

# ASAM NEWS

MARCH-APRIL 1999 VOLUME 14, NUMBER 2



NEWSLETTER OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE

## INSIDE

**EVP's Report:** Training and credentialing ..... 2

**Addiction Medicine News:** Wine labeling; tobacco-makers' tactics; medical marijuana; AIDS; more ..... 3

**From the President's Desk:** On my watch ..... 4

**Policy Alert:** McCain bill requires ASAM response ..... 5

**From the President-Elect:** ASAM-Hay Study of treatment benefits .. 6

**Research Notes:** Nerve receptors and drug response; miscarriages, cocaine and tobacco; alcohol and crime; genes and nicotine addiction ..... 8

**Treatment News:** Physicians' advice lowers alcohol intake; gene treatment for cirrhosis; methadone; more ..... 9

**Funding Opportunities** ..... 10

**Committee Report:** Members-in-Training ... 11

**Members Speak Out:** Legalization versus harm reduction ..... 12

**Chapter Updates** ..... 13

**Policy Briefs** ..... 14

**Around the States** .... 16

**Certification & Recertification** ..... 20

**Ruth Fox Fund** ..... 22

**Conference Calendar** ..... 24

## ASAM to Convene Medical-Scientific Conference in New York City

The American Society of Addiction Medicine's Annual Medical-Scientific Conference is set for April 29-May 2 at the Marriott Marquis Hotel in New York City. The conference, which welcomes ASAM members as well as nonmember physicians, nurses, psychologists, counselors, students and other health professionals, is accompanied by two special symposia: the Ruth Fox Course for Physicians and the ASAM Forum on AIDS and Addictions, both scheduled for April 29.

The Medical-Scientific Conference begins with ASAM's annual business meeting, scheduled for 8:00 a.m. on Friday, April 30. President-elect Marc Galanter, M.D., FASAM, will assume the ASAM Presidency at that time, as current President G. Douglas Talbott, M.D., FASAM, assumes the duties of Immediate Past President. At the same time, Andrea G. Barthwell, M.D., FASAM, will be installed as President-Elect; Elizabeth F. Howell, M.D., as Treasurer; and Michael M. Miller, M.D., FASAM, as Secretary. Board members (all Directors-at-Large) to be sworn in are David R. Gastfriend, M.D., James A. Halikas, M.D., Christine L. Kasser, M.D., David C. Lewis, M.D., John Slade, M.D., FASAM, James W. Smith, M.D., FASAM, and William Vilensky, D.O., R.Ph., FASAM.

The business meeting is to be followed by the Opening Ceremony, highlights of which are the R. Brinkley Smithers Distinguished Scientist Lecture, to be delivered this year by Mary Jeanne Kreek, M.D., Professor and Head, The Laboratory of the Biology of Addictive Diseases, The Rockefeller University; Senior Physician, The Rockefeller University Hospital, New York City, and a special presentation by Alan I. Leshner, Ph.D., Director of the National Institute on Drug Abuse, on NIDA's research portfolio, and an acknowledgment of the special award ASAM will present to him in recognition of NIDA's 25th anniversary.



The ASAM Awards Dinner on Saturday, May 1, will feature presentation of ASAM Awards to Sheila Blume,

M.D., FASAM, and LeClair Bissell, M.D., for "outstanding contributions to the growth and vitality of [the] Society, for thoughtful leadership in the field, and for deep understanding of the art and science of addiction medicine." An ASAM Award also will go to Herbert D. Kleber, M.D., for "expanding the frontiers of the field of addiction medicine and broadening our understanding of the addictive process, through research and innovation."

Special Awards will be given to Claire Osman, Director of Development, "in grateful recognition of 30 years of loving, joyful and dedicated services," and to Linda Fernandez, retiring Assistant Director of Conferences and Courses, for her "many years of dedicated service."

ASAM's Young Investigator Award will be given to Peggy A. Compton, R.N., Ph.D., of the UCLA School of Nursing.

The John P. McGovern Award on Addiction and Society will go to Robert L. DuPont, M.D., FASAM, Clinical Professor of Psychiatry at Georgetown University School of Medicine and President of the Institute for Behavior and Health, Rockville, MD. The McGovern Award was established to honor individuals whose contributions to public policy, treatment, research or prevention "have increased our understanding of the relationship of addiction and society."

► CONFERENCE continued on page 24



## ASAM LEADERSHIP NEEDED ON TRAINING AND CREDENTIALING

James F. Callahan, D.P.A.

**A**SAM's mission is to assure that treatment is available, that the quality of treatment is state of the art, and that physicians can receive training, be credentialed in addiction medicine, and have their credentials recognized by managed care and other provider organizations and by third-party payers.

I want to summarize the steps ASAM and its members have taken to achieve this mission, and to ask your help in sending us information on training programs that are being offered for those interested in addiction medicine. We want to build a database on training programs to which we may refer members interested in training.

### ASAM's Accomplishments

ASAM's work toward parity and our publications — especially *Principles of Addiction Medicine*, the treatment guidelines and the *Patient Placement Criteria* — are aimed at making sure that addiction treatment is available and is of the highest quality.

ASAM certification is gaining acceptance as a credential. The National Committee for Quality Assurance (NCQA) and other accrediting organizations now recognize ASAM-certified physicians. And our CME programs offer members and other physicians high quality educational experiences in which the latest research findings and clinical practices are presented. However, this is not formal training.

We continue to make the case for granting privileges to ASAM-certified physicians. ASAM members Drs. Michael Miller, David Mee-Lee, Sheila Blume and Christine Kasser, working with representatives of the American Managed Behavioral Healthcare Association (AMBHA), have just completed a first draft of a joint ASAM-AMBHA policy statement on "Credentialing and Privileging." This paper has been submitted to the ASAM and AMBHA Boards for comment. Once adopted, it can serve to open doors for members to receive practice privileges with managed care organizations and other providers.

### Renewed Effort Needed

Of all the endeavors ASAM has undertaken, a critical area the Society has failed to address is that of training. The primary care boards of medicine, pediatrics, family practice and others will not offer a subspecialty in addiction medicine until accredited training programs have been established. To respond to this need, the Society needs to develop a plan for promoting the establishment of training programs, and to work unwaveringly toward their establishment. Unless we do this, ASAM will never achieve one of our primary goals: board recognition for addiction medicine.

Our colleagues in psychiatry are to be congratulated on the establishment of a subspecialty in addiction psychiatry. That achievement was the result of many years' intense work, culminating this past year in the designation of 24 accredited training programs.

One of my goals for 1999 is to work with the ASAM Board to develop a training plan. As a first step, the Board adopted (at its October 1997 meeting in Seattle) a resolution directing that "ASAM make the development of fellowship training a priority near-term goal."

To gather preliminary data for the Board, I ask you to send me information on any training programs you know of. Please forward — by mail or e-mail ([JCall@asam.org](mailto:JCall@asam.org)) — the name of the institution where the training is offered, the name of the director, and his or her phone and fax numbers and e-mail addresses. In return, we will make this information available to all ASAM members through the website and **ASAM News**. Thank you for your help!



## American Society of Addiction Medicine

4601 North Park Ave., Suite 101  
Chevy Chase, MD 20815

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

### Officers

#### President

G. Douglas Talbott, M.D., FASAM

#### President-Elect

Marc Galanter, M.D., FASAM

#### Immediate Past President

David E. Smith, M.D., FASAM

#### Secretary

Andrea G. Barthwell, M.D., FASAM

#### Treasurer

James W. Smith, M.D., FASAM

#### Executive Vice President/CEO

James F. Callahan, D.P.A.

### ASAM News

is an official publication of the American Society of Addiction Medicine. It is published six times a year. Please direct all editorial inquiries to the Editor at 703/538-2285, or fax 703/536-6186.

#### Chair, Publications Committee

Elizabeth F. Howell, M.D.

#### Newsletter Review Board

LeClair Bissell, M.D.

Sheila B. Blume, M.D., FASAM

Max A. Schneider, M.D., FASAM

#### Founding Editor, 1985-1995

Lucy Barry Robe

#### Editor

Bonnie B. Wilford

### Subscriptions

Free to ASAM members; \$50 a year (6 issues) to non-members.

Order from the ASAM office  
at 301/656-3920,  
or fax 301/656-3815.

### Advertising

Advertising rates and schedules are available on request. Please direct advertising inquiries to the ASAM office at 301/656-3920, or fax 301/656-3815.

### Web Site

For members visiting ASAM's web site ([www.asam.org](http://www.asam.org)), entrance to the on-line Membership Directory requires the Username "asam" and the password "asam" (in lower case letters).

## Wine Labels Can Advertise Health Benefits; Distillers May Ask to Do the Same

The U.S. Bureau of Alcohol, Tobacco and Firearms (ATF) is allowing wine producers to tout the potential health benefits of their products on wine bottle labels. The new ruling approved two label messages for use on any wine bottle sold in the U.S. The first label reads: "The proud people who made this wine encourage you to consult your family doctor about the health effect of wine consumption."

The second label says: "To learn the health effects of wine consumption, send for the federal government's Dietary Guidelines for Americans." The message is followed by the address of the Center for Nutrition Policy and Promotion at the U.S. Department of Agriculture. The Dietary Guidelines note that moderate wine consumption of red wine may have certain health benefits.

The February decision caps a three-year battle between the ATF, legislators, the wine industry and groups concerned with alcohol abuse. However, it may not end the controversy. A trade group contends that distillers also should be able to add labels to their products indicating the health benefits for moderate drinkers. "By approving the Wine Institute's new label, we understand that the ATF will approve similar labels for other vintners, brewers and distillers," said a release from the Distilled Spirits Council of the U.S. The trade group backed up its statement with the U.S. government's Dietary Guidelines, which, the group said, "don't differentiate among the health effects of beer, wine and distilled spirits."

The Beer Institute has issued a statement saying that brewers would not seek to include health information on beer labels.

An effort to overturn the ATF's wine ruling through the U.S. Congress is being mounted by health groups. The American Medical Association issued a statement cautioning that the new labels ignore the potential dangers of alcohol consumption. "The message that should be conveyed is that while moderate wine consumption — 1 to 2 glasses per day

— can have health benefits, all alcohol use, even at low levels, impairs driving performance and can pose significant health and safety risks," the AMA statement added.

Early support was signaled by Sen. Strom Thurmond (R-SC), whose spokesman asked "How can the government be saying alcohol is both good and bad at the same time?" The spokesman added that the senator has a host of "tactical tools" to use against the new ruling, including blocking Clinton administration legislation and governmental appointments.

## Administration Certifies Mexico, Others as Making Gains Against Drug Trafficking

The Clinton administration has certified that Mexico and other nations made "solid gains" against the illicit drug trade last year. In doing so, it chose to punish only two countries — Burma and Afghanistan — for not fully cooperating in U.S. anti-drug trafficking efforts. But in releasing its annual review of 28 countries that produce illegal drugs or serve as major conduits for them, the administration acknowledged that international drug syndicates are expanding their reach.

Mexico, for example, was certified despite recent Congressional testimony by U.S. law enforcement officials that Mexican drug cartels are cornering the market on heroin and methamphetamines and smuggling them into the U.S. for huge profits. "Today's heroin mortality figures are the highest ever recorded, exceeding even those of the mid-70s, when deaths reached a high of just over 2,000," according to a report from the U.S. Drug Enforcement Administration (DEA). "Close to 4,000 people have died in each of the last three years from heroin-related overdoses."

Some U.S. officials admit that political considerations weigh heavily in determining whether a country is certified. In response, a bipartisan group of eight senators, led by Sen. Charles Grassley (R-IA), has asked the administration to review the certification process and to tie future decisions to achievement of specific milestones.

## Medical Marijuana Controversy Continues

Seventeen AIDS organizations have urged that physicians be allowed to prescribe marijuana as an emergency measure to people with HIV/AIDS, without waiting for further research into the benefits of medical marijuana. A review by the Institute of Medicine, to be completed early in 1999, could result in the rescheduling of marijuana into a less restrictive category that would allow it to be prescribed. The review of the health effects and medical treatment benefits of marijuana was ordered by Gen. Barry McCaffrey, director of the Office of National Drug Control Policy.

In an October 1997 letter to the U.S. Congress, Gen. McCaffrey wrote that "If sound medical research demonstrates that there are medical uses for smoked marijuana, there are appropriate and responsive procedures for rescheduling this mind-influencing drug through the time-tested process. The FDA has already demonstrated flexibility in accelerating procedures for allowing the use of emerging AIDS-related drugs without jeopardizing science or the public health."

Meanwhile, the aftermath of ballot initiatives to legalize certain uses of marijuana finds some jurisdictions having problems in implementing the controversial measures. In November 1998, voters in Oregon, Alaska, Nevada, Washington State, and Colorado joined California and Arizona in approving referenda that eliminate penalties for so-called "medical" use of the otherwise banned drugs. However, California patients continue to be arrested for having marijuana plants in their possession or buying the drug from street dealers, the Associated Press reported February 14. "The main problem we've had is lack of guidance to law enforcement," said Jason Browne, a trustee of the Humboldt Cannabis Center in Arcata, CA. "Everyone is waiting for someone else to do something and, meanwhile, the patients are at risk."

In Oregon, state officials are attempting to develop guidelines to assist police in complying with the law when making marijuana arrests. As a result of the

► ADDICTION continued on page 22



**ON MY WATCH**

**G. Douglas Talbott, M.D., FASAM**

In the Air Force, where I served in the Korean War, we borrowed an old Navy term, "on my watch," to describe the events that occurred while we were on alert and on duty. I'll borrow that term to describe the two years of my presidency, which now draw to a close. I want you to know what ASAM accomplished "on my watch."

**Publications**

The Second Edition of ASAM's *Principles of Addiction Medicine* has been an outstanding success. The premier textbook of addiction medicine has been sent to every chair of medicine, family practice and psychiatry, and librarian in medical schools throughout the country. In addition, the Department of Defense has adopted the ASAM *Patient Placement Criteria* (Second Edition), as have the state Alcohol and Drug Treatment agencies in 20 states. To round out our publications list, ASAM has produced two practice guidelines — on detoxification principles and protocols, and the pharmacological management of alcohol withdrawal.

**Credentialing and Recognition**

ASAM has certified 2,939 physicians to date. In 1997, 148 physicians were certified and 134 re-certified. At ASAM's annual meeting in New York, another 187 will be certified and 102 re-certified. Moreover, the National Committee for Quality Assurance has recognized physicians certified in addiction medicine as providers in managed behavioral health care organizations.

