

ASAM NEWS

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NEWSLETTER OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE

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Dr. Galanter Assumes ASAM Presidency; Points to Challenges in Era of Managed Care

Marc Galanter, M.D., FASAM

Marc Galanter, M.D., FASAM, assumed the Presidency of ASAM during the Society's annual Medical-Scientific Conference in April. Dr. Galanter delivered the following remarks in his inaugural address.



The emergence of managed care has had an enormous impact on all areas of American medical treatment. We in ASAM need to address the effects of managed

care on the addiction field in particular, and to make clear that it has been associated with a decline in the availability of rehabilitation services for the deeply compromised patients we treat. In fact, the problems associated with this decline have affected the extent and quality of employer-provided insurance coverage, access to and utilization of treatment services, benefits available under the Medicare and Medicaid programs, and the professional careers of addiction treatment professionals. In this regard, we are confronted with a number of very troubling facts:

- Alcohol and drug use disorders are among the most common health problems in the United States, imposing a fiscal cost on society of \$246 billion per year. Despite their enormous impact, these disorders are significantly undertreated. A recent ASAM study makes clear that the structures and practices of managed care may be significantly exacerbating this serious problem.
- ASAM's study with the Hay Group further revealed that the value of insurance benefits for addiction treatment has declined by 75% from 1988 through 1998 for employees of mid- to large-size companies. This figure stands in stark contrast to the 11.5% decline in the value of all health benefits. The pattern documented in the ASAM/Hay study is

corroborated by data from the federal Bureau of Labor Statistics.

- The trend toward "carved out" benefits administered by for-profit "behavioral health" organizations is associated with reduced financial incentives for intensive, effective treatment. This effect is larger in the for-profit model than in staff-model and not-for-profit managed care organizations.
- The shift toward managed care also has been associated with a dramatic reduction in the frequency and duration of inpatient hospital stays, even for patients who require this level of treatment intensity. This reduction has not been offset by a corresponding increase in the use of outpatient care. Moreover, initial positive cost containment results trumpeted by advocates of managed care often represented cost shifting rather than true cost savings.
- In a recent ASAM survey of addiction medicine specialists, a majority of respondents reported that managed care practices had exerted a negative effect on their ability to offer detoxification and rehabilitation services, often posing ethical dilemmas.

To address these issues, ASAM as an organization and each of us as individuals must respond constructively and forcefully. Here are

► **CHALLENGES** continued on page 15



PARITY STILL A MAJOR FOCUS OF ASAM ACTIVITY

James F. Callahan, D.P.A.

A SAM continues to track developments related to parity for mental health and addiction treatment benefits in the insurance programs of individual states, as well as in federal policy.

Vermont Parity Law

Recently, Dr. Timothy Fischer and I reported to the Chapters Committee on a new publication, *Fighting for Parity in an Age of Incremental Health Care Reform* by Ken Libertoff, Ph.D., which chronicles the successful effort to enact parity legislation in Vermont.

Fighting for Parity is potentially useful to every ASAM chapter and member, as it suggests basic steps to take in forming broad coalitions, preparing to introduce parity legislation, and working with legislators to build their understanding, support and sponsorship of parity bills.

In our analysis, Dr. Fischer and I pointed out two shortcomings of the Vermont law that should be corrected in drafting future parity measures:

- The Vermont law defines alcohol or substance abuse as a "mental health condition." ASAM policy makes clear that "alcohol, nicotine and other drug dependencies are primary diseases...and should not be subsumed under...mental health."
- Physicians are not expressly cited as eligible service providers in the Vermont law. ASAM endorses specific inclusion of physicians as eligible providers in parity legislation.

Other Resources for Advocates

In a recent report on *Insurance Benefits: The Costs and Effects of Parity for Mental Health and Substance Abuse Insurance Benefits* (DHHS Pub. No. SMA 98-3205), the federal Substance Abuse and Mental Health Services Administration concludes that several aspects of the Vermont law — such as the fact that it covers both mental health and addictive disorders, while avoiding certain limitations and exemptions that have hampered the effectiveness of parity laws in other jurisdictions — make it a sound model for other states.

A second publication, the 1997 Milliman & Robertson, Inc. report on *Premium Estimates for Substance Abuse Parity Provisions for Commercial Health Insurance Products*, estimates that "full and complete substance abuse parity provision would increase 'composite' per capita health insurance premiums...by 0.5%, or less than \$1 per member per month." ASAM was a co-sponsor of this important report by Milliman & Robertson, which provides actuarial and management consulting services to a majority of commercial managed care organizations. The entire report can be viewed on the World Wide Web at www.health.org/pubs/insur/.

Finally, a study by the Rand Corp. has determined that it costs managed care plans \$5.11 per person per year to offer large employers an unlimited substance abuse benefit, or 6 cents per person more than a benefit that limits per person annual expenditures to \$10,000. "Putting a limit on benefits saves almost nothing, but affects a substantial number of patients who need the additional care," said Dr. Roland Sturm, a senior economist at Rand. This is a significant finding because increased cost has been the primary objection to efforts in the U.S. Congress to require health insurance companies to offer the same benefits for addiction and mental illnesses that are offered for physical ailments.

Dr. Fischer and I hope that you will not only find these materials useful and interesting, but that you will make them available to ASAM members and nonmembers alike who are willing to commit time and energy to the struggle to achieve parity for addiction treatment in the 45 states where such legislation does not yet exist. ■



American Society of Addiction Medicine

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

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Web Site

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

Supreme Court To Rule on FDA Authority Over Tobacco

The U.S. Supreme Court has agreed to decide whether the Food and Drug Administration (FDA) has the authority to regulate tobacco products. The decision grants the Clinton Administration's appeal of a 1998 4th Circuit Court ruling that said Congress did not intend the FDA to regulate tobacco when it established the agency. Arguments are expected to be heard this fall, with a decision likely to come sometime in spring 2000.

The tobacco industry tried to dissuade the Justices by arguing that the recent multi-state settlement with the industry contained sufficient restrictions. But in its appeal, the Administration noted that the 4th Circuit decision would "deprive the public of an unparalleled opportunity to prevent millions of children from acquiring a highly addictive habit that often leads to premature death."

Even if the Supreme Court affirms that the FDA has authority to regulate tobacco products, the battle with the tobacco industry is likely to continue. According to industry press releases, extending FDA's authority over tobacco raises several constitutional and statutory questions not answered by the 4th Circuit, particularly First Amendment issues. If the Supreme Court rules in favor of granting FDA authority, those questions will be decided by the 4th Circuit.

Sen. Thurmond Calls For Wine Label Investigation

Angered by the Bureau of Alcohol, Tobacco and Firearms' (ATF's) approval of wine labels that include references to health benefits of wine consumption, Sen. Strom Thurmond (R-SC) is holding up three Treasury Department nominations. Sen. Thurmond wants an investigation into whether the Wine Institute and senior federal officials conspired to develop government policy that promotes the health benefits of alcohol. He requested the probe in a letter to inspectors general at the Departments of Agriculture and Health and Human Services.

"Ever since the wine industry began using these dietary guidelines to promote their product as part of a healthy lifestyle, I have been gravely concerned that public policy was

manipulated for the purposes of marketing a potentially dangerous product," the senator's letter said. "There is absolutely no excuse for public policy to be compromised. The citizens should have confidence in the validity, accuracy and integrity of a public document that outlines the government's position on nutrition."

Sen. Thurmond's actions are a result of a decision by ATF — a division of the Treasury Department — to approve new wine labels that carry a message suggesting possible health benefits of drinking wine. The senator was so angered by the decision that he proposed legislation to shift authority for administering alcohol-beverage labeling from Treasury to the Department of Health and Human Services. Thurmond, whose 22-year-old daughter was killed in 1993 by a drunken driver, also is pushing for legislation to overturn the new label ruling.

Mental Health Groups Advocate Change in SA/MH Block Grant

In a funding dispute that could derail legislation to reauthorize the Substance Abuse and Mental Health Services Administration (SAMHSA), some mental health organizations are lobbying for language that would overturn existing practice by allowing states to commingle the addiction and mental health block grant funds administered by SAMHSA.

The National Alliance for the Mentally Ill (NAMI) is urging its affiliates to use a series of hearings on addiction treatment sponsored by the Center for Substance Abuse Treatment to "raise the issue...and urge CSAT representatives to allow states to provide treatment for people suffering from co-occurring mental and addictive disorders" (*for more information on the CSAT hearings, see page 12*).

Addiction treatment experts counter that existing federal rules allow states to use block grant monies to treat persons with such co-occurring disorders, within specified guidelines. The addiction advocates worry that relaxing current program rules could result in states diverting substance abuse treatment dollars to other purposes, and that the kinds of "integrated treatment" envisioned by NAMI would be primarily psychiatric and not addiction-specific.

Bill Seeks Funding for Addicted, Mentally Ill Youth

A bill under consideration in the U.S. Congress would provide more than \$2.75 billion over five years to protect children and adolescents who face incarceration but who have substance abuse problems and mental illness. Drafted by Sen. Paul Wellstone (D-MN), the measure also would transfer existing state grants for prison construction to fund substance abuse and mental health screening and treatment. The federal funds would come from unappropriated monies in the Violent Crime Reduction Trust Fund.

If approved, the legislation would mean \$500 million a year for five years for intervention and treatment block grants to partnerships of state and local juvenile justice agencies and state and local health agencies or child service agencies. Another \$50 million a year for five years would be available to train justice system personnel.

