

ASAM NEWS

JULY-AUGUST 1999 VOLUME 14, NUMBER 4



NEWSLETTER OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE

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ASAM AT WORK FOR YOU:

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ASAM Wins IRS Approval of Deduction for Treatment of Nicotine Dependence

ASAM has persuaded the Internal Revenue Service to reverse a 20-year-old position by allowing smokers who participate in cessation programs to itemize the treatment as a medical expense. Having analyzed data provided by ASAM, the IRS agreed that nicotine is addictive and that smoking is detrimental to the health of the smoker. It therefore revoked its earlier ruling and held that "Uncompensated amounts paid by taxpayers for participation in a smoking-cessation program and for prescribed drugs designed to alleviate nicotine withdrawal are expenses for medical care that are deductible under Section 213" [26 CFR 1.213-1].

The ruling follows a long campaign by John Slade, M.D., FASAM, and his colleagues on the ASAM Committee on Nicotine Dependence.

The immediate cause of the ruling was a letter to the IRS on behalf of ASAM from G. Douglas Talbot, M.D., FASAM.

As a result of the IRS' reversal, treatment for nicotine addiction now will be tax deductible, subject to the same rules and limitations as any other medical expense. The ruling is specific about what is considered a deductible expense: treatment in an established treatment program — including pharmacotherapy and non-pharmacologic interventions — are deductible expenses, but over-the-counter medications such as the nicotine patch and gum are not (ASAM recommended that the costs of OTC products also be deductible). As with other medical deductions, total medical expenses (not restricted to smoking-related expenditures) must exceed 7.5% of an individual's adjusted gross income to qualify.

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ASAM Request Yields New Federal Report on Alcohol Treatment

*Michael Mayo-Smith, M.D., M.P.H.
Chair, Committee on Practice Guidelines*

Acting on a request by ASAM's Committee on Practice Guidelines, the federal Agency for Health Care Policy and Research (AHCPR) has funded a comprehensive review of the research literature on medications used in the treatment of alcoholism.

AHCPR long has been a leading force in the development of clinical practice guidelines. Recently, the agency decided to begin funding "evidence reports" on topics nominated by other organizations. Such funds support development of state-of-the-art analyses of existing scientific evidence on a variety of clinical topics.

In response to AHCPR's first request for proposals, over 250 topics were nominated by

Your copy of the AHCPR summary report on "Pharmacological Management of Alcohol Dependence" is enclosed with this issue of ASAM News.

various organizations. Of these, 15 were selected, including the topic nominated by the ASAM Clinical Practice Guideline Committee, "Pharmacological Management of Alcohol Dependence." In response to ASAM's request, AHCPR provided a grant of approximately \$250,000 to the Research Triangle Institute (RTI), a private research center, to support a comprehensive review of the existing research literature. The results are documented in a full

► **FEDERAL REPORT** continued on page 14



**PARITY:
ASAM'S VISION REALIZED**

James F. Callahan, D.P.A.

At a festive dinner during ASAM's recent Medical-Scientific Conference in New York City, we honored our presidents and all of our colleagues who in past years, and especially in the immediate past year, made such magnificent contributions to the realization of our Society's mission, which is:

- To integrate the treatment of addictive disorders into the mainstream of health care, and
- To integrate the teaching of addiction medicine into all levels of medical education, including accredited training programs leading to board certification of the specialty of addiction medicine.

We expressed our gratitude by giving awards as token symbols of our esteem and gratitude. But if that were the extent of our tribute, it would fall short of a true tribute. Rather, we honored our colleagues in the fullest sense of the word, which is to give tribute to them for their effective work in moving us closer to the achievement of our mission, and to pledge to them, to all of our colleagues in addiction medicine and to our patients, that we will fully commit ourselves to the completion of our Society's mission.

That the treatment of addictive disorders will become a standard basic health benefit, and that physicians who specialize in addiction medicine will receive training and board certification in the treatment of these disorders, may seem to some to be a fading dream — an ideal that some early visionaries held when the health care system was stable, when monies for training were available, when treatment programs were being established rather than merged or closed, and when public and private funds for treatment was plentiful.

In our current era of managed care, when addiction too often is defined not as a disease but as a "behavioral disorder," it is not unrealistic to think that ASAM's mission sounds naive and romantic. I grant that it is not unreasonable to think that a statement I recently read may be true, which is that "Due to a severe shortage of resources, the 'light at the end of the tunnel' will be turned off indefinitely." But rather than succumb to despair, let us remember why we honor our colleagues in addiction medicine.

Achievements

In the 1950s and early 1960s, a handful of men and women held a shared belief that impelled them to action: Ruth Fox, Stan Gitlow, Sheila Blume, LeClair Bissell, Percy Ryberg, Marty Mann, Brinkley Smithers and others all shared the conviction that alcoholism was a preventable and treatable disease.

Those were the days of the drunk tanks, when public inebriates were locked up in jail, when alcoholics were committed to the mental asylum, and when hospital bylaws (as Dr. Jim Smith reminded me recently) expressly forbade the admission of alcoholics. In those days, nearly everyone — physicians and laypersons alike — felt that alcoholism and other drug addictions were moral weaknesses. The federal and state governments had little, if any, interest. And there certainly was no concept of a special field called "addiction medicine."

Forty-five years later, we have two institutes of the National Institutes of Health dedicated to research on the addictions: the National Institute on Alcohol Abuse and Alcoholism (established in 1970) and the National Institute on Drug Abuse (established in 1974). We have a federal agency, the Center for Substance Abuse Treatment, whose sole mission is to improve access to and the effectiveness of addiction treatment.

And we have a national organization of 3,200 members who practice addiction medicine, and who are dedicated to the belief that the treatment of addiction should be granted parity with the treatment of any other chronic relapsing disorder, that all physicians should receive education in addiction medicine, and that physicians who wish should be trained and board-certified in addiction medicine. We have a 1,300-page textbook, *Principles of Addiction Medicine*, that reflects the vast body of scientific knowledge in this field, and we have ASAM's Patient Placement Criteria, which have been adopted by 18 states and countless private providers.

Yes, we have achieved so much, and now we have — in some people's minds — the impertinence to demand that addictive disorders be granted parity in benefit coverage. Forty-five years after the vision, we are working in state legislatures and in Congress to achieve that parity for addiction treatment.

► **VISION** continued on page 12



American Society
of
Addiction Medicine

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

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

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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).

New Wine Labels to be Reexamined

In one of his last actions before stepping down as Secretary of the U.S. Treasury, Robert Rubin said he would have the department rethink the approval of wine labels touting the health benefits of drinking wine, the *San Francisco Chronicle* reported May 15. Since the U.S. Treasury Department approved the new wine label, Rubin had been under pressure from Sen. Strom Thurmond (R-SC), whose daughter was killed by a drunken driver. The new labels also are being protested by anti-alcohol groups, which characterize the new wording on the labels a marketing ploy to increase wine consumption.

The new label, which was approved by the Treasury Department in February, would allow vintners to refer consumers to the U.S. dietary guidelines that give broad scientific evidence of cardiovascular benefits from moderate alcohol consumption.

Rubin told Thurmond he would open a new rule-making procedure to question whether the Treasury Department's rules are appropriate. "I regret that we did not consult with you more closely prior to the approval of two wine labels containing health-related statements," wrote Rubin in a letter to Thurmond. Rubin also said the Treasury Department supports Thurmond's Alcohol Beverage Label Preservation Act of 1999, which would prohibit the new language on labels.

Tobacco Industry Profits From Underage Sales

Despite laws against the sales of cigarettes to minors in all 50 states, 3.8 million minors smoked daily in 1997, according to a study published in July issue of the *American Journal of Public Health*.

Dr. Joseph DiFranza of the University of Massachusetts Medical School and John Librett of the Utah Department of Health estimate that the tobacco industry reaped at least a half-billion dollars in profits in 1997, more than double what they made from illegal sales in 1988.

States also generated \$431 million in taxes from sales to underage smokers. DiFranza said that the taxes generated from the illegal sales of cigarettes to minors should be devoted to enforcing laws against underage sales and to antismoking education. The tax revenues are "more than enough to do an excellent job of enforcing the law," DiFranza said.

Congress Debates Limits on Internet Wine Sales

The debate over whether alcoholic beverages can be sold by mail or over the Internet is being powered in the U.S. Congress by money, influence and the issue of teenage drinking, Knight Ridder news service reported June 16.

The Senate passed an amendment as part of its juvenile crime bill that would allow states to go to federal court and seek an injunction blocking mail-order and Internet alcohol sales. Similar legislation is expected in the U.S. House of Representatives. Rep. George Radanovich (R-CA), a winemaker, is lobbying colleagues to defeat the legislation. Rep. Radanovich, working with a group of 75 other House members, has formed a bipartisan group called the Congressional Wine Caucus. The caucus has created its own bill that would require that all packages containing alcohol be labeled and that someone age 21 or older be required to show identification and sign for the shipment if delivered by mail.

Ruling Could Affect Efforts to Curb Alcohol Ads

According to a commentary in the June 21 *Wall Street Journal*, the decision by the U.S. Supreme Court to invalidate a federal ban on radio and television ads for casino gambling could have dramatic implications for efforts to limit alcohol advertising.

In the New Orleans case, the Supreme Court unanimously ruled that in states where casino gambling is legal, it is an infringement of free speech to prohibit anyone from advertising it. The ruling was based in part on a brief filed on behalf of the American Advertising Federation by Daniel

E. Troy, a Washington lawyer and an associate scholar at the American Enterprise Institute.

The commentary noted that, "Although the court stated the holding in relatively narrow terms, the rationale of *Greater New Orleans Broadcasting Association Inc. v. U.S.* has dramatic implications for the regulation of alcohol and tobacco, two legal products that are even more controversial than gambling."

White House Parity Plan Includes Substance Abuse

The Clinton administration unveiled a new government mental health care initiative that includes substance abuse problems, Reuters News Service reported June 7.

The initiative requires health plans insuring federal workers to offer coverage for mental health and substance abuse problems at the same level as other illnesses. The requirement will serve as a model for private sector health plans, federal officials say.