**Membership**

Membership has held steady at 3,125. Building membership remains a high priority item and a cardinal need if ASAM is to retain its stature as the premier medical specialty organization in addiction medicine.

**International Meeting**

The upcoming ISAM meeting at the Betty Ford Center is one of the most

exciting events to occur on my watch. As representatives of the host country, ASAM Executive Committee members Marc Galanter, M.D., Peter Mezciems, M.D., Gail Schulz, M.D., and David E. Smith, M.D., will join ISAM President Nady el-Guebaly, M.D., and me in welcoming participants from over 25 countries to the first meeting, set for April 24-26, 1999. President and Mrs. Ford will host the event, and General Barry McCaffrey, Director of the Office of National Drug Control Policy, will deliver the keynote address.

**Public Policy**

Public policy remains a key ASAM activity, as attested by ASAM's leadership in working with private-sector organizations like the American Managed Behavioral Healthcare Association as well as with members of Congress.

We also have worked hard to strengthen ASAM's working relationship with the Executive Branch, particularly Gen. Barry McCaffrey and his staff in the Office of National Drug Control Policy, who frequently turn to ASAM as an expert resource on addiction medicine.

Over the past two years, the ASAM Board has approved policy statements on the management of pain, the use of opioids, screening for addiction in primary care settings, and the relationship between self-help and formal addictions treatment. ASAM also has played a major role in the fight against tobacco addiction.

**The Federation of Medicine**

ASAM's relationship with the American Medical Association continues to be productive, as our two representatives to the AMA House of Delegates have had input into all AMA reports and policy statements, including groundbreaking initiatives on alcohol, nicotine, and other addictive agents.

The AMA also has singled out two ASAM members, Dr. David Lewis and Dr. Charles Lieber, for its highest scientific awards, and recently honored ASAM Executive Vice President James Callahan, D.P.A., with its award for outstanding accomplishments by a medical society executive.

**Education**

More than 4,200 physicians and other health professionals have attended

ASAM-sponsored continuing education programs over the past two years, such as those on HIV/AIDS, Nicotine Dependence and Physician Health.

Most recently, the presidents and executive officers of ASAM, the American Pain Society and the American Academy of Pain Medicine met in New York to plan joint educational initiatives.

**Website**

The ASAM website has won awards for its design and content. Under the direction of Dr. William Hawthorne, the site has attracted more than 50,000 visits.

**Fellowship Training**

Fellowship training remains a critical unmet need. We will never attain board recognition through the primary care member boards of the American Board of Medical Specialties (ABMS) until we have established university-based fellowship training programs. All ASAM members can join the elected leadership in addressing this critical issue.

**Financial Structure**

Finally, under the talented and energetic Claire Osman, pledges and donations to the Ruth Fox Memorial Endowment Fund have exceeded \$2.5 million, thus helping to assure ASAM's financial future.

As I look back on my presidency, I realize how much ASAM owes to Dr. Jim Callahan and his wonderful staff. If I filled a full page writing about the individual staff members, I could not do justice to them. (I do need to mention Bonnie Wilford and Claire Osman, the two individuals who impact our organization's high quality.) The important thing is that they make a great team and have a great leader in Jim Callahan.

In leaving the presidency, I do so with deepest gratitude for the help and support of our Past President, David Smith, my model and my friend. With confidence, I look to the presidency of Marc Galanter and our President-Elect, Andrea Barthwell. Most of all, I am filled with gratitude to the membership, the rank and file of ASAM, who truly are the best.

My watch over, I leave you with gratitude and happy memories.

**IN THE SENATE OF THE UNITED STATES**

February 11, 1999

Mr. McCAIN introduced the following bill; which was read twice and referred to the Committee on Finance.

**A BILL**

To prohibit certain Federal payments for certain methadone maintenance programs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

**SECTION 1. SHORT TITLE.** This Act may be cited as the "Addiction Free Treatment Act of 1999."

**SEC. 2. FINDINGS.** Congress makes the following findings:

- (1) Heroin use in the United States continues to increase.
- (2) Drug use among teenagers in the United States is increasing and the number of teenagers that are using heroin for the first time is higher than at any previous time in history.
- (3) Between 1992 and 1996 heroin use among college-age students increased an estimated 10 percent.
- (4) There are an estimated 810,000 chronic heroin users in the United States, with an estimated 115,000 heroin addicts in the United States currently participating in methadone programs.
- (5) Methadone is a synthetic opiate and the use of methadone in the treatment of heroin addiction results in the transfer of addiction from one narcotic to another.
- (6) Methadone addicts attempting detoxification experience the same difficult withdrawal process as would be experienced with heroin detoxification.
- (7) The Federal Government should adopt a zero-tolerance, non-pharmacological policy that has as its defined objective independence from drug addiction.
- (8) The approach of the Federal Government should be to address a range of human needs and conditions that contribute to recidivism among recovering heroin addicts and that should be designed to provide opportunities for former heroin addicts to become drug-free, self-sufficient, productive members of society.

**SEC. 3. PROHIBITION ON THE USE OF MEDICAID FUNDS FOR CERTAIN METHADONE MAINTENANCE PROGRAMS.** Section 1903(i) of the Social Security Act (42 U.S.C. 1396b(i)) is amended —

► **SENATE BILL** continued on page 19

**ASAM Members Urged to Respond to the "Addiction Free Treatment Act of 1999"**

*Sheila B. Blume, M.D., FASAM, Chair, Public Policy Committee*

**O**n February 11, Sen. John McCain (R-AZ) introduced a bill into the Senate which, if passed, would have serious negative health consequences for patients being treated with methadone and other pharmacologic maintenance therapies. Such a law also would undermine ASAM's efforts to encourage the adoption of scientifically validated treatments for addictive disorders. **The involvement of ASAM members is urgently needed to defeat this measure.**

Senate Bill 423 (S.423, the "Addiction Free Treatment Act of 1999") would limit methadone treatment to a period "not to exceed 6 months from the date of an individual's enrollment as a patient in the program." The proposed legislation confuses "addiction" with "dependence," as evidenced by the drafters' two "Findings," which assert that "The use of methadone in the treatment of heroin addiction results in the transfer of addiction from one narcotic to another," and "The Federal Government should adopt a zero-tolerance non-pharmacological policy that has as its defined objective independence from drug addiction."

If such proposed legislation were to pass, the treatment of addiction with any medication that has the potential to cause dependence — which is to say, any of the most widely accepted pharmacologic therapies — would be placed in serious jeopardy.

Our only hope to defeat the bill is for ASAM members to act. Please write to your Senator, and to the members of the Senate Finance Committee (which has jurisdiction over the proposed legislation), urging them to vote against S.423. A sample letter follows, for you to use as you deem appropriate. You also may wish to refer to ASAM's Public Policy Statement on Methadone Treatment, which is available on the ASAM website ([www.asam.org](http://www.asam.org)).

In view of the urgency of this issue, please fax your letters to your Senators and to the members of the Senate Finance Committee (fax number 202/224-5920). Please act now to protect your patients!

**Members of the Finance Committee are:**

- |   |                        |
|---|------------------------|
| William V. Roth, Jr. (R-DE), <i>Chair</i>                         | Orrin Hatch (R-UT)     |
| Daniel Patrick Moynihan (D-NY),<br><i>Ranking Minority Member</i> | Jim Jeffords (R-VT)    |
| Max Baucus (D-MT)   | Trent Lott (R-MS)      |
| John Breaux (D-LA)  | Bob Kerrey (D-NE)      |
| Richard Bryan (D-NV)  | Connie Mack (R-FL)     |
| John Chafee (R-RI)  | Frank Murkowski (R-AK) |
| Kent Conrad (D-ND)  | Don Nickles (R-OK)     |
| Charles Grassley (R-IA)   | Chuck Robb (D-VA)      |
| Bob Graham (D-FL)   | Jay Rockefeller (D-WV) |
| Phil Gramm (R-TX)   | Fred Thompson (R-TN)   |

**SAMPLE LETTER TO MEMBERS OF THE SENATE**

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

March \_\_, 1999

The Honorable [insert full name here]  
Senate Finance Committee  
United States Senate  
Washington, D.C., 20510

Dear Senator [insert name here]:

As a physician with a special interest in treatment of the diseases of addiction to alcohol, nicotine and other drugs, I urge you to oppose S.423, the "Addiction Free Treatment Act of 1999," sponsored by Senator John McCain (R-AZ).

► **POLICY ALERT** continued on page 18

## ASAM/HAY STUDY FINDS STRIKING DECLINE IN BENEFITS FOR ADDICTION TREATMENT

As I reported to you in the December *ASAM News*, the American Society of Addiction Medicine is engaged in a multi-stage study of the impact of managed care practices on access to addiction treatment. As part of that study, ASAM asked the Hay Group to analyze trends in the proportion of employer health care dollars spent on addiction treatment benefits and to determine the value of addiction treatment benefits offered by medium and large U.S. employers.

The ASAM/Hay study has identified striking and disturbing trends in the funding of addiction treatment benefits by employers, as well as in the design and utilization of addiction treatment benefits.

In coming issues of *ASAM News*, I will report these results to you, as well as how ASAM will use these data to advocate for better coverage of addiction treatment. This information also will be contained in a report to the membership that is to be released at ASAM's Annual Medical Scientific Conference in New York City.

### Calculating Benefit Costs

The report prepared for ASAM is based on the Hay Group's May 1998 study entitled "Health Care Plan Design and Cost Trends — 1988 through 1997," which analyzed trends in the proportion of employer health care dollars spent on behavioral health care. The Hay Benefits Report collects data on the typical design of health care benefits provided by medium and large employers in the United States. The data in the 1998 Hay Benefits Report were collected from 1,017 US employers representing a broad industry and geographic mix.

In the Hay report, benefit values are based on the average cost of providing the benefits to employees in a typical medium to large U.S. company. Valuations take into account the expected frequency and duration of use of a benefit.

Plan design information for 1988 through 1998 was extracted from the Hay Benefits Report for each year. The benefits for each year were coded into

*Marc Galanter, M.D., FASAM*

Hay's Mental Health Benefit Value Comparison (MHBVC) model. MHBVC was developed by the Hay Group for the National Institute of Mental Health (NIMH) to provide estimates of the costs of mental health parity, and has been used by the private sector, NIMH, and the Congressional Research Service (CRS) to analyze the cost and prevalence of benefits in the United States.

Benefit plans are complex and multifaceted. Consequently, any comparison of several, almost invariably dissimilar, benefit plans is extremely difficult without a single common denominator or yardstick on which all plans can be measured. Cost clearly is the most direct common denominator. All benefits cost somebody something, and if a dollar value could be assigned to each plan in a survey, almost limitless comparisons are possible. Actual cost is clearly of vital concern to an employer, although it has the following disadvantages that render it unsuitable for most benefit plan comparison studies.

- Actual costs often are not available from participants. This can be true either because of the difficulty in developing the desired figures, or because of a conscious decision not to share such data.
- Funding, financing, and accounting techniques differ widely among firms. Consequently, the actual cost of two identical benefit programs can differ significantly for a host of reasons in no way related to the benefit itself.
- The employee "mix" can vary substantially from one employer to another. That is, the distribution of employees by age, sex, service, salary level, and relative health is rarely similar from one firm to another. Therefore, even if the same benefit and the same financing method were used, the actual cost could, and probably would, be different.
- A firm's bargaining power and skill as a benefits buyer is yet another variable

making actual cost unreliable as a tool for measuring relative value of benefits. Because of differences in negotiating abilities, a poor plan in one environment can cost more than a superior plan in another.

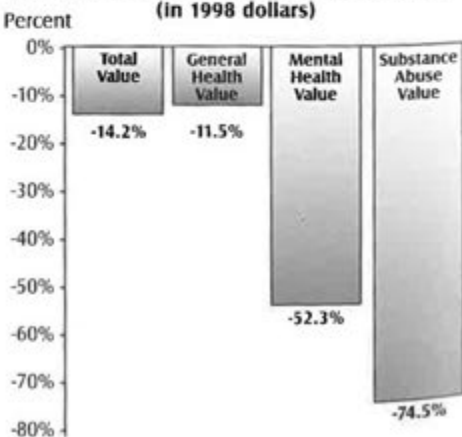
For these reasons, Hay does not use actual cost in studies comparing benefits values. HayGroup has, however, developed a technique of common costs that permits the assignment of dollar values, a common yardstick, without the aforementioned problems associated with actual costs.

The key to the Hay "common cost"

**Figure 1. Change in Value of Addiction Treatment Benefits, 1988-1998**  
(values are in 1998 dollars)



**Figure 2. Percent Change in Value of Addiction Treatment Benefits, 1988-1998**  
(in 1998 dollars)



## FROM THE PRESIDENT-ELECT

approach is the use of a single, realistic method for all plans being valued. All plans in the study are, in effect, "purchased" for the same group of employees from the same source using the same financing technique and the same economic and actuarial assumptions. The "employees" used are a typical mix of employees as might be found in a large industrial environment. The "providers" are a hypothetical group of insurance companies and/or trustees who are "selling" coverage using the same average group rates, actuarial assumptions, and experience ratings for all the plans in the study. The result is an actuarially derived "common cost" for each plan, expressed as an annual dollar value.

### Trends in Addiction Treatment Benefits

Using this method, Table 1 shows the total annual dollar value of employer-provided general health care and addiction treatment benefits for each year from 1988 through 1998. The dollar values shown are per employee per year. In addition, the table shows the value of mental health and addiction treatment benefits as a percent of the value of total benefits.

Disturbingly, the table shows that the total value of employer-provided health care benefits decreased by 14.2 percent from 1988 through 1998. This decrease in total value is attributed to the shift towards managed care. The value of general health care benefits decreased by 11.5 percent since 1988, while the value of addiction treatment benefits decreased by 74.5 percent. As a proportion of the total value, substance abuse treatment benefits decreased from 0.7 percent in 1988 to 0.2 percent in 1998.

A second problem is depicted in Table 2. In the past, most employers provided addiction treatment benefits under the same provisions as mental health benefits. Today, however, a small but growing percentage of employers provide different benefits for addiction treatment. Of those plans that provide separate limits for treatment of alcohol or other drug dependence, Table 2 shows the day limits that apply. The decrease in the value of addiction treatment benefits is attributed primarily to the increase in the number of

plans imposing a day limit of 30 days or less.