Liggett Group Plans To Settle All Individual Suits

The Liggett Group is attempting to eliminate all of its liability to individual smokers by proposing a massive class-action settlement, reports the *Wall Street Journal* (3/9/99). Under terms of the proposal, which has received preliminary approval from an Alabama state court, Liggett would pay 7.5% of its pretax income every year for the next 25 years to a class consisting of everyone who ever has been harmed by one of its cigarette brands. If the company does not produce a profit in any given year (which it has not for years), the company would pay \$1 million annually to the class. The proposed agreement also would include a rare provision that prevents claimants from suing independently.

Some lawyers have been critical of the proposal, arguing that it greatly favors the company. "They are really resolving their liability on the cheap," said James Stengel, a New York lawyer. "If they get away with it, this will be a very brilliant strategy."

Richard Daynard, professor at Northeastern University's law school, added that Liggett "has behaved decently in an industry where nobody else has. But being a good guy and doing the right thing doesn't entitle you to a get-out-of-liability free card." ■

FDA Issues Warning on "Party Drugs"

A group of over-the-counter products marketed as sleep aids and body-fat reducers and sold as "party drugs" on the Internet can kill or cause severe health problems, according to a warning issued by the U.S. Food and Drug Administration (FDA).

The FDA advisory was issued after federal agents seized products in New York and Rhode Island containing chemicals that are virtually the same as those used in paint thinners. These chemicals, known as BD, produce effects in humans similar to chemicals called GBL and GHB. The FDA took GHB off the market in 1990 and in 1999 asked for a recall of all GBL products. All three chemicals have been used as so-called "date rape" drugs to sedate victims.

FDA noted that at least three deaths have been linked to BD and that the agency has received more than 120 reports of users experiencing severe reactions, including coma. BD also can cause dangerously low respiratory rates, loss of consciousness, vomiting and seizures. The FDA advisory noted that BD may intensify the effects of alcohol and that it is more dangerous when consumed with other CNS depressant drugs.

Products that contain BD are marketed under the names Revitalize Plus, Serenity, Longevity, Enliven, SomatoPro, and Weight Belt Cleaner, according to the FDA statement. The agency did not release the names of manufacturers or distributors of BD, but said that many of the products are sold through health food stores and on the Internet, as well as through muscle-building magazines.

Sources: U.S. Food and Drug Administration advisory letter, May 10, 1999; DEWS Alert, University of Maryland Center for Substance Abuse Research, April 1999.

Heroin Use Increasing Across U.S.; Lower Costs, Greater Purity Cited

The proliferation of cheap, high-purity heroin is playing an important role in the surge in heroin use among young people, a number of researchers and enforcement officials are reporting.

In the early 1980s, the purity of heroin on New York City streets was

about 5%, Dr. Marian Fishman of the Columbia University School of Medicine in New York told a 1997 conference sponsored by the National Institute on Drug Abuse. By contrast, laboratory analyses by the U.S. Drug Enforcement Administration show that recently seized heroin is 30% pure, with wholesale products reaching 50% purity.

According to Agent Nancy Lane of the DEA's Chicago office, it appears that heroin producers raised the purity levels to counteract the stigma attached to injection drug use. The purer the product, the easier it is to use because it can be sniffed rather than injected, she added.

As heroin prices decline, addicts take more of the drug, according to Dr. Peter Bach and Dr. John Lantos of the University of Chicago. The researchers reported in the *American Journal of Public Health* that the price of heroin has decreased considerably since the late 1980s: "For example, \$100 would buy 318 mg of heroin in New York City in 1995, an increase of 200% over the amount that could be purchased in 1988 for the same amount of real dollars. This finding suggests that lower prices do, in fact, lead to more heroin use by addicts," they said.

Users of purer heroin need larger doses of methadone to wean them off the drug, according to Drs. Bach and Lantos, who cautioned that methadone treatment programs need to be aware of the problem so that the doses of methadone can be adjusted to patients' changing needs.

Another factor in the increased heroin use is the expansion of criminal distribution networks, enforcement authorities say. For example, DEA data show that cities like Chicago are markets for four major types of heroin, coming from Southeast Asia, Southwest Asia, South America and Mexico. Further internationalizing the trade, DEA officials say, heroin distribution networks are run by criminal organizations in West Africa — primarily Nigeria — as well as the Columbian cartels, which use the same smuggling routes into the U.S. that they created for cocaine.

These trends were confirmed by ASAM Past President David E. Smith, M.D., FASAM, in a recent address to a group of Iowa physicians. Lower costs

and increased purity of heroin have led to a doubling of the number of emergency room visits associated with the drug, he said.

Dr. Smith predicted that even largely rural states like Iowa will see a surge in heroin use, particularly among young people. Heroin follows methamphetamine, he said: "What happens when you use amphetamine is [that] you get paranoid, you get anxious, and heroin is an excellent downer. It calms the anxiety, reduces the paranoia." Users mistakenly think they can stop before they are addicted, he added.

Tied to the problem is the need for proper assessment, Dr. Smith noted. Many heroin users initially are seen by primary care physicians rather than addiction medicine specialists, he said, which is why the American Society of Addiction Medicine is working to improve the knowledge of primary care physicians so that they can correctly diagnose such patients and refer them for appropriate treatment.

Sources: *American Journal of Public Health*, April 9, 1999; *Des Moines (IA) Sunday Register*, April 11, 1999; *Hammond (IN) Times*, April 3, 1999; *NIDA Notes*, November/December 1997.

Binge Drinking During Pregnancy Found to Increase

The number of pregnant women who engage in binge drinking (consuming five or more alcoholic drinks on one occasion) increased significantly between 1991 and 1995, according to a report in the *American Journal of Obstetrics and Gynecology*.

Dr. Shahul Ebrahim and colleagues at the Centers for Disease Control and Prevention in Atlanta analyzed data from 46 states that included information on the drinking habits of 103,923 women. Of those, 4,611 were pregnant at the time the information was gathered.

Among women who were not pregnant, there was no significant change. But the prevalence of binge drinking among the pregnant women increased from 0.7% in 1991 to 2.9% in 1995. Overall, pregnant women were about 20% more likely to binge drink as other women.

"The disproportionate increases in reported binge drinking among pregnant alcohol users suggests that binge drinking is becoming a more popular pattern of alcohol use among pregnant

women," the researchers wrote. They hypothesized that reports on the health benefits of alcohol may be one explanation for the increase, and suggested that women may not believe that binge drinking carries the same risk as frequent or daily drinking. This is worrisome, they added, because studies show that a fetus exposed even once to a high blood alcohol concentration can show changes in behavior and brain function.

"Unlike chronic alcoholism, binge drinking appears to be a more socially acceptable behavior," wrote the researchers. "The opportunities for unknowingly exposing a fetus to alcohol early in the first trimester may be great because more than half of U.S. pregnancies are unintended."

The researchers said their study emphasizes the need for physicians and family planning clinicians to educate women about the dangers of drinking during pregnancy.

Source: American Journal of Obstetrics and Gynecology, April 1999, 180:1-7.

Adolescents Abuse Substance Found in OTC Cough Suppressants

A number of adolescents are abusing the drug dextromethorphan, which is contained in OTC cough suppressants, according to recent media reports. The drug, commonly known as DXM, is *not* an illegal substance, enforcement experts say.

According to the State of Maryland's Drug Early Warning System, the drug produces feelings of euphoria and enhanced awareness that can last four to six hours. Adverse effects can include impaired judgment and mental performance, loss of coordination, dizziness, nausea, hot flashes, dissociation and hallucinations. Chronic DXM use can cause permanent brain damage. DXM taken in combination with other drugs, such as certain antidepressants, may cause liver or brain damage, or death.

DXM is ingested by drinking large doses of cough syrups containing the substance, or extracting it from the cough syrup to inject or take orally. Instructions on how to extract DXM from its original source are available on several Internet sites. Other sites —

generally targeted to adolescents — sell DXM, praising the drug's effects and recommending that it be taken while listening to music. The drug is believed to be most popular with adolescents involved in the "club scene."

Source: DEWS Alert, University of Maryland Center for Substance Abuse Research, March 1999.

U.S. Drug Use Patterns Studied

Drug trends throughout the United States were profiled in the 1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees (ADAM), released by the National Institute of Justice (NIJ).

The report found that cocaine use among adult male arrestees has dropped over the past year and is now second to marijuana. Cocaine, however, is the most commonly found drug in tests of female arrestees.

"We have made progress in curbing drug use over the past quarter century," said U.S. Attorney General Janet Reno. "The ADAM data are very encouraging to those who must cope with this problem at the local level — police officers and drug treatment providers — but we still have much more to do."

The report further found that drug use trends are localized. For example, 53% of adult male arrestees tested positive for cocaine use in Miami, FL, while only 8% of adult men tested positive in San Jose, CA. In San Diego and Sacramento, CA, and Salt Lake City, UT, more than 20% of both the male and female arrestee populations tested positive for methamphetamine use, while use of the drug was nearly undetectable among the arrested population in Anchorage, AK, and Minneapolis, MN.

Overall, the study found high rates of methamphetamine use in western U.S. cities; opiate use remaining stable and widespread among arrestees; and marijuana use concentrated among younger arrestees, particularly males.

Copies of the 1998 ADAM Annual Report, as well as separate reports on methamphetamine, opiates, cocaine and marijuana, can be obtained from the National Criminal Justice Reference Service (NCJRS) at 1-800/851-3420.

Source: National Institute of Justice, Criminal Justice Reference Service.

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Home Test for Hepatitis C Approved

A home test for Hepatitis C has been approved by the U.S. Food and Drug Administration. Developed by Home Access Health, Inc., the test is known as Hepatitis C Check. The kit will be available in stores in June, at a price under \$70.

The test shows whether an individual ever has been infected with Hepatitis C, but it cannot determine whether such an infection is active.