"To improve the health of our nation, we must ensure that our mental health is taken as seriously as our physical health," Mrs. Gore told the White House Conference on Mental Health. "That is why we are taking new steps to break down the myths and misperceptions of mental illness, highlight new cutting-edge treatments, and encourage Americans to get the help they need."

MAINE

We seek an ASAM-Certified Primary Care Physician to succeed in a growing multi-disciplinary private medical practice in Waterville, Maine. This group supports residential and ambulatory programs that encompass the full continuum of chemical dependency treatment. This practice overlaps chemical dependency and primary care. Attractive benefit package and eventual partnership eligibility.

Fax CV to Louisa Barnhart, M.D.
(207) 872-7910



ASAM PROUDLY SALUTES 25 NEW FELLOWS

Marc Galanter, M.D., FASAM

A highlight of the annual Awards Dinner during ASAM's recently completed Medical-Scientific Conference was the opportunity to recognize 25 members who have been named Fellows of the American Society of Addiction Medicine. The new Fellows are:

Mickey N. Ask, M.D., FASAM
Lee Hewitt Beecher, M.D., FASAM
Alexander F. DeLuca, M.D., FASAM
Joseph E. Dorsey, M.D., FASAM
Joseph L. Galletta, M.D., FASAM
Samuel B. Ganz, D.O., FASAM
Lance L. Gooberman, M.D., FASAM
James A. Halikas, M.D., FASAM
Arnold J. Hill, M.D., FASAM
Thomas R. Hobbs, M.D., Ph.D., FASAM
Elizabeth F. Howell, M.D., FASAM
Michael S. Levy, D.O., FASAM
M. David Lewis, M.D., FASAM

Eugene A. Mangieri, M.D., FASAM
Richard S. Merrick, M.D., FASAM
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C. Chapman Sledge, M.D., FASAM
Michel A. Sucher, M.D., FASAM
John C. Tanner, D.O., FASAM
Berton Toews, M.D., FASAM
Jorge A. Viamontes, M.D., FASAM

This brings the total number of ASAM Fellows to 155, each of whom was selected on the basis of his or her significant contributions to the field of addiction medicine. We salute all the ASAM Fellows, and recognize their achievements as inspirations for us all.

Hold these dates!

Plan now to attend the year's
most important scientific gathering:

ASAM Conference on State of the Art in Addiction Medicine

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AMA Leads Fight to Have Scope of Practice Rule Withdrawn

Physicians benefited recently when the Department of Veterans Affairs (DVA) withdrew a proposed rule that would have authorized non-physician health care personnel to prescribe medications.

The American Medical Association, working closely with the American Psychiatric Association, hand-delivered a letter to the DVA urging that the Notice of Proposed Rulemaking be withdrawn, on the grounds that the proposed rule lacked specificity and could expose patients within the DVA system to extreme risk.

Within two days of receipt of the AMA's letter, the Department agreed to withdraw the proposed rule. AMA officials have promised that the association will continue to be vigilant on scope of practice issues.

Commentary by Michael M. Miller, M.D., FASAM Chair, ASAM Public Policy Committee

One of the most topical issues in medical practice has been the attempt by psychologists and other non-physicians to be granted authority to write prescriptions. A logical extension of such expanded prescriptive authority would have psychologists, nurses and others — working independently of a physician — managing the medications used in detoxification or office-based addiction practice.

The American Medical Association has worked tirelessly to fight such threats to the quality of patient care. Physicians practicing addiction medicine should celebrate the success of the AMA in its latest initiative, as described above.

ASAM views AMA as a friend of addictionists and of ASAM, and encourages ASAM members to join the AMA. This story is a concrete example of what the AMA can do, and has done, that is of direct value to patients and their physicians.

You can write your congratulations to AMA leadership or, better yet, if you are not an AMA member, you can join the AMA today!

Federal Hearings on Improving Addiction Treatment

The Center for Substance Abuse Treatment is soliciting our comments on ways to improve addiction treatment, as described in the following information from the *Federal Register*. You may comment in writing, through the Web, or in person. Please make your voices and opinions heard!

From the *Federal Register*, June 8, 1999
(Volume 64, Number 109, Pages 30531-30533)

Call for Public Comment

ACTION: Request for public comment on five issues (domains) of concern to the substance abuse treatment field....

SUMMARY: This notice announces that the...Center for Substance Abuse Treatment (CSAT) is formally inviting public comment on five issues (domains) that are of concern to the substance abuse treatment field and require development and exploration. Via several mechanisms, including public hearings, CSAT intends that findings from the exploration of individual domains will ultimately be synthesized into a coherent national strategy to guide substance abuse treatment program and policy development for the future. Individuals and organizations are encouraged to comment in one of several ways:

- (1) in writing, by submission through the U.S. Mail or courier service;
- (2) via the National Treatment Plan website (www.natxplan.org); or
- (3) in person at one of the four public hearings scheduled at locations across the country. The final cutoff date for comments is December 1, 1999....

DATES/LOCATIONS: CSAT plans to conduct four public hearings in 1999 — July in Hartford, CT; September in Chicago, IL; October in Portland, OR; and November in Tampa/St. Petersburg, FL.

As noted above, CSAT is inviting the public to comment on five domains as part of the initial step of the plan. The domains, as well as some initial questions for exploration, include:

- (1) **Closing the Treatment Gap:** Where are the gaps? How big are they for different populations? For different types of settings and treatment modalities?

Elizabeth F. Howell, M.D., FASAM

How big are gaps in other related systems of care, e.g., welfare, child welfare, housing? What are the policy, organization, and financing issues that must be addressed in the private and public systems, including Medicaid and Medicare, to close the treatment gap?

(2) **Reducing Stigma and Changing Attitudes:** What are the nature, causes and consequences of addiction stigma? What can CSAT, the treatment field, consumers and families do to address stigma related to addiction, substance abuse treatment and individuals with substance abuse disorders? How do other stigmas impact/compound the stigma of addiction?

(3) **Improving and Strengthening Treatment Systems:** What are the clinical and organizational challenges facing treatment organizations in the public and private sectors? What can CSAT, the treatment field, consumers and families do to improve and strengthen treatment organizations so that they can adapt to the new imperatives of the changing treatment system, and to improve the relationship between the general health care system and the specialty substance abuse treatment system? What should be done at the state, county and/or local levels to improve and strengthen substance abuse treatment?

(4) **Connecting Services and Research:** What are the best methods by which CSAT, the treatment field, consumers and families can foster and support evaluation of proven research findings in community-based settings and identification and adoption of best practices?

(5) **Addressing Workforce Issues:** What are the issues facing clinicians treating addictions? What can CSAT, the treatment field, consumers and families, and professional associations do to foster training, appropriate credentialing, and licensure in all settings in which treatment occurs, and to support treatment organizations in developing appropriate policies for clinical training?

FOR FURTHER INFORMATION CONTACT: Requests for additional information regarding the hearing and/or testimonies, as well as requests to testify, must be addressed to:

Peggy Cockrill, [Tele: (301) 443-7024; E-mail: pcockril@samhsa.gov; Fax: (301) 480-6077] or Ann Mahony [Tele: (301) 443-7924; E-mail: amahony@samhsa.gov; Fax: (301) 480-6077]; Write: c/o TASCAN, 1803 Research Boulevard, Suite 305, Rockville, MD 20850.

Written comments (without a request to personally testify) will also be accepted by either of the above addressees. Written testimonies are limited to five typed pages using 1.5 line spacing and 12 point font. ■

READER EXCHANGE

Psychotic Episodes with Gamma Hydroxy-Butyrate

Note: The Reader Exchange, a new feature inaugurated with this issue, asks ASAM members and other readers to share their knowledge and experience to advance the field of addiction medicine. Readers are encouraged to use this column to respond to questions posed by others, as well as to report unusual phenomena, share diagnostic or treatment insights, and identify potential trends. Correspondence should be addressed to the Editor, ASAM News, by fax at 703/536-6186, or by e-mail at BBWilford@aol.com.

Question: "I work as a nurse in an inpatient psychiatric/addictions facility. In the past six months, I have seen two patients who had psychotic episodes of a week or more after long-term use of gamma hydroxy-butyrate. Both patients were detoxed with phenobarbital and Ativan® combinations.

"I have found very little in terms of detox and withdrawal information. I have read the *Morbidity and Mortality Weekly Reports*, Vol. 46, No. 13 (April 4, 1997), and the *Miami Herald* article 'New Designer Drug Can Leave Partiers Dazed.' Any information would be appreciated." ■

Dealing with Impairment Among Medical Students

Rebecca Zarko
Chair, Members-in-Training Committee

It has been estimated that 10% to 12% of the general population, and 15% to 17% of the medical profession, is chemically dependent (*The New Physician*, September 1996). These startling facts justify the need for the advancement of the field of addiction medicine. Many impaired physicians were first impaired students. Medical students are not immune to the problems of addiction, as the stress of medical school can lead to poor coping mechanisms that can end in a life of alcohol or drug addiction.

Some medical schools have programs to help impaired students, but many are run by the administration and not by the students. By contrast, The Northeastern Ohio Universities College of Medicine, developed a student-run organization designed to prevent impairment among its students. The "Intervene Now" ("IN") Council was founded in 1986 by a group of seven medical students who identified the need for a confidential and compassionate way to assist impaired students. The Council is composed of elected members from each current medical school class, a faculty advisor, and a professional member from the community.

If a student, a faculty member, or any member of the school's community believes that a particular student has a problem with alcohol or drugs, that individual can approach the IN Council with his or her concerns. A discreet investigation of the claim follows and the student in question is brought before the IN Council members in a closed and confidential meeting. If the Council decides that there may be an issue of impairment concerning the student in question, a recommendation for an intervention is made. (Such an intervention consists of a meeting with the professional member of the IN Council team to discuss the problems facing the student and to set up an evaluation, if needed.)

The evaluation is performed by an addiction medicine specialist not directly affiliated with the College of Medicine and remains confidential. If a treatment program is recommended and the student chooses to comply with these recommendations the case is then monitored by the Council. As long as the student is actively involved in the treatment program and is dedicated to making a recovery, the school administration is never informed of his or her involvement with the IN Council.

