or have otherwise included us in your estate plan, just let us know by contacting Ms. Claire Osman, the Fund's development officer, at 1-800/257-6776, or by returning the form below. If your estate planning has not yet included us, please send for our booklet, "Reflecting on Tomorrow," which describes in detail your many options, including tax benefits today.

We do hope to hear from you.

Max A. Schneider, M.D., FASAM
Chair, Ruth Fox Memorial Endowment Fund

YOUNG PHYSICIANS SOUGHT FOR COMMITTEE CO-CHAIR APPOINTMENTS

At its October 1997 meeting, the ASAM Board of Directors resolved that: *...it is the intent of the Board that leadership development of ASAM should include the appointment of an Assistant Chair for each committee, who would meet the AMA's criteria for a "young physician" (age 40 or less, with five or fewer years of practice).*

ASAM members who meet these criteria and who are interested in serving as committee co-chairs are invited to consult the ASAM web site (<http://www.asam.org>) for information about ASAM committees and their chairs, or to contact the ASAM national office (jgart@asam.org).

Many ASAM committees will meet during the annual Medical-Scientific conference in New Orleans. Young physicians are urged to attend the meetings of committees in which they are interested and to discuss their interest with the committee chairs.

Med-Sci Conference Reminder: A special program will be presented by Paul E. Dow, J.D., on "Protecting Your Assets from Malpractice Suits, Estate and Other Financial Strategies," Thursday, April 16, 1998, at 7:30 p.m. during ASAM's Annual Medical-Scientific Conference in New Orleans. If you plan to attend, please check the session on the conference program/registration form when you return it. Everyone is invited!

The Ruth Fox Memorial Endowment Fund Reception (by invitation only) is scheduled for **Friday, April 17, 1998**, at the Conference. All donors will receive an invitation. Major donors are encouraged to wear their medallions at the Reception.

Return to: Claire Osman, Ruth Fox Memorial Endowment Fund, ASAM, 12 West 21st Street, New York, NY 10010.

- I have named the Ruth Fox Memorial Endowment Fund as a beneficiary of my IRA, pension fund, life insurance policy, trust, and/or will.
- Please send me a copy of the booklet, "Reflecting on Tomorrow," which will help me with my estate planning.

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Candidates for this position should be Board Certified, preferably in addiction psychiatry, with an interest in treatment of patients with dual diagnosis. A physician with experience in addictions treatment is desired; however, post-fellowship status will be considered.

A competitive compensation and benefit package will be offered. Please send or fax CV and salary requirements in confidence to Dr. Sarah Anderson, Dept. of Addiction Medicine, Roger Williams Medical Center, 825 Chalkstone Avenue, Providence, RI 02908, or Fax 401/456-6898.

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Associate Medical Director

Henry Ford Hospital Behavioral Services Department is recruiting an Associate Medical Director for its Chemical Dependency Division.

The hospital maintains a 40-bed residential program in West Bloomfield as well as a 500 adult and adolescent ambulatory care population at four different sites in the metropolitan Detroit area. The residential and ambulatory programs encompass the full continuum of chemical dependency treatment.

The candidate must be board-certified or board-eligible in Internal Medicine or Family Medicine.

Candidates also should be certified by the American Society of Addiction Medicine (ASAM) or possess the Certificate of Added Qualifications for Addictions Medicine.

Responsibilities would include detox and medical management of residential and ambulatory patients. The physician would also be involved in patient treatment planning, program development, and education of residents, PA's and medical students. The candidate may have the opportunity to spearhead the development of clinical research.

Candidates meeting these qualifications should send letters of interest and curriculum vitae to Michael F. Boyle III, D.O., Medical Director, Maplegrove Centers, Henry Ford Behavioral Services, 6773 W. Maple Road, West Bloomfield, Michigan 48322.

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Medical

CONFERENCE CALENDAR

1998

April 16

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

April 16

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

April 17-19

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

June 11-14

Caduceus Club of Atlanta
22nd Annual Educational Retreat
Lake Lanier Islands, GA
(Jointly sponsored by ASAM)

July 17-19

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

September 26-29

American Methadone Association Conference
New York, NY
(Jointly sponsored by ASAM)

September 28-30

ICAA 1998 Annual Research Conference
"Women and Adolescent Females in
Community Corrections"
(ASAM is a Supporting Organization)

October 22-24

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

November 5-8

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

November 13-15

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

November 21

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

1999

April 29-May 2

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

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