The Hepatitis C Check kit includes a special lancet that is used to prick a finger. A few drops of blood are dropped on special paper and mailed to Home Access Health's laboratory. Results are to be available in four to 10 business days. Company spokesmen have said that customers will be offered counseling and physician referrals with their test results.

The FDA estimates that 3.9 million Americans have Hepatitis C. Of those cases, 60% are thought to be related to shared needles and injection drug use. *Source: Wall Street Journal, April 30, 1999.*

Smoking in Adolescence May Cause Permanent Genetic Damage

Smoking during childhood or adolescence can cause permanent genetic damage to the lungs, regardless of how many years a person smoked or when they quit, says a report in the *Journal of the National Cancer Institute*.

In one of the first studies to pinpoint the age at which smoking begins as a predictor of smoking-related DNA damage, researchers at the University of California at San Francisco and at Harvard University examined 143 lung cancer patients and analyzed the genetic damage in the patients' lungs caused by smoking.

They found that, while all smokers sustained DNA damage to their lungs, the best predictor of such damage was the age at which subjects began smoking. The highest levels of DNA damage were found in study participants who began smoking between the

ages of 9 and 12, even when researchers accounted for variables such as the number of years and the number of cigarettes the participants smoked.

The researchers said the findings were particularly alarming in light of the number of adolescents who take up smoking every day. "If we're right," said Dr. John Wiencke, who led the research, "it says that something happens in adolescence that changes you, perhaps forever."

Source: Journal of the National Cancer Institute, April 7, 1999.

Oral Ritalin Not Addictive, Study Finds

Ritalin® (methylphenidate) taken in oral form is not addictive, according to a study funded by the National Institute on Drug Abuse (NIDA). When Ritalin is taken intravenously, however, the study found that the drug does produce a "high" and can be addictive.

Used to treat attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), the drug has come under attack by critics in recent years. According to the market research firm IMS Health, during the last school year there were 13.9 million prescriptions of Ritalin to children, an 81.2% increase over the number of prescriptions recorded five years earlier.

In the NIDA study, Dr. Nora Volkow and colleagues at Brookhaven National Laboratory measured the drug's effects in the brain by using brain scans on seven adult volunteers who did not have ADHD. The scan showed that Ritalin blocked dopamine transporters. The researchers found that it takes Ritalin 60 minutes to reach its peak concentration in the brain, compared to five minutes for cocaine. "The fact that Ritalin taken orally is drawn so slowly into the brain is a likely reason why patients do not experience a 'high' from this means of use. In general, if brain concentrations of a substance peak quickly, the potential for abuse and addiction increases, as an individual experiences the drug more dramatically and, thus, is more likely to try to repeat the

experience," NIDA said in a statement. *Source: National Institute on Drug Abuse, press release, Sept. 29, 1998.*

Effects of Prenatal Cocaine Exposure Persist in Toddlers

Toddlers who were exposed prenatally to cocaine showed signs of impaired motor skills compared with children of the same age who were not exposed to cocaine, according to a study reported in the journal *Pediatrics*.

In a study of 260 exposed and unexposed 2-year-olds, researchers at Case Western Reserve University School of Medicine in Cleveland, OH, found that the children who had been exposed to cocaine before birth scored lower in tests of their fine motor skills, primarily hand use and eye-hand coordination.

The findings suggest that children exposed to cocaine and to alcohol in utero "may encounter developmental challenges that impede later achievement," the researchers note. Their findings contradict earlier studies suggesting that cocaine-exposed infants "catch up" developmentally with unexposed infants after the first year of life.

"Although most scores in the present study fell within the normal range on the gross motor scale," the authors wrote, "the proportion of cocaine-exposed children whose scores indicated an elevated level of risk was double that of the unexposed group. In addition...there was evidence for an increased rate of abnormal fine motor development in greater than one third of the cocaine-exposed group."

The authors acknowledged several limitations to their study. Although language and social skills are perhaps more affected by cultural factors or the child's environment, the rate and level of motor development could also be somewhat affected. It also is possible that some young children may be exposed to cocaine smoke in their homes and that postnatal exposure may affect their motor abilities.

Source: Pediatrics, January 1999, 103:86-92.

Advisory Panel Concludes Secondhand Smoke Is a Carcinogen

A federal advisory panel of university researchers and scientists from business and industry has unanimously affirmed the recommendations of two groups of government scientists that environmental tobacco smoke (ETS) should be placed on the government's official list of carcinogens.

The 13-0 vote by a subcommittee of the National Toxicology Program's Board of Scientific Counselors paves the way for secondhand smoke to be placed in the ninth edition of the government's Report on Carcinogens. The report will be submitted to Congress and made available to the public next year.

Sources: *Associated Press, Dec. 3, 1998.*

Risk of Heart Disease Increases with Exposure to Secondhand Smoke

A meta-analysis of 18 studies dealing with the dangers of secondhand smoke concludes that a nonsmoker's risk of heart disease can increase by 25% with exposure to secondhand smoke. The risk increase was 23% greater for persons exposed to the smoke of one to 19 cigarettes per day, and 31% greater for persons exposed to more than 20 cigarettes per day. (By contrast, smokers have a 60% to 70% greater risk of heart disease compared to nonsmokers.)

The risk increase was called "small" by the authors, writing in the *New England Journal of Medicine*, but they also said "the public health consequences of passive smoking with regard to coronary heart disease may be important." The study team, which was led by Jiang He of the Tulane University School of Public Health, concluded that "The only safe way to protect nonsmokers from exposure to cigarette smoke is to eliminate this health hazard from public places and workplaces, as well as from the home."

Source: *New England Journal of Medicine, March 25, 1999.*

Board Approves Rules for 2001 Election

The ASAM Board of Directors has approved the following procedure for the Society's next election of officers, to take place in 2001.

Term: The term of office shall be two years. No member may hold the office of President or President-Elect for more than one term, successively. A Secretary or Treasurer may succeed himself/herself once without hiatus, and may subsequently be re-elected after a hiatus of two years.

Criteria: Nominees for the offices of President-Elect, Treasurer, and Secretary must be from, or have served on, the Board within the past four years. An exception may be made in the case of a nominee for the office of Treasurer, who may be a nominee from the general membership, having qualifications for the position, and having been active on the Finance Committee within the past four years.

Nominations: The Nominating & Awards Committee will make available through *ASAM News* a list of members eligible for nomination to officer positions. From this information, individual ASAM members may nominate candidates for consideration by the N&A Committee. (*Such nominations are to be submitted by October 30, 1999, to the Nominating & Awards Committee, ASAM, 12 West 21st Street, 7th Floor, New York, NY 10010.*) The Nominating and Awards Committee will select only two candidates for each of the officer positions from among the eligible candidates, taking into consideration nominations from the membership at large.

Eligible Candidates: The Nominating & Awards Committee has determined

that the following members are eligible to be nominated for officer positions:

Richard E. Beach, M.D., FASAM
Sheila B. Blume, M.D., FASAM
Lawrence S. Brown, Jr., M.D., M.P.H., FASAM

Anthony H. Dekker, D.O., FASAM
Paul H. Earley, M.D., FASAM
Timothy L. Fischer, D.O.

P. Joseph Frawley, M.D.
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James A. Halikas, M.D., FASAM
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Christine L. Kasser, M.D.

David C. Lewis, M.D.
Peter E. Mezciems, M.D., FASAM
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Anthony B. Radcliffe, M.D., FASAM
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Richard E. Tremblay, M.D., FASAM
William Vilensky, D.O., R.Ph., FASAM
Alan A. Wartenberg, M.D., FASAM

Members who have served on the Finance Committee within the past four years are eligible to be nominated for the Treasurer position. They are:

P. Joseph Frawley, M.D.
Anne Geller, M.D., FASAM
James A. Halikas, M.D., FASAM
Alfonso D. Holliday, M.D.
Elizabeth F. Howell, M.D.
Christine L. Kasser, M.D.
David Mee-Lee, M.D.
Norman S. Miller, M.D., FASAM
Max A. Schneider, M.D., FASAM
David E. Smith, M.D., FASAM
James W. Smith, M.D., FASAM
G. Douglas Talbott, M.D., FASAM

Constitutional Amendments Adopted

While less than 10% of members voted in the general membership ballot on Constitutional amendments that would eliminate references to the Executive Committee, an overwhelming majority (257 of 268 ballots cast) approved the changes. Of the remaining ballots, 7 were opposed to the change, 1 abstained, and 3 were unmarked. The revised Constitution & Bylaws will be posted on the ASAM website (www.asam.org) or may be requested from the national office.

John P. McGovern Award to Dr. DuPont

The John P. McGovern Award and Lecture on Addiction and Society was bestowed on 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. Dr. DuPont also has served as director of the White House drug policy office and as founding director of the National Institute on Drug Abuse.

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." Excerpts from Dr. DuPont's McGovern Lecture follow:

"My heart is full of gratitude to my colleague John P. McGovern, M.D., one of the leaders of modern medicine and an exemplary human being. My profound respect for Dr. McGovern and his work, including his contributions to addiction medicine, adds humility to my feelings of gratitude [at this award]. I belong to many organizations, but none that I care about as I do ASAM. Partly that reflects my 30 years in the field of addiction medicine — I share with other ASAM members a dedication to the people who are affected by addiction....

Brain Biology and Social Policy

"The new brain biology of addiction has spawned a lively debate about the policy implications of seeing addiction as a brain disease. One of the central questions of that debate is whether the individual addicted person is responsible for his or her behaviors either before or after addiction has occurred. For me this is no question at all. The only answer that makes sense is that each person is fully responsible for every single action that person takes,



Robert L. DuPont, M.D., FASAM (at left), receives the John P. McGovern Award on Addiction and Society from ASAM Past President David E. Smith, M.D., FASAM.

whether the person is addicted or not.... Seeing addiction as a brain disease cannot mitigate personal responsibility for either drug use or the consequences of that use.