This system of intervention provides a way for a medical student to get help without potentially damaging his or her medical career. Its success depends on the Council's ability to maintain privacy and allow the impaired student to continue in school without stigma. Confidentiality, trust and anonymity are crucial to the effectiveness of this program. Many of those involved in the I.N. Council are recovering from their own addiction. This adds additional strength to the program since part of recovering from addiction is knowing that others have successfully put their lives back together after losing control.

The IN Council is involved not only with students with serious addictions but also plays a large role in promoting awareness of the warning signs of dependency. It is unique and particularly effective because of its peer-guided focus.

If your current or former medical school or residency program has a unique way of dealing with substance abuse

problems and/or awareness, please feel free to share your ideas with the Members-in-Training Committee. It is our goal to promote programs that work to prevent future physician impairment. If you have any questions or would like further information about NEOUCOM's IN Council please contact Denise Gibson, faculty advisor, at 330/325-2511.

Student Outreach Project

The Members-in-Training Committee is about to embark on a nationwide campaign to expose medical students to the resources available through ASAM and to encourage membership. By contacting the Student Affairs Dean from each U.S. medical school, the committee will attempt to reach out to every first- and second-year medical student in the country. The committee currently is in the planning phase of this "Student Outreach Project," and preliminary information packets and letters are being prepared for the Deans of Student Affairs. It is the hope of the committee that through this project ASAM will gain visibility among the nation's future physicians. By targeting medical students in the early years it is the goal of the committee to encourage an interest in addiction medicine and promote ASAM membership. Look for more information to follow in future issues of the *ASAM News*.

Change in Committee Chairmanship

The Members-in-Training Committee would like to extend a sincere thank you to Dr. Christine Delos Reyes for her work as chair of the committee. Her two-year term ended this past April but she will remain an active member of the committee. During her chairmanship, Dr. Delos Reyes worked to make the Members-in-Training Committee strong by increasing its membership from two to 14 people. She also completed a Resident/Student Survey of ASAM members, and successfully negotiated reduced fees for residents and free admission for students who attend ASAM's annual Medical-Scientific Conferences. She truly made ASAM more visible and opened up opportunities for student and residents throughout the country. ■

Geriatrics Committee Seeks Members

Barry S. Solof, M.D., Chair of the ASAM Committee on Geriatric Alcoholism and Substance Use, invites all interested members to contact him regarding committee membership. The committee's mission is to heighten awareness of the magnitude of the substance abuse problem within the medical and lay communities, to promote and support educational and outreach programs, and to improve the medical care provided to elderly patients.

Letters of application should indicate the reason for interest as well as some background information on the member's education and practice experience related to geriatric alcoholism and substance abuse. Letters should be addressed to Barry S. Solof, M.D., Physicians Medical Specialists, Inc., 8306 Wilshire Blvd., #311, Beverly Hills, CA 90211, or faxed to Dr. Solof at 323/850-1415.

"Pain Summit" Focuses on Treatment into the 21st Century

Howard Heit, M.D., Seddon Savage, M.D.,
and Judith Heit

Pain management took a giant step into the next millennium as representatives of ASAM met with leaders of the American Academy of Pain Medicine (AAPM) and the American Pain Society (APS) earlier this year to discuss ways in which the three organizations might work together to more effectively serve the medical needs of individuals with pain.

The initial summit meeting (which was funded by two unrestricted educational grants from the pharmaceutical companies Purdue Pharma and Ortho McNeil) marked the beginning of more formal cooperation among the three organizations. The recognition of shared concerns and of the strength that derives from numbers is a driving force in the evolving coalition.

ASAM, AAPM and APS have a combined membership of approximately 8,000 professionals. Whereas the memberships of ASAM and AAPM are composed entirely of physicians, APS' membership is approximately 55% physicians and 45% clinicians and researchers from other pain-related disciplines. AAPM and APS are organizations devoted exclusively to the study and clinical management of pain, while ASAM focuses on the study and clinical management of addictive disorders. All three organizations have missions that include education, professional development, interdisciplinary communication, clinical management, research and policy development.

Over the past two decades, vast areas of overlapping interest between the fields of pain medicine and addiction medicine have become apparent. There has been a growing communication between professionals in both fields in the form of joint educational offerings, cooperative research projects, and dissemination of published information of mutual interest. As pain management has become an increasing priority in the larger society, addiction medicine specialists have become increasingly involved in the clinical management of pain, and pain medicine specialists are more often called on to assess and manage issues related to addictive disease.

The cost to society of the undertreatment of pain is substantial. According to a study funded by the National Institutes of Health (NIH), losses in work productivity attributable to unrelieved pain amount to 84 billion missed work days and \$65 billion in productivity costs each year. In addition, Americans spend \$3 billion on over-the-counter analgesics. The net impact in terms of human suffering is immeasurable.

Why has this major health problem not been given the priority it deserves? The answers are complex. Medicine traditionally has focused on the cure of disease, not on the management of symptoms and quality of life. Therefore, the

physiology and treatment of pain generally have not been taught in medical schools, and pain control has not been routinely identified as an important clinical management goal. Exaggerated fears of the potential of opioids to cause addiction, as well as inadequate training in the identification and treatment of addictive disease, also have contributed to the avoidance of pain management. The result is the underuse of potent and effective analgesics, even in the presence of acute and cancer-related pain. Physicians' concerns over the possibility of sanctions by state and federal regulatory agencies related to their prescribing of controlled drugs have contributed to the underutilization of opioids for the management of pain.

Given cooperation between addiction medicine specialists and pain specialists, however, all of these barriers are surmountable.

As a result of the initial summit meeting, ASAM, AAPM and APS have agreed to send representatives to further joint meetings, with the goal of developing an ongoing plan of action. Cooperative projects under consideration include:

- Development of a consensus vision of pain management.
- Drafting of joint public policy statements and clinical practice guidelines related to pain management and addiction issues.
- Cultivation of media relationships.
- Enhanced communication with regulators.
- Joint educational initiatives, including sponsorship of conferences, courses, regional CME offerings, and publications.
- Development of interdisciplinary credentialing options.
- Creation of a directory of professionals with dual knowledge and skills in pain medicine and addiction medicine, for use in making patient referrals.
- Development of guidelines for appropriate reimbursement for pain management and addiction medicine services.
- Management of physician health and practice issues related to professional and personal medical use of controlled drugs.

Since the initial meeting, the Boards of all three organizations have approved the coalition initiative and have appointed official representatives. Drs. Howard Heit, Sidney Schnoll and James F. Callahan will represent ASAM. Drs. Edward Covington, Jason Hymes and Jeffrey Engle will represent AAPM. Dr. Seddon Savage, David Joranson and Dick Muir will represent APS.

Those attending the initial meeting felt encouraged that their shared vision of safe and effective treatment for all who suffer pain can become a reality early in the new century, through the combined efforts of AAPM, APS and ASAM. ■

California

Chapter President:

Gail Shultz, M.D., FASAM

Regional Director:

Gail Shultz, M.D., FASAM

Workshops: "Buprenorphine — Implementation in Office-Based Practice" is the topic of a day-long workshop to be sponsored by CSAM as a pre-conference activity for CSAM's 1999 State of the Art in Addiction Medicine Conference, October 7-9 in Los Angeles.

Efforts are under way on several fronts — in the Congress, at the FDA, and at CSAT — to make buprenorphine available for use in physicians' offices for the detoxification and maintenance treatment of opioid dependence.

Like the symposium sponsored by NIDA at ASAM's Medical-Scientific Conference in New York, the CSAM workshop will focus both on the aspects of pharmacology that make buprenorphine different from methadone and LAAM, and on the practical aspects involved in providing opioid replacement therapy in a private office setting.

The buprenorphine workshop is scheduled for October 6 at the Marriott Hotel in Marina Del Rey. The program has been planned by CSAM members Donald Wesson, M.D., who serves as a consultant to CSAT's Advisory Group on Buprenorphine, and Walter Ling, M.D., who has been a principal investigator on several buprenorphine studies and clinical trials.

Other pre-conference workshops — also scheduled for October 6 — will focus on "The Evidence Base for Involving Patients in Twelve Step Programs" (organized by John Chappel, M.D.); "Acupuncture as an Adjunct to Treatment for Chemical Dependence: Lecture and Demonstration" (given by Gail Shultz, M.D., Daniel Headrick, M.D., and Allan McDaniels, M.D.); and "Improving Treatment of Pain in Addicted Individuals: Update on Pharmacology and Treatment Strategies" (with Karen Miotto, M.D., and Peggy A. Compton, R.N., Ph.D. (who is the recipient of ASAM's 1999 Young Investigator Award).



The Committee on International Addiction Medicine is one of many committees and chapters that met during ASAM's 1999 Medical-Scientific Conference in New York City.

Florida

Chapter President: John Eustace, M.D.

Regional Director:

Richard A. Beach, M.D., FASAM

Scientific conference: Planning continues for FSAM's 13th Annual Conference on Addictions, to be held February 4-6, 2000, at the Sheraton Safari Hotel in Orlando. Co-sponsored by ASAM, this 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.

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.

North Carolina

Chapter President:

Philip L. Hillsman, M.D.

Regional Director:

Paul H. Earley, M.D., FASAM

Directory: 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.

Panama

Chapter President:

Carlos A. Smith, M.D.

Regional Director:

Peter E. Mezciems, M.D., FASAM

National conference: Alternate Director Saul Alvarado, M.D., reports that the Panama Chapter will sponsor a National Conference on Addictions in Panama City. Scheduled for August 1999, the conference will feature a presentation by ASAM Board Member Norman S. Miller, M.D., FASAM.

For more information on the conference, consult the chapter's website at www.nuestra-net.com/apma.

Virginia

Chapter President:

Dorothy Tompkins, M.D.

Regional Director:

Paul H. Earley, M.D., FASAM

Educational conference: The Virginia chapter is planning a conference for September 16-18; the topic is "Helping Our Own." Information is available from Chapter President Dorothy Tompkins, M.D., by e-mail at dgt9g@virginia.edu.

Washington State

Chapter President:

Claire Trescott, M.D.

