

# ASAM NEWS

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NEWSLETTER OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE

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## ASAM At Work for You...

### ASAM Shapes Health Care Policy in AMA Meeting

Emanuel M. Steindler

Nearly eclipsed by the unprecedented move to authorize a national physicians union, a number of other actions taken by the AMA House of Delegates at its annual meeting in June are likely to leave an imprint on the health care horizon.

ASAM, represented in Chicago by Richard Beach, M.D., FASAM, delegate; Stuart Gitlow, M.D., alternate delegate; Michael Miller, M.D., FASAM, immediate past delegate; and James F. Callahan, D.P.A., Executive Vice President, submitted four resolutions which were largely supported by the House. The ASAM contingent gave testimony in reference committee hearings and worked behind the scenes to seek adoption, modification, or rejection of these and several additional proposals of interest to addiction medicine.

### Physician Privacy

ASAM vigorously defended its resolution to recognize that "physicians who are patients are entitled to the same right to privacy and confidentiality of personal medical information and medical records as other patients."

Dr. Miller urged the reference committee to recommend its immediate adoption rather than referral to the AMA Board of Trustees for consideration. He told the reference committee that the resolution was a particularly timely one because *amicus* briefs were being filed in a case involving a physician in Georgia accused of fraud and battery for



ASAM Delegate  
Richard A. Beach,  
M.D., FASAM

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## U.S. Proposes New Methadone Regulations

In a joint announcement, the U.S. Department of Health and Human Services, the Department of Justice and the Office of National Drug Control Policy have proposed new rules intended to improve oversight and access to methadone clinics. "These regulations will improve access to methadone treatment programs and give doctors more flexibility in designing treatment plans for their patients," said Gen. Barry McCaffrey, director of the Office of National Drug Control Policy.

Under the proposed rules, oversight of clinics would be shifted from the U.S. Food and Drug Administration (FDA) to the Substance Abuse and Mental Health Services Administration (SAMHSA). Methadone programs would be accredited by independent agencies — the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) — in accordance with standards established by

SAMHSA's Center for Substance Abuse Treatment (CSAT). The proposed standards emphasize quality of care issues such as individualized treatment planning, increased medical supervision, and assessment of patient outcomes, drawing on practice guidelines developed by CSAT over the past 10 years.

While the Office of National Drug Control Policy estimates that there are 810,000 heroin addicts in the U.S., only 138,000 to 170,000 addicts currently receive treatment with methadone or LAAM in organized treatment programs. Approximately 900 programs currently are approved for methadone and LAAM treatment.

The move toward accreditation follows recommendations made by a recent National Institutes of Health consensus panel, which concluded that existing state and federal regulations limit the ability of physicians and other providers to offer methadone maintenance services to patients. The proposed changes also

► NEW REGULATIONS continued on page 13



## FRIENDS IN HIGH PLACES

James F. Callahan, D.P.A.

In our long struggle to achieve parity for addiction treatment, it is heartening to find "friends in high places." One such friend is Sen. Paul Wellstone (D-MN), who has been tireless in his efforts to enact federal parity legislation [see Action Alert, this issue, page 7].

Sen. Wellstone sponsored the Congressional resolution designating September as "National Alcohol and Addiction Recovery Month." As he introduced the resolution, Sen. Wellstone educated his colleagues about the nature of addiction and the promise of recovery. I want to share his words with you:

"Alcoholism and drug addiction are painful, private struggles with staggering public costs. A recent study, prepared by The Lewin Group for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, estimated the total economic cost of alcohol and drug abuse to be approximately \$246 billion for 1992. Of this cost, an estimated \$98 billion was due to addiction to illicit drugs and other drugs taken for nonmedical purposes. This estimate includes addiction treatment and prevention costs, as well as costs associated with related illnesses, reduced job productivity or lost earnings, and other costs to society such as crime and social welfare programs.

"People who have the disease of addiction can be found throughout our society. According to the 1997 National Household Survey on Drug Abuse published by SAMHSA, nearly 73% of all individuals addicted to drugs in the United States are employed. This number represents 6.7 million full-time workers and 1.6 million part-time workers. In addition to the health problems associated with this disease, there are other serious consequences affecting the workplace, such as lost productivity; high employee turnover; low employee morale; mistakes; accidents; and increased worker's compensation insurance and health insurance premiums — all results of untreated addiction problems. Whether you are a corporate CEO or a small business owner, there are simple, effective steps that can be taken — including providing insurance coverage for this disease, ready access to treatment, and workplace policies that support treatment — to reduce these human and economic costs.

### Brain, Body and Spirit

"Addiction to alcohol and drugs is a disease that affects the brain, the body, and the spirit. We must provide adequate opportunities for the treatment of addiction in order to help those who are suffering and to prevent the health and social problems that it causes, and we know that the costs to do so are very low. A 1999 study by the Rand Corporation found that the cost to managed care health plans is now only about \$5 per person per year for unlimited substance abuse treatment benefits to employees of big companies. A 1997 Milliman and Robertson study found that complete substance abuse treatment parity would increase per capita health insurance premiums by only one half of one percent, or less than \$1 per member per month — without even considering any of the obvious savings that will result from treatment. Several studies have shown that for every \$1 spent on treatment, more than \$7 is saved in other health care expenses. These savings are in addition to the financial and other benefits of increased productivity, as well as participation in family and community life. Providing treatment for addiction also saves millions of dollars in the criminal justice system. But for treatment to be effective and helpful throughout our society, all systems of care — including private insurance plans — must share this responsibility.