Finally, Table 3 shows the trends in utilization of inpatient services for psychiatric and addiction diagnoses as compared to all diagnoses. It is apparent that use of inpatient care has decreased across all categories of care. However, the decrease has been most dramatic for addiction treatment.

As I asked in my December report, "how can a rational health care delivery system offer proper addiction treatment when the financial support for care has been cut by almost three-fourths?"

Working with leaders in ASAM and the larger addiction treatment field, we intend to raise this question to policymakers and purchasers of health care benefits. ■

**Table 1. Mental Health and Addiction Treatment Benefit Costs as a Percent of Total Health Care Benefit Costs**

(All Values are in 1998 Dollars)

Year	Total Value	General Health Benefit Value	Mental Health Benefit Value*	Addiction Treatment	Mental Health Benefit as a Percent	Addiction Treatment Benefit as a Percent
1988	\$2,526.49	\$2,372.01	\$137.46	\$17.02	5.4%	0.7%
1989	\$2,528.85	\$2,381.51	\$131.61	\$15.72	5.2%	0.6%
1990	\$2,503.04	\$2,365.36	\$123.49	\$14.19	4.9%	0.6%
1991	\$2,490.59	\$2,361.07	\$116.71	\$12.80	4.7%	0.5%
1992	\$2,470.83	\$2,349.80	\$109.61	\$11.43	4.4%	0.5%
1993	\$2,420.29	\$2,312.62	\$ 97.99	\$ 9.65	4.0%	0.4%
1994	\$2,383.85	\$2,287.27	\$ 88.40	\$ 8.18	3.7%	0.4%
1995	\$2,336.77	\$2,250.33	\$ 79.54	\$ 6.90	3.4%	0.3%
1996	\$2,281.00	\$2,203.60	\$ 71.55	\$ 5.85	3.1%	0.3%
1997	\$2,268.38	\$2,197.42	\$ 65.98	\$ 4.98	2.9%	0.2%
1998	\$2,168.55	\$2,098.68	\$ 65.53	\$ 4.34	3.0%	0.2%
% Change 1988-1998	-14.2%	-11.5%	-52.3%	-74.5%	* Excluding the value of addiction treatment benefits.	

**Table 2. Day Limits for Plans with Separate Maximums for Addiction Treatment**

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997
30 days or less	34.6%	37.5%	42.9%	48.5%	43.0%	51.0%	51.7%	49.7%	51.8%	57.1%
31 to 60 days	51.9%	45.1%	42.9%	41.8%	44.6%	37.5%	39.3%	40.2%	37.3%	36.0%
61 to 90 days	13.5%	11.1%	9.0%	7.1%	9.7%	9.9%	7.9%	8.9%	9.1%	5.6%
91 to 120 days	0.0%	5.5%	4.2%	2.0%	2.2%	1.6%	1.1%	1.1%	1.8%	1.2%
121 to 150 days	0.0%	0.0%	*	*	*	0.0%	0.0%	0.0%	0.0%	0.0%
151 to 180 days	0.0%	0.0%	*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

**Table 3. Comparative Utilization of Inpatient Services**

	1990	1991	1992	1993	1994	1995	% Change 1990-1995
<b>Addiction Treatment and Psychiatric Services Combined</b>							
Admissions per 1,000 people	5.9	5.5	5.2	4.7	4.3	4.4	-25.4%
Average Length of Stay (ALOS)	19.4	17.0	14.6	13.3	12.3	10.4	-53.6%
Inpatient Days per 1,000	115	93	76	62	53	46	-60.0%
<b>Addiction Treatment Services Only</b>							
Admissions per 1,000 people	1.7	1.5	1.4	1.1	1.0	1.0	-58.8%
Average Length of Stay	19.0	17.0	16.0	13.3	11.8	11.0	-42.1%
Inpatient Days per 1,000 people	33	25	22	15	12	11	-66.7%
<b>Psychiatric Services Only</b>							
Admissions/1,000 - Psychiatric	4.2	4.0	3.8	3.6	3.3	3.4	-19.0%
ALOS - Psychiatric	19.6	17.0	14.1	13.2	12.4	10.2	-48.0%
Inpatient Days/1,000 - Psychiatric	82	68	54	47	41	35	-57.3%

## Nerve Receptor Linked to Drug Response

A new study on mice has identified a nerve receptor that may control responses to both marijuana and heroin. In the January 15 issue of the journal *Science*, a team of European researchers reported that a CB1 receptor located on the surface of nerve cells in the areas of the brain that are tied to addiction might affect responses to drugs. "Drugs aimed at switching off the receptor might be considered for preventing the development of dependence on opiates and possibly other addictive drugs," said lead author Dr. Catherine Ledant of the Universit libre de Bruxelles in Brussels, Belgium.

The researchers focused on the THC in marijuana, which binds to the CB1 receptor. Since the receptor is abundant in the cells of the central and peripheral nervous systems, the researchers genetically engineered mice born without functioning CB1

receptors. They found that normal mice immediately began displaying "high" and addictive behavior after exposure to THC, while the mice without CB1 receptors were unaffected. "These results demonstrate that the main pharmacological responses to THC, as well as the addictive properties of cannabinoids, are indeed mediated mostly, if not exclusively, by the CB1 receptor," the authors concluded.

In a second experiment, in which mice were exposed to morphine, both groups of mice showed typical "drugged" responses, but the mice without functioning CB1 receptors were less eager to self-administer the drug by poking a lever with their nose compared to normal mice. The researchers concluded that "CB1 receptors are required for the development of physical dependence" on opiates, including heroin.

Ledant's team said that if their results can be replicated in human trials, the CB1 receptor could provide researchers with a "two-in-one" target for new anti-addiction drug therapies.

## Miscarriages Related to Cocaine, Tobacco Use

A study published in the February 4 issue of the *New England Journal of Medicine* has shown a connection between crack cocaine and miscarriages and has confirmed a link between smoking tobacco and miscarriages as well.

Led by Dr. Roberta Ness of the University of Pittsburgh, the study examined drug use among nearly 1,000 poor black inner-city women. The researchers used hair analysis and urine tests to compare the drug and tobacco use of 400 black women who had a miscarriage with the drug and tobacco use of 570 women who had not miscarried.

Ness and her colleagues found that one-quarter of the miscarriages in the study population could be attributed to use of crack cocaine use and tobacco. They calculated that the risk of miscarriage increased 40% when cocaine was used during pregnancy. The researchers

also found 80% more miscarriages among women whose urine had evidence of cigarette use. They concluded that the two substances "together would account for 24% of the spontaneous abortions among these inner-city adolescents and women."

## Alcohol, Illicit Drugs Both Factor in Criminal Activity

Defying widespread stereotypes, newly released federal data show that the link between criminal activity and alcohol is at least as strong as that with use of illicit drugs. According to the Bureau of Justice Statistics (BJS) report, "Substance Abuse and Treatment, State and Federal Prisoners, 1997," 51% of offenders said they were under the influence of alcohol or other drugs at the time of their offense, and three-quarters of all inmates were characterized by researchers as being "alcohol or drug-involved."

For example, 37% percent of inmates in state prisons and 20% of inmates in federal facilities reported that they were under the influence of alcohol at the time of their offenses, compared with 33% percent of state offenders and 22% percent of federal offenders who said they were under the influence of illicit drugs.

The BJS report also shows that alcohol plays a greater role in assault, murder and sexual assault than illicit drugs. In fact, 42% of state prisoners and 25% of federal prisoners convicted of violent offenses reported being under the influence of alcohol at the time they committed their crimes; in contrast, 29% of violent state offenders and 25% of violent federal offenders said they were under the influence of drugs. Few prisoners in either group received treatment while incarcerated.

Among those who had used drugs at the time of their offense, 18% reported receiving treatment in prison, compared to 40% in 1991, and only about 14% of inmates who were under the influence of alcohol when they committed their crime reported in 1997 that they had received addiction treatment in prison.

## Addiction Medicine Specialist

DENVER — BOULDER

Kaiser Permanente is seeking a board-certified internist or family physician with experience in addiction medicine to join an internist in practicing addiction medicine in the Denver metropolitan area.

The physician will function as part of the Chemical Dependency Treatment team for the Kaiser Permanente Colorado Region. Primary responsibilities include care of patients in a detoxification unit, consultation on patients in a general hospital, assistance to counselors regarding the medical aspects of rehabilitation/recovery, and planning of chemical dependency treatment strategies for the region's 350,000 members.

Salary is competitive and benefits are exceptional.

Certification by the American Society of Addiction Medicine is preferred.

Contact Physician Recruitment  
 Colorado Permanente Medical Group,  
 10350 E. Dakota Avenue  
 Denver, CO 80231-1314  
 Telephone 303/344-7302.

Equal Opportunity Employer



## Physicians' Advice Lowers Alcohol Intake

A new survey from the World Health Association (WHO) has found that when physicians advise patients about the dangers of drinking alcohol, the patients' alcohol consumption is reduced.

According to the survey, patients who were told by their doctors about the dangers of drinking alcohol lowered their intake by 30% over an 18-month period. "The main thing is to show people what are the safe levels of drinking, to show them the benefits of cutting down on their drinking and then the patient is also given a booklet that reemphasizes advice given to them by their doctor," said Sonia Wutzke, program coordinator of WHO's Drink-less program.

Results of the survey were taken from WHO's Alcohol Use Disorders Identification Test (AUDIT), which enabled physicians to detect alcohol problems and help reduce drinking levels. WHO's goal is to have doctors discuss alcohol intake as a routine part of their general practice. The study did not target alcoholics, but persons who were drinking at levels associated with problems such as domestic violence, traumatic injuries and auto crashes.

"The biggest problem for us is that many doctors don't think they will be effective despite the fact that we have a program that we've shown can be effective," said WHO's Wutzke. "A lot of them seem to think that they will offend their patients if they ask about their alcohol consumption, and the other issue is time and money. And that's where we potentially will be approaching to have a Medicare reimbursement for any counseling that they undertake."

## Gene Treatment for Cirrhosis

Scientists may have discovered a treatment that could prevent liver cirrhosis, a disease typically caused by alcohol abuse, according to a report in the February issue of the journal *Nature Medicine*.

Jiro Fujimoto of the Hyogo College of Medicine in Nishinomiya, Japan, and a team of researchers report that they were able to promote liver regeneration in rats by injecting a human gene into their

muscles. The gene made the rats pump out high quantities of a protein that cleared up the cirrhosis while reducing cell death.

The treatment holds out the hope that cirrhosis can be prevented in at-risk individuals and the damage reversed in patients already diagnosed with cirrhosis of the liver. Research is continuing in dogs, and Fujimoto hopes to receive permission for human testing.

According to the National Institute of Diabetes and Digestive and Kidney Diseases, an estimated 25,000 Americans die from cirrhosis every year.

## NIH, ONDCP Call for Expanded Methadone Treatment

A newly released report of a National Institutes of Health (NIH) Consensus Conference recommends expansion of methadone treatment for heroin addicts, reduction of unnecessary federal and state regulations on methadone, and improved training of physicians and other health professionals in the diagnosis and treatment of opiate dependence.

The report, published in the *Journal of the American Medical Association*, is based on a meeting of an independent panel on Effective Treatment of Opiate Addiction, which was convened by NIH in November 1997.

General Barry McCaffrey, director of the Office of National Drug Control Policy, endorsed the NIH recommendations, saying that "Nationally, only 115,000 opiate-addicted individuals, out of an estimated 810,000, are participating in methadone treatment programs. Clearly, many more people could be freed from the slavery of heroin addiction if this proven therapy were more widely available.

"Methadone therapy is one of the longest established, most thoroughly evaluated forms of drug treatment.... Methadone therapy now helps keep over 100,000 addicts off heroin, off welfare, and on the tax rolls as law-abiding, productive citizens. With proper expansion of the program, we can stop even more individuals from going back to the streets, back to crime, back to drugs, and back to welfare at enormous cost to society and to public safety.

"Despite methadone's proven success, there is much we need to do to make this therapy more available. That is why the Office of National Drug Control Policy, along with the Department of HHS and DEA, has been working for the past three years to reform regulatory oversight of methadone programs. Our intent is to implement a system in which physicians and other medical practitioners have greater latitude in prescribing methadone as part of a comprehensive drug treatment program."

## FDA Approves New Test for Hepatitis C

The U.S. Food and Drug Administration has approved a more accurate test for the hepatitis C virus for use in patients who have tested positive on broad screening tests. The blood test, called the RIBA HCV 3.0 Strip Immunoblot Assay, is produced by Chiron Corp. and is to be distributed by Ortho Diagnostic Systems, Inc. It is said to be considerably more sensitive than currently available supplemental tests, thus reducing the likelihood of false-positive results. ■

### 4TH ANNUAL ROCKY MOUNTAIN EMOTIONAL TRAUMA SYMPOSIUM The Trauma of Drug Addiction: Perplexing Problems for Patients and Practitioners

July 8, 9, and 10, 1999  
8:00 a.m. to 12:30 p.m. each day  
Whitefish, Montana

#### Featured Speakers:

Ray Baker, MD  
Peter Banyss, MD  
Millicent Buxton-Smith, RN  
Robert DuPont, MD  
Patricia England, JD  
Ann Skipper, MD  
Greg Skipper, MD  
David Smith, MD  
John Steinberg, MD  
Doug Talbot, MD  
Richard Wise, MD

#### Some Topics:

- State Board Regulations
- PTSD/Dual Diagnosis
- Methamphetamine
- Opiate Prescribing
- Biology of Addiction
- Addiction Treatments
- Family Dynamics
- Impaired Professionals

30 min. from Glacier National Park  
• Flyfishing • Rafting  
Call: (406)752-1775  
Sponsored by:  
Pathways Treatment Center  
Kalispell Regional  
Medical Center  
Kalispell, Montana



## NIDA Establishes National Clinical Trials Network

The National Institute on Drug Abuse (NIDA) has opened competition for the first sites of the National Drug Abuse Treatment Clinical Trials Network. NIDA Director Alan I. Leshner, Ph.D., describes the goals of the network as "to test the usefulness of science-based drug abuse treatment components in real-life practice settings with diverse types of patients and, as appropriate, to facilitate the incorporation of such science-based treatment approaches into actual clinical practice." Dr. Leshner says that the network will provide a long-standing treatment research infrastructure that will involve partnerships between treatment researchers and community-based treatment providers.