"Holding illegal drug users responsible for their behaviors, including their drug use, does not 'blame the victim' or generate self-defeating shame. Taking responsibility for choices, before and after addiction, is the best way to regain control of one's life and the best way to regain personal dignity. Taking personal responsibility means being able to face one's wrong choices honestly.

"Before nonusers get too high and mighty about the character of illegal drug users, however, it is useful to recall that none of us gets through life without making plenty of mistakes, some of them serious. The true test of our character is not whether we avoid mistakes, it is whether we can admit our mistakes and use them as growth opportunities. Recovery from addiction is one of life's great growth experiences, one that is built on a foundation of humility and honesty. These are two virtues which are in short supply among nonusers as well as among users of illegal drugs....

The Role of Treatment

"How does addiction treatment fit into the environmental equation? Treatment helps people who use

addicting substances, and it helps their families, understand what to do to overcome addiction. Treatment provides users and families with the tools they need to work together to regain control of their lives. Treatment helps drug users and their families find and use the Twelve Step programs. Even relatively poor addiction treatment is one of the best buys in all of health care.

"Addiction treatment is not only good, but it is amazingly diverse. For more than four decades, the various addiction treatment 'modalities' have fought among themselves: private versus public, methadone maintenance versus therapeutic communities, drug-free versus pharmacological treatments, residential versus outpatient, medical versus non-medical. These internal struggles have weakened public support for *all* drug treatment.

"We need a new national effort to promote addiction treatment, using many different approaches to recovery. We know that when it comes to addiction treatment, 'one size does not fit all.' Even the most scientific attempts at patient matching fail many patients. We in addiction medicine need to work together in a spirit of mutual respect to support greater public and private funding of addiction treatment of all kinds. Divided, we have failed to win the necessary support for addiction treatment. United, we have a good chance of success.... Drug-free proponents and harm reductionists agree on this: addiction treatment is a good deal for both society and for individual addicted people, as well as for their families, employers, and insurers. Addiction treatment is not peripheral; it is central to demand reduction....

The Social Environment

"The other important part of a new approach to demand reduction is the social environment in which decisions about drug use are made. Treatment alone, even treatment combined with educational prevention efforts, cannot

succeed in significantly reducing the demand for drugs because neither treatment nor prevention programs deal with the biologically driven forces that propel large percentages of the population (especially high-risk teenagers and young adults) into the quicksand of addiction. Effective demand reduction requires that both treatment and educational prevention be coupled with socially imposed painful consequences for drug use, so that users — and would-be users — have immediate and compelling reasons not to use drugs....

"The environment is the great frontier of addiction medicine, as the nearly two million people in jail and prison, and the many more millions on parole and probation, await the hope of modern addiction medicine. As we do this work, rather than lament the toughness of the criminal justice system, we need to enlist the criminal law to help addicts. This important process is not waiting for us in ASAM to figure it out; it is well under way. Addiction medicine needs to make greater contributions to these new programs. DWI programs and drug courts, using the idea of drug testing and progressively more severe penalties for repeat offenses, are major positive forces in the addiction field....

"The key to the environment of addiction is a strong focus on the individual. That is true for prevention and treatment. Individuals are more likely to avoid addiction if they see clear warning lines and know that they are responsible for their behaviors. It harms them if they see blurred lines that 'normalize' addictive behaviors. The line between legal and illegal drugs is important. It warns off would-be users of illegal drugs by reflecting a shared message that the use of particular drugs is prohibited by the criminal law. The drinking and smoking ages are legal lines that need to be strongly articulated and effectively reinforced. With respect to adult use of alcohol and tobacco, the messages need to be more nuanced, but the central idea needs to be clear that these are addicting substances. The users of alcohol

"We in addiction medicine need to work together...to support greater public and private funding of addiction treatment of all kinds. Divided, we have failed to win the necessary support for addiction treatment. United, we have a good chance of success...."

and tobacco themselves must assume responsibility for their decisions to use. Individuals also need to bear more of the responsibilities for the consequences, including the health and social costs, of their decision to use....

A New Demand Reduction Strategy

"What are the big, clear ideas you can take away from this second annual McGovern Lecture on Addiction and Society? Here are five ideas which make up the environmental approach to a new demand reduction strategy:

"1. Focus on the user. Real demand reduction requires that the user be fully responsible for decisions to use and for the consequences of that use. No alibis and no excuses. User accountability is the bedrock of successful prevention and treatment of addiction.

"2. Draw clear lines for behaviors that are acceptable and not acceptable. Enforce legally imposed lines against illegal drug use, with swift, certain and progressively more severe penalties for repeated violations, especially when it comes to youthful use of drugs, alcohol and tobacco.

"3. Link socially imposed consequences to drug treatment and to Twelve Step programs for users and their families. This is the path to recovery.

"4. Look to modern brain biology for powerful reasons not to use drugs. Biology provides a lifesaving warning about the inescapable vulnerability of the human brain to the use of addicting substances.

"5. Recognize that addiction is a strong but pitiless teacher. Addiction in individuals, families, communities, and throughout the world creates bountiful opportunities for growth, including

intellectual and spiritual growth.

"...I have also called for the creation of a new broadly based nonprofit organization to support addiction treatment of all kinds. Addiction medicine must unite to support addiction treatment and to survive in a cost-conscious environment.

"Before concluding, I want to speak to the younger members of [ASAM]. I congratulate you on choosing addiction medicine as a major focus of your medical careers. This is not an easy area of medicine for many reasons, including the fact that addiction medicine is both relatively new and relatively small. We struggle for legitimacy within medicine and in our communities. We are surrounded by threatening public policy debates and by often hostile economic forces. Two factors sustain addiction medicine in the face of these threats. First, our increasingly science-based treatments work to help most of our patients. Addiction treatment is good and getting better all the time. Second, the people we work with — alcoholics and drug addicts and their families — are wonderful people with serious problems. When they get well, as many do with our help, the rewards for everyone involved, including their physicians, are a great blessing.

"The bonus I promise you for choosing addiction medicine is that you will find as you work with your patients a deeper understanding of the value of life itself. To understand addiction is to understand the human condition, not only in terms of biology, but also in terms of history and values. You and your patients face important spiritual and religious challenges as you collaborate in rewriting the brain's software concerning addicting drugs.

"When it comes to understanding addiction, all the wonder is not in brain biology. Much of the deepest meaning of addiction is in the environment in which addiction occurs, including the family and the community. Although addiction medicine has a long way to go to fulfill its potential, you have chosen a field with a noble past and a bright future."

Dr. Kleber, Others Honored at Awards Dinner

ASAM's annual Awards Dinner featured presentation of an award to Herbert D. Kleber, M.D., chairman of the Department of Psychiatry at Columbia University, medical director of the National Center for Substance Abuse and Addictions, and former deputy director of the Office of National Drug Control Policy, for "expanding the frontiers of the field of addiction medicine and broadening our understanding of the addictive process, through research and innovation."

Awards also were bestowed on 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."



Herbert D. Kleber, M.D., chairman of the Department of Psychiatry at Columbia University and medical director of the National Center for Substance Abuse and Addictions, was recognized for "expanding the frontiers of...addiction medicine."



Peggy A. Compton, R.N., Ph.D., recipient of the Young Investigator Award.



Richard Heyman, M.D., FAAP (right), congratulated by President Marc Galanter, M.D., for his work as chair of the Committee on Substance Abuse of the American Academy of Pediatrics.



Dr. Galanter congratulates LeClair Bissell, M.D., recipient of an ASAM Award for "outstanding contributions to the growth and vitality of [the] Society."

Sheila Blume, M.D., FASAM, shares a moment with outgoing President G. Douglas Talbot, M.D., FASAM, who noted Dr. Blume's "thoughtful leadership in the field, and for deep understanding of the art and science of addiction medicine."



President Marc Galanter, M.D., FASAM, and ASAM Executive Vice President James F. Callahan, D.P.A., enjoy their tour of the many educational exhibits.

1999 MEDICAL-SCIENTIFIC CONFERENCE

Other awards went to:

- ★ Mary Jeanne Kreek, M.D., Professor and Head of the Laboratory of the Biology of Addictive Diseases at The Rockefeller University and Senior Physician at The Rockefeller University Hospital, New York City, who was the recipient of the R. Brinkley Smithers Distinguished Scientist Award and Lecture for 1999.
- ★ Alan I. Leshner, Ph.D., Director of the National Institute on Drug Abuse, who received a special ASAM award in recognition of NIDA's research portfolio and to mark the Institute's 25th anniversary.
- ★ Peggy A. Compton, R.N., Ph.D., of the UCLA School of Nursing, who received ASAM's Young Investigator Award for her outstanding research abstract.
- ★ Richard Heyman, M.D., FAAP, who was recognized for his work as chair of the Committee on Substance Abuse of the American Academy of Pediatrics.
- ★ Allan W. Graham, M.D., FASAM, Terry K. Schultz, M.D., FASAM, and Bonnie B. Wilford for their work in editing ASAM's *Principles of Addiction Medicine, Second Edition*.
- ★ Anne Geller, M.D., FASAM, and Anthony Dekker, D.O., FASAM, for their work as co-directors of the 1999 Ruth Fox Course on Addictions.
- ★ Barbara Chaffee, M.D., FASAM, and Kevin O'Brien, M.D., FASAM, for their achievements in co-directing the 1999 Forum on HIV/AIDS and Addictions.
- ★ Claire Osman, ASAM Director of Development, who was recognized for "30 years of loving, joyful and dedicated services to the Society and its members."
- ★ Linda Fernandez, retiring ASAM Assistant Director of Conferences and Courses.
- ★ Louisa and Ian MacPherson, 1999 Medical-Scientific Conference Coordinators.
- ★ Those physicians who have been named ASAM Fellows, in recognition of their contributions to the Society and to the field of addiction medicine.
- ★ The 289 physicians who recently passed the ASAM examination for Certification or Recertification in Addiction Medicine.