"It has been shown that some forms of addiction have a genetic basis, and yet we still try to deny the serious medical nature of this disease. We think of those with this disease as somehow different from us. We forget that someone who has a problem with drugs or alcohol can look just like the person we see in the mirror, or the person who is sitting next to us on the subway or at work. We know from the outstanding research conducted at NIH, through the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, that treatment for drug and alcohol addiction can be effective. Through this

► FRIENDS continued on page 22



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

## Companies Added Chemicals to Increase Cigarettes' Addictiveness

Cigarette companies have been putting additives in cigarettes to make them more addictive, to enhance their taste and to mask the smell of tobacco smoke, according to a joint report by the British charity Imperial Cancer Research Fund (ICRF), the anti-smoking group ASH and the state of Massachusetts.

The groups announced that they have obtained more than 60 tobacco industry documents dealing with the use of such additives. For example, they quote a 1965 British American Tobacco document as saying: "Ammonia treatment enhances nicotine transfer by promoting an increase in the delivery base." Dr. Martin Jarvis of the ICRF explained that companies put additives in low tar cigarettes that make them easier to smoke, even though they are just as harmful as regular cigarettes.

"I think this is a scandal — the idea that you could take a cigarette and make it more addictive whilst at the same time you are publicly denying that nicotine is addictive at all," said Clive Bates, director of ASH. "Without telling anyone, they have been free-basing nicotine and engineering subtle changes to the brain chemistry of the smoker."

Source: Reuters News Service, July 14, 1999.

## Needle Exchange Programs Gain Little Legislative Favor

Although President Clinton has acknowledged scientific studies showing that clean needles can help prevent AIDS among drug users, his administration has not provided federal money for exchange programs.

Results in local jurisdictions are only slightly better. For example, the District of Columbia was refused authority to implement a needle-exchange program by the U.S. House of Representatives, which defeated the request prior to approving the District's budget for fiscal year 2000.

In California, on the other hand, physicians and pharmacists would be

allowed to dispense clean syringes to injecting drug users under a bill passed August 24 by the state Senate. The measure, which awaits the governor's signature, also would authorize cities to operate needle-exchange programs to slow the spread of HIV and hepatitis. It addresses situations like that in San Francisco, where the Board of Supervisors has had to repeatedly declare a state of emergency in order to allow city health officials to distribute clean needles to injecting drug users. (Other California cities operating needle-exchange programs under emergency orders are Berkeley, Santa Cruz, Los Angeles and Marin County.)

Source: *Washington Post*, July 30, 1999; *San Francisco Examiner*, August 25, 1999.

## Medical Schools Fail to Train Students in Cessation

U.S. medical school graduates are unprepared to help patients quit smoking, according to a study in the *Journal of the American Medical Association*. Even though the National Cancer Institute recommended mandatory cessation training at every U.S. medical school in 1992, the study found that 32 of 102 schools dedicated an average of less than one hour of classroom time per year to smoking cessation. Almost 70% of the schools do not require any smoking cessation training in the third and fourth years, when students learn to apply their medical knowledge to patients.

Only three schools reported having a required course on tobacco education in the third and fourth years. "The public health community is active and aggressive in anti-smoking efforts, but there's nothing innovative going on" at medical schools, said Dr. Linda Ferry, director of preventive medicine at Loma Linda University of Medicine.

Source: *Journal of the American Medical Association*, September 2, 1999.

## Beer Lobby Helped Defeat Anti-Drinking Campaign

The beer industry's aggressive lobbying efforts helped to keep

anti-drinking messages from being included in the federal advertising campaign against drugs.

Despite extensive lobbying efforts by Mothers Against Drunk Driving (MADD) and other anti-drinking advocates, the U.S. House Appropriations Committee defeated a measure that would have added anti-drinking messages to the \$1 billion, five-year anti-drug advertising campaign by the Office of National Drug Control Policy. A subsequent attempt by Sen. Frank Lautenberg (D-NJ) to create a separate, \$25 million alcohol prevention campaign was defeated in the Senate.

According to the Center for Responsive Politics, political action committees associated with the alcohol industry contributed more than \$2.3 million to Congressional candidates in the last election cycle, with the National Beer Wholesalers Association alone giving \$1.3 million.

Source: *Washington Post*, July 23, 1999.

## CDC Reports Increase in Youth Smoking

Smoking among high school students increased by as much as 50% in six out of 11 states surveyed for the Youth Risk Behavior Survey, conducted since 1991 by investigators with the federal Centers for Disease Control and Prevention (CDC). Alabama, Massachusetts, Mississippi, Montana, South Carolina and South Dakota reported an increase in "current smoking" and "frequent smoking." South Carolina reported the largest increase — 51% — while South Dakota was second with 42%.

To reduce youth smoking, the CDC recommends that states establish comprehensive tobacco control programs, which should "reduce the appeal of tobacco products, implement youth-oriented mass media campaigns, increase tobacco excise taxes and reduce youth access to tobacco products.... These programs are most effective when linked to community-wide programs involving families, peers and community organizations."

Source: *Morbidity and Mortality Weekly Report*, August 13, 1999. ■



## STUDIES SHED MORE LIGHT ON MANAGED CARE AND ADDICTION TREATMENT

Marc Galanter, M.D., FASAM

Several new studies underscore the dilemma confronting the addiction field in the era of managed care: despite evidence that addiction treatment represents dollars well spent, the value of treatment benefits offered by managed care plans has been declining, even while enrollment in the plans themselves continues to grow.

Following on the ASAM/Hay Group study of addiction treatment benefits offered by managed care plans (which I have reported to you in past issues of *ASAM News*) comes a study that sheds light on how often managed care plans and caregivers disagree about appropriate care for patients, and the implications of those disagreements for patients' health.