The first round of applications is solicited for a submission date of April 13, 1999. The announcement can be

accessed through the National Institutes of Health website ([www.nih.gov/grants/guide/rfa-files/RFA-DA-99-004/html](http://www.nih.gov/grants/guide/rfa-files/RFA-DA-99-004/html)). In addition, a summary of a February meeting for potential grantees is available from NIDA; contact Jane Holland in NIDA's office of Science Policy and Communications at 301/443-6071.

## NIAAA Sponsors Mentoring Project

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is seeking a limited number of new investigators who are developing promising alcohol research projects and who have not previously received an NIAAA grant. Each successful applicant will be matched with a senior, NIAAA-funded researcher in a mentoring relationship. The mentor will guide the mentee as she/he produces a new NIAAA grant application or improves one previously submitted.

All new researchers who have not previously applied for an NIAAA research grant, or who applied but did not receive a fundable score, are encouraged to apply. (The Institute especially encourages applications from researchers who have racial or ethnic minority status.) The mentoring program began in February and will continue through August 1999. Call 301/443-0639 or e-mail [SHeurtin@niaaa.nih.gov](mailto:SHeurtin@niaaa.nih.gov) for further information.

## Applicants Sought for Drug-Free Communities

The federal Office of National Drug Control Policy (ONDCP) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) are currently seeking applications for the FY1999 Drug-Free Communities Support Program, a \$20 million grant program that funds community-based substance abuse prevention coalitions. Community coalitions that have been active for six months or longer are eligible to apply for the grants, which are intended to reduce substance abuse

among children and adults, strengthen collaboration, support data-driven, research-based prevention planning, and provide technical assistance, guidance and financial support for communities.

ONDCP and OJJDP plan to make 119 or more one-year grants of up to \$100,000 each to new grantees in FY 1999. Each grant requires a dollar-for-dollar match from non-federal sources, either in the form of cash or in-kind assistance. Applications are due April 12. For an application package, contact the ONDCP Clearinghouse at 1-800/666-3332, or e-mail [ziegler1@ojp.usdoj.gov](mailto:ziegler1@ojp.usdoj.gov) or [morganm@ojp.usdoj.gov](mailto:morganm@ojp.usdoj.gov).

## RWJ Foundation Funds Local Initiatives

Pass-through funding is available to local non-profit organizations that partner with local funders and apply for the Robert Wood Johnson Foundation's Local Initiative Funding Partners Program 2000 (LIFPP). The latest round of funding in the LIFPP matching-grant program will go to local grantmakers to support innovative, community-based programs that focus on underserved and at-risk population, including those that promote health and reduce the personal, social, and economic harm caused by the abuse of tobacco, alcohol, and illegal drugs. Grants also will be made to collaborations that work to assure access to basic, affordable health care and those that improve health-care service delivery for people with chronic health conditions.

Grants are for 36 to 48 months and \$50,000 to \$500,000 each, which must be matched dollar for dollar by local sources. In FY 2000, up to \$7 million will be awarded. Initial application materials are due by August 5, 1999. For an application or further information, contact Pauline M. Seitz or Orrin T. Hardgrove, Local Initiative Funding Partners Program, Health Research and Educational Trust of New Jersey, 760 Alexander Road, Post Office Box 1, Princeton, NJ 08543-0001, or by phone at 609/275-4128.

## ARRNO

Addiction Recovery Resources of New Orleans



**TREATMENT  
FOR  
ADDICTIVE DISORDERS**

**Ken Roy III, MD, FASAM**  
Medical Director

- \* JCAHO Accredited
- \* Master's level clinical staff
- \* Disease concept
- \* 12-Step based
- \* Family Systems
- \* Primary Residential Treatment (minimum of ninety days)
- \* Continuing Care for persons returning to New Orleans after primary treatment

4836 Wabash Street, Suite 202  
Metairie, LA 70001  
504-780-2766  
Fax: 504-780-9699  
[www.arrno.com](http://www.arrno.com)

## AMA Announces Leadership Change at JAMA

George D. Lundberg, M.D., long-time editor of the *Journal of the American Medical Association*, has been removed from that post amid controversy over the *Journal's* publication of an article touching on issues raised by the Clinton impeachment hearings.

In a statement released January 15, AMA Executive Vice President E. Ratcliffe Anderson, M.D., said that while "Dr. Lundberg and his fine staff...have advanced the stature of *JAMA*," the decision to publish the article in question "has threatened the historic tradition and integrity of the *Journal of the American Medical Association* by inappropriately and inexcusably interjecting *JAMA* into a major political debate that has nothing to do with science or medicine."

Dr. Anderson named Richard M. Glass, M.D., and Phil B. Fontanarosa, M.D., as interim co-editors of *JAMA*, pending completion of a nationwide search for a replacement for Dr. Lundberg. AMA subsequently announced that the organization and Dr. Lundberg have agreed on terms for the transition. Dr. Lundberg has since been named editor-in-chief of Medscape, an online health information service.

Dr. Lundberg is a recipient of the 1997 ASAM Annual Award for his leadership in publishing articles on addiction topics in the AMA journals. ■



## Members-in-Training Committee Gains Momentum

Christina Delos Reyes, M.D.  
*Chair, Members-in-Training Committee*

Residents and medical students are a small but important segment of the ASAM membership. As of January 1999, 91 residents and 37 medical students were counted as "members-in-training."

The Members-in-Training Committee is composed of residents, students, and other ASAM members who are interested in promoting addiction medicine to the "next generation" of physicians. Over the past two years, this group has grown from four members to 15. The Committee meets primarily through conference calls, but also plans to meet in New York City during ASAM's Annual Medical-Scientific conference on Thursday, April 29, from 8:00 to 10:00 p.m. All interested ASAM members (whether or not they are committee members) are welcome to attend.

To make it easier for students and residents to attend the ASAM annual meeting, registration for the 1999 meeting is free for medical students, and reduced (from \$325 to \$150) for residents. Please take advantage of this special offer!

Current projects of the Members-in-Training Committee include:

- **Resident/student phone survey:** Some of you may have received a call from the committee asking about your involvement in addiction medicine and your suggestions for ASAM services and activities. They survey will continue through June 15, with the results reported in *ASAM News*.
- **Increasing the visibility of addiction medicine:** The committee is researching ways to spread the word about addiction medicine, as through articles in student journals (such as *The New Physician*), lapel buttons, making ASAM information available at addiction medicine seminars (such as the Betty Ford Summer Institute for Medical Students), and sending the ASAM Membership Directory to all the medical schools in the U.S.
- **National Alcohol Screening Day:** Colleges, medical schools and hospitals are ideal locations for this screening program, scheduled for April 8. Committee members are planning to volunteer at their local institutions, or to set up a screening site where none has been established.
- **Resident/student leadership at the state level:** The committee encourages students and residents to become active in their ASAM state chapters. Specifically, a grassroots effort is underway to change state chapter by-laws so that students and residents can be voting officers. In this way, the future leaders of ASAM will gain valuable experience early in their careers.

If there are other projects or ideas you think are important to members-in-training, please join us! We need your energy, creativity, and enthusiasm. Many leadership opportunities are available, including the post of Committee Chair and writing for *ASAM News*.

To get in touch, contact Catherine Davidge at the ASAM office or e-mail Christina Delos Reyes, M.D., at [Chris.DelosReyes@uhhs.com](mailto:Chris.DelosReyes@uhhs.com). ■

The Members-in-Training Committee will meet during ASAM's 1999 Annual Medical-Scientific Conference in New York City on Thursday, April 29, from 8:00 to 10:00 p.m.

Registration for the 1999 conference is free for medical students, and reduced (from \$325 to \$150) for residents. Please take advantage of this special offer!

## Marijuana Ballot Initiatives Are About Harm Reduction, Not Legalization

John J. McCarthy, M.D.

In the ASAM Newsletter of December 1998 [Addiction Medicine News, Vol. 13, No. 6, page 3], a comment was made concerning the marijuana ballot initiatives. This comment said that international financier George Soros was "long a proponent of legalizing drug use."

I am quite familiar with Mr. Soros' position. It is not legalization of drug use. The editorial received this information from opponents of the initiatives — drug "warmongers" who wish to paint everybody who has a negative view of our incarceration policies as legalizers. Mr. Soros is financially behind a number of initiatives to reduce the global harm from drugs. This policy is known as "harm reduction," not legalization.

The newsletter should be more familiar with Mr. Soros' work in the area of drug policy. The policy is intelligent, ethical and very common sense, unlike our drug war. Addiction medicine should be aware of his important contributions to our field.

Whatever one feels concerning the marijuana ballot initiatives, I do not believe that there is much credibility

within medicine for incarcerating people for marijuana use. That kind of abuse of human beings is what these initiatives are geared to curb.

*Dr. McCarthy is Medical Director of the Bi-Valley Medical Clinic, Sacramento, CA, and a member of the California Society of Addiction Medicine's Committee on Opiate Dependence.*

[See page 3 for an update on the marijuana ballot initiatives.]

## MEMBER NEWS



*Dr. Ann Marie Riether and family*

### ANNE MARIE RIETHER, M.D.,

ASAM member from Georgia, has received the 1998 National Achievement Award from the National Multiple Sclerosis Society. The award recognizes Dr. Riether's work to make it possible for sufferers of MS and other life-threatening diseases to access new drugs and treatments that are classified as experimental.

Dr. Riether's work grew out of her experience as a volunteer in a clinical study of the effects of a T-cell receptor vaccine for multiple sclerosis. Although her symptoms improved during the trial, she no longer could obtain the drug when the trial ended. As her symptoms worsened, Dr. Riether joined another patient in the trial, Dr. Karen Mullican, in lobbying for Congressional enactment of "compassionate use" reforms that allow patients with serious conditions to access experimental medications while FDA approval is in progress. As a result, Dr. Riether and Dr. Mullican were invited to the signing ceremony for the FDA Modernization Act, which contains the compassionate use provisions.

In addition to her national advocacy efforts, Dr. Riether, who is a psychiatrist specializing in substance abuse and eating disorders, is active in the Georgia chapter of the National MS Society. Diagnosed with multiple sclerosis in 1993, Dr. Riether participates in the MS Walk and biking events. She currently is designing a self-defense course for women with disabilities and older adults. Dr. Riether's recreational interests include karate, which she says helps her sense of balance; she also is proficient in American Sign Language, and enjoys pottery and painting.

## Addiction Medicine Specialist

AdCare Hospital of Worcester, Inc., Massachusetts' largest and most comprehensive provider of addiction services, is seeking a full-time Addiction Medicine Specialist with a thorough understanding of both addiction and dual diagnosis management.

AdCare is fully accredited by JCAHO, providing both inpatient and outpatient services.

The qualified candidate must be Massachusetts licensed or eligible, and ASAM certified or eligible.

Send or fax (508/753-3733)  
resumes or curriculum vitae to:

Ronald F. Pike, M.D.  
Medical Director  
AdCare Hospital of Worcester, Inc.  
107 Lincoln Street  
Worcester, MA 01605-2499

*Affirmative Action/Equal Opportunity Employer*

## CHAPTER UPDATES

### Arkansas

*Chapter President: Forrest B. Miller, M.D.*  
*Regional Director: Ken Roy, M.D., FASAM*

At the most recent Arkansas chapter meeting, a dinner meeting in November, Detective Dan Chandler of the Little Rock Police Department gave an informative presentation on issues related to methamphetamine production and distribution. The chapter is planning to schedule a dinner meeting every 8 to 12 weeks.

### California

*Chapter President:*

*Gail Shultz, M.D., FASAM*

*Regional Director: Gail Shultz, M.D., FASAM*

In March, CSAM will jointly sponsor an educational program with the Alameda County (Northern California) Alcohol, Tobacco and Other Drug Treatment Provider Network. Catherine McDonald, M.D., Medical Director of an inpatient adolescent treatment program in Oakland, secured contract funds from California's "Proposition 99" tobacco tax initiative to stimulate change in alcohol and drug treatment programs — giving technical assistance on how to incorporate treatment for nicotine dependence simultaneously with treatment for alcohol of drug dependence. Conferences for the clinical and administrative staff of treatment programs throughout the county are part of the project activities. The conference on March 12 will feature John Slade, M.D., FASAM.

The planning committee for CSAM's 1999 State of the Art Conference has been named. Peter Banys, M.D., is the Chair. Members are Doctors Mickey Ask, M.D., Steven Ey, M.D., Lori Karan, M.D., David Pating, M.D., Nicholas Rosenlicht, M.D., and Donald Wesson, M.D.

Bob McFarlane, M.D., is organizing regional CME meetings in San Diego on a regular basis, with the support of the treatment program, Rancho L'Abri. On January 21, the topic was the neurochemical basis of reward. The speaker was Randolph Hampton, Ph.D., of the University of California at San Diego. CSAM helps members arrange local meetings because they bring colleagues

together in small groups for an evening of education and interaction.

Donald Kurth, M.D., is coordinating a regional meeting in the San Bernardino-Riverside area (Southern California), with the support of Loma Linda University's Behavioral Medical Center.

### Illinois

*Chapter President:*

*Norman S. Miller, M.D., FASAM*

*Regional Director:*

*Norman S. Miller, M.D., FASAM*

The Chicago Midwest Clinical Conference and the Chicago Medical Society held a meeting in February on "Addiction Disorders for Physicians".

A pre-conference for ASAM's review course was held in October 1998.

### Michigan

*Chapter President: Thomas Peter Kane, D.O.*

*Regional Director:*

*Norman S. Miller, M.D., FASAM*

The Michigan Society of Addiction Medicine will hold its 2nd Annual Spring Conference March 26-27. Entitled "Special Issues in Addiction Treatment," the conference will feature presentations on Women's Issues, Spirituality, Dual Diagnosis, and Impaired Health Care Professionals. Speakers are to include Andrea Barthwell, M.D., FASAM, Milton Burglass, M.D., FASAM, Richard Reis, M.D., and David E. Smith, M.D., FASAM. For more information, contact Melissa Wiegand at 517/336-7599 or Dr. Kane at 248/539-7890.

### New York

*Chapter President:*

*Merrill Scot Herman, M.D.*

*Regional Director:*

*Lawrence S. Brown, Jr., M.D., M.P.H.*

The annual CME/Business Meeting for the New York Society of Addiction Medicine is scheduled for the New York Marriott Marquis hotel on March 25, from 6:30-9:30pm. Guest speaker will be Lawrence Brown, Jr., M.D., M.P.H. Dr. Brown is Director of ASAM Region I, as well as Medical Director of the Addiction Research and Treatment Corporation (ARTC) in New York City. He will present an "Update on Hepatitis C."