New Officers, Board Members Assume Duties

New ASAM officers were installed during the Medical-Scientific Conference. President-elect Marc Galanter, M.D., FASAM, assumed the ASAM Presidency, succeeding G. Douglas Talbott, M.D., FASAM, who became Immediate Past President. Andrea G. Barthwell, M.D., FASAM, was installed as President-Elect; Elizabeth F. Howell, M.D., FASAM, as Treasurer; and Michael M. Miller, M.D., FASAM, as Secretary.

Newly elected/re-elected Board members (all Directors-at-Large) who assumed office are David R. Gastfriend, M.D., James A. Halikas, M.D., FASAM, 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.

Retiring from the Board of Directors, with a collective 105 years' service, were Sheila Blume, M.D., FASAM, H. Westley Clark, M.D., J.D., M.P.H., FASAM, Stanley E. Gitlow, M.D., FASAM, Anthony Radcliffe, M.D., FASAM, David E. Smith, M.D., FASAM, and Alan Wartenberg, M.D., FASAM.

PRESIDENT

We are looking for a high quality, dynamic, energetic and seasoned professional to "make a difference" by leading our organization into the 21st century.

The National Council on Alcoholism and Drug Dependence, Inc. (NCADD) is a not-for-profit organization that provides education, information, help and hope in the fight against the chronic, often fatal disease of alcoholism and other drug addictions. Founded in 1944, NCADD advocates prevention, intervention, research and treatment and is dedicated to ridding the disease of its stigma and its sufferers of their denial and shame. The organization (and this position) are headquartered in New York, NY; has a Washington, DC, office; and has a network of more than 100 affiliate councils around the United States.

Reporting to the Board of Directors, the President has general management responsibility for the successful operation of NCADD. Major responsibilities include: developing and implementing strategic and tactical plans in support of NCADD's mission; overseeing the organization's financial condition, including fund raising; growing, strengthening and supporting the nationwide affiliate network; serving as the organization's chief spokesperson on public policy and other issues; and recruiting, managing and motivating an excellent staff.

The best candidates will have proven successful general management, business and leadership experience; possess and display a knowledge of and passion for NCADD's mission; have exemplary interpersonal and communications ability to effectively influence others; possess a high energy level and durability; and have experience in successfully recruiting volunteers, raising funds, and effectively relating to a large Board of Directors. An advanced degree in a related field is desirable.

We offer a challenging and rewarding career opportunity to the successful candidate, including a competitive salary and benefits package. Please send a letter expressing your interest, resume and salary history to:

**President's Search Committee
National Council on Alcoholism and
Drug Dependence, Inc.
P.O. Box 921
Bedford, TX 76095-0921**

Visit our website at: www.ncadd.org
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Studies Using Ketamine Halted

The National Institute of Mental Health (NIMH) has suspended research studies that involved use of the drug ketamine — known as “Special K” on the streets — on healthy volunteers and mentally ill patients. “We are not going to be funding research that will produce harm,” said agency director Dr. Steven E. Hyman.

Under the study protocol, researchers were to give ketamine to persons with mental illness as well as healthy volunteers in an effort to understand the biology of psychoses.

Some medical ethicists had criticized the studies and voiced their concerns about the unknown long-term risks of ketamine. The drug is approved by the Food and Drug Administration for use as an anesthetic; it also has been diverted for illicit use as a powerful hallucinogen.

NIDA Launches Clinical Trials Network

The National Institute on Drug Abuse (NIDA), National Institutes of Health, has established the Clinical Trials Network (CTN) as a structured partnership through which NIDA, treatment researchers, and community-based treatment providers will cooperatively develop, validate, refine, and deliver new treatment options to patients in community-level clinical practice. Like similar networks created by NIH for other diseases such as cancer and AIDS, the CTN will permit rapid, concurrent testing of a wide range of promising pharmacological and behavioral treatments in real-life settings with diverse populations nationwide.

“This means the Clinical Trials Network will provide a broad and powerful infrastructure for rapid multisite testing of promising science-based therapies,” said Dr. Stephen Zukin, director of NIDA’s Division of Clinical and Service Research. Because of the CTN, “patients in community-based treatment settings across the country will benefit, and benefit sooner, from well-developed science-based care,” Zukin added.

When completed, the CTN will consist of 20 to 30 sites in regions throughout the country. These sites — called Regional Research and Training Coordinating Centers (RRTCs) — will be based in university medical and research centers. Each RRTC will be linked with 10 to 15 community treatment providers (CTPs), representing a variety of treatment settings and patient populations.

The need for such a network long has been advocated by addiction treatment practitioners. Moreover, a clinical trials network was recommended in a 1998 report by the Institute of Medicine, “Bridging the Gap between Research and Practice,” as the single mechanism most likely to improve drug abuse treatment in the U.S.

Information on programmatic aspects of the CTN is available from NIDA staff members Dr. Jack Blaine at 301/443-0107 or Dr. Betty Tai at 301/443-2397.

CSAT Announces National Plan to Improve Treatment

The Center for Substance Abuse Treatment (CSAT) has announced a new initiative, “Changing the Conversation: The National Plan to Improve Substance Abuse Treatment.” The project involves a comprehensive analysis of five specific areas related to funding for and access to service delivery systems, public attitudes and beliefs, and best practices and treatment methods for addressing substance abuse and addictions.

The goal of the initiative is to “develop a series of solid recommendations that support the National Strategy developed by the Office of National Drug Control Policy, particularly in the areas of substance abuse demand reduction,” according to CSAT Director H. Westley Clark, M.D., J.D., FASAM.

The initiative consists of a series of stakeholder meetings and public hearings addressing five areas of concern: (1) closing the “treatment gap”; (2) reducing stigma and changing attitudes; (3) improving and strengthening treatment systems; (4) connecting research and services; and (5) addressing workforce issues. CSAT

has identified expert panels for each of these areas. Each panel will be convened for three sessions, and will be charged with producing a comprehensive report of the panelists’ finding and recommendations. CSAT will use the resulting reports to guide its program planning and will share the reports with other federal agencies involved in substance abuse and addiction issues.

The first public hearing as part of the initiative has been scheduled for Thursday, July 8, from 8:30 am to 4:30 pm at the Old State House in Hartford, CT. Subsequent hearings are set for Chicago, IL, in September; Portland, OR, in October; and a yet-to-be-identified Florida city in November. Additional information on the initiative is available from CSAT at 301/443-5052.

SAMHSA Outlines Year 2000 Budget Priorities

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has outlined key features of its fiscal year 2000 budget, with funding priority given to addressing gaps in substance abuse services. Featuring a three-part strategy designed to meet SAMHSA’s goals of closing the gaps in substance abuse services and increasing knowledge in critical areas, the plan consists of improving system performance and service quality through Knowledge Development and Application grants; cultivating a system responsive to current needs through Targeted Capacity Expansion grants; and supporting state systems through performance partnership block grants.

SAMHSA administrator Nelba Chavez said that SAMHSA is supporting state systems through a proposed \$30 million increase for the Substance Abuse Prevention and Treatment Block Grant. The grants focus on research and improving system performance and service quality in addiction prevention and treatment.

Funds also are proposed for determining the effectiveness of available methamphetamine addiction treatment; improving services for adolescents and adults dependent on marijuana; and identifying effective treatment interventions for adolescents who abuse alcohol. ■



Martin Doot,
M.D., FASAM

Dying for a Drink: A Pastor and a Physician Talk About Alcoholism.

Alexander DeJong and Martin Doot, M.D., FASAM. Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 1999.

Dying for a Drink recounts the powerful story of a pastor's long struggle with alcoholism and the physician who helps him find recovery. The book balances the personal narrative of the Rev. Alex

DeJong and his wife with professional insights from ASAM member Martin Doot, M.D., FASAM. Rev. DeJong talks openly about his alcoholism: his descent into heavy drinking, his shame and fear of discovery, and his growing understanding of the disease. As Alex DeJong's treating physician, Dr. Doot explains the disease of addiction in a way that can be understood by non-professionals, and provides sound, experience-based advice for those seeking help with recovery. More than just a moving story, this book also offers hope as it helps lay readers understand the social, medical, and psychological elements of alcoholism.

**Addiction Medicine
(supplement to Credentialing Across the Continuum).**

Erin Dean, ed. Marblehead, MA: Opus Communications 781/639-1872, 1998.

This 10-page white paper succinctly reviews the available

information on credentialing physicians in addiction medicine. It summarizes the credentialing standards and processes of the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Managed Behavioral Healthcare Association, and other key organizations. The discussion is illustrated by case examples of credentialing requirements in specific institutions and supplemented with a list of organizational resources for additional information.



G. Douglas
Talbott, M.D.,
FASAM

**Healing the Healer:
The Addicted Physician.**

Daniel H. Angres, M.D., G. Douglas Talbott, M.D., FASAM, and Kathy Bettinardi-Angres, M.S., R.N. Madison, CT: Psychosocial Press, 1998.