Conducted by researchers at the Kaiser Family Foundation and the Harvard School of Public Health, the national random survey asked 1,053 physicians and 768 nurses for specific

information about managed care plans' decisions to deny coverage. The most frequent denials reported involved referrals for specialized mental health (including addiction) services, which 18% of respondents said occurred regularly (weekly or monthly). Moreover, 65% of respondents said the most recent such denial had caused the patient a "very serious" (16%) or "somewhat serious" (49%) health decline.

Other areas in which care was denied involved referrals to specialists (reported by half the respondents), use of diagnostic tests (reported by 46% of respondents), overnight hospital stays (reported by 39% of respondents), and choice of prescription drug (37% of respondents).

In order to win plans' approval of coverage they considered medically necessary, 48% of physicians said they had exaggerated the severity of a patient's condition. Overall, 72% of

physicians and 78% of nurses said that managed care had decreased the quality of care patients receive.

Meanwhile, enrollment in plans that provide managed care services continues to climb. For example, enrollment in so-called "behavioral health" plans that manage addiction and mental health benefits is expanding at a rapid pace. A new survey by Open Minds, Inc., shows that of an estimated 244 million Americans with health insurance, approximately 176.8 million (over 72%) are enrolled in some type of managed behavioral health organization (MBHO). Moreover, the pace of growth in these programs is increasing: from 1997 to 1998, overall enrollment in MBHO programs remained relatively stable, increasing 1.9%. From 1998 to 1999, however, enrollment grew 9.2%, to a total of 176.8 million covered lives. In 1999, MBHO revenues exceeded \$4.6 billion.

Open Minds' data show that Magellan Behavioral Health dominated the managed behavioral health market in 1999, with 36.56% of total beneficiaries enrolled. Indeed, the three largest behavioral health vendors — Magellan, ValueOptions and United Behavioral Health — together enrolled 57% of the 1999 market. Some 85% of the market is controlled by the eleven largest MBHOs, as shown in the Table. ■

### Hold these dates!

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

### ASAM Conference on State of the Art in Addiction Medicine

November 4-6, 1999

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Organization	Enrollment	Market Share
Magellan Health Services	64,626,029	36.6%
ValueOptions	21,700,000	12.3%
United Behavioral Health	15,838,952	9.0%
MCC Behavioral Care, Inc.	10,415,787	5.9%
Managed Health Network, Inc.	8,844,025	5.0%
First Mental Health, Inc.	6,621,000	3.7%
WellPoint Behavioral Health, Inc.	5,076,100	2.9%
American Psych Systems, Inc.	4,257,255	2.4%
ComPsych Corporation	3,994,000	2.3%
Family Enterprises, Inc.	3,800,000	2.1%
PacificCare Behavioral Health, Inc.	3,091,374	1.7%

Sources: The 1999 Survey of Physicians and Nurses is available from the Kaiser Family Foundation's web site ([www.kff.org](http://www.kff.org)) or by phoning the Foundation's publications request line at 1-800/656-4533 (ask for document no. 1503). The MBHO data are excerpted from the Open Minds Yearbook of Managed Behavioral Health Market Share in the United States, 1999-2000 (e-mail [openminds@openminds.com](mailto:openminds@openminds.com), phone 717/334-1329, or fax 717/334-0538).

## AMA Calls on Congress to Enact Strong Patient Protection Measures

**W**ith the managed care industry spending millions of dollars to defeat the bipartisan Norwood-Dingell patient's bill of rights (HR 2725), the American Medical Association (AMA) is waging an intense grassroots campaign to buttress support for the patient protection measure.

As part of its efforts, the AMA has launched a project aimed at recruiting "Patients as Partners," under which physicians in targeted Congressional districts are urged to distribute information cards to their patients to educate them about the importance of patient's rights legislation. The cards also give patients information on how to contact their elected officials to express their support for the Norwood-Dingell bill.

In a related statement, AMA President Thomas R. Reardon, M.D., said: "The AMA is deeply disappointed that a slim majority of the U.S. Senate has decided to deny the American public the fundamental right to the health care they need when they need it. In a highly regrettable action, the Senate has bowed to the insurance industry dictate that says their profits come first and patients come last.

"The American public is too smart in the long run to let them get away with it. As the debate moves to the House of Representatives next week, we are

confident that the public will insist that Congress ultimately reject what insurance executives are trying to buy and approve the rights the public is demanding.

"Those basic rights must include:

- The right to an independent and fair external appeal of health plan decisions.
- The right to hold health plans accountable when their decisions harm patients.
- The right to have physicians decide what treatment is medically necessary.
- The guarantee that these rights apply to all Americans.

"The AMA has been fighting for these protections for our patients for five years. Today we are just as committed as if we had just begun. Our advocacy for our patients will be relentless until Congress approves the real protections our patients need."

For more information on the initiative and updates on Congressional action on patient rights legislation, visit the AMA's web site ([www.ama-assn.org/grassroots](http://www.ama-assn.org/grassroots)).

### AMA, NCQA Sign Pact; ASAM Wins Key Provisions

The American Medical Association (AMA) and the National Committee for Quality Assurance (NCQA) have formally agreed that managed care organizations using data obtained through the AMA's American Medical Accreditation Program™ (AMAP) may rely on the data as being in full compliance with the relevant NCQA credentialing standards. In addition, an MCO may use an AMAP accreditation survey report in lieu of an office site visit.

AMAP is a national accreditation program for physicians. Each physician who applies for AMAP accreditation is evaluated against national standards in five areas: credentials, personal qualifications, environment where the care is provided and medical records, clinical process and patient outcomes. Information generated from AMAP evaluation can be provided to health plans and other organizations for use in their own credentialing processes, reducing duplication.