Regional Director:

Richard E. Tremblay, M.D., FASAM

December in Seattle: The Washington Society of Addiction Medicine has scheduled a Northwest Regional Conference for December 3-5 in Seattle. While the conference is targeted to physicians in British Columbia, Washington, Oregon, Idaho, Wyoming and Montana, co-chairs Ray Baker, M.D. and Richard Tremblay, M.D. invite all ASAM members to attend. Details are available from Dr. Tremblay at 360/352-4690.

Wisconsin

Chapter President: Barry Spiegel, D.O.

Regional Director:

Norman S. Miller, M.D., FASAM

Policy representation: New chapter President Barry Spiegel, D.O., reports that Past President Dean Whiteway, M.D. has "admirably and successfully argued to the Wisconsin State Medical Society for WisSAM to obtain a seat in our state medical society's House of Delegates. In doing this, Dr.

Whiteway...has accomplished a great deal towards gaining a voice for the future of addiction medical care in Wisconsin." Dr. Whiteway will serve as WisSAM's first delegate to the Wisconsin State Medical Society.

Dr. Michael Miller, who served ASAM with distinction as its representative to the American Medical Association's House of Delegates, has pointed out how important such representation is to state chapters and urged that others emulate the example set by WisSAM and the Washington Society of Addiction Medicine (see Chapter Updates in the May-June ASAM News).

Region VIII

Regional Director:

Richard E. Tremblay, M.D., FASAM

Alternate: Gregory Skipper, M.D.

Winter in Hawaii: Plans are under way for a repeat of Region VIII's successful Honolulu conference. Dr. Richard Tremblay reports that a panel of exciting speakers and scenic accommodations will be features of the Year 2000 Region VIII Conference, to be held in Hawaii in January or February. (Winter-weary members from other regions also are welcome to attend.)

Detailed information will be found in the September-October ASAM News, or can be obtained from Dr. Tremblay at 360/352-4690. ■

SMART Recovery Training Program Invitation

SMART Recovery® is a non-profit, abstinence-based self-help group alternative to the 12-Step program. It uses cognitive-behavioral and motivation-enhancement methods. To learn how your patients can benefit from the SMART Recovery® program, join us on October 23, 1999 at Chicago's Ramada O'Hare Hotel for a special, low-cost Training Program.

For more information, visit our website at www.smartrecovery.org, phone 216/292-0220, or fax 216/831-3776.

Parental Supervision Reduces Youth Substance Use

Youngsters whose parents keep a close eye on their whereabouts and activities are less likely to use alcohol and marijuana or sell drugs, according to a study of children living in Baltimore's public housing. Researchers at the University of Maryland found that parents who set limits and talked with their children about their concerns reduced the child's likelihood of engaging in risky behaviors.

The study involved surveys of 383 children, ages nine to 15, over a four-year period beginning in 1993. In the first six months of the study, about one percent of the children who were closely supervised by their parents reported that they sold drugs, compared to 10% of those who had little parental supervision. Eighteen months later, however, 5% of the children who received close parental supervision said they were dealing drugs, while the percentage of children who had far less supervision and were selling drugs rose only slightly, to 12%.

The researchers concluded that as a child grows older, the influence of friends and peers begins to offset the influence of parents, making intervention with children and younger teens even more important.

Source: Report to the annual meeting of the Pediatric Academic Societies, San Francisco, CA.

Sex While Intoxicated Boosts STD Risk

Individuals who have sex while drunk or high are at increased risk for sexually transmitted diseases (STDs), researchers report in the *Journal of Sexually Transmitted Diseases*. "Having sex while high may be an important behavior to address to prevent sexually transmitted disease," conclude Dr. Harvey Siegal of Wright State University School of Medicine (Dayton, OH) and colleagues there and at the University of Alabama, Birmingham.

In an effort to identify links between risky sexual behavior and substance abuse, the researchers interviewed 366 adults enrolled in a court-ordered driver intervention program following

convictions for driving under the influence. They found that while a history of substance abuse in itself did not appear to be related to risky sexual behavior, "having sex while high was significantly related to both risky sex and a history of sexually transmitted disease." More than half the respondents (52.6%) "admitted having sex while high from alcohol or drugs during the last 10 sex episodes," the authors wrote, and 63% of those individuals "did not use condoms when they had sex under the influence of alcohol or drugs." About one of every 10 study participants had contracted a sexually transmitted disease at some point in their lives, according to the researchers. Rates of sexually transmitted disease were higher in women than men (20.3% versus 6.8%, respectively).

Siegal's team concluded that an intervention strategy aimed at "both substance abuse prevention and safe sexual practices appears crucial."

Source: *Journal of Sexually Transmitted Diseases*, February 1999, 26:87-92.

School Drug Programs Called Effective, But Not Whole Answer

School-based drug prevention programs are cost-effective, but they are not the solution to the nation's drug problem, according to a study by the Rand Corporation. According to "An Ounce of Prevention, a Pound of Uncertainty," the best anti-drug prevention programs will curtail lifetime cocaine use by an average of 8%. This result compares favorably dollar for dollar with government efforts to reduce demand by destroying coca leaves overseas or by patrolling the border. But the report also cautioned that it could take up to 40 years for the full effects of prevention programs to be realized. "The bad news for prevention enthusiasts is that prevention does not appear to be the hoped-for silver bullet," the study concluded. "It is not likely that with current technology, prevention can play a decisive role in eradicating our current drug problem."

Source: *Los Angeles Times*, May 26, 1999. ■

WHO: Assembly Approves Framework Convention on Tobacco Control

Delegates representing 50 countries voted in May to begin negotiations on a Framework Convention on Tobacco Control, a global treaty that will establish global regulations on issues such as tobacco advertising, smuggling and taxation. The World Health Organization (WHO) said that formal negotiations are expected to begin next year and the Framework could be completed by 2003.

The decision followed release by the WHO of a report, entitled "Making a Difference," that claims smoking kills about four million people annually, with that number expected to rise to 10 million annually by 2030. "It seems only right that we focus on tobacco. At the turn of a century packed with achievements in science and medicine, tobacco stands out as an area of appalling neglect," said Dr. Gro Harlem Brundtland, the new director-general of the WHO.

Source: Reuters News Service, May 24, 1999.

World Bank: Raising Tobacco Tax Won't Hurt Developing Countries

The most effective way to deter smoking is to raise the price of cigarettes, according to a May 16 report by the World Bank. Although many countries are concerned about the economic consequences of tobacco control policies, the report found that raising cigarette taxes will not financially hurt developing countries, and may in fact significantly increase government revenues. "The economic fears that have deterred policymakers from taking action are largely unfounded," said the report.

Market data show that a 10% increase in cigarette prices reduces smoking by four percent in developed countries and eight percent in poorer countries. According to the report, a 10% increase worldwide would prompt 40 million persons to quit smoking and discourage others from starting.

"The threat posed by smoking to global health is unprecedented, but so is the potential for reducing smoking-related mortality with cost-effective policies," said the report. While the tobacco industry would suffer job losses, consumers who would have spent money on tobacco would spend it elsewhere, creating new jobs in other areas, the report also noted.

Source: Wall Street Journal, May 18, 1999, A28.

UN: Drug Preferences Differ in Americas and Europe

A United Nations anti-narcotics agency reports that there are different drug preferences between people living in North or South America and those living in Europe.

According to the annual report of the International Narcotics Control Board, persons living in North and South America use large amounts of performance-enhancing drugs and stimulants. Europeans, on the other hand, are the world's leading users of stress-reducers and other CNS depressants.

The report speculates that these differences can be linked to factors such as culture, the effects of advertising, and differences in physician-patient relationships. "In the Americas, particularly in the United States, performance-enhancing drugs are given to children to boost school performance or help them conform with the demands of school life," the report said. "They are also taken by adults to achieve the desired body image, boost athletic prowess and social skills or enhance sexual performance."

The report found that stress-reducing drugs were used by as much as 10% of the population in some European countries, with the heaviest use among persons older than age 65, even though there is no evidence of life being more stressful in Europe than in the Americas. "Many Europeans in this age group have retired and no longer suffer professional stress, but may use the drugs to cope with isolation or threatening changes in life routine," the report said.

Source: International Narcotics Control Board, February 1999.

Britain: Government to Ban Most Tobacco Ads

Tobacco advertisements will be banned from all billboards, newspapers and magazines in Britain beginning December 10, 1999, according to the British Ministry of Health. The new rule will take effect 18 months before a similar European Union ban is implemented.

In addition to banning tobacco ads, the government's goal is to phase out the vast majority of tobacco sponsorships by 2003. An extension of three years was given to global sports such as Formula One racing, snooker, darts and perhaps fishing, provided they reduce tobacco sponsorship and advertising by one-fifth in each year of the extension.

Source: New York Times, June 18, 1999, C3.

Netherlands: Free Heroin Experiment Extended

The Dutch Health Ministry is extending a pilot program that distributes free heroin to hard-core drug addicts. During the three-month pilot, 24 addicts in Amsterdam and 21 in Rotterdam received free heroin and were monitored for signs of health and behavioral problems.

The ministry announced that as a result of the program's success, it is extending the program to include 750 drug addicts located in eight locations in several Dutch cities. "During the first phase there were no serious, undesired side effects in terms of public order, criminality and medical safety," a ministry spokesperson said.

Source: Reuters News Service, April 23, 1999.

Switzerland: Panel Recommends Legalizing Marijuana

A government-appointed panel has concluded that the country should legalize the sale and use of marijuana as long as there are controls to prevent the nation from becoming a drug haven. "Cannabis is a drug and the committee isn't intending to trivialize it or say that its consumption is without

risk, but consumption is rising, especially among young people," noted panel member Anne-Catherine Menetrey.

The panel's recommendation to the Cabinet will be part of an ongoing study to revise the drug laws in Switzerland. Swiss law currently bans marijuana. Under the panel's proposal, prospective marijuana sellers would pass a training course and be licensed. Buyers would have to prove that they live in Switzerland, in order to prevent tourists from coming to the country to buy drugs.

In November 1998, Swiss voters defeated a proposed constitutional amendment to legalize the consumption, cultivation and acquisition of illicit drugs, including heroin, for personal use.

Source: *Associated Press*, April 22, 1999.

Canada: Penalties for Drinking Drivers Increase

The Canadian Justice Minister has introduced legislation that would at least double most fines or penalties for driving under the influence of alcohol. "Drunk driving is completely preventable, which is why we should condemn it so clearly," said Justice Minister Anne McLellan. The Canadian division of Mothers Against Drunk Driving has spurred the Justice Committee to act on impaired driving.