Healing the Healer is both a professional book about effective interventions in the treatment of physicians, nurses, and other health care personnel and an authentic account of a physician's struggle with

alcoholism. The work considers treatment of medical personnel in various settings (private practice, hospitals, managed care), aftercare, relapse and recovery, family issues, comorbidity, legal considerations, and the special problems of women physicians. The authors present an authoritative guide to the treatment of addicted medical professionals.

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Naltrexone, Acamprosate Recommended in Treatment of Alcoholism

A review of 99 published studies has found that, of the drugs studied for the treatment of alcoholism, the evidence of efficacy is strongest for naltrexone and acamprosate. On the other hand, the review disclosed "little evidence" supporting the efficacy of aversion therapies using disulfiram (Antabuse®) or calcium carbimide.

In the article in the *New England Journal of Medicine*, Robert M. Swift, M.D., Ph.D., reported that the literature supports a recommendation that alcohol-dependent patients with co-occurring psychiatric disorders, such as depression and anxiety disorders, be treated with drugs that are effective for the psychiatric conditions. For suicidal patients, selective serotonin reuptake inhibitors are preferred over tricyclic antidepressants because of their relative lack of toxicity, he said.

Based on his review, Dr. Swift concluded that drug therapy should be considered for all patients diagnosed with alcohol dependence and who do not have medical contraindications to such therapy and who agree to that course of treatment, adding that "such therapy should be offered in combination with psychosocial therapy to provide emotional support, to address the psychological and social problems associated with alcohol dependence, and to increase compliance with drug therapy."

Source: *New England Journal of Medicine*, May 13, 1999, 340(19):1482-1490.

High Doses of Methadone Called Safe and Effective

Higher doses of methadone are safe and can significantly improve treatment outcomes, according to a study funded by the National Institute on Drug Abuse (NIDA).

The study was conducted to determine whether large doses (more than 80 mg) of methadone were more effective than moderate (50-80 mg) doses in reducing drug use. Previous clinical trials indicated that low daily doses of methadone (20-25 mg) were

less effective than moderate doses in reducing heroin use and retaining patients in treatment.

"We found that methadone treatment, even over a very broad range of doses, significantly improves clinical outcomes for opiate addicts. But some addicts may need doses in excess of 100 mg/d," said Dr. Eric C. Strain, lead author of the study and a member of the Johns Hopkins University School of Medicine study team.

Although methadone has been used for decades in the treatment of opiate addicts, the optimal dose level has never been agreed on. Current U.S. laws discourages use above 100 mg/d.

"This study indicates that doses greater than 40-50 mg/d significantly improve treatment outcomes for clients in methadone maintenance therapy," said Dr. Alan I. Leshner, Director of NIDA. "But the finding that clients on lower doses have better treatment outcomes than those not on methadone also indicates that a comprehensive treatment program, including behavioral as well as pharmacological therapies, is the most effective treatment regimen for opiate addiction."

Source: *Journal of the American Medical Association*, March 17, 1999.

Epilepsy Drug May Block Nicotine Addiction

An epilepsy drug that has shown promise as a potential treatment for cocaine addiction may safely and effectively treat nicotine addiction as well, according to a study reported in the journal *Synapse*. The drug — gamma vinyl-GABA (GVG) — is marketed in Europe as Vigabatrin® and is awaiting final U.S. approval as a treatment for the seizures associated with epilepsy.

In addition to treating nicotine and cocaine addiction, GVG also may be useful in treating addictions to alcohol, amphetamines, and heroin, since these addictions may be modulated by similar biochemical mechanisms in the brain, according to the researchers who conducted the study, led by Dr. Stephen L. Dewey of Brookhaven National Laboratory in Upton, NY.

In a previous study, Dr. Dewey and colleagues found evidence suggesting that GVG could block cocaine's effects on the neurotransmitter dopamine. GVG appears to block cocaine's addictive effects by inhibiting an enzyme called GABA transaminase, which modulates levels of dopamine in the brain, Dewey and colleagues found.

Like cocaine, nicotine boosts dopamine levels. To determine whether GVG could block and treat nicotine addiction in the same way it did cocaine addiction, the researchers tested the drug on nicotine-addicted rats and baboons. When the animals were given 100 or 150 milligrams of GVG per kilogram of body weight 2.5 hours before they were given nicotine, tests showed that GVG blocked nicotine-induced increases in brain dopamine, the researchers reported.

The investigators also found that nicotine-addicted animals treated with 18.75 milligrams of GVG per kilogram of body weight showed markedly less "nicotine-seeking" behavior. When treated with GVG, the animals were significantly less likely to spend time in sections of their cages where they had been accustomed to getting nicotine, than they had been prior to treatment.

"Therefore, we hypothesize that GVG may prove effective in the treatment of individuals who have the desire to stop smoking cigarettes," Dewey's team wrote. "Based on (our) findings, the dose of GVG needed for the treatment of smoking cessation might be predicted to be a total of 250-500 mg a day, a range considerably lower than that given to epileptics," the researchers concluded.

Source: *Synapse*, December 1998, 31:76-86.

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► **CHALLENGES** continued from page 1

some steps we can take in concert with other medical addictions treatment organizations:

1. Addiction treatment must be accorded parity with medical care of other illnesses. We know that dollars spent on treatment will be offset by significant savings in health and social costs. Further, where parity has been assured, increases in costs associated with addiction treatment have been modest.
2. Choice of treatment and setting must comport with empirically derived clinical practice guidelines (such as the ASAM Patient Placement Criteria) and be implemented in accordance with the professional judgment of specially trained physicians and other addiction treatment staff.
3. Legislation should be enacted to ensure that minimal standards of addiction treatment and rehabilitation are available, independent of any economic incentives or disincentives imposed by managed care organizations.
4. Insurers as well as providers should be liable for any adverse results of the constraints they impose on access to needed services. This will require amendment of the federal Employee Retirement Income Security Act (ERISA), which should be a high priority for all who are committed to high-quality care. ■

ASAM Needs Your Help!

ASAM needs co-sponsorship of its initiative on managed care by other organizations in the addiction field. Please visit ASAM's web site at www.asam.org for the full text of our paper on "The Impact of Managed Care on Substance Abuse Treatment." Other societies of which you may be a member are invited to co-sponsor the policy positions articulated in the paper. Please get in touch with the officers and invite them on board. Ask them to write a letter of support to EVP James F. Callahan, D.P.A., at the ASAM office!



H. Westley Clark, M.D., J.D., M.P.H., FASAM, has been selected to receive the 1999 Dr. Solomon Carter Fuller Award of the American Psychiatric Association. The award, which was bestowed at the APA's annual meeting in May, honors pioneering work that has significantly improved the quality of life for African-Americans. It is given in honor of Dr. Fuller, an African-American scholar who came to the U.S. in 1889 and taught neurology, pathology and psychiatry at Boston University for more than 30 years. Previous recipients of the Fuller Award include Surgeon General David Satcher, M.D., entertainer Bill Cosby, and Marian Wright Edelman of the Children's Defense Fund.

Dr. Clark, who directs the federal Center for Substance Abuse Treatment, has served ASAM in multiple capacities, including the Board of Directors and the editorial advisory board for ASAM's *Principles of Addiction Medicine*. In recognizing Dr. Clark's receipt of the Fuller Award, Dr. Nelba Chavez, administrator of the Substance Abuse and Mental Health Services Administration, cited Dr. Clark's "humanitarian support for those afflicted with substance abuse-related issues."

IN MEMORIAM

Larry H. Patton, M.D., FASAM, died April 11, 1999, at his home in Richardson, TX. Dr. Patton was a pediatrician who spent the last 12 years of his career working with addicted youth and adults.

One of the first ASAM members to achieve Fellow status, Dr. Patton was the first chair of ASAM's Pediatrics Committee. He also chaired the Society's Second Medical Conference on Adolescent Addictions and served on the editorial advisory board of ASAM's textbook, *Principles of Addiction Medicine*.

ASAM EVP James F. Callahan saluted Dr. Patton as "a gentle, loving, kind and generous man" who worked tirelessly to create a close working relationship between ASAM and the American Academy of Pediatrics, with the goal that pediatricians would receive medical education about the addictions.

Dr. Patton was recognized in 1998 by the Texas Pediatric Society, which bestowed its Kaliski Award for his outstanding contributions to pediatrics and children. In 1987, he was elected president of the staff of Children's Medical Center, in Dallas. Dr. Patton also established, and for 14 years edited, the newsletter of the Texas Pediatric Society, which won several awards for excellence.

In the community, Dr. Patton tutored adult immigrants in English and served as president of the Richardson Adult Literacy Center. He also was a member of the board of the Greater Dallas Council on Alcoholism and Drug Abuse, and served on a panel formed to find solutions to teen drug problems in Plano. For these and other efforts, he was named 1997 Senior Volunteer of the Year by Helping Agencies Serving Richardson.

Dr. Patton is survived by his wife, Joyce Patton; by two sons, David Patton of Dallas and Robert Patton of Austin; and by a daughter, Page Tucker of Dallas. Memorial contributions (which will be used for a treatment room) may be made to the Dr. Larry H. Patton Memorial Fund at Children's Medical Center, Dallas. Contributions also are welcomed to Andean Rural Health Care, PO Box 216, Lake Junaluska, NC 28745-0216.

California

Chapter President:

Gail Shultz, M.D., FASAM

Regional Director:

Gail Shultz, M.D., FASAM

Parity: Two bills currently in the California legislature call for health insurance coverage for the medically necessary treatment of severe mental illness under the same terms as those applied to other medical conditions. However, neither Assembly Bill 88 (Thomson) nor Senate Bill 468 (Polanco) includes coverage of addictive disorders. CSAM is urging that parity legislation incorporate benefits for addiction treatment.