Lloyd Gordon, M.D., FASAM, who represents ASAM at the AMAP meetings, has been instrumental in having provisions favorable to recovering physicians included in the AMAP policies. With NCQA acceptance of these provisions, ASAM members who are in recovery will be given an equal opportunity with other physicians in the AMAP (and then NCQA) credentialing procedures.

In addition to accrediting managed care organizations, the NCQA also certifies organizations that verify physicians' credentials. AMAP will contract only with NCQA-certified organizations for physician data. Through the agreement, NCQA will establish a Standards Advisory Committee, which will be responsible for recommending the standards and scoring used by the NCQA to certify such organizations. This six-member advisory committee will include two physician representatives from AMA/AMAP. It will report to the NCQA Standards Committee.

AMAP and NCQA also are working with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to coordinate private sector development and use of performance measures at the organization, plan, and physician level through the Performance Measurement Coordinating Council. ■

### AMA Program on Collegiate Drinking Gears Up for New School Year

Communities and universities in 10 states will participate this fall in "A Matter of Degree: The National Effort to Reduce High-Risk Drinking Among College Students." The program is part of a collaborative effort between the AMA and the Robert Wood Johnson Foundation that aims to reduce the number of collegiate binge drinkers. This is the third year that the seven-year, \$10 million program has been in operation. For more information about the program, see the AMA's web site at [www.ama-assn.org/special/aos/alcohol1/about/colstuds/htm](http://www.ama-assn.org/special/aos/alcohol1/about/colstuds/htm). ■

### Atlanta, GA Psychiatrist with Addiction Experience

One of the nation's leading providers of psychiatric and addiction treatment services is recruiting for a full-time staff psychiatrist experienced in treating patients with addiction and dual diagnosis issues. Physician will be responsible for providing primarily O/P, with some I/P treatment. Position offers the opportunity to do individual and group therapy in a very desirable environment that is professionally challenging and enriching. Competitive salary and comprehensive benefits package offered. Qualified candidates must be board certified or board eligible, with definitive plans to obtain certification. For confidential consideration, please call Joy Lankswert at 1-800/230-5582 or fax CV to 678/297-4862. EOE

## RESEARCH SCIENTIST

The Research Institute on Addictions (RIA), a national leader in addictions research, anticipates funding for one or more State of New York permanent Research Scientist positions at the mid- to senior level. Candidates must have a Ph.D. in criminal justice, epidemiology, health sciences, psychology, sociology, economics, or other relevant field and a minimum of two years of postdoctoral research experience. We encourage applications from all qualified individuals and are particularly interested in applications from individuals conducting research in the areas of prevention, drug use and abuse, and compulsive gambling. Experience as Principal Investigator on externally-funded research projects or prior grant funding is highly desirable. All successful candidates are expected to obtain funding in areas of addiction research which answer important scientific questions.

We are also interested in receiving applications from candidates with experience in advanced statistical analyses (e.g., SEM, LGM, survival analysis). For these candidates, the ability and willingness to work collaboratively in the development and implementation of grant submissions is essential. Experience in the use of these techniques in addictions research is preferred, but not required. Positions are subject to New York State Civil Service regulations. Salary and fringe benefits are competitive.

Effective Fall 1999, RIA is expected to become fully merged as a research center within the State University of New York at Buffalo, and faculty and/or joint appointments with SUNY-Buffalo departments will be available. Applications from minority candidates are particularly welcome. Established in 1970, RIA has a staff of over 175 persons working on over 30 separate research projects. RIA occupies a five-story building, and offers outstanding resources in support of its research endeavors.

Visit the RIA web site at <http://www.ria.org>. Inquiries can be made to either Gerard J. Connors ([connors@ria.org](mailto:connors@ria.org)), RIA Director, or Kenneth E. Leonard ([leonard@ria.org](mailto:leonard@ria.org)), Search Committee Chair.

Send cover letter outlining research experience and future plans and curriculum vitae to: Mark Ruda, Personnel, Research Institute on Addictions, 1021 Main Street, Buffalo, NY 14203. Applications will be reviewed beginning December 1.

AA/EOE

## READER EXCHANGE

### Response: Psychotic Episodes with Gamma Hydroxy-Butyrate

*Note: The Reader Exchange 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](mailto:BBWilford@aol.com).)*

**Question (from the July-August issue):** "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.... Any information would be appreciated."

**Case Report:** Fazole M. Yasin, M.D., writes: "I treated a patient returning from abroad who was taking GHB to reduce his jet lag. The patient complained of lack of sleep for several days and had lost touch with reality. When examined, he was delusional. He was treated with antipsychotic medication and sleep medication. He was discharged in four to five days with clear instructions not to use [GHB] again.

"He returned...with paranoid delusions and was re-treated with an antipsychotic, again being instructed to stop using the GHB. He returned a third time complaining that he had not been able to sleep for several days. He was disoriented, would not eat, and could not communicate properly. In hospital, he showed severe psychomotor retardation, some catatonic features, severe delay in his responses, and severe paranoia and perceptual distortions."

**Response:** Terry K. Schultz, M.D., FASAM, co-editor of ASAM's *Principles of Addiction Medicine, Second Edition*, refers interested readers to an article in *Trends in Pharmacological Sciences* by Bernasconi R et al. (Gamma-hydroxybutyric acid: An endogenous neuromodulator with abuse potential? April 1999;20:135-141). Excerpts from that article follow:

"Gamma-hydroxybutyrate (GHB) is an endogenous constituent of mammalian brains, synthesized locally from GABA, that might play a role as a central neurotransmitter. GHB freely crosses the blood-brain barrier and has been used in anesthesia, sleep disorders and alcohol and opioid dependence. Recently, the ability of GHB to induce euphoria has resulted in a growing number of illicit self-administrations. Acute overdoses induce confusion, epileptic seizures and coma. Chronic exposure can lead to physical dependence, as evidenced by withdrawal symptoms. The mechanisms by which GHB affects neural functioning and acts as a drug of abuse are still under study....