The bill calls for longer license suspensions, double the maximum fine for first-time convictions of drunk driving, and life imprisonment for drunks who kill others while driving. The measure also would make it easier for police to obtain a motorist's blood sample, and allow judges to require the use of an alcohol ignition interlock.

Under current law, a maximum sentence of 14 years in prison may be given to those charged with impaired driving causing death, with most receiving just 8-1/2 years.

Source: *Reuters News Service*, June 7, 1999.

International Society of Addiction Medicine



Nady el-Guebaly, M.D., FASAM
ISAM President

ISAM is born! Last year in New Orleans, 25 physicians from 11 countries determined that there ought to be an International Society of Addiction Medicine. This year in Palm Springs, 100 physicians from 31 countries met to form ISAM, which begins life with a mailing list of 225 physicians in 62 countries.

This stimulating scientific and organizational meeting also included an incredible inaugural dinner on Sunday, April 25, at which diners received a traditional Maori blessing as well as greetings from Margrethe II, Queen of Denmark, inspirational words from former U.S. First Lady Betty Ford, and a global analysis from Gen. Barry McCaffrey, Director of the U.S. Office of National Drug Control Policy.

Meeting participants produced a blueprint to guide ISAM activities during its first year of existence, and began to plan for the second annual meeting, hopefully in Israel in the Year 2000 — "a Millennial event in the Holy Land."

Much credit for the success of the Palm Springs meeting goes to ASAM and its leaders, particularly Drs. G. Douglas Talbott, Marc Galanter and David E. Smith, and ASAM Executive Vice President James F. Callahan, D.P.A.

We also thank ASAM, which is the largest addiction medicine organization in the world, for not overwhelming the fledgling ISAM. At crucial moments, ASAM showed restraint in letting the rest of the world take an important step forward, and ISAM is stronger because of it.

Why, as ASAM members, should we care about ISAM? Because:

- The general trend is toward globalization, and ISAM is the answer to this trend.
 - The promotion of addiction medicine worldwide will increase ASAM's credibility at home. Addiction medicine no longer is an American phenomenon; in fact, it has become a worldwide phenomenon. But we need to continue to demonstrate the legitimacy of the addictions as a disease state and the special body of knowledge and skill that constitutes addiction medicine.
 - We need a global medical context when the reports of wonderful answers, somewhere in the world, quickly become politicized in North America. Some of these discoveries are indeed quite promising, and I hope that ISAM will add an evidence-based clinical voice of reason to the debate.
 - Any effort to increase the professional sophistication of physicians worldwide will undoubtedly increase their appetite for ASAM's practice guidelines, educational products and research findings. For example, at the ISAM meeting, we sold 15 copies of ASAM's textbook, *Principles of Addiction Medicine, Second Edition*. Considering the national identities of the purchasers, those 15 textbooks have the potential to reach 2 billion people!
- Moreover, 70 international members from 21 countries participated in ASAM's 1999 Medical-Scientific Conference in New York City. This number will increase.

In the future, many of these physicians will collaborate with you, stimulate your thinking, and even challenge you — and in the process, we all will become better physicians to our patients, which is our common goal.

Membership dues for ISAM currently stand at \$75 US. Those interested in membership should contact Dr. N. el-Guebaly at Addiction Centre — Foothills Hospital, 1403 - 29th Street NW, Calgary AB T2N 2T9, Canada.

ASAM Staff Members Honored for Service



Linda Fernandez receives congratulations from ASAM EVP James F. Callahan on her retirement as Assistant Director of ASAM Meetings and Conferences.

Two staff members were honored at ASAM's recent Medical-Scientific Conference for their outstanding service to the Society.

Linda Fernandez was honored on her retirement as Assistant Director of ASAM Meetings and Conferences. Ms. Fernandez came to ASAM eight years ago as the first office receptionist. She later served as Administrative Assistant to the Director of Membership and in 1995 was promoted to Assistant Director of Membership for Member Services. The following year, she was again promoted to Assist Director of Meetings and Conferences.

Dr. James F. Callahan, ASAM Executive Vice President, described Ms. Fernandez as "a woman of extraordinary generosity, who cares greatly, and who has served...our members and this Society with distinction and love."

Claire Osman, ASAM Director of Development, was honored for her 30 years of service to the Society. In that time, Ms. Osman has held many posts, beginning as Secretary to the founder, Ruth Fox. She also has been Executive Secretary to the Board, worked as the Society's bookkeeper, supervised the staff responsible for the Certification project, the membership program, and the conferences and courses. In addition, Ms. Osman served as acting Administrative Director of the Society before assuming the post of Director of Development.

Dr. Callahan read a letter of tribute to Ms. Osman from Past President and long-time Board member Max Schneider, M.D., FASAM, who said: "I have been a member of ASAM for over 25 years. During the early years, Mrs. Osman WAS our Society. She was the glue that held us together. Her quiet efficiency, fantastic memory, never-ending enthusiasm, and sage wisdom — as well as her overwhelming devotion to our cause — made her a strength that has long gone unrecognized."

Another ASAM Past President, Percy Ryberg, M.D., wrote: "After my stint as President, they wanted me as a member of the so-called Executive Committee, and no job was as innocuous as Treasurer, which I held for about 17 years. But the question all those years should have been: 'Will the real Treasurer please stand up?' Claire opened our first bank account; bought

the first CDs when some dollars were idling; kept an eye on expenses; guided me in arrangements with NCA for office space, etc. If, at a committee meeting, I was asked if we had funds for some proposed expenditure, I would give Claire a subtle look and then I would very authoritatively say 'yes' or 'no', according to how I read her look! No wonder they kept me as Treasurer for so long!"

Summing up the achievements of Ms. Fernandez and Ms. Osman, Dr. Callahan observed that "ASAM is fortunate to have dedicated and talented staff and consultants who support...all of our members in their efforts to establish the field of addiction medicine and assure that all who need it receive effective treatment for addictive disorders."



Dr. Callahan presents Claire Osman, ASAM Director of Development, with a special award for her 30 years' service to the Society.

► VISION continued from page 2

Talk about naive! Yet we are not naive. We know that parity is the key to achieving our vision. We define parity to include full access to treatment for patients and their families, and the opportunity for physicians to be trained and to provide treatment. Parity means access to treatment. Parity also means education, training, credentialing and privileging for those who will provide the treatment.

Action

Our vision and our mission will not be achieved without strategic action on our part, and on the part of those who

come after us. Today, our actions must be focused on parity, for that is today's opportunity. Each of our members must work within their state and local medical societies, must organize to work within their state legislatures to enact legislation that will grant full parity to the treatment of addictive disorders.

Your Society will work too, at the national level, to have parity legislation passed in the U.S. Congress and to have managed care organizations' policies changed to provide for parity.

Christopher Reeve, the spinal cord injury victim who has inspired all of us with his courage in becoming active

from his wheelchair as an advocate for more research on spinal cord injury, has said that "So many of our dreams at first seem impossible. Then they seem improbable. And then, when we summon the will, they become inevitable."

Parity is inevitable. We will, at a future Awards Dinner, celebrate the achievement of full parity, including full access to treatment for all patients and their families who need it, and full access to accredited training and board certification to physicians who wish to pursue it. On that Awards night, we will look back on parity as an achievement, as today we look back on so many other achievements.

Cocaine Increases Heart Attack Risk

The risk of having a heart attack increases significantly in the first hours after taking cocaine according to new research data. In a study reported in *Circulation*, the journal of the American Heart Association, researchers said that the risk of a heart attack increases nearly 24 times after taking cocaine. It is suspected that the drug boosts blood pressure and heart rate and increases the contraction of the left ventricle or pumping chamber in the heart.

"Cocaine use, in addition to other adverse health effects, can acutely and immediately trigger the onset of heart attacks with a great increase in risk," said researcher Dr. Murray Mittleman of Beth Israel Deaconess Medical Center in Boston, Mass. "This is a risk that just may not be worth taking."

The seven-year study was based on interviews with about 4,000 patients from throughout the United States who suffered heart attacks. Thirty eight patients said they used cocaine a year before their heart attack, while nine patients said they used the drug within an hour of their heart attack.

Source: *Circulation: Journal of the American Heart Association*, May 31, 1999.

Repeated Cocaine Use Alters Brain Structure

Repeated exposure to cocaine can produce long-lasting changes in the structure of nerve cells in certain areas of the brain, researchers told an April symposium sponsored by the University of Wisconsin-Madison.

"Repeated exposure to cocaine results in persisting brain changes that we believe contribute to addiction and the risk of relapse," said Dr. Terry Robinson of the University of Michigan, who conducted the research with colleague Dr. Bryan Kolb of the University of Lethbridge. "We propose that the increased synaptic connectivity resulting from repeated exposure to cocaine and amphetamines produces a hypersensitivity, or neural sensitization, in these areas of the brain, stimulating animals and people to constantly work harder for the drug," Kolb added. "This neural sensitization stands in contrast to the better known phenomenon of drug tolerance, which is reduced responsiveness."

Similar results are being found in research underway by the psychiatry department at the University of Wisconsin Medical School.

Source: *Presentation to the Fifth Annual Wisconsin Symposium on Emotion*, April 29, 1999.

Marijuana Withdrawal Causes Aggressiveness

Chronic marijuana users become aggressive when they stop smoking the drug, researchers report in the April issue of the journal *Psychopharmacology*. Dr. Elena Kouri and colleagues at the Harvard Medical School found evidence that a withdrawal syndrome is associated with abstinence following long-term marijuana use. They concluded that aggressive behavior is part of this syndrome.

Since 1970, human and animal studies have suggested evidence of a marijuana withdrawal syndrome. The Harvard study used a computer test of aggressive behavior to compare

17 long-term heavy users of marijuana with 20 people who were infrequent or former smokers. The study showed that heavy marijuana users became significantly more aggressive compared to the infrequent or former marijuana users.