David L. Breithaupt, M.D., of San Jose, has been working in support of full parity. Writing in the March 3 issue of the *San Jose Mercury News*, Dr. Breithaupt called for defeat of AB 88 because it does not include coverage of treatment for alcoholism and other addictive disorders. "The time for real parity is now," he wrote. "The task is to stretch our health benefit dollars. We can no longer bear the cost of not treating addiction. The cost of treating pancreatitis, cirrhosis, traumatic injury, battered spouses, and sexually abused children is too high."

Dr. Breithaupt recommended that California base its parity law on Vermont's, which contains no addiction exclusions, no authorized list of mental illnesses, no lifetime cap, and no exclusion for self-insured employers or those with fewer than 50 employees. "Treaters of mental disorders and of addictive disorders should not be competitors for treatment dollars," he added. "Taxpayers and industry save money by providing treatment for addictive disorders and mental illness."

Small regional CME programs:

Regional meetings continue in Southern California, with quarterly programs in Loma Linda organized and supported by the Loma Linda Behavioral Medicine Center. Michael Scott, M.D., Medical Director of Sierra Tucson, addressed one such meeting on psychiatric concomitants of addictive disorders.

Addiction Technology Transfer

Centers: The Center for Substance Abuse Treatment (CSAT) funds a number of Addiction Technology Transfer Centers (ATTCs) across the country to serve as training and education resources for addiction treatment professionals. Donald Gragg, M.D., the CSAM representative to the ATTC at the University of California at San Diego, was part of the faculty for the ATTC programs and a member of the ATTC Executive Committee until his retirement. John Chappel, M.D., will replace Dr. Gragg as the CSAM representative.

Florida

Chapter President: John Eustace, M.D.

Regional Director:

Richard A. Beach, M.D., FASAM

Scientific conference: Chapter President John Eustace, M.D., reports that FSAM and ASAM successfully co-sponsored the 12th Annual Conference on Addictions, held in February in Orlando. Featured speakers included Donald Paoletti, M.D., Vineet Mehta, M.D., Robert Swift, M.D., Ph.D., the Reverend Edward Reading, and G. Douglas Talbott, M.D., FASAM. Dr. Talbott, the outgoing ASAM President, presented his thesis on "The Workaholic: The Socially Acceptable Addiction." Dr. Talbott acknowledged the Florida Chapter as a regional leader within ASAM and commended the organization on its progress over the past decade.

Dr. Robert Brooks, newly appointed Secretary of Health for the State of Florida, addressed the conference on his perspective on the goals of medicine within the state.

At the Chapter business meeting held in conjunction with the conference, outgoing Chapter President Richard Keesal, M.D., joined newly elected FSAM President John Eustace, M.D., in reaffirming Florida's commitment to the national Society's membership and growth goals.

The annual "winter in the sun" conference is scheduled so as to allow participants ample unstructured time for networking and to enjoy the many

attractions of the Orlando area. Next year's conference is scheduled for February 4-6 at the Sheraton Safari Hotel in Orlando. The Florida chapter extends an open invitation to members of other chapters to hold breakout or joint meetings during the "winter in the sun" conference. For additional information, contact Robert Donofrio at the FSAM office at 850/484-3560.

Election of officers: New FSAM officers are John Eustace, M.D., President; Paul Bakule, M.D., President-Elect; Jay S. Reese, M.D., Treasurer; Vineet Mehta, M.D., Secretary; Kevin O'Brien, M.D., FASAM, Chair of the Scientific Planning Committee; and Anthony Albanese, M.D., Representative to the Florida Medical Association.

Ohio

Chapter President: Gregory Collins, M.D.

Regional Director:

R. Jeffrey Goldsmith, M.D.

Summer Institute: The Ohio Society of Addiction Medicine has scheduled a luncheon meeting during the 6th Annual Physicians' Track of The Ohio State University Summer Institute of Addictions Studies, to be held Saturday, July 24, at the Fawcett Center in Columbus. The Ohio Society of Addiction Medicine has participated in the planning of this year's program, which features ASAM Immediate Past President G. Douglas Talbott, M.D., FASAM. For further information or a meeting brochure, contact Stan Sateren, M.D., FASAM, at 614/234-6710 or e-mail SSateren@aol.com.

North Carolina

Chapter President: Philip L. Hillsman, M.D.

Regional Director:

Paul H. Earley, M.D., FASAM

Strategic plan: The North Carolina Society of Addiction Medicine is involved in development of a strategic plan for addiction services in the state through its participation in the Substance Abuse Coalition coordinated by the Governor's Alcohol and Drug Council. A written strategic plan has been formulated. The next step is to form work groups to provide the detail on specific activities.

Legislation: NCSAM members have been active in advocating for two bills introduced by Rep. Martha Alexander in the current session of the state legislature. The Mental Health/Substance Abuse Parity Act (H 715), after debate in the House insurance committee, was referred to a study commission for a year.

The ASAM Criteria bill (H 715), which requires use of the ASAM Patient Placement Criteria in decisions by insurance companies about substance abuse treatment, passed the House in amended form, passed the Senate health care committee, and is awaiting action by the full Senate. NCSAM members Al Mooney, M.D., Bob Vanderberry, M.D., and Phil Hillsman, M.D., addressed the House and Senate in support of these bills.

Public education: NCSAM co-sponsored the appearance in Raleigh of William Cope Moyers of the Hazelden Foundation, who spoke on the importance of addiction treatment. His appearance served as a springboard for a number of interested groups to contact their legislators about addiction issues.

Professional education: In a letter to Paul Saperstein, president of the North Carolina Medical Board, NCSAM supported a proposal that 10 of the mandatory 150 hours of continuing education credits that North Carolina physicians must earn every three years be related to addiction topics, in view of the tremendous morbidity and mortality burden imposed by addiction.

National policy: NCSAM has urged its members to join the coalition for Physician Leadership on National Drug Policy as associate members.

NCSAM members are encouraged to send comments, questions and news to Dr. Hillsman at PLHillsman@aol.com. Dr. Hillsman is preparing a directory of members' e-mail addresses, and welcomes such information from NCSAM members.

Oregon

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

Regional Director:

Richard E. Tremblay, M.D., FASAM

Parity: Regional Director Dick Tremblay, M.D., reports that the Coalition for Mental Health Parity has been waging a vigorous effort to amend current Oregon law to broaden parity requirements. Current law requires health insurers to provide limited mental health benefits. For example, insurers may not limit "total payments of any kind for treatments of chemical dependency and mental and nervous conditions" to less than \$10,500 for adults (or \$12,500 for children) in any two-year period. However, these minimums — which have actually become ceilings under most managed care plans — have not been adjusted for 16 years. The Coalition's bill would remove these artificially low limits, but would not add new benefits. It also would fill loopholes in federal law by applying to plans that put durational or visit limits on mental health and addictions coverage, as well as extending the requirements to small businesses with fewer than 50 employees, which the federal law exempts.

Coalition members endorsing the reform bill include the state medical and psychiatric associations, the mental health association and the Oregon Alliance of Children's Programs, the Association for Retarded Citizens, and professional groups representing psychologists, social workers, mental health providers, and physician assistants.

South Carolina

Chapter President:

John E. Emmel II, M.D.

Regional Director:

Paul H. Earley, M.D., FASAM

Annual conference: The South Carolina Society of Addiction Medicine scheduled its first annual conference, on "Medical Aspects of Addiction," June 10-12 at Myrtle Beach. Faculty members include H. Wesley Clark, M.D., J.D., M.P.H., FASAM, Director of the Center for Substance Abuse Treatment, and Drs. Michael Meason, Terry Rustin, Hunter Woodall, Robert Malcolm, Hugh Coleman, and Tim Fischer.

Washington State

Chapter President: Claire Trescott, M.D.

Regional Director:

Richard E. Tremblay, M.D., FASAM

Educational conference: Under the leadership of Educational Chair Bill Dickinson, D.O., FASAM, the Washington Society of Addiction Medicine sponsored a major conference on Fundamentals of Addiction Medicine in Seattle in February. Conference faculty included Steven Juergens, M.D., presenting "An Overview of Alcohol and Other Drug Dependency"; Richard K. Ries, M.D., on the "Interplay of Mental Health and Substance Abuse"; and ASAM Past President Anthony Radcliffe, M.D., FASAM, on "How Primary Care Can Benefit from the Addiction Medicine Specialist: A Changing Perspective."

The luncheon speaker was Kenneth D. Stark, director of the state alcohol and drug abuse agency, discussing "The Benefits of Treatment in Washington State." Other major presentations included Andrew Saxon, M.D., on "Medications in the Treatment of Substance Use Disorders"; Sam Cullison, M.D., on "Primary Care of Chemically Dependent Patients"; Dan Wolf, D.O., on "Outpatient Treatment of Chemical Dependence"; Daniel O'Neill on "Gastrointestinal Maladies Associated with Alcohol and Other Drug Dependency"; Marshall Bedder, M.D., on "Treating Chronic Pain in the Chemically Dependent"; and Bill Dickinson, D.O., FASAM, on "Why Treat? The Economics of Chemical Dependency Treatment."

Policy representation: Having met the formal requirements, the Washington Society of Addiction Medicine has earned a permanent seat in the House of Delegates of the Washington State Medical Association, as well as in that organization's chief policymaking body, the Interspecialty Council. This affords WASAM a key vantage point from which to influence policy development and to educate other physicians on issues critical to addiction medicine. ■



RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleague:

We are pleased to report that a major pledge brings the Endowment Fund to \$2,808,618. Thus, only \$191,382 is needed to reach our goal of raising \$3 million before the Millennium.