"In many aspects, GHB dependence appears similar to that produced by sedative-hypnotics. Indeed, acute administration of GHB, like that of benzodiazepines, barbiturates or baclofen, induces euphoria, disinhibition, sedation and reduces alcohol withdrawal symptoms. Sedative-hypnotics primarily enhance postsynaptic GABA responses and sometimes block glutamate receptors. Even though GHB and GABA receptors appear to be two distinct entities, they seem to be involved in functional interplay. Consequently, activation of both GHB and GABA receptors might be required to produce the reinforcement of inhibitory postsynaptic potentials, or the diminution of glutamate release, or both, which could explain misuse and abuse of GHB.

"Opioids, cannabinoids, nicotine, cocaine and low doses of alcohol active dopamine transmission in the mesolimbic system originating in the midbrain ventral tegmental area, and projecting to the shell of the nucleus accumbens.

► **READER EXCHANGE** continued on page 7

## PEOPLE IN THE NEWS



Lynn Hanks, M.D.

### Dr. Hanks to Lead Physician Health Group

Lynn R. Hanks, M.D., FASAM, was installed as President of the Federation of State Physician Health Programs (FSPHP) at that organization's annual meeting in April. Dr. Hanks is director of the Washington Physicians Health Program. FSPHP serves as a repository for

research about physician impairment, provides advocacy for physicians and their health issues at local, state, and national levels, and assists state programs in their quest to protect the public. Additionally, the organization assists state physician health programs and monitors state laws on the management of impaired physicians.

Also at the FSPHP meeting, Peter A. Mansky, M.D., of Albany, NY, was named liaison between FSPHP and the ASAM Committee on Physician Health.

### Congressman Most Proud of Sobriety

In a recent interview, Congressman Jim Ramstad (R-MN) told the *Minneapolis Star-Tribune* (August 15) that throughout all his political and legislative battles, his greatest accomplishment is his 18 years of sobriety. "This is what I'm most proud of," he said. "Eighteen years ago...I was sitting in jail in Sioux Falls, SD, charged with disorderly conduct and resisting arrest after a night of drinking that ended in a brawl. Rep. Ramstad said he had a drinking problem since he was a senior at the University of Minnesota. The arrest, however, led him to treatment.

The Congressman speaks openly about his addiction and recovery and offers support to other alcoholics. In addition, two years ago, he and Sen. Paul Wellstone (D-MN) drafted legislation that would require parity for addiction treatment [see Action Alert, this issue]. The two since have disagreed on the issue of whether methadone treatment should be included (Ramstad opposes it).

"I certainly don't think of myself as any kind of hero," Ramstad said. "I am just another recovering alcoholic trying to help others still suffering from the disease of addiction."

### ▶ READER EXCHANGE *continued from page 6*

Although GHB receptors are present in the mesolimbic pathways, GHB differs from psychostimulants in that it appears to inhibit, rather than activate, dopamine release within the nucleus accumbens in rats. Benzodiazepines and barbiturates share this property with GHB. However, the effects of GHB on dopamine-mediated activity vary according to the substructures investigated, the doses used and the species. Therefore, it is particularly important to examine extracellular dopamine release specifically in the shell of the nucleus accumbens, in different species, at concentrations relevant to the doses used by GHB abusers, before drawing firm conclusions concerning the neurobiology of GHB addiction in humans."

## ACTION ALERT

### Wellstone Re-Introduces Parity Legislation

Sen. Paul Wellstone (D-MN) has reintroduced a bill calling for parity coverage for substance abuse disorders in Congress, but experts say that prospects for passage are dim unless the measure picks up some Republican co-sponsors.

Wellstone's "Fairness in Treatment: Drug and Alcohol Addiction Recovery Act of 1999" (S.1447) is similar to legislation that Wellstone introduced last year. While the measure calls for insurers to cover treatment for addictions on a par with other chronic, relapsing diseases, it is not a mandate to provide alcoholism and drug addiction treatment; rather, the parity requirements apply only to policies where employers choose to cover alcohol and drug abuse.

In past years, addiction parity legislation has made little headway in the GOP-controlled Congress, even as legislation calling for mental health parity has won approval. Capitol Hill sources say that one major stumbling block has been resistance by Senate Budget Committee chair Sen. Pete Domenici (R-NM), who has co-sponsored mental health parity legislation with Sen. Wellstone but has not been receptive to similar legislation for substance abuse. Wellstone's staff, Gen. Barry McCaffrey of the Office of National Drug Control Policy and field advocates have been working to convince Sen. Domenici that the addictions are brain disorders similar to severe mental illnesses, but Sen. Domenici appears unconvinced.

Last year, Sen. Arlen Specter (R-PA) co-sponsored the Wellstone bill, but is not expected to take the lead on the legislation again. That leaves advocates searching the ranks for another GOP lawmaker to embrace parity.

Groups and individuals in the addiction field are being urged to contact their own members of Congress — particularly if they are Republicans — to urge them to co-sponsor Wellstone's legislation. Experts noted that legislators who feel that substance abuse is a major problem in the U.S. should be urged to support parity as part of an overall solution.