"Most of the studies that have been published on marijuana withdrawal symptoms in people have relied on self-report," said Dr. Kouri. "In these studies, long-term marijuana users report that they feel irritable when they are abstaining from marijuana use, but these studies generally do not involve measurements of aggressive behavior to verify these self-reports. In our study, we demonstrated that long-term marijuana users do, indeed, exhibit more aggressive behavior during the first week of abstinence, and that this aggressive behavior can be measured."

According to Dr. Alan I. Leshner, Director of the National Institute on Drug Abuse, which funded the research, the withdrawal syndrome documented in the study — although less dramatic than the withdrawal syndrome associated with alcohol, opiate, or cocaine withdrawal — "may contribute to relapse among those dependent on marijuana. People addicted to marijuana may continue to use the drug at least partly to prevent the onset of withdrawal symptoms. Identifying the exact nature of this syndrome is crucial to developing treatment strategies for those attempting to stop their marijuana use."

Source: *National Institutes of Health, press release, April 21, 1999.*

ADDICTION MEDICINE SPECIALIST

AdCare Hospital of Worcester, Inc., Massachusetts' largest and most comprehensive provider of addiction services, is seeking a full-time Board Certified Internist OR Family Medicine specialist with a thorough understanding of both addiction and dual diagnosis management.

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

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

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

Ronald F. Pike, M.D.
Medical Director

AdCare Hospital of Worcester, Inc.
107 Lincoln Street
Worcester, MA 01605-2499

Affirmative Action/Equal Opportunity Employer

ONDCP: Alcohol Still Excluded from Federal Anti-Drug Campaign

The Senate voted 58-40 against an amendment that would have required the Office of National Drug Control Policy's (ONDCP's) anti-drug media campaign to include anti-alcohol advertising. Since it was launched in 1998, the Youth Anti-Drug Media Campaign has aired millions of television public-service ads about drug abuse, but excludes ads about the potentially detrimental effects of youth alcohol use. Democratic senators supported the measure to include alcohol in future prevention messages, but all but four Republicans opposed it. The House previously approved a similar measure.

The amendment to the \$27.7 billion Treasury appropriations bill, proposed by Sen. Frank Lautenberg (D-NJ), was widely supported by health and addictions groups, but furiously opposed by the alcohol beverage industry.

According to Gen. Barry McCaffrey, Director of the Office of National Drug Control Policy (ONDCP), underage drinking is the single biggest drug problem among adolescents, and is intimately linked to the use of illegal drugs. Despite McCaffrey's comment, the \$195 million national anti-drug media campaign does not provide any funds to warn teens about the dangers of drinking. An ONDCP spokesperson argued that inclusion of alcohol would dilute the basic message to avoid illegal drugs.

DEA: Director Retires

Thomas Constantine, Director of the federal Drug Enforcement Administration (DEA), retired from that post in early July.

During his five years as head of the agency, Constantine added 1,200 agents to the nation's primary counterdrug force and initiated a modernization of the DEA's intelligence operations. Earlier this year, the agency opened a new \$29 million training facility in Quantico, VA. The DEA currently has 8,000 special agents and support personnel stationed in 200 domestic offices and 80 foreign offices in 56 countries.

CDC: Smoking Data Available On-line

The Centers for Disease Control and Prevention (CDC) unveiled a new on-line tobacco control resource on Monday with state-specific data on tobacco use in all 50 states and the District of Columbia. The data can be accessed at www.cdc.gov.

The State Tobacco Activities Tracking and Evaluation (STATE) system is the first on-line compilation of state-by-state data on the prevalence and health care costs of tobacco use and tobacco control laws.

"The beauty of this new system is that it allows public health workers and policy makers at the state level to compare their states with other states using comparable measures across a wide range of data sources," said CDC Director Jeffrey Koplan.

GAO: Tougher DUI Laws Don't Lower Crash Rates

A study by the General Accounting Office (GAO) concludes that stricter limits on drinking and driving alone do not reduce the number or severity of alcohol-related crashes.

The results of the study, released June 25, contradict a 1996 university study which concluded that alcohol-related fatalities had dropped in states where the blood-alcohol limit for determining drunken driving had been lowered from .10 to .08. "If all states lower their blood-alcohol content (BAC) to .08, it will result in 600 fewer alcohol-related deaths each year," said President Clinton in response to the 1996 study. The recent government report, however, revealed flaws in the previous study.

"A .08 BAC law can be an important component of a state's overall highway safety program, but a .08 BAC law alone is not a 'silver bullet,'" said the GAO report. "Highway safety research shows that the best countermeasure against drunken driving is a combination of laws, sustained public education and vigorous enforcement," the report concluded.

► IRS APPROVAL

continued from page 1

ASAM Executive Vice President James F. Callahan, D.P.A., hailed the achievement as "a major breakthrough for parity." Dr. Callahan explained that, although the IRS ruling "has not had the fanfare that a Congressional bill may elicit, it is a solid advance in the direction of integrating treatment of addictive disorders into mainstream health care delivery, and enabling payment of physicians who treat nicotine dependence, by giving patients a potential tax deduction."

Questions about the new ruling (Rev. Rul. 99-28, 1999-25 I.R.B. 6; issued June 21, 1999) may be directed to its principal drafters, Donna M. Crisalli and John T. Sapienza, Jr., of the IRS Office of Assistant Chief Counsel at 202/622-4920.

► FEDERAL REPORT

continued from page 1

The full text of the report can be downloaded from ASAM's website at www.asam.org.

report and summary, a copy of which is enclosed with this issue of **ASAM News**. The full text of the report can be downloaded from ASAM's website at www.asam.org.

As a next step, the ASAM Practice Guideline Committee has formed a working group to develop a clinical practice guideline based primarily on the evidence reviewed in the AHCPR report. Chaired by Richard Saitz, M.D., M.P.H., of Boston University and including ASAM members from around the country, the working group also will review evidence on any medications not covered by the AHCPR Evidence Report. With this input, the group will formulate specific recommendations for clinical practice. The working group's efforts are well under way and it is anticipated that the guideline will be published in its final form in the year 2000.

Study Finds No Health Benefits From Alcohol

Contradicting a number of current studies, a long-term study in the U.K. has found no health benefits from moderate alcohol drinking. It did, however, find risks associated with such consumption.

The study, which tracked 5,766 Scottish men over a 21-year period, found "no clear relation between alcohol consumption and mortality from coronary heart disease, but there is a strong relation with risk of mortality from stroke." Moreover, the researchers found that subjects who drank heavily were nearly twice as likely to die of stroke.

U.S. public health advocates said the study results will help in their fight against a proposed new health advisory that the wine industry wants to put on labels. "What this study shows is exactly what public health experts, as opposed to the alcohol industry, have been saying all along," said Hilary Abramson at the Marin Institute for the Prevention of Alcohol and Other Drug Problems. "The jury is still out on alcohol and health."

Source: *British Medical Journal*, June 25, 1999.

Hair Testing Sparks New Controversies

Hair testing is being adopted by a number of schools throughout the U.S. to detect student drug use, leading critics to question whether the procedure is the best way to keep adolescents from experimenting with drugs. In theory, hair testing is harder to evade than urinalysis. Drugs can pass out of a person's urinary system within a few days, but they can become embedded in hair for months or even years. As a result, some companies, police departments and school districts are phasing out urinalysis and relying more on hair testing.

But not without dissent. "It is an invasion of privacy," said Joe Cook, executive director of the ACLU of Louisiana. The legal battle intensified recently when two public high school principals in New Orleans said they wanted to use hair testing on their students. While private schools can make drug tests a condition of enrollment without inviting lawsuits, the public schools' request could have national ramifications. Cook said the ACLU will challenge drug testing in New Orleans public schools as a violation of protections against unreasonable search and seizure and invasion of privacy under both the U.S. Constitution and the Louisiana constitution.

Use of hair testing by employers — estimated to exceed 1,000 — also is being challenged. In New York, a fired police officer and five colleagues have an appeal scheduled before the state appeals court in July. Jerome McCall was fired from the force after failing the New York Police Department's hair test for drugs. Although samples of his hair tested positive for cocaine, McCall claims the tests are not accurate for African-Americans with coarse, black hair. Some scientists say that persons with dark hair — and thus higher concentrations of melanin — are more likely to test positive than fair-skinned persons.

The officers' appeal also will focus on scientific evidence suggesting that it is impossible to determine whether the drugs found in a person's hair come from drug abuse or other factors, such as touching a drug addict or even being in a room where someone had been smoking crack.

The federal government has not set standards for hair testing because it is not convinced of the tests' accuracy. "It's not a matter of detecting it in hair but in interpreting what you find," said Michael Welch, a research chemist for the National Institute of Standards and Technology. "It's potentially possible that people could have detectable levels in their hair without ever using the drug. I think it's going to take more research before these problems are resolved." ■

Sources: *New York Times*, June 14, 1999; *New York Daily News*, June 27, 1999.



Edward C. Senay, M.D.

Substance Abuse Disorders in Clinical Practice, Second Edition.

Edward C. Senay, M.D. (W. W. Norton & Company, New York, NY, 1998, 228 pages).

The second edition of this classic reference covers all commonly abused substances, as well as the modalities most commonly employed in addiction treatment. It describes history-taking when substance abuse is suspected, interpretation of toxicology results, principles of diagnosis, management of emergency states, and referral for addiction services. Clinical advice, based on research and the author's extensive experience, is tailored to the managed-care context. ASAM President Marc Galanter, M.D., FASAM, has described the book as "an excellent text for persons entering the field, but [with] a level of sophistication that makes it highly valuable to the expert reader as well. A remarkable contribution, highly readable, and very informative."

Recognizing and Managing Children with Fetal Alcohol Syndrome/Fetal Alcohol Effects: A Guidebook.

(Child Welfare League of America, 440 First Street, NW, Third Floor, Washington, DC 20001-2085, 1999; Phone 202/638-2952 or Fax 202/638-4004).

Designed for any professional who needs to work with children with fetal alcohol syndrome/fetal alcohol effects, this guide offers practical advice and solid information for dealing with the persisting effects of fetal alcohol exposure on behavior and learning. Single copies are available at no charge. ■

AZ: Report on Drug Diversion Law Stirs Controversy

While a report from the state Supreme Court has attributed remarkable results to Arizona's new drug diversion law, officials in a county prosecutor's office told the *Los Angeles Times* that the report used misleading statistics. Under the law, nonviolent drug offenders are sentenced to treatment once they have been convicted or plead guilty and receive a regimen tailored specifically to their drug dependency. The treatment is financed through a luxury tax on alcohol sold in the state.