In addition, Dr. Brown and Chapter President Herman will conduct a joint presentation/discussion on "Recent Issues in Methadone Maintenance." They will address the current controversy involving New York City Mayor Rudy Giuliani, as well as the feasibility of office-based prescribing of methadone. For more information, call Catherine Davidge at the ASAM Office or Dr. Herman at 718/920-6770.

### Oklahoma

*Chapter President: Ron Shaw, M.D.*

*Regional Director:*

*Ken Roy, M.D., FASAM*

Dr. Ronald B. Shaw has been elected OKSAM Chapter President, succeeding Clarence R. Roberts, M.D. Dr. Roberts, who underwent cardiac surgery in September, is recovering nicely and was greeted by friends and colleagues at the OKSAM/ASAM Retreat in January in Tulsa.

### Oregon

*Chapter President: Douglas L. Bovee, M.D.*

*Regional Director:*

*Richard E. Tremblay, M.D., FASAM*

ORSAM is pleased to welcome new Board member Marvin Seppala, M.D., who was elected to succeed outgoing Secretary-Treasurer James Thayer, M.D. Jim will be missed, as he did a superb job of managing ORSAM business over the past three years. Vice President Susan McCall, M.D., was re-elected to a three-year term; we welcome her back.

The chapter continues to hold quarterly educational and business meetings at the Sweetbriar Inn in Tualatin. The January meeting featured Kathy Tomlin, LPC, CDAC II, who discussed "New Perspectives in Treating Families with Addiction." At the April 20 meeting, Roland Atkinson, M.D., Professor at Oregon Health Sciences University, will discuss the comorbidity of depression with alcoholism, with emphasis on the elderly patient.

Be sure to visit ORSAM's new website, which can be reached by clicking on the state chapters link on ASAM's website ([www.asam.org](http://www.asam.org)).

## President Releases Drug Control Strategy

The Clinton administration has unveiled its 1999 national drug control strategy, featuring a goal of cutting drug use in half by 2007. The five parts of the plan involve educating children; decreasing the addicted population; ending the cycle of drugs and crime; securing the nation's borders from drugs; and reducing the drug supply.

Federal data show that 6.4% of the U.S. population aged 12 and over use illegal drugs. The plan is aimed at lowering the use and availability of drugs by 25% by 2002 and by 50% by 2007. The drug-control strategy also expects to reduce the rate of crime associated with drug trafficking and use by 30% and to reduce the health and social costs associated with drugs by 25%.

The plan calls for the federal government to spend nearly \$18 billion this year. However, the majority of the funds will be spent on law-enforcement, interdiction and other supply reduction activities.

### Text of the President's Announcement of the 1999 National Drug Control Strategy

"On behalf of the American people, I am pleased to transmit the 1999 National Drug Control Strategy to the Congress. This Strategy renews and advances our efforts to counter the threat of drugs — a threat that continues to cost our Nation over 14,000 lives and billions of dollars each year.

"There is some encouraging progress in the struggle against drugs. The 1998 Monitoring the Future study found that youth drug use has leveled off and in many instances is on the decline — the second straight year of progress after years of steady increases. The study also found a significant strengthening of youth attitudes toward drugs: young people increasingly perceive drug use as a risky and unacceptable behavior. The rate of drug-related murders continues to decline, down from 1,302 in 1992 to 786 in 1997.

Overseas, we have witnessed a decline in cocaine production by 325 metric tons in Bolivia and Peru over the last four years. Coca cultivation in Peru plunged 56% since 1995.

"Nevertheless, drugs still exact a tremendous toll on this Nation. In a 10-year period, over 100,000 Americans will die from drug use. The social costs of drug use continue to climb, reaching \$110 billion in 1995, a 64% increase since 1990. Much of the economic burden of drug abuse falls on those who do not abuse drugs — American families and their communities. Although we have made progress, much remains to be done.

"The 1999 National Drug Control Strategy provides a comprehensive balanced approach to move us closer to a drug-free America. This Strategy presents a long-term plan to change American attitudes and behavior with regard to illegal drugs. Among the efforts this Strategy focuses on are:

- "Educating children: studies demonstrate that when our children understand the dangers of drugs, their rates of drug use drop. Through the National Youth Anti-Drug Media Campaign, the Safe and Drug Free Schools Program and other efforts, we will continue to focus on helping our youth reject drugs.
- "Decreasing the addicted population: the addicted make up roughly a quarter of all drug users, but consume two-thirds of all drugs in America. Our strategy for reducing the number of addicts focuses on closing the "treatment gap."
- "Breaking the cycle of drugs and crime: numerous studies confirm that the vast majority of prisoners commit their crimes to buy drugs or while under the influence of drugs. To help break this link between crime and drugs, we must promote the Zero Tolerance Drug Supervision initiative to better keep offenders drug- and crime-free. We can do

this by helping States and localities to implement tough new systems to drug test, treat, and punish prisoners, parolees, and probationers.

- "Securing our borders: the vast majority of drugs consumed in the United States enter this Nation through the Southwest border, Florida, the Gulf States, and other border areas and air and sea ports of entry. The flow of drugs into this Nation violates our sovereignty and brings crime and suffering to our streets and communities. We remain committed to, and will expand, efforts to safeguard our borders from drugs.
- "Reducing the supply of drugs: we must reduce the availability of drugs and the ease with which they can be obtained. Our efforts to reduce the supply of drugs must target both domestic and overseas production of these deadly substances.

"Our ability to attain these objectives is dependent upon the collective will of the American people and the strength of our leadership. The progress we have made to date is a credit to Americans of all walks of life — State and local leaders, parents, teachers, coaches, doctors, police officers, and clergy. Many have taken a stand against drugs. These gains also result from the leadership and hard work of many, including Attorney General Reno, Secretary of Health and Human Services Shalala, Secretary of Education Riley, Treasury Secretary Rubin, and Drug Policy Director McCaffrey. I also thank the Congress for their past and future support. If we are to make further progress, we must maintain a bipartisan commitment to the goals of the Strategy.

"As we enter the new millennium, we are reminded of our common obligation to build and leave for coming generations a stronger Nation. Our National Drug Control Strategy will help create a safer, healthier future for all Americans."

## FY 2000 National Drug Control Budget

In total, drug control funding recommended by the Clinton administration for FY 2000 is \$17.8 billion, an increase of \$735 million (+4.3%) over FY 1999 regular appropriations of \$17.0 billion.

In addition to regular appropriations, federal drug control agencies received \$844 million for emergency purposes in FY 1999. With this emergency funding, drug control appropriations total \$17.9 billion in FY 1999.

### Demand Reduction Programs:

Spending that supports drug education, prevention and treatment programs increases by \$210.0 million (+3.6%) in FY 2000 over FY 1999 regular appropriations.

### Supply Reduction Programs:

Spending that supports drug law enforcement efforts increases by \$524.8 million (+4.7%) in FY 2000 over FY 1999 regular appropriations.

### Selected Increases: Prevention and Treatment Programs

- Youth Tobacco Prevention: +\$61.0 million. The Centers for Disease Control and Prevention will receive an increase of \$27.0 million in drug-related funds to extend state-based efforts to conduct comprehensive programs to reduce and prevent tobacco use. The Food and Drug Administration will receive an additional \$34.0 million in

drug-related funding in FY 2000 to expand implementation of its final rule intended to halt the supply of tobacco products to children.

- Drug Intervention Program: +\$100 million. This initiative, funded through the Office of Justice Programs, will provide drug abuse assistance to state and local governments to develop and implement comprehensive systems for drug testing, drug treatment and graduated sanctions for offenders.
- Treatment Capacity Expansion Grants: +\$55 million. This additional funding will help the Substance Abuse and Mental Health Services Administration (SAMHSA) expand the availability of drug treatment in areas of existing or emerging treatment need.
- Substance Abuse Block Grant Program: +\$30 million (\$24.8 million drug-related). This increase for SAMHSA's Substance Abuse Block Grant will provide funding to states for treatment and prevention services. This program is the backbone of federal efforts to reduce the gap between those who are actively seeking substance abuse treatment and the capacity of the public treatment system.

## Local Leaders: Federal Proposals Should Focus on Demand Reduction

A survey of more than 1,500 local leaders working to reduce substance abuse indicated that the priorities of the federal government's \$17 billion drug control budget and a recent \$3 billion Congressional anti-drug proposal are off-target.

Those surveyed said that three-quarters of federal monies should be devoted to treatment and prevention, and one-quarter to law enforcement, including international interdiction. The administration's proposed Year 2000 budget has these priorities almost exactly reversed, designating only one-third of federal dollars for demand reduction.

Survey respondents also disagreed with the Drug Free Century Act, introduced by the Senate Republican leadership in January as a centerpiece of national drug control policy. The legislation calls for \$2.6 billion for international drug interdiction and crop eradication over three years, but only \$25 million for prevention over five years.

"Reducing the demand for drugs is faster, cheaper and more effective than trying to stop the flow of illicit drugs from abroad," said David Rosenbloom, Executive Director of Join Together, the organization that released the survey.

"Those of us on the ground know that local problems require local solutions," said Bill Crimi, Executive Director of the Franklin County Prevention Institute. "We need support for efforts which actually work." ■

## Membership Renewals Due

**REMINDER!** It's time to renew your ASAM membership! Don't miss out on future issues of *ASAM News* and other benefits of membership.

If you have questions about your membership or renewal rates, contact Catherine Davidge at the ASAM office, 301/656-3920.



## MOVING? PLEASE LET US KNOW!

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone (O) (\_\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

### Clip and return to:

ASAM • 4601 N. Park Avenue • Upper Arcade 101 • Chevy Chase, MD 20815  
 Phone: 301-656-3920 • Fax: 301-656-3815 • E-mail: email@asam.org

## Governors Don't Want U.S. to Share in Tobacco Funds

In a February meeting with President Clinton, the nation's governors rejected a federal share in the \$195 billion settlement reached late last year between the states and the tobacco industry. The governors complain that the federal government, which was not a part of the lawsuit by the states against the tobacco companies, wants to take up to 57% of the settlement funds, arguing that the money should be used to offset federal Medicaid expenditures.

"It's not their money," said Utah Gov. Mike Leavitt (R), vice chair of the National Governors Association. "There is bipartisan agreement on that," he added. The governors are supporting legislation introduced by a bipartisan group of 25 senators to block the federal government from claiming a share of the tobacco funds. The legislation was written by Senators Kay Bailey Hutchison (R-TX) and Bob Graham (D-FL). "These settlements belong to the states," Hutchison said. "Because of the possible threat of federal seizure, many states, including Texas, are unable to plan and to spend the money for the benefit of their citizens."

## States Preempting Local Tobacco Control Laws

According to a Centers for Disease Control and Prevention (CDC) study published in the January 8 issue of *Morbidity and Mortality Weekly Report (MMWR)*, 31 states have implemented preemptive tobacco-control provisions since 1982. The study presents data about preemptive state tobacco-control laws in three areas: smokefree indoor air, youth access, and marketing of tobacco products.

Some of the study's findings include:

- Eighteen states have passed preemptive laws restricting local governments from passing laws regulating second-hand smoke in government worksites, restaurants or private worksites, and 13 states preempt local indoor air laws for all three venues.
- Seventeen states preempt localities from passing laws restricting the marketing of tobacco products, and

14 states preempt laws on tobacco display, promotion, or sampling.

- Illinois, Michigan and West Virginia have preemptive restrictions on smokeless tobacco warning labels.

## CA: New Laws Focus on Teen Alcohol Abuse

New state laws that went into effect January 1 are designed to reduce adolescent alcohol abuse. One law sets a minimum six-month jail term, a \$1,000 fine or both for anyone who purchases alcohol for a minor who then causes serious injury or death to himself or another person. Another law allows sellers to seize false identification used by minors who try to buy alcohol. Under a third law, the California Department of Alcohol and Drug Programs is required to help counties set up community-based alcohol and drug treatment programs for adolescents.

## IA: Teen Methamphetamine Abuse Strains Treatment Capacity

The surge in abuse of methamphetamine among Iowa teenagers is straining the state's budget for publicly funded treatment, state officials report. Whereas only 25 teens sought treatment for methamphetamine addiction in 1993, they report that 113 were treated in fiscal 1998. Although outpatient drug treatment is readily available, the state lacks funding for the type of long-term care and follow-up treatment needed by the adolescents, they report.

## IL: Stealing Fertilizer to Make Methamphetamine

Nitrogen fertilizer is used as a solvent in making methamphetamine, so Midwestern farming areas also are experiencing an increase in fertilizer thefts from both stores and farm co-ops.

To combat the problem, farm groups, police and fertilizer manufacturers and retailers are working together on education programs and to stiffen penalties for methamphetamine makers. A national task force is studying various lock technologies to better secure fertilizer tanks, while two teams of chemists are looking into an additive that would make fertilizer unusable in methamphetamine

production. Bills before the Illinois General Assembly would make the manufacture of methamphetamine a felony.

## IN: Opposes Federal Claim on Tobacco Settlement Money

An editorial in the *Indianapolis Star* criticizes the Clinton administration's plan to seek a share of the multi-state settlement with the tobacco industry and for wanting a say in how states spend their portion of the settlement: "State officials have every right and reason to bristle at federal interference in the matter. Yet the basis for suing the tobacco companies was compensation for public health costs attributed to smoking-related illnesses. Or at least that was the long-run plan and heart-wrenching argument put forth by the state attorneys general and the passel of private attorneys engaged by the various states. To use the settlement to build roads or bail out pension systems confirms widespread skepticism regarding the motivation behind the lawsuits. Were the suits inspired more by greed and opportunism than by the ravages of tobacco use? The answer lies in how the settlements will be used."

## MA: Studies Find Restaurant Smoking Bans Don't Hurt Business

Bans on smoking in restaurants have not had a significant impact on sales, according to a study published in the January issue of the *Journal of Public Health Management and Practice*. Many restaurant owners joined the tobacco industry in fighting the proposed smoking bans, believing that the restrictions would hurt business and result in a loss of jobs. However, based on taxable sales receipts from restaurants across the state, restaurant sales in smokefree towns rose four percent, compared with only a two percent increase in towns with less restrictive smoking measures.

"Some smokers did report dining out less frequently, but non-smokers, who out-number smokers four to one, reported dining out more frequently," said Dr. Andrew Hyland, a researcher at the Roswell Park Cancer Institute who contributed to the studies.