On the bright side, this year's parity bill may have some small advantages over recent attempts at passage. For one, the Senate already has held hearings on the subject. Also, the Clinton administration recently came out strongly in favor of substance abuse parity: the Office of National Drug Control Policy has endorsed it, and President Clinton signed an executive order requiring that health plans serving federal employees provide addiction treatment services on a par with general medical services. Prominent Republicans such as former President Gerald Ford and former first lady Betty Ford also have backed parity, as has the U.S. Conference of Mayors.

Bill McColl, associate executive director of the National Association of Alcoholism and Drug Abuse Counselors, noted that parity legislation represents a rare opportunity to advocate for something positive. "This could be the catalyst for the field to go on the offensive," he said.

Source: *Join Together*, Boston University School of Public Health, July 27, 1999.

**California***Chapter President:*

Gail Shultz, M.D., FASAM

*Regional Director:*

Gail Shultz, M.D., FASAM

**Medical Marijuana:** In 1996, California voters passed Proposition 215 to allow use of smoked marijuana for relief of symptoms associated with certain chronic medical conditions. In 1998, with the election of a new Attorney General, William Lockyer, the California Department of Justice convened a Task Force on Proposition 215 to make recommendations for how the proposition ought to be implemented.

Two bills in the California legislature have similar objectives. SB 847 (Vasconcellos), the Marijuana Research Act of 1999, would allow the Regents of the University of California to implement a three-year research program to study the safety and efficacy of marijuana's use for medical purposes and, if it is found to have medical value, to develop medical guidelines for its appropriate administration and use. The bill appropriates \$1 million for the first year's research.

SB 848 (Vasconcellos) would require the state to develop and implement a plan for the safe and affordable distribution of medicinal marijuana.

CSAM's policy on medical use of marijuana in California includes this language: "Proposition 215 is unimplementable without further enabling and clarifying legislation." The CSAM Task Force on Medical Marijuana is monitoring the progress of the Attorney General's Task Force and the two bills.

**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).

**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. Kevin O'Brien, M.D., FASAM, Chair of the FSAM Scientific Planning Committee, has announced that this year's featured speakers will include: Douglas Eaton,

M.D.; Rick Beach, M.D., FASAM; Marcia Flugsrud-Breckenridge, M.D., Ph.D.; Michael Sheehan, M.D.; and Raymond Pomm, M.D. Topics are to include: "The Biopsychosocial-chemical Evaluation of Addictions"; "Parameters of Self-Harm, Physical, and/or Sexual Abuse in Treating Adolescent Addicts"; "Post-Traumatic Stress Disorder"; "Nicotine Addiction and Treatment"; "Sexual Misconduct"; "Parallels Between Psychiatric and Substance Abuse Symptoms"; "Methamphetamine Use/Abuse Issues in the USA"; "Neurobiology of Addictions"; "HIV/AIDs Co-morbidity Issues in Addictions"; and "Future Trends in Addiction Treatment."

The program has been submitted for 13 CMEs and CEUs for physicians and other health care professionals, including psychologists, social workers, nurse practitioners, physicians assistants, marriage and family therapists, mental health and addiction counselors.

Co-sponsored by ASAM, this annual "winter in the sun" conference is scheduled to meet for half-days in the mornings, leaving afternoons free for participants to network with peers or explore the many attractions that Orlando offers. Many participants bring their families to enjoy the sunny hospitality of Orlando in the midst of winter.

The Florida chapter extends an open invitation to members of other chapters to hold breakout or joint meetings during the conference. Groups as small as 10 persons can schedule special break-out sessions as part of the conference, taking advantage of the favorable rates negotiated with the hotel. Of past meetings, ASAM Past President G. Douglas Talbott, M.D., FASAM, has said: "FSAM puts on one of the best conferences of its kind in the United States."

To learn more about Florida's annual event, visit the "State Chapter" section on the main ASAM Website, or contact Robert Donofrio at the FSAM office, 890 Lexington Road, Pensacola, FL 32514. FSAM's e-mail address is [fsam.asam@usa.net](mailto:fsam.asam@usa.net) or fax 850/857-1301, or phone 850/484-3560.



## CHAPTER UPDATES

### Maryland

*Chapter President:*  
John R. Steinberg, M.D.

*Regional Director:*  
Paul H. Earley, M.D., FASAM

**Conference:** "Addiction Among Adolescents: Treatment and Societal Concerns" is the theme of a November 19 conference to be jointly sponsored by the Maryland chapter and the Maryland State Medical Society, at the medical society's Baltimore headquarters. All members are welcome to attend the conference (set for 8:00 a.m. to 5:00 p.m.), the Maryland Chapter's business meeting over lunch, or both events.

### Ohio

*Chapter President:*  
Gregory B. Collins, M.D.

*Regional Director:*  
R. Jeffery Goldsmith, M.D.

**Annual Meeting:** Stan Sateren, M.D., FASAM, Secretary of the Ohio Society of Addiction Medicine, reports that the chapter held its annual meeting Saturday, July 24, during a noon luncheon at the 6th Annual Physician's Track of the Ohio State University Summer Institute of Addiction Studies. As featured speaker, Luceille Fleming, director of the Ohio Department of Alcohol and Drug Addiction Services, provided an update on regional and national issues.

**Summer Institute:** A record 441 participants attended the five-day Summer Institute, which offered graduate academic credits in addition to 37 CEUs in seven professional disciplines. More than 200 attended the Physician's Track, which was jointly sponsored by OSAM and The Ohio State University Medical Center. This year's Physician's Track on Addiction Medicine was approved for 7 hours of Category 1 credits of the Physicians Recognition Award, and also was approved for 7 prescribed hours by the American Academy of Family Physicians.