A report released by the Arizona Supreme Court found that 77.5% of the 2,622 offenders who completed the program tested negative for drugs — a rate higher than offenders on probation in most other states. In addition, the report calculated that putting offenders in drug treatment rather than prison saved Arizona taxpayers \$2.5 million.

But officials in the prosecutor's office in Maricopa County, the state's largest county, claimed the report creates a "false impression that doesn't approach reality." While not disputing the effectiveness of drug treatment, Barnett Lothstein, said that before the state passed the drug diversion law in 1996, Maricopa County already had a diversion program for first-time offenders. When the initiative was being debated by voters, the prosecutor's office conducted a survey of the county jails to determine how many first-time drug offenders were in prison. "There were none, not a person, because they were all offered diversion," Lothstein charged, even though the report said 550 potential inmates had been kept out of jail because of the law.

DC: Addiction Increases While Treatment Capacity Declines

The mayor of the District of Columbia has said that illegal use of drugs and alcohol has reached critical proportions in the nation's capital and immediate action is required, the Associated Press reported April 19. Mayor Anthony Williams reacted to a report released by Drug Strategies, a nonprofit research institute, showing that heavy drinking is 50% more prevalent among adults in the nation's capital than among their peers nationwide, and that alcohol-related deaths in the District are double the national rate. The Drug Strategies report also found that the District's treatment capacity has dropped significantly since 1994. For example, the number of methadone maintenance treatment slots declined from 1,780 in 1994 to 1,000 in 1998, despite the fact that in an average month, 90% of District residents on treatment waiting lists are waiting for admission to a methadone maintenance program. "We know we're not getting ahead of the problem," said Assistant Police Chief Terrence Gainer. "Just locking people up is simply not enough."

Mayor Williams said that drug and alcohol abuse costs the city an estimated \$1.2 billion a year. He added that most of the city's crime problems are associated with drugs and alcohol. Despite this, the city's annual spending historically has allotted \$42.50 per person to drug prevention and treatment, compared to \$1,257 per capita for criminal justice.

Williams said he would consider the report's recommendation to spend a greater proportion of its drug-related funding on prevention and rehabilitation. He also has proposed measures to enable more than 100,000 low-income D.C. residents to become eligible for substance-abuse treatment under Medicaid starting in October, and to

contract out to private companies the three inpatient programs currently operated by the city.

FL: Heroin, Cocaine Deaths Increase

Drug deaths last year in South Florida reached epidemic proportions, leading the state's new drug czar to call the problem "totally out of control," the *Miami Herald* reported April 7.

According to a Medical Examiner's Commission report, heroin deaths statewide have increased by 51% since 1997 and cocaine-related deaths rose 8.6%. In one year, heroin deaths increased 21% in Miami-Dade, Broward, Palm Beach and Monroe counties, while cocaine deaths in those counties rose slightly less than 10%. Miami led the state with 61 heroin deaths, but Orlando's 36 deaths was the highest per capita death rate, at 3.6 per 100,000 population. Most of the victims from drug deaths were between the ages of 30 and 49, with eight of the state's heroin victims under age 20.

To address the situation, the state plans to establish a new methadone program in Central Florida, but it is doubtful that it will be state-funded (the state eliminated funding for methadone programs three years ago). Instead, existing methadone clinics will continue to operate on private donations and payments from addicts who can afford to pay for treatment.

GA: Study Estimates Addiction Treatment Needs

Almost 500,000 Georgia residents are in need of addiction treatment, according to a study released by state officials. The study by Emory University's School of Medicine was based on national and state population data and a 1997 telephone survey of 11,000 adults and adolescents.

Researchers found that 7.7% of Georgians aged 18 and older need treatment for alcohol and other drug problems, and that an estimated 17,000 adolescents also need treatment. This represents a somewhat lower rate of alcohol and drug addiction than the average of all states, said Frederick Marsteller, one of the Emory researchers. Georgia's lower rate is explained by its large percentage of African-American residents, who as a group have a lower rate of addiction problems than do whites, Marsteller added.

Among Georgians needing treatment, about one in five adults and one in seven adolescents has received such help. "We know that treatment works, but our survey shows a huge unmet need," said Elizabeth F. Howell, M.D., FASAM, Director of Substance Abuse Services for the state Department of Human Resources, which commissioned the study.

MA: Small Communities Face Heroin Problem

Small towns in Massachusetts are facing a growing heroin problem, with most users being young people, according to a report in the *Boston Globe*. In a single week, 10 persons were arrested on heroin-related charges in Newburyport, the state's smallest city. The heroin problem is state-wide, said Manchester-by-the-Sea Police Chief Ronald Ramos, who heads the Cape Ann Regional Drug Strike Force.

Although data do not suggest that Massachusetts is experiencing an increase in the overall number of persons using heroin, the geographic distribution and age range of users is much broader than in previous years. "Years ago, we had a stable population of heroin addicts and we knew the drug users," said Capt. Paul Tucker of the Salem Police Department. "Now we're doing raids and finding younger kids all the time."

ME: State Marks Drop In Tobacco Sales

State officials unveiled the latest phase in the state's tobacco control media campaign and celebrated a nine percent drop in tobacco sales in 1998, according to the *Bangor Daily News*. Gov. Angus King attributed the decrease to Maine's anti-smoking media campaign, but Dr. Dora Mills, director of Maine's Bureau of Health, said the major factor was a 37-cent-a-pack increase in the state's cigarette tax.

During the unveiling of the new anti-smoking television and radio ads, Gov. King reasserted his position that the bulk of the state's tobacco settlement money should go to direct tax relief. However, the Partnership for a Tobacco-Free Maine, which is funded by the 1997 tax increase, recommends that half the settlement funds be spent on smoking prevention and control.

MI: Drug Tests Required for Welfare Applicants

A new law in Michigan requires welfare applicants to take drug tests before receiving benefits. The law, which goes into effect October 1, is a pilot program to be implemented in three areas of the state yet to be named. Statewide drug testing of welfare applicants will begin April 1, 2003.

The plan calls for Medicaid funds to be used to provide treatment for welfare applicants who screen positive for drugs. Applicants who refuse to take the test will have their benefits denied, while those who refuse treatment would face a partial loss of welfare benefits.

Gov. John Engler said he signed the bill into law to ensure that drug use does not become a stumbling block to moving off welfare. "For some, substance abuse remains a barrier to independence," he said. "This program will help us identify these individuals and provide them with the incentive to change their lives." Bill Kordenbrock, an official with the state agency that administers welfare benefits, said he believes Michigan is the first state in the nation to require drug tests of all applicants at certain welfare offices.

NY: State to Fight Drug War with Treatment

Gov. George Pataki has proposed easing strict drug sentencing laws and focusing more on treatment, the *Christian Science Monitor* reported May 5. The proposal reflects a national trend toward states placing increased emphasis on treatment to fight drugs and crime.

Pataki's plan would relax some of the state's "Rockefeller Drug Laws," passed in 1973. The governor is proposing to offer repeat, non-violent drug offenders facing 4-1/2 to 9 years in prison the option of going into drug treatment for up to 18 months if prosecutors agree.

New York is among a number of states that are shifting their drug policy from tough law enforcement to drug treatment, prevention and education. "Addicted Americans are not the enemy; they require treatment," commented Gen. Barry McCaffrey, Director of the Office of National Drug Control Policy. "Wars are waged with weapons and soldiers; prevention and treatment are the primary tools in our fight against drugs," said McCaffrey, who no longer refers to a "war on drugs."

PA: Teen Deaths Dramatize Danger of Inhalants

Just days after five girls from Media, PA, made a video about the dangers of smoking and drugs, they were killed in a

car crash that police believe was caused by inhalant abuse, the Associated Press reported March 1. According to officials, four of the girls, including the driver, had traces of a chemical called difluoroethane in their bodies. In the car, police found a can of Duster II, a difluoroethane-containing spray that is used to clean computer keyboards. Police suspect that the girls were inhaling the chemical before the driver of the car crashed into a utility pole. (The parents of the girls dispute the police findings, and have released a statement asserting that their daughters inhaled the airborne agent unintentionally.)

Inhalants rank fourth among all forms of substance abuse by adolescents. Huffing — also referred to as "sniffing" or "wanging" — is the easiest way to get a high and much easier to conceal than use of alcohol, marijuana or tobacco. "I call it a silent epidemic," said Richard Heiss, M.D., a family practitioner whose 12-year-old son died from sniffing air freshener. "Right now, there's barely any public awareness out there. And in the young person's mind, how can they think this is dangerous if they're not told? They think it's just household stuff."

TX: Legislature Approves .08 BAC Limit

Beginning September 1, Texas will have a .08 percent blood alcohol concentration (BAC) standard for drinking and driving offenses — a drop from the state's current .10 percent standard. "This legislation will make our streets safer, and it sends a clear signal to Texans that drinking and driving don't mix," said Gov. George W. Bush, who signed the measure into law.

Mothers Against Drunk Driving (MADD) lobbied heavily for passage of the lower limit. "This is a major step in curbing alcohol-related traffic deaths in one of our most populous and deadly states," said Karolyn Nunnallee, National President of MADD. "Although .08 is not a 'silver bullet,' it clearly is an essential part of the solution," she said.

Texas currently leads the nation in alcohol-related traffic deaths. In 1997, 1,748 persons were killed in alcohol-related traffic crashes in the state.

WA: Heroin Deaths Increase in Seattle

Heroin deaths in the Seattle area reached a record number in 1998, fueling the city's image as a center for heroin abuse, the Associated Press reported in January.

"Last year, we thought we might be getting a handle on this," said Dr. Henry Ziegler, head of the prevention division for the Seattle-King County Department of Public Health. "We aren't getting a handle on it. This has been going up dramatically as a cause of death." In 1998, 138 persons died from heroin overdoses, an increase over the 1996 record of 134 deaths. Health officials estimate that heroin deaths are three times what they were in the mid-1980s.