The studies were funded by the Robert Wood Johnson-supported Substance Abuse Policy Research Program.

### NM: Ignition-Interlock Bill Progresses

New Mexico's House Judiciary Committee gave its approval to a bill that would allow repeat drunken drivers to drive only if they have devices installed on their cars that prevent drunk driving. Under the measure, those charged with drunk driving for a second or third time would be allowed to hold a limited driver's license only if they have an ignition interlock device installed in their vehicles. The law would apply only if the offender's last prior conviction was more than five years ago, and he or she is enrolled in a DWI school and has insurance. The ignition interlock device contains a breath tester that measure blood alcohol levels. The lock prevents the vehicle from starting if alcohol is detected.

The bill was sent to New Mexico's full House of Representatives for a vote. The House Judiciary Committee delayed its vote on a broader bill that would require ignition-interlock devices for all convicted drunken drivers. The bill is endorsed by Mothers Against Drunk Driving (MADD).

### NY: Police to Seize DUI Suspects' Vehicles

New York City has become the first municipality in the U.S. to seize vehicles on the spot from drivers suspected of drinking and driving. Under the new policy, which applies to first-time offenders as well as repeat drunk drivers, if the driver is convicted on charges of driving while intoxicated (DWI), the vehicle will be auctioned off by the police department. If the driver is acquitted, the car will be returned, unless city attorneys decide to try to seize it through a civil forfeiture proceeding.

Twenty-two states allow police to seize the vehicles of drunken drivers, but almost all specify repeat offenders. No other jurisdiction allows authorities to keep the vehicle even if the suspect is acquitted of the DUI charges.

Civil liberties groups have vowed to mount a court challenge to the new policy.

### OH: Effectiveness of DUI Law Debated

Lawyers and law enforcement officials in Ohio are debating whether the state's DUI laws are effective in curbing drinking and driving. Under a 1996 Ohio law, persons with multiple convictions for driving under the influence of drugs or alcohol face prison time. After four convictions, offenders could face 18 months in prison. Despite the law, however, some repeat DUI offenders remain on the roads because of plea bargains implemented before the law. According to recent state figures, about 10% of Ohio's licensed drivers have been convicted of driving under the influence. Of those, more than a third are repeat offenders.

Sgt. Gary Lewis of the State Highway Patrol said troopers arrest 22,000 drunken drivers annually and that the repeat-offender law is effective. "The results of lower alcohol-related fatalities shows the message is being heard," Lewis said. But Ron J. Koltak, a defense attorney who handles DUI cases, questions the effectiveness of prison time without providing more alcohol and drug treatment. Koltak said the state prisons offer Alcoholics Anonymous meetings, but do not have satisfactory counseling programs. "I think the idea of the legislature is to try to keep people like this off the road, but I don't think the punishment is there," Koltak said. "It gets to the old question, 'Are you punishing a disease?'"

### TX: Chronic Drinkers Aren't the Only Drunk Drivers

An effort to lower the state's blood-alcohol limit from 0.10 to 0.08 has been defeated in the legislature, as opponents argued that the gravest problem is drivers who are well over the 0.10 limit. The *San Antonio Express-News* has criticized the legislators' failure to act, citing statistics from Mothers Against Drunk Driving (MADD) showing that 80% of drinking drivers involved in fatal crashes — and two-thirds of the one million people arrested each year for drinking and driving — are not chronic, problem drinkers.

In the past two years, Texas has led the nation in both the number and percentage of highway fatalities involving alcohol. Last year, the state had 1,748 alcohol-related traffic deaths.

### VA: Commission Established to Divide Settlement Funds

Virginia Governor James Gilmore III (R) has established a commission to decide how to divide the state's tobacco settlement money among farmers, tobacco control programs and other interests. The state is expected to receive \$4 billion over the next 25 years.

In addition to the settlement money, the commission will decide how to spend the \$342 million allotted to Virginia from the National Tobacco Community Trust Fund, set up by the tobacco companies to help tobacco farmers hurt by declining sales.

The commission will hold a series of public hearings throughout the state, and will make a final report to the governor by October 1, 1999.

### WI: AG Offers Plan for Tobacco Funds

Attorney General James Doyle has announced a plan to use the state's \$5.9 billion from the tobacco settlement on programs to help reduce youth smoking and to cover the cost of treating smoking-related illnesses. The proposal would allocate \$65 million a year to cover the cost of treating smoking related illnesses and \$100 million a year on tobacco control programs such as reducing youth smoking, helping people quit, and protecting non-smokers from second-hand smoke.

Governor Tommy Thompson (R) has said that he wants some of the tobacco settlement money to provide health insurance for the state's working poor. Acknowledging the various proposals on how to spend the settlement money, Assembly Speaker Jensen said, "[W]e didn't sue the tobacco companies because they have made our school class sizes larger. We sued them because they made our people sick from cigarettes and the taxpayers got stuck with the bill. The money should not go to politicians' pet projects." ■

## ASAM to Sponsor Open Forum on Treatment Denials, Credentialing and Privileging

In response to a large number of requests from ASAM members for help in fighting denials of requests for treatment authorization and refusal to recognize the addiction medicine credential or to extend staff privileges, the ASAM Board of Directors has scheduled an Open Forum on Treatment Denials, Credentialing and Privileging during the Society's Annual Medical-Scientific Conference in New York City. Peter Rostenberg, M.D., will chair the session, which is set for 12 noon to 1:30 p.m. on Saturday, May 1, in the Majestic Room of the Marriott Marquis Hotel.

The goals of the Open Forum are to:

1. Hear members discuss cases in which managed care or other provider organizations have denied authorization to treat;
2. Hear members discuss cases in which hospital or network privileges have been denied;
3. Hear members' recommendations as to how ASAM can best help them fight denials of treatment or privileges, or refusal to accept members' credentials; and
4. Begin to outline a strategy for helping members by engaging the ASAM Board, Chapters, members and staff in a unified, coordinated effort.

To make the Open Forum as productive as possible, members are asked to bring with them a one-page description of each episode they wish to discuss, containing:

- A brief description of the patient care or privilege denied (omitting patient identifiers);
- The name of the managed care or provider organization that denied the treatment authorization or privilege;
- The name, address and phone number of the CEO of that organization; and
- The name, address and phone number of the presenting physician.

Copies of any correspondence regarding the denial also would be helpful. All ASAM members are welcome to attend. ■

### MEMBERS TO VOTE ON CONSTITUTIONAL CHANGES

Members are asked to use the ballot enclosed with this issue of ASAM News to vote on proposed changes to the ASAM Constitution.

Please mark the ballot, fold and seal it, add postage and mail it back to the ASAM office as soon as possible.

### ► POLICY ALERT SAMPLE LETTER

*continued from page 5*

The bill, introduced on February 11, 1999, proposes to limit Federal funds for methadone treatment to 6 months. It is based on two erroneous "Findings":

Finding 1. That "the use of methadone in the treatment of heroin addiction results in the transfer of addiction from one narcotic to another."

In fact, a person maintained on methadone is dependent on but not addicted to methadone in the same way a diabetic is dependent on but not addicted to insulin. Addiction, by contrast, is a disease process characterized by the continued use of a specific psychoactive substance despite physical, psychological or social harm (Graham AW and Schultz TK, eds., "Principles of Addiction Medicine, Second Edition," 1998, p. 1302).

Finding 2. That "The Federal Government should adopt a zero-tolerance, non-pharmacological policy that has as its defined objective independence from drug addiction."

To adopt a policy that bans or limits the use of methadone and other pharmacological therapies is entirely contrary to the scientific evidence, which shows that methadone maintenance treatment improves patients' health and social functioning, while reducing criminal activity and medical and social costs. A 1998 National Institutes of Health Consensus Panel on "Effective Medical Treatment of Opiate Addiction" found that "Opiate dependence is a brain-related medical disorder that can be effectively treated with significant benefits for the patient and society.... All persons dependent on opiates should have access to methadone hydrochloride maintenance therapy..." (NIH Consensus Conference, "Effective Medical Treatment of Opiate Addiction," *Journal of the American Medical Association*, 1998;280:1936-1943).

For the same reasons, the American Medical Association has called for removal of any Federal and state regulations that are "based on incomplete or inaccurate scientific and medical data [and] that restrict or inhibit methadone maintenance treatment..." (H-20.966: AMA HIV Policy Update).

S.423 thus runs contrary to a large body of scientific evidence and to the best practices of the medical community. Such proposed legislation is anti-science at a time when all the current scientific research recognizes addiction as a disease of the brain.

I urge you to oppose S.423 and to work for passage of legislation that reflects the best current scientific data and is in the best interests of addicted persons, their families, and our nation as a whole.

Sincerely,

*[signature]* ■

► **SENATE BILL** continued from page 5

(1) in paragraph (18), by striking the period and inserting "; or"; and

(2) by adding at the end the following:

"(19) with respect to any amount expended for any drug treatment or rehabilitation program that utilizes methadone or Levo-Alpha Acetyl-Methadol unless the program —

"(A) has as its primary objective the elimination of drug addiction, including addiction to methadone or Levo-Alpha Acetyl-Methadol;

"(B) has a specifically defined timetable (not to exceed 6 months from the date of an individual's enrollment as a patient in the program) for achieving complete termination of methadone or Levo-Alpha Acetyl-Methadol treatment; and

"(C) conducts random and frequent comprehensive drug testing for all narcotics;

"(D) provides documentation of the results of such testing;

"(E) requires that patients who are participating in the program be drug-free for the duration of their methadone or Levo-Alpha Acetyl-Methadol treatment; and

"(F) terminates the methadone or Levo-Alpha Acetyl-Methadol treatment of any patient who tests positive for any other illegal narcotic during the duration of their methadone or Levo-Alpha Acetyl-Methadol treatment."

**SEC. 4. PROHIBITION ON THE USE OF CERTAIN PUBLIC HEALTH SERVICE ACT**

**FUNDS FOR CERTAIN METHADONE MAINTENANCE PROGRAMS.** Section 501 of the Public Health Service Act (42 U.S.C. 290aa) is amended by adding at the end the following:

"(n) **LIMITATION** — Notwithstanding any other provision of law, amounts appropriated under this title or title XIX and administered by the Substance Abuse and Mental Health Services Administration may not be expended for any drug treatment or rehabilitation program that utilizes methadone or Levo-Alpha Acetyl-Methadol unless the program —

"(1) has as its primary objective the elimination of drug addiction, including addiction to methadone or Levo-Alpha Acetyl-Methadol;

"(2) has a specifically defined timetable (not to exceed 6 months from the date of an individual's enrollment as a patient in the program) for achieving complete termination of methadone or Levo-Alpha Acetyl-Methadol treatment;

"(3) conducts random and frequent comprehensive drug testing for all narcotics;

"(4) provides documentation of the results of such testing;

"(5) requires that patients who are participating in the program be drug-free for the duration of their methadone or Levo-Alpha Acetyl-Methadol treatment; and

"(6) terminates the methadone or Levo-Alpha Acetyl-Methadol treatment of any patient who tests positive for any other illegal narcotic during the duration of their

methadone or Levo-Alpha Acetyl-Methadol treatment."

**SEC. 5. STUDY OF TREATMENT PROGRAMS.** Not later than 3 years after the date of enactment of this Act, the Director of the National Institute of Drug Abuse shall have conducted and completed a study concerning —

(1) the methods and effectiveness of nonpharmacological heroin rehabilitation programs; and

(2) the methods and effectiveness of methadone-to-abstinence programs.

**SEC. 6. ANNUAL REPORT ON EFFECTIVENESS OF HEROIN REHABILITATION PROGRAMS.** (a) **IN GENERAL** — Not later than January 1, 2000, and each January 1 thereafter, the Secretary of Health and Human Services acting through the Center for Substance Abuse Treatment shall prepare and submit to Congress a report concerning the effectiveness of heroin rehabilitation programs. Each such report shall focus on both nonpharmacological and methadone-to-abstinence based approaches to heroin rehabilitation.

(b) **TERMINATION** — The requirement under subsection (a) shall terminate after the Secretary of Health and Human Services submits the 5th annual report under such subsection.

**SEC. 7. EFFECTIVE DATE.** The amendments made by this Act apply to amounts expended on and after the date that is 6 months after the date of enactment of this Act. ■

## Medical Review Officer Training Courses Forensic Issues in Addiction Medicine Workshop



**MRO**

July 16-18 Washington, DC

Nov. 12-14 Lake Buena Vista, FL

19 hours of category 1 CME credit

**FORENSIC  
ISSUES**

July 15 Washington, DC

7 hours of category 1 CME credit

American Society of Addiction Medicine  
301.656.3920 [www.asam.org](http://www.asam.org)

**ASAM**

**ASAM's Second Annual Certification Open Forum Scheduled for Med-Sci**

ASAM's second annual Certification Open Forum has been scheduled for Saturday, May 1, from 7:30 to 8:30 a.m., during ASAM's 30th Annual Medical Scientific Conference in New York. The forum provides a venue for discussion of issues related to ASAM Certification and Recertification, such as the criteria to apply for the Year 2000 Certification Examination in Addiction Medicine and MRO. The forum will be moderated by Lloyd J. Gordon III, M.D., FASAM, Chair of the Credentialing Committee. Additional information is available from Christopher Weirs at the ASAM office.

**First Item-Writing Workshop to be Held During Med-Sci**

ASAM's first Item-Writing Workshop, to be held during the 1999 Medical-Scientific Conference in New York City, will provide an opportunity for members to participate in the process of developing items for ASAM's Certification and Recertification Examination. Participants will gain insight into the test development process, will learn how to write effective test items, and will have an opportunity to submit items to ASAM's Examination Committee for possible inclusion in future examinations.

Set for Sunday, May 2nd, from 7:00 to 8:30 a.m., the workshop is to be co-facilitated by John B. Griffin, Jr., M.D., who is the ASAM Examination Committee Chairperson, and Jennifer Stevens Pappas, M.A., an Evaluation Officer with the National Board of Medical Examiners.

The workshop is an outgrowth of ASAM's plan to increase the number of trained item writers, to increase the number of items available for future examinations, and to increase the number of items that test the higher-level reasoning skills required in clinical practice. Participants will learn how to:

- Identify appropriate topics for examination questions;
- Write concise, focused questions;
- Write plausible incorrect answers;
- Convert recall items into reasoning questions;
- Identify and remove typical flaws in examination questions; and
- Select the best questions for future examinations.

Participants will have an opportunity to practice writing questions, with sample questions selected for review and discussion by the group.