Distinguished faculty presented on the following topics: Mark Hurst, M.D., on "Office Diagnosis of Alcoholism"; Kenneth Alexander, M.Ed.,



Attending a recent meeting at the Aspen Institute of the group Physicians Leadership on National Drug Policy are (from left): Linda Hawes Clever, M.D., Chair, Department of Occupational Health, California Pacific Medical Center; recently retired ASAM Board member Anthony Radcliffe, M.D., FASAM, and ASAM Past President David E. Smith, M.D., FASAM.

CCDC III and Barbara Feinberg, M.S., CCDC III, on "Outpatient Groups for At-Risk Adolescents"; ASAM Past President G. Douglas Talbott, M.D., FASAM, on "Substance Abuse and Addiction in Physicians: An Occupational Hazard"; Robert C. Erwin, D.O., on "Ohio Physicians Effectiveness

Program: An Update"; Mounir Boutros, M.D., on "Dermatological Manifestations of Addictive Disorders"; OSAM President Gregory B. Collins, M.D., on "Strategic Psychotherapy for Chemical Dependency"; Theodore Parran, Jr., M.D., on "Addiction and Pain Management"; and William J. Schmidt, J.D., Assistant Executive Director of the Ohio State Medical Board, on "Ohio State Medical Board: Rules Update and License On-Line Look-up." Morning and afternoon sessions concluded with panels composed of program presenters.

### Region IV

*Regional Director:*

R. Jeffery Goldsmith, M.D.

*Alternate Director:*

Lee H. McCormick, M.D.

**Conferences:** Ohio will host two major conferences on addiction medicine this fall. A conference on "Heroin and Other Opioid Treatment: Best Practices and Futuristic Models for the New Millennium" is scheduled for October 3-4, while the ASAM Nicotine Dependence Conference is set for October 15-17, both in Cleveland. ■

## Early Registration Deadline for ASAM Certification Exam Nears

The deadline for early registration for ASAM's next Certification/Recertification Examination for physicians who wish to be certified/recertified in addiction medicine is October 31, 1999. The examinations are set for Saturday, November 18, 2000, at three sites: Chicago, IL; LaGuardia, NY; and Los Angeles, CA.

Physicians who wish to sit for the examination must complete and submit an application. Applications are to be sent automatically to all ASAM members. Completed applications will be accepted on the following schedule:

- Early Registration, through Sunday, October 31, 1999
- Standard Registration through Sunday, January 30, 2000
- Late Registration through Sunday, April 30, 2000.

All applications will be reviewed and candidates notified by mail as to whether they qualify to sit for the examination.

Physicians who pass the examination become ASAM Certified/Recertified in Addiction Medicine. Since the exams first were offered in 1986, 3,126 physicians — including many of the nation's top addiction treatment professionals — have been certified.

For more information on ASAM Certification and the examination, contact Christopher Weirs at the ASAM office, 301/656-3920. ■

## WHO: Tobacco Pandemic Predicted

The World Health Organization predicts that 10 million people could die annually from tobacco-related diseases by the year 2030 if current smoking trends continue. It says that 70% of the deaths will occur in developing countries. "It will be a pandemic unlike anything in the history of the world," warns John Seffrin, CEO of the American Cancer Society.

American Cancer Society epidemiologist Dr. Michael Thun sees a cycle repeating itself. The cycle starts when a multinational tobacco company purchases controlling interest in a country's own national tobacco companies, then starts advertising heavily with Western themes and sponsoring sports and other events. Forty years later, lung cancer rates rise dramatically, first for men, then for women.

## ISAM to Meet in Jerusalem

Dr. Jorge Gleser reports that members of the International Society of Addiction Medicine (ISAM) will gather in Jerusalem November 5-9, 2000, for the Society's annual meeting and international scientific congress, with the Israeli Society of Addiction Medicine as host.

The preliminary agenda calls for an ISAM Board meeting on Sunday, November 5; the Society's annual meeting on Monday, November 6; and the ISAM Scientific Congress to open on Tuesday, November 7. Dr. Gleser heads a scientific committee that is charged with planning the program, while a second committee, chaired by Mr. Yair Amicam, Deputy Director of the Israeli Ministry of Health, and Mr. Shlomo Gal, director of the Anti-Drug Authority, arranges conference logistics and related events. ■

The World Health Organization plans to combat the global threat of tobacco by adopting a worldwide tobacco treaty, the Framework Convention on Tobacco Control, by 2003.

*Source: Cox News Service, July 18, 1999.*

## Australia: Heroin Injecting Room to Open

A legal heroin injecting room will open in Sydney as an 18-month trial, Reuters News Service has reported. Operated by The Sisters of Charity and St. Vincent's Hospital, the room will be open 24 hours a day, seven days a week.

"The community wants us to say to large-scale dealers of hard drugs: 'If we apprehend you going about your dirty business, you will die in jail'," Carr said. "But they want us to be compassionate with people whose lives are degraded by drug dependency. They want us to offer a carrot and stick to getting those people out of the cycle of drug dependency and crime."

*Source: Reuters News Service, July 27, 1999.*

## Canada: Legislators Endorse Medical Marijuana

Canada's House of Commons passed a measure that calls for the legalization of marijuana for medical purposes. Under the bill, the government would take immediate steps to develop clinical trials, guidelines for medical use, and a safe supply of marijuana for patients who need it for medical reasons.

In a related development, government health officials announced that they are considering testing a marijuana inhaler to help ease the pain of chronically ill patients without making them high. The inhaler is being developed by GW Pharmaceuticals, a British company that has been testing vaporized marijuana, heated and inhaled through a nebulizer. The device would be similar to inhalers used by asthma sufferers.