Ziegler said the reason for the increased deaths from heroin could be the availability of purer forms of the drug, which can be smoked. "A lot of kids think, 'I'm not shooting it so I'll be OK,'" he said. "That's one of those suicidal misconceptions." Another reason for the increase, according to Ziegler, could be inadequate access to treatment. A recent study showed that the county had an estimated 20,000 opiate addicts, but only 1,750 treatment slots available. ■



Ruth Fox, 1895-1989

RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleague:

We are very close to reaching our goal of raising \$3 million by the Year 2000: as of July 15, only \$59,397 will take us all the way!

We are especially grateful for an anonymous bequest of \$80,000 from a donor who has already given very generously to the Endowment Fund. ASAM will forever be indebted to this donor.

We also thank Jean L. Forest, M.D., a long-time member of ASAM, for notifying us that she has included the Endowment Fund in her will. We are grateful to Dr. Forest for her dedication to the Society and to the field of addiction medicine.

You can help ASAM continue its work in years to come by including a gift to the Ruth Fox Memorial Endowment Fund in your will, trust fund, retirement plan, or insurance policy. Whatever you choose to do will help to secure ASAM's future.

We greatly appreciate the commitment and support of all our donors and ask you to please consider an additional gift or pledge, or upgrading your current pledge to help us reach the \$3 million goal. If you have not already participated in the Endowment Fund, please join your colleagues now. Pledges can be paid over a five-year period, and all contributions are completely tax-deductible.

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 July 15, 1999 — **Total Pledges: \$2,940,603**

New Donors, Additional Pledges and Contributions

April 1, 1999 – July 15, 1999

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FUNDING OPPORTUNITIES

Vocational Rehab Grants Can Cover Substance Abuse Services

The federal Vocational Rehabilitation State Grant Program, which provides funding for persons with disabilities, can be used for substance abuse services to persons whose addiction is causing functional limitations. Specifically, individuals with substance-related disabilities may be eligible for Vocational Rehabilitation services in their state if they meet the eligibility criteria, according to Dora Teimouri of the U.S. Office of Special Education and Rehabilitative Services (OSERS). Examples of eligibility criteria, she adds, include the presence of a physical or mental disability that is an impediment to employment, and the need for vocational rehabilitation services to enable the individual to prepare for or retain employment.

As Teimouri explains, nonprofits must be designated state vocational rehabilitation agencies in order to be eligible for the formula grants. However, nonprofits that offer substance abuse treatment and prevention services could receive funding as a contractor for services. State agencies provide services based on

an individualized plan for employment, and services are often purchased from vendors in the community, Teimouri said. Most state agencies also have contracts, agreements, or subgranting agreements with community programs which may include specialized programs for treatment, prevention and/or employment, to provide services for eligible individuals of the State Vocational Rehabilitation program.

The grant program, which falls under the U.S. Department of Education, received appropriations of nearly \$2.3 billion for fiscal year 1999, with a 1.2% increase proposed in the Year 2000 budget. Each state or territory receives funds based on population and per capita income.

For information about the Vocational Rehabilitation States Grants program, contact the Department of Education, 600 Independence Avenue, SW, Washington, DC 20202, or phone 202/205-8719.

Source: *Join Together, Boston University School of Public Health, June 24, 1999.*

► FUNDING continued on page 19

Advocacy Manual for Nonprofit Groups

An advocacy manual for nonprofit groups is available from Independent Sector, Washington, DC. The manual offers advice and explains changes in the federal laws that govern lobbying and voter education activities by not-for-profit organizations.

The 158-page guide can be ordered for \$16 each, plus \$4.50 postage and handling, from Independent Sector, Publications Center, P.O. Box 343, Waldorf, MD 20604-0343, or by calling 888/860-8118.

Source: *Chronicle of Philanthropy*, June 17, 1999.

ONDCP Plans Full Funding for Coalitions

The Office of National Drug Control Policy (ONDCP) plans to adopt a recommendation by the Drug-Free Communities Advisory Board that it fully fund current program grantees. Originally, ONDCP Director Barry McCaffrey had announced that his office would cut the second round of Drug Free Communities Act grants by 25% in order to free up funds to support the formation of new coalitions. The grant program is designed to help coalitions learn how to disseminate information to service providers, coalition building and task force development.

Gen. McCaffrey now says that his office will provide full funding for the first two years, with 25% reductions annually over the ensuing three years.

Source: *Substance Abuse Funding News*, May 17, 1999.

TREATMENT NEWS

NIDA Study Finds Treatment Duration Related to Outcomes

A new study funded by the National Institute on Drug Abuse (NIDA) shows that the severity of problems is important to the type of treatment given to cocaine addicts. The study found that cocaine addicts with such problems as unemployment, poor support from family and friends, current alcohol or multi-drug use, and depression or anxiety, require more intensive and longer treatment to overcome their drug abuse than those without such problems. The research further indicated that cocaine addicts with moderate or severe problems are significantly more likely to achieve long-term abstinence if they receive at least 90 days of treatment.

The results are based on the nationwide Drug Abuse Treatment Outcome Study conducted by NIDA. It involved 1,605 cocaine patients admitted to community-based treatment programs during 1991 to 1993. For patients with low problem severity, weekly cocaine use was reduced about 80 percent during the year following discharge. Patients with moderate and severe problems reduced their weekly cocaine use by 85 percent, but only if they received the optimal type of therapy and stayed in it for at least 90 days. The optimal type of therapy for patients with moderate problems was outpatient drug-free (ODF) treatment programs, while patients with severe problems received long-term residential (LTR) treatment. For those who did not remain in therapy, weekly cocaine use was reduced 60 to 70 percent.

"These findings show the value of assessing patient needs carefully at intake and then assigning patients to different treatments based on their needs," said Dr. Dwayne Simpson of Texas Christian University in Fort Worth, Texas, and lead author of the study. NIDA Director Alan I. Leshner added, "Clearly, these findings argue against the efforts that have been made recently to cut back on the length of drug abuse treatment in order to save money."

Source: *National Institute on Drug Abuse*, press release, June 14, 1999.

Culture a Focus of Addiction Treatment for Immigrants

A growing trend in addiction treatment is to consider the cultural background of addicts, as well as the traumas of the immigrant experience. For example, when immigrants come to the U.S., many feel a tremendous loss, and some try to cope by turning to drugs or alcohol. "Immigration and acculturation stress are very pronounced in immigrants," said Luis H. Zayas, a psychologist and professor of social work at Fordham University who has studied drinking patterns in Latin American immigrants. "But it's only recently that we have culturally adjusted treatment, as more clinicians become attuned to the impact of immigration."

An example of culturally relevant programming is Nav Nirmann in Elmhurst, NY, which is run by and for immigrants from Southeast Asia. The program, whose name means "new beginning" in the Gujrathi language of western India, is at the forefront of a growing trend toward providing counseling in the native language of immigrants, as well as factoring in cultural elements and the immigrant experience in designing treatment approaches.

Counselors note, however, that most therapy offered in mainstream treatment programs does not work for immigrants who fear or distrust authority figures, feel deep shame at revealing family problems to strangers, or do not relate well to self-help philosophies.

Source: *New York Times*, June 16, 1999.

Support Groups Effective Components of Treatment

Support groups are effective components of comprehensive addiction treatment because they help patients improve coping responses and foster friendships, according to a study in the *Annals of Behavioral Medicine*. "Many studies have tried to determine whether or not support and self-help groups are effective," said lead author Keith Humphreys, Ph.D. "But hardly any of the studies have tried to analyze the mechanisms through which self-help groups exert their effects."

Conducted by researchers at the Palo Alto Veterans Affairs Health Care System and Stanford University School of Medicine, the study followed 2,337 veterans through the 12 months after their discharge from inpatient addiction treatment. Of this population, 84.4% of the men reported participating in at least one of the following activities: attending Alcoholics, Cocaine or Narcotics Anonymous (AA, CA or NA) meetings, reading support group literature, and attempting to incorporate at least some of the Twelve Steps of these organizations into their lives.

"Individuals who became involved in self-help groups were less likely to use drugs and alcohol after treatment, developed richer friendship networks, and reported coping more effectively with stress," the authors concluded.

Source: *Annals of Behavioral Medicine*, July 1999.

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]

December 2-5

American Academy of Addiction Psychiatry
10th Annual Meeting and Symposium
Nassau, Bahamas
[For information: 913/262-6161]

February 4-6, 2000

Florida Society of Addiction Medicine
13th Annual Meeting
Orlando, FL
[For information: 850/484-3560
or e-mail fsam.asam@usa.net]

February 29-March 4, 2000

Southern Coastal International Conference
Jekyll Island, GA
37 Category 1 CME credits
[For information: 912/638-5530]

September is National Alcohol and Drug Addiction Recovery Month

Alcohol and drug addiction cost American businesses millions of dollars and have profoundly negative effects in the workplace. To address this issue, the Center for Substance Abuse Treatment (CSAT) has unveiled new public service announcements and information kits to urge employers and workers to understand the value of addiction treatment.

CSAT's initiative is a prelude to the September observance of the 10th annual National Alcohol and Drug Addiction Recovery Month. The theme of this year's observance is "Addiction Treatment: Investing in People for Business Success."

According to CSAT Director and ASAM member H. Westley Clark, M.D., J.D., M.P.H., FASAM, "American companies concerned about productivity and safety issues should take the lead in allocating resources to develop sound workplace substance abuse policies. Many companies across the nation have recognized this problem and realized that with proper treatment, employees who have substance abuse problems can and do become happy, healthy and productive workers."

ASAM has partnered with CSAT in planning this year's Recovery Month activities, which are designed to recognize the tremendous strides taken by individuals who have successfully completed treatment. The month also salutes ASAM members and others in the field who have dedicated their lives to helping people in need. The celebration is designed to educate policymakers, health professionals, business and union leaders, and the general public about the critical role addiction treatment plays in reclaiming lives ravaged by alcohol and drug addiction.

Information on planned activities is available on the Recovery Month website at www.health.org/recovery99 or through the CSAT website at www.samhsa.gov/csat. The sites offer a "What's New" area, information about Recovery Month activities planned for local communities around the country, links to related organizations, a press room, business exemplars, the actual information kit, video feeds of the new public service announcements, and the capacity to order materials on-line.

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