ASAM members who are interested in attending should call Christopher Weirs at the ASAM office. Registration is limited to the first 50 physicians who apply.

**289 Physicians Win Certification or Recertification in Addiction Medicine**

Lloyd J. Gordon III, M.D., Chair of the ASAM Credentialing Committee, has announced that 187 candidates passed the examination in November 1998 and thus won Certification in Addiction Medicine. An additional 102 physicians passed the

examination for Recertification in Addiction Medicine. Those whose names appear below will be presented certificates marking their achievement at the Annual Awards Dinner during ASAM's 30th Annual Medical Scientific Conference in New York.

**Certified in Addiction Medicine**

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| Adams, Richard L., D.O.               | Hoffman, I. Bruce, M.D.              |
| Ahkami, Behzad, M.D.                  | Holleman, Marsha, M.D.               |
| Albers, Gregg R., M.D.                | Hopper, John A., M.D.                |
| Albin, David L., M.D.                 | Hueseman, Linda, M.D.                |
| Alford, Daniel Peter, M.D., M.P.H.    | Ikizler, Yasemin, M.D., CCFP         |
| Ali, Naved A., M.D., CCFP             | Ilogu, Noel, M.D.                    |
| Amodia, Diana S., M.D.                | Ivey, E. Rackley, M.D.               |
| Aszalos, M. Rita, M.D.                | Jacobi, Alison L., M.D.              |
| Baker, John A., M.D.                  | Jenkusky, Steven M., M.D.            |
| Bard, Robert, M.D.                    | Johnson, Eddie D., M.D.              |
| Bauer, Carl Leroy, M.D.               | Joslyn, Elaine Welsh, D.O.           |
| Bedder, Marshall D., M.D.             | Kadish, William A., M.D.             |
| Benjamin, Robert, M.D.                | Kamlet, Jeffrey David, M.D.          |
| Beverly, Clarence E., M.D., M.P.H.    | Kaskiw, Richard Peter, M.D.          |
| Birnbaum, Ira, M.D.                   | Kellman, Arlene, D.O.                |
| Bishara, Michael Fawzy, M.D.          | Khan, Wakil, M.D.                    |
| Blake, Daniel J., M.D.                | Khubesrian, Marina, M.D.             |
| Blondell, Richard Duane, M.D.         | Kilaru, Usha R., M.D.                |
| Bridges, Truett, M.D.                 | Kim, James J., M.D.                  |
| Brook, David, M.D.                    | Koduru, Banerje, M.D.                |
| Campbell, John Nelson, M.D., P.C.     | Kohn, Helen, M.D.                    |
| Cannella, Michael, M.D.               | Kololgi, Vijayalakshmi A., M.D.      |
| Carinhas, Rachael Mia, M.D.           | Koopmeiners, Michael Bernard, M.D.   |
| Carlson, Mark Luther, M.D.            | Kuettel, Thomas J., M.D.             |
| Carpenter, Richard W., M.D.           | Kuponyi, Peter Olatunji, M.D.        |
| Carragher, Michael J., M.D.           | Lantrip, Linda Gore, D.O.            |
| Chappell, George L., M.D.             | Larson, Deborah, D.O.                |
| Clarke, Stephen, M.D.                 | Lawrence, Larry C., M.D.             |
| Cochran, William Michael, M.D.        | Lay, Jessica, M.D.                   |
| Conrad, Harold T., M.D.               | Lee, Jonathan Oliver, M.D.           |
| Cyran, Francis M., M.D.               | Lerman, Mark N., M.D.                |
| D'Souza, Anthony B., M.D.             | Lodowski, Ruth Ellen, M.D.           |
| Dayton, Harvey H., Jr., M.D.          | Lokitus, Mark A., D.O.               |
| Desai, Nitigna Vikas, M.D.            | Lovett, Jeffrey W., M.D.             |
| Doherty, Dennis C., D.O.              | Lynch, Alan James, M.D.              |
| Duncan, Craig Earl, M.D.              | Mallin, Robert, M.D.                 |
| Duwel, John, M.D.                     | Mandhan, Narain, M.D.                |
| Eisenberg, Michael, M.D.              | Marsters, Jean Anne, M.D.            |
| Engen, Judy J., M.D.                  | Mata, Zenaida M., M.D.               |
| Fabien-Boutrouille, Jacqueline, M.D.  | McLaulin, J. Bryce, M.D.             |
| Fahimian, Parviz D., M.D.             | McVay, Mark A., D.O.                 |
| Foulks, Carl A., M.D.                 | Melikian, Robert, M.D.               |
| Freedman, Kenneth I., M.D.            | Menestrina, Mark A., M.D.            |
| Freeman, Brenda Kaye, M.D.            | Middleton, Robert J., M.D., F.A.C.P. |
| Friedmann, Peter D., M.D., M.P.H.     | Miller, Forrest Bernie, M.D.         |
| Gallo, Arnold J., M.D.                | Miller, Shannon Corey, M.D.          |
| Garber, Peter, M.D.                   | Milstein, Hyman J., M.D.             |
| Garbutt, James C., M.D.               | Mirow, Arvin, M.D.                   |
| Go, Eliseo, M.D.                      | Moore, Pamela J., M.D.               |
| Gordon, Judith, M.D.                  | Musson, Paul Henry, M.D.             |
| Gottschalk, Christopher H., M.D.      | Mutziger, John C., D.O.              |
| Gourlay, Douglas L., M.D.             | Navuluri, Someswara, M.D.            |
| Greenberg, Mark A., M.D.              | Nguyen, Harry P., M.D.               |
| Griffin, J. Bradley, M.D.             | O'Connell, Timothy John, M.D.        |
| Griffiths, Douglas, M.D.              | O'Neill, James Paul, M.D.            |
| Gudeman, David, M.D.                  | Okpaku, Samuel Osifo, M.D., Ph.D.    |
| Gutierrez, Nicasio Sanchez, Jr., M.D. | Ostrow, David G., M.D.               |
| Hall, Michael A., M.D.                | Park, Samuel, M.D.                   |
| Hameedi, Faiq, M.D.                   | Parker, B. Frank, Jr., M.D.          |
| Harris, Milton Lanier, Jr., M.D.      | Patel, Rajesh M., M.D.               |
| Hauth, Thomas Arthur, M.D.            | Pating, David R., M.D.               |
| Hayes, Jeffrey B., M.D.               | Patkar, Ashwin, M.D.                 |
| Hendricks, David Richard, M.D.        | Pena, Francisco Indalecio, M.D.      |
| Hinchman, Richard L., M.D.            | Perez-Cruet, Jorge, M.D.             |

## CERTIFICATION AND RECERTIFICATION

Poole, Calvin P., Jr., M.D.  
 Prasad, Kommarreddi, M.D.  
 Prusinski, Chester J., D.O.  
 Puricelli, Mark Stewart, M.D.  
 Quinn, Diana Kristine, M.D.  
 Radparvar, Sina, M.D.  
 Rieb, Launette Marie, M.D.  
 Rivenbark, Judy S., M.D.  
 Roberts, E. Leonard, M.D.  
 Rodgers, Joseph, M.D.  
 Roman, Arlene, M.D.  
 Rosenthal, Richard N., M.D.  
 Ruffa, Anthony, D.O.  
 Sadowsky, William, M.D.  
 Saitz, Richard, M.D., MPH  
 Saleh, Mohamed Omar, M.D.  
 Salsitz, Edwin A., M.D.  
 Scandinaro, Christopher, M.D.  
 Schoenholtz, Sharon Elyse, M.D.  
 Scontsas, George, M.D.  
 Seale, J. Paul, M.D.  
 Selby, Peter Leslie, M.D.  
 Seltzer, Joel, M.D.  
 Shapiro, Jon A., M.D.  
 Shapiro, Raymond, M.D.  
 Sheahan, Kevin James, M.D.  
 Shwyder, Michael W.T., M.D.  
 Simon, David L., M.D.  
 Simon, John Ernest, M.D.  
 Singh, Suma, M.D.  
 Smith, Ronald E., M.D.  
 Smith, Lorie, M.D.  
 Snedden, Albert Graeme, M.D.  
 Sprague, Thomas M., D.O.  
 Sripada, Prasad, M.D.  
 Stein, Jack M., D.O.  
 Straehley, Clifford John, III, M.D.  
 Svensson, Travis, M.D.  
 ThotaKura, Rajakumar, M.D.  
 Timmerman, Donald D., M.D.  
 Torano, Victor, M.D.  
 Troncale, Joseph A., M.D.  
 Vallicre, Mary A., M.D.  
 Vasavada, Nishendu M., M.D.  
 Vasti, Ernest J., M.D.  
 Vaynberg, Dina, M.D.  
 Vilt, James Joseph, Sr., M.D.  
 Waraich, Jaap Kaur, M.D.  
 Wassel, Emile, M.D.  
 Waters, Christy S., M.D.  
 Weaver, Michael F., M.D.  
 Webster, Lynn, M.D.  
 Weisdorf, Thea M., M.D.  
 Wiesinger, Ronald, M.D.  
 Wilcox, Melinda, M.D.  
 Wiseman, William J., M.D.  
 Yarborough, William H., M.D.  
 Yoon, Sam U., M.D.  
 Zodkaevitch, Rony, M.D.

### Recertified in Addiction Medicine

Abrams, Michael E., M.D.  
 Alfano, Salvatore, M.D.  
 Antoniskis, Andris, M.D.  
 Arora, Ramesh, M.D.  
 Barthwell, Andrea G., M.D., FASAM  
 Batzer, Gabrielle Bemis, M.D., FASAM  
 Beach, Richard A., M.D., FASAM  
 Beals, William, M.D.

Berman, Jeffrey Alan, M.S., M.D.  
 Bishop, T. Michael, M.D.  
 Bjornald, Judith C., M.D.  
 Bloomfield, Stephen, M.D.  
 Bolin, Daniel H., M.D.  
 Bowman, James D., M.D.  
 Brower, Kirk J., M.D., FASAM  
 Cabaj, Robert Paul, M.D.  
 Chessen, Douglas H., M.D.  
 Colameco, Stephen M., M.D.  
 Connor, Charles Peter, M.D.  
 Cox, Jackie J., M.D.  
 Dayno, Alan L., M.D.  
 Degner, Eugene A., M.D.  
 Deshpande, Shrikant R., M.D.  
 Dickinson, William E., D.O., FASAM  
 DuPont, Robert L., M.D., FASAM  
 Duggan, Eileen, M.D.  
 Eder, Edward E., III, M.D.  
 Edgcomb, John S., M.D.  
 Eustace, John C., M.D.  
 Evanko, David, M.D.  
 Ferguson, James L., D.O.  
 Fischer, Craig, M.D.  
 Fisher, Stephen Neal, M.D.  
 Fuller, Paul G., Jr., M.D.  
 Garlick, Ivor, M.D.  
 Gavryck, Wayne A., M.D.  
 Gellrick, Caroline M., M.D., FASAM  
 Gilder, David Austin, M.D.  
 Glick, Alvin J., M.D.  
 Goldman, Lee M., M.D.  
 Goberman, Lance L., M.D.  
 Grigg, Jon Richard, M.D.  
 Haas, Neil B., M.D.  
 Headrick, Daniel Joseph, M.D.  
 Heischober, Bruce S., M.D.  
 Hesse, Frederick R., M.D.  
 Hissong, Cecelia F., M.D.  
 Hogarty, Thomas J., M.D.  
 Hunter, Ted M., M.D.  
 Huttenbach, Dirk E., M.D.  
 Ianacone, David C., M.D.  
 Igoa, Jose E., M.D.  
 Javel, Alan F., M.D.  
 Johnson, Raymond A., M.D.  
 Johnson, Gerald Kenneth, M.D.  
 Kalapatapu, Umamaheswara R., M.D.  
 Karimi, Kambiz T., M.D., F.A.C.P.  
 Kassels, Steven J., M.D.  
 Kasser, Christine L., M.D.  
 LeFevre, Larry E., M.D.  
 Leifso, Lowell Robb, M.D.  
 Loes, Michael W., M.D.  
 Lubben, Georgia D., M.D.  
 Mangat, Balminder Singh, M.D.  
 Marsh, Douglas L., D.O.  
 Martin, Edward W., M.D.  
 Masis, Kathleen B., M.D.  
 McEwen, Luther Morris, M.D.  
 Moss, Marilyn C., M.D.  
 Nelson, Barry Kenneth, M.D.  
 Neshin, Susan F., M.D.  
 Peterson, Mark W., M.D.  
 Reynolds, Roger E., D.O.  
 Ross, Sam, III, M.D.  
 Roth, Ronald R., M.D.  
 Roy, A. Kenison, III, M.D., FASAM  
 Russomanno, Larry, M.D.  
 Saffier, Kenneth A., M.D.  
 Scanlan, Timothy M., M.D.

Schulz, Jerome Edward, M.D.  
 Severance, Douglas E., M.D.  
 Shaw, Charles J., M.D.  
 Shaw, James Robert, M.D.  
 Sherin, Kevin M., M.D., MPH, FASAM  
 Simmons, Robert W., M.D.  
 Sparks, Lisa A., M.D.  
 Spatafora, J. Richard, M.D.  
 Squire, James M., M.D.  
 Strickler, Howard Martin, M.D.  
 Sunseri, Francis A., M.D.  
 Szilagyi, Peter I.A., M.D.  
 Thompson, Kenneth Wayne, M.D.  
 Veit, Frederick W., M.D.  
 Vergara, Humberto, M.D.  
 Wahl, Walter H., M.D.  
 Wainer, Bradford S., D.O.  
 Wallen, Mark C., M.D., FASAM  
 Washburn, Peter, M.D.  
 Wieland, John H., M.D.  
 Worth, R. Bruce, M.D.  
 Yarra, Nirmala Karnam, M.D.  
 Yi, Donna D., M.D.  
 Physicians Who Qualified  
 on the MRO Subsection

### The following physicians passed the special subsec- tion for Medical Review Officers of the 1998 Certification Examination.