We especially wish to thank Joseph E. Dorsey, M.D., FASAM, for making a financial commitment of \$225,000 in addition to his previous generous contributions. He thus becomes the first Ruth Fox Endowment donor to reach the Distinguished Fellows' Circle. We are very grateful to Dr. Dorsey for his generosity and dedication to ASAM.

We greatly appreciate the commitment and support of all our donors, and look forward to your continued pledges, contributions, bequests, and other planned gifts. We ask you to consider Memorial Tribute gifts, which allow you to thoughtfully remember a loved one or to pay tribute to someone special.

Please help us reach the \$3 million goal so that we can celebrate at the next Ruth Fox Endowment Reception in Chicago next April! All donors will receive an invitation to the reception, and donors who pledge/contribute \$5,000 or more will be acknowledged and receive the Endowment Medallion at the reception.

For information about making a pledge, contribution, bequest, memorial tribute, or to discuss in confidence other types of gifts, please contact Claire Osman at 1-800/257-6776.

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 March 25, 1999 — **Total Pledges: \$2,808,618**

Donors Feted at Ruth Fox Fund Reception

A gala reception in honor of benefactors of the Ruth Fox Memorial Endowment Fund was a highlight of ASAM's annual Medical-Scientific conference in New York City.



Joseph E. Dorsey, M.D., FASAM, and Mrs. Dorsey receive an award denoting Dr. Dorsey's induction into the Distinguished Fellows Circle in recognition of his donations to the Ruth Fox Memorial Endowment Fund.



Director of Development Claire Osman and ASAM Executive Vice President James F. Callahan, D.P.A., congratulate Thomas Haynes, M.D., FASAM (center) on his generous gift to the Fund.

Alan Wartenberg, M.D., FASAM, receives an award marking his contributions to the fund and congratulations from ASAM President-Elect Andrea G. Barthwell, M.D., FASAM.



James Smith, M.D., FASAM, and Mrs. Smith receive the congratulations of President-Elect Andrea Barthwell, M.D., FASAM, as Ruth Fox Fund Chair Max Schneider, M.D., FASAM, looks on.

New Donors, Additional Pledges and Contributions

February 1, 1999 – March, 1999

Distinguished Fellows Circle (\$250,000+)

Joseph E. Dorsey, M.D., FASAM

President's Circle (\$10,000-\$24,999)

Thomas L. Haynes, M.D.

Leadership Circle (\$5,000-\$9,999)

Lawrence L. Greenfield, M.D.

Steven S. Kipnis, M.D.

Mr. Harry Lucas, Jr.

Carlisle L. St. Martin, M.D.

Donors' Circle (up to \$2,999)

Pramod Anand, M.D.

Henry N. Blansfield, M.D.

William D. Clark, M.D.

David R. Gastfriend, M.D.

Michael L. Glasser, M.D.

Dinesh K. Jain, M.D.

George E. Kalousek, M.D.

Joyce Lowinson, M.D.

C. Richard McKinley, M.D.

Philip S. Mehler, M.D.

David Ostrow, M.D.

Richard J. Ready, M.D.

Clairemon S. Reyes, M.D., M.P.H.

Jennifer P. Schneider, M.D.

Marc Shinderman, M.D.

Jerome Edward Schulz, M.D.

Judith Seixas

Eva Marie Smith, M.D.

George Ubogy, M.D.

Mary S. Wenzel, M.D.

Pete Domenic Westenberger, M.D.

Memorial Gift

From Judith Seixas in Memory of Frank A. Seixas, M.D. (1919-1992)

IOM Report Calls for Wider Availability of Marijuana for Medical Purposes

Marijuana has medical benefits for people suffering from cancer and AIDS and should undergo scientific trials to determine how best to use it, a study by the Institute of Medicine has concluded.

The drug remains illegal under federal law, despite ballot measures approving its use in Alaska, Arizona, California, Nevada, Oregon and Washington. The new report is sharpening debate over its use.

The Institute of Medicine, an affiliate of the National Academy of Sciences, said marijuana's active ingredients can ease pain, nausea and vomiting. It urged the development of a standard way to use the drug, such as an inhaler.

The conclusion was greeted warmly by most marijuana advocates. "Let us waste no more time in providing this medication through legal, medical channels to all the patients whose lives may be saved," said Daniel Zingale of AIDS Action.

On the other hand, Rep. Bill McCollum (R-FL), who led the fight to get the House to condemn medical

marijuana in 1998, said he is "deeply concerned" that the report might encourage people to smoke marijuana. It is known that some of the chemicals in marijuana can be useful, he acknowledged, but their place is in inhalers or pill form. "We should not sanction smoked marijuana because there is no way to control that," McCollum said.

"Providing good medicine — not marijuana — is the compassionate response to patients' pain and illnesses," said Robert Maginnis of the Family Research Council. He insisted that physicians have other medicines to treat any ailment that marijuana can help.

Gen. Barry McCaffrey of the Office for National Drug Control Policy (ONDCP) said the IOM's findings are unlikely to spur pharmaceutical manufacturers to undertake research on marijuana. "Our experience is there is little market interest," McCaffrey said. The IOM analysis was requested by ONDCP after an expert panel formed by the National Institutes of Health (NIH) concluded in 1997 that some patients — principally cancer

and AIDS victims — could be helped by marijuana.

A number of medical groups, including the American Medical Association, the California Society of Addiction Medicine, and ASAM have called for more and better research on the medical uses of marijuana, urging efforts to develop improved delivery systems and to identify the precise components of marijuana that appear to have therapeutic effects.

Such research already is under way at NIH, which is funding three studies of smoked marijuana and expects to approve a fourth this year. One study examines marijuana's safety in persons with AIDS, a second is looking at the extent of medical marijuana use by patients in health maintenance organizations, and a third is studying marijuana's ability to reduce nausea. Nearing approval is a study of marijuana's effect on pain.

The National Cancer Institute is looking into the comparative effectiveness in reducing nausea of a pill containing marijuana and a hormone. ■

FUNDING OPPORTUNITIES

Matching Grants for Substance Abuse Prevention Projects

Non-profit organizations are invited to submit concept papers to the Robert Wood Johnson Foundation for the Year 2000 Local Initiative Funding Partners Program.

The program provides matching grants to enable foundations and corporations to sponsor innovative community-based projects in three areas: reducing the harm caused by alcohol, illegal drugs and tobacco; ensuring access to basic health care for all Americans; and improving the system of services for people with complex, chronic conditions.

Concept papers are due August 5, with the deadline for full proposals December 3, 1998, for those invited to apply. For complete details, contact Pauline M. Seitz or Orrin T. Hardgrove, Local Initiative Funding Partners Program, Health Research and Education Trust of New Jersey, 760 Alexander Road, PO Box 1, Princeton, NJ 08543-0001, or phone 609/275-4128.

Hospital Conversion Foundations Award Funds

More than \$700 million will be awarded each year by foundations formed from conversions of nonprofit hospitals to for-profit status, the *Chronicle of Philanthropy* reported April 8.

"It's money that was tied up in hospitals or health plans," said Deborah A. Brody, co-author of the report. "It may have been going to nonprofit causes, but not to grantmaking. It's redeployed money."

According to a report from Grantmakers In Health (a Washington, D.C.-based organization that represents foundations), more than 100 foundations with assets totaling nearly \$13 billion have been formed by the shifting ownership of hospitals, health care systems and health insurance plans.

These foundations award \$700 million annually, the report said, mainly to health-related projects in specific geographic locations. In many areas, the funds are the largest source of non-governmental health support.

Copies of the "Coming of Age" report are available online or by contacting Grantmakers In Health, 1100 Connecticut Ave., NW, Suite 1200, Washington, DC 20036, or by phone at 202/452-8331. Up to five copies can be obtained at no charge. ■

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.]

September 29-October 3

Carolina Conference on Addiction
Winston-Salem, NC
28 Category 1 CME credits
[For information: 912/638-5530]

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

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]

August 4-8

International Doctors in Alcoholics
Anonymous
Scottsdale, AZ
12 Category 1 CME credits
[For information: 602/808-0631]

November 4-6

AMERSA National Conference
Alexandria, VA
[For information: 401/863-2960]

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Medical Review Officer Training

The next ASAM-sponsored Medical Review Officer (MRO) training course is scheduled for July 16-18 at the Embassy Row Hilton Hotel in Washington, DC. The course offers both basic information and advanced sessions for MROs who have had previous training in the basics of medical review.

Course organizer Donald Ian Macdonald, M.D., FASAM, Chair of the ASAM Medical Review Officer Committee, describes the course as combining scientific updates, policy reviews and practical advice. Specifically, the course will involve:

- Discussion of the history of drug testing and forthcoming changes in federal requirements.
- Clinical review of addiction and relapse and their relevance to work-place alcohol and drug programs.
- Examination of issues in fitness for duty testing in programs designed for the prevention of illicit drug use.
- Interpretation of positive opiate tests, split sample testing, alcohol testing, and passive inhalation of cocaine and marijuana.
- Practice-oriented discussions of actual cases.
- An update on the status of MRO certification.

Hotel reservations for the July course should be made by June 21 to receive the conference rate of \$120 single or \$130 double; phone 1-800/HILTONS. Conference registration and information requests should be directed to the ASAM Conference and Meetings staff at 301/656-3920.

A third 1999 course has been scheduled for November 12-14 at the Grosvenor Resort at Walt Disney World Village, Lake Buena Vista, FL.

MROCC Examination

The Medical Review Officer Certification Council (MROCC) will offer the MROCC Certification Examination immediately following each ASAM MRO Training Course. Candidates who wish to sit for the exam must obtain a separate application and eligibility form from the MROCC at 9950 West Lawrence Avenue, Suite 106A, Schiller Park, IL 60176, or by phone at 847/671-1829.