Abrams, Michael E., M.D.  
 Albin, David L., M.D.  
 Batzer, Gabrielle Bemis, M.D., FASAM  
 Beach, Richard A., M.D., FASAM  
 Benjamin, Robert, M.D.  
 Blondell, Richard Duane, M.D.  
 Bloomfield, Stephen, M.D.  
 Bridges, Truett, M.D.  
 Brower, Kirk J., M.D., FASAM  
 Carlson, Mark Luther, M.D.  
 Carraher, Michael J., M.D.  
 Chappell, George L., M.D.  
 Chessen, Douglas H., M.D.  
 Clarke, Stephen, M.D.  
 Colameco, Stephen M., M.D.  
 Cyran, Francis M., M.D.  
 Dayno, Alan L., M.D.  
 Dayton, Harvey H., Jr., M.D.  
 Desai, Nitigna Vikas, M.D.  
 Dickinson, William E., D.O., FASAM  
 Doherty, Dennis C., D.O.  
 DuPont, Robert L., M.D., FASAM  
 Eder, Edward E., III, M.D.  
 Edgcomb, John S., M.D.  
 Fischer, Craig, M.D.  
 Fisher, Stephen Neal, M.D.  
 Foulks, Carl A., M.D.  
 Friedmann, Peter D., M.D., M.P.H.  
 Gallo, Arnold J., M.D.  
 Garber, Peter, M.D.  
 Garbutt, James C., M.D.  
 Gilder, David Austin, M.D.  
 Goldman, Lee M., M.D.  
 Gordon, Judith, M.D.  
 Gourlay, Douglas L., M.D.  
 Griffin, J. Bradley, M.D.  
 Griffiths, Douglas, M.D.  
 Grigg, Jon Richard, M.D.  
 Gudeman, David, M.D.

Haas, Neil B., M.D.  
 Hayes, Jeffrey B., M.D.  
 Heischober, Bruce S., M.D.  
 Hendricks, David Richard, M.D.  
 Hesse, Frederick R., M.D.  
 Hoffman, I. Bruce, M.D.  
 Hueseman, Linda, M.D.  
 Huttenbach, Dirk E., M.D.  
 Igoa, Jose E., M.D.  
 Ivey, E. Rackley, M.D.  
 Kassels, Steven J., M.D.  
 Kasser, Christine L., M.D.  
 Kellman, Arlene, D.O.  
 Kim, James J., M.D.  
 Lovett, Jeffrey W., M.D.  
 Mallin, Robert, M.D.  
 Marsh, Douglas L., D.O.  
 Martin, Edward W., M.D.  
 Masis, Kathleen B., M.D.  
 McLaulin, J. Bryce, M.D.  
 McVay, Mark A., D.O.  
 Menestrina, Mark A., M.D.  
 Miller, Forrest Bernie, M.D.  
 Mutziger, John C., D.O.  
 Neshin, Susan F., M.D.  
 O'Connell, Timothy John, M.D.  
 Parker, B. Frank, Jr., M.D.  
 Pating, David R., M.D.  
 Patkar, Ashwin, M.D.  
 Peterson, Mark W., M.D.  
 Puricelli, Mark Stewart, M.D.  
 Quinn, Diana Kristine, M.D.  
 Reynolds, Roger E., D.O.  
 Rieb, Laurette Marie, M.D.  
 Rodgers, Joseph, M.D.  
 Ross, Sam, III, M.D.  
 Roth, Ronald R., M.D.  
 Roy, A. Kenison, III, M.D., FASAM  
 Russomanno, Larry, M.D.  
 Saffier, Kenneth A., M.D.  
 Saitz, Richard, M.D., MPH  
 Saleh, Mohamed Omar, M.D.  
 Salsitz, Edwin A., M.D.  
 Scanlan, Timothy M., M.D.  
 Schulz, Jerome Edward, M.D.  
 Scontsas, George, M.D.  
 Seale, J. Paul, M.D.  
 Selby, Peter Leslie, M.D.  
 Seltzer, Joel, M.D.  
 Severance, Douglas E., M.D.  
 Shapiro, Jon A., M.D.  
 Shapiro, Raymond, M.D.  
 Simon, John Ernest, M.D.  
 Smith, Ronald E., M.D.  
 Smith, Lorie, M.D.  
 Sparks, Lisa A., M.D.  
 Spatafora, J. Richard, M.D.  
 Squire, James M., M.D.  
 Svensson, Travis, M.D.  
 Szilagyi, Peter I.A., M.D.  
 Thompson, Kenneth Wayne, M.D.  
 Valliere, Mary A., M.D.  
 Veit, Frederick W., M.D.  
 Wahl, Walter H., M.D.  
 Washburn, Peter, M.D.  
 Weaver, Michael F., M.D.  
 Wilcox, Melinda, M.D.  
 Worth, R. Bruce, M.D.  
 Yarborough, William H., M.D.  
 Yi, Donna D., M.D.



Ruth Fox, 1895-1989

## RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleague:

We are very pleased to report that the Endowment Fund is \$438,967 away from our 1999 goal of \$3 million. We are grateful for the many generous gifts that have helped toward our goal.

Dr. and Mrs. James W. Smith have named the Endowment Fund as beneficiary of a \$100,000 insurance policy, in addition to previous generous contributions. Dr. Smith is a long-time member, current Treasurer, and incoming Director-at-Large of ASAM.

Dr. and Mrs. Alan W. Wartenberg have made a \$100,000 bequest to the Endowment Fund, also in addition to many previous contributions. Dr. Wartenberg is a long-time member, past Board member, and past Director of the Ruth Fox Course for Physicians.

The Yasuda Bank and Trust Company (USA), New York City, has made another contribution to the Endowment, bringing their total corporate support over the years to \$13,250. We are very grateful to the bank's officers for their ongoing support, which is helping to secure the Society's future and the future of Addiction Medicine.

A special program on "The Charitable Pension Trust" will be offered on Thursday, April 29, 1999, from 7:00 to 8:30 p.m. at the ASAM Medical-Scientific Conference in New York City. Arthur Lippitt, CLU, will discuss integrated strategies for tax reduction, tax-free lifetime retirement income stream, guaranteed legacy preservation, and leveraged inter-generational wealth transfers in the context of meaningful charitable giving through qualified plans. If you plan to attend, please check this session on the conference registration form. Everyone is welcome!

If you have not already contributed or pledged to the Endowment Fund, it is not too late to have your name added to the donor list and receive an invitation to the Ruth Fox Memorial Endowment Reception, scheduled for Friday, April 30, 1999, during the Med-Sci Conference. It is an outstanding event, available by invitation only to Ruth Fox Fund donors.

Please contact Claire Osman if you would like to discuss a deferred gift, or make a pledge or contribution. She can be reached at 1-800/257-6776 or 212/206-6776.

*Max A. Schneider, M.D., FASAM, Chair, Endowment Fund*  
*Jasper G. Chen See, M.D., Chair Emeritus, Endowment Fund*  
*Claire Osman, Director of Development*

As of January 31, 1999  
**Total Pledges: \$2,561,033**

**New Donors, Additional Pledges and Contributions**  
December 16, 1998 — January 31, 1999

*Colleagues' Circle*  
(\$100,000-\$249,999)  
Dr. and Mrs. James W. Smith  
Dr. and Mrs. Alan W. Wartenberg  
*President's Circle*  
(\$10,000-\$24,999)  
Yasuda Bank and Trust Company (USA)

*Donors' Circle (up to \$2,999)*  
Ann Cullen, M.D.  
Anthony Dekker, D.O.  
John E. Emmel II, M.D.  
Gary A. Jaeger, M.D.  
David H. Knott, M.D.  
Maria Kushner, D.O.  
Gary Patzkowsky, M.D.  
Robert D. Sparks, M.D.  
Richard Webb, M.D.

### ► ADDICTION *continued from page 3*

November referendum, police need to determine if a person possessing marijuana is using it illegally or for a medical purpose. The law requires medical marijuana users to apply for a special permit through the State Health Division, but the permit system will not be in place until May 1999. The new law prohibits officers from destroying or neglecting marijuana plants that they've seized from someone who is using the drug for medical purposes. However, by returning the marijuana plants to their owners, police are violating federal laws, which prohibit people from using marijuana for medical purposes.

District of Columbia voters still do not have official results of a ballot initiative there, as local officials are barred by Congressional edict from spending money to tally votes on the referendum. The District government has joined the American Civil Liberties Union (ACLU) in a suit against the District's Election Board to force a count, while the federal Department of Justice is defending the Congressional ban.

The impasse is scheduled to end September 30 — the end of the federal fiscal year — when the District will be able to use FY 2000 funds to complete the ballot count, unless Congress decides to extend the ban. Polls conducted on election day indicate that the initiative was approved by a large majority.

*[See the related article on page 12.]*

### **Tobacco Firms Pressed Drug Companies to Soften Anti-Smoking Messages**

Tobacco industry documents show that, from 1982 through 1992, the tobacco companies used coercion and economic intimidation to muffle aggressive anti-smoking messages by the makers of smoking cessation products such as the nicotine patch or gum.

According to internal memos reported in the February 14 *Los Angeles Times*, Philip Morris acted in 1984 to cancel chemical purchases from Dow Chemical after one of Dow's subsidiaries, Merrell Dow, introduced Nicorette and prepared literature for doctors' offices urging smokers to quit.

Dow Chemical eventually won back

► ADDICTION *continued on page 24*

*Be part of the largest gathering of physicians, nurses,  
psychologists and counselors dedicated to the  
treatment, education, research and prevention of addictions*

**ASAM's**

**30th Annual Medical-Scientific Conference**

**April 29-May 2, 1999 New York, New York**



*For details on registration and exhibit opportunities contact:*

**ASAM**

AMERICAN SOCIETY OF ADDICTION MEDICINE  
4601 North Park Avenue, Suite 101, Arcade  
Chevy Chase, Maryland 20815

301.656.3920 Email: [email@asam.org](mailto:email@asam.org) Web: [www.asam.org](http://www.asam.org)

**March 26-27**

Michigan Society of Addiction Medicine  
Conference  
Dearborn, MI  
(For information: 517/336-7599)

**April 29**

ASAM Forum on AIDS and Addictions  
New York, NY  
7 Category 1 CME credits  
April 29  
The Ruth Fox Course for Physicians  
New York, NY  
7 Category 1 CME credits

**April 30-May 2**

ASAM 30th Annual  
Medical-Scientific Conference  
New York, NY  
19 Category 1 CME credits

**June 10-13**

23rd Annual Educational Retreat  
— Talbott Alumni Association  
Lake Lanier Islands, GA  
[For information: 770/994-0185]

**June 11-12**

South Carolina Society of  
Addiction Medicine Conference  
[For information: 843/849-8880]

**July 15**

Forensic Issues in Addiction Medicine  
Washington, DC  
7 Category 1 CME credits

**July 16-18**

ASAM MRO Course  
Washington, DC  
19 Category 1 CME credits  
[The Medical Review Officer  
Certification Council offers  
the MRO Certification Exam  
immediately following the course.  
For information, contact the MROCC  
at 847/671-1829.]

**October 6-9**

California Society of Addiction Medicine  
State of the Art Conference  
Los Angeles, CA  
[For information: 510/428-9091]

**October 14-17**

12th National Conference  
on Nicotine Dependence  
Cleveland, OH  
17.5 Category 1 CME credits

**November 4-6**

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

**November 12-14**

ASAM MRO Course  
Lake Buena Vista, FL  
19 Category 1 CME credits  
[The Medical Review Officer  
Certification Council offers  
the MRO Certification Exam  
immediately following the course.  
For information, contact the MROCC  
at 847/671-1829.]

**OTHER EVENTS OF NOTE****April 18-21**

Many Paths, One Direction:  
11th Annual Southwest Regional  
Substance Abuse Conference  
Albuquerque, NM  
[For information: 505/856-1717]

**May 21-23**

Haight Ashbury Free Clinics  
Conference on Critical Issues in Addiction  
San Francisco, CA  
[For information: 415/565-1904]

**June 20-25**

48th Annual Session of the  
University of Utah  
School on Alcoholism and  
Other Drug Dependencies  
Salt Lake City, UT  
[For information: 801/575-2181]

**June 26-July 1**

Research Society on Alcoholism  
22nd Annual Scientific Meeting  
Santa Barbara, CA  
[For information: 512/454-0022]

**► CONFERENCE continued from page 1**

Also to be recognized at the Awards Dinner are the 289 physicians who recently passed the ASAM examination for Certification or Recertification in Addiction Medicine.

The conference hotel is the New York Marriott Marquis, 1535 Broadway, New York, NY, 10036. Phone 212/398-1900 for reservations. Special conference rates of \$178 single/\$188 double have been arranged for reservations made on or before Friday, April 9.

For registration information, visit the ASAM website at [www.asam.org](http://www.asam.org), or contact the ASAM Meetings Department by phone at 301/656-3920, by fax at 301/656-3815, or by e-mail at [asamoffice@aol.com](mailto:asamoffice@aol.com).

**► ADDICTION continued from page 22**

the Philip Morris account, but only after a Dow executive assured Philip Morris that it was "committed to avoiding contribution to the anti-cigarette effort," and Merrell Dow president David Sharrock informed tobacco executives that he would personally begin to "screen advertising and promotional materials to eliminate any inflammatory anti-industry statements." Similarly, a 1985 Philip Morris memo described the tobacco industry as having an "understanding" with the marketer of Nicorette that it would avoid "emotional...pleas to stop smoking."

## ASAM STAFF

[Except where noted below, ASAM staff can be reached by phone at 301/656-3920, or by fax at 301/656-3815]

James F. Callahan, D.P.A.  
Executive Vice  
President/CEO  
JCALL@ASAM.ORG

Susan Blaz  
Office Manager  
SBLAZ@ASAM.ORG

Catherine Davidge  
Dir. of Membership &  
Chapter Relations  
CDAVI@ASAM.ORG

Caprice Falwell  
Membership Assistant  
CFALW@ASAM.ORG

Linda Fernandez  
Asst. Director of Meetings &  
Conferences  
LFERN@ASAM.ORG

Joanne Gartenmann  
Exec. Assistant to the EVP  
JGART@ASAM.ORG

Natalie Martin  
Accounting Assistant  
NMART@ASAM.ORG

Dennis Matos  
Director of Finance  
DMATO@ASAM.ORG

Sandy Schmedtje Metcalfe  
Director of Meetings &  
Conferences  
SMETC@ASAM.ORG

Claire Osman  
Director of Development  
Phone: 212/206-6776  
Fax: 212/627-9540  
ASAMCLAIRE@AOL.COM

Christopher Weirs  
Credentialing  
Project Manager  
CWEIR@ASAM.ORG

Bonnie B. Wilford  
Editor, *ASAM News*  
Phone: 703/538-2285  
Fax: 703/536-6186  
BBWILFORD@AOL.COM