*Source: Reuters News Service, June 3, 1999; Associated Press, May 31, 1999.*

## England: New Alcohol Labels "Consumer Friendly"

Some alcoholic beverage makers will be using new labels in England to clarify how many units of alcohol are inside the bottle or can. Guinness and Heineken beers, Bacardi rum and Johnny Walker whisky will display small bottle or can-shaped icons on the labels as part of the British units system. The system saves drinkers the hassle of multiplying the stated percentage of alcohol by the volume drunk to determine the actual number of units they're drinking.

The labeling initiative recommends that men drink no more than three to four units a day and that women drink a maximum of two to three units. The only other country that uses a similar system is Australia.

*Source: Reuters News Service, July 22, 1999.*

## New Zealand: Drinking Age Lowered to 18

The New Zealand parliament has voted to lower the drinking age in the country from 20 to 18, effective October 1999. The law also allows supermarkets to add beer to their offerings and sell alcohol on Sundays.

A great deal of debate surrounded the issue. "It is the families, the police and the community agencies who will pick up the pieces while MPs [members of Parliament] are safely at home in their electorates," said MP Gilbert Myles, who opposed the lower age limit. A secondary school principal also voiced concerns that more youths would die in traffic crashes, violence and suicides with a lower drinking age.

Those voting in favor of the lower age limit said there were so many exemptions to the age 20 limit that it was unenforceable and not in line with other age-related regulations. "If we say to people that you can vote, you can marry, you can fight for your country and you can die, then you shouldn't say to them you shouldn't drink in a public bar," said Deputy Prime Minister Wyatt Creech.

*Source: Reuters News Service, July 29, 1999.* ■

## Federal Survey Yields Mixed News on Alcohol, Drug Use

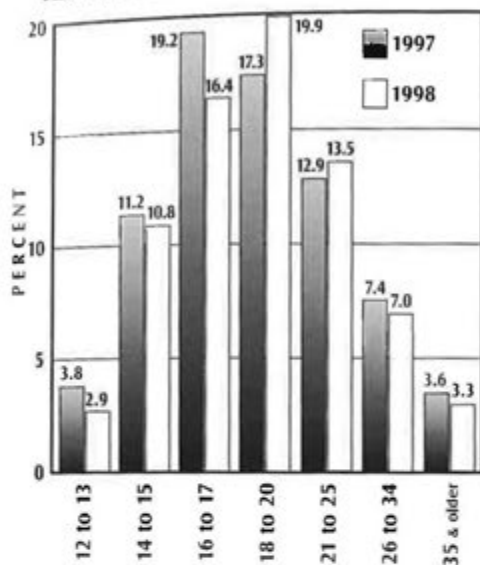
Illicit drug use among the overall American population remained flat in 1998, according to newly released data from the annual National Household Survey on Drug Abuse. The survey, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), also found that 9.9% of youths aged 12 to 17 reported current illicit drug use in 1998, meaning they used an illicit drug at least once during the 30 days prior to the time of the survey interview. This estimate represents a statistically significant decrease from the 11.4% who reported current use in 1997.

The Household Survey provides annual estimates of the prevalence of illicit drug, alcohol, and tobacco use in the U.S. and monitors the trends in use over time. It is based on a representative sample of the U.S. population aged 12 and older, including persons living in households and in some group quarters such as dormitories and homeless shelters. In 1998, a sample of 25,500 persons was interviewed for the survey.

The survey found that an estimated 13.6 million Americans overall (6.2% of the U.S. population aged 12 and older) were current users of illicit drugs in 1998. That is not a statistically significant change from 1997, when the estimate was 13.9 million. The number of current illicit drug users is about half its peak in 1979, when there were 25 million current users. Marijuana continued to be the most frequently used illicit drug; about 60% of all illicit drug users reported using marijuana only, while another 21% reported marijuana use and some other illicit drug use.

The survey also found that an estimated 60 million Americans aged 12 and older reported current cigarette use in 1998. This estimate represents a rate of 27.7%, which is a statistically significant decline from the 1997 rate of 29.6% and the lowest rate ever recorded by this survey. However, the rate of current cigar use among those 12 and older increased from 5.9% in

PAST MONTH USE OF ANY ILLICIT DRUG BY AGE: 1977-1998



1997 to 6.9% in 1998, a statistically significant increase.

Among youth aged 12-17, the perceived risk of smoking marijuana once or twice a week remained unchanged between 1997 and 1998. The trend in perceived risk mirrors the trend in the use of marijuana among youth. As perceived risk has decreased, use has increased, and vice versa. The measure thus provides an important correlate of drug use that can help explain the patterns and trends in substance use, particularly among youth.

President Clinton hailed the positive findings in the 1998 survey, saying, "This encouraging news shows that more young people are getting the message that drugs are wrong and illegal, and can kill you. We must continue our unprecedented media campaign to reach our children with powerful anti-drug messages."

Others cautioned against overstating progress. In an editorial comment on the survey, the *Bergen Record* noted that "a positive trend cannot be declared until there's a decline over several years in drug use among teenagers."

And there were troubling increases in some key indicators. For example, the 31.7% of 18- to 25-year-olds reported binge drinking in 1998,

compared to 28% in 1997 — a significant increase. Current alcohol use among youth also remained steadily high in 1998, with 19.1% of 12- to 17-year-olds (and 60% of 18- to 25-year-olds) reporting alcohol use during the past month.

Estimates of current smoking among 18- to 25-year-olds also continued to climb, from 34.6% in 1994 to 40.6% in 1997 to 41.6% in 1998. Smoking among 12- to 17-year-olds "is virtually unchanged and disturbingly high," according to William D. Novelli, president of the Campaign for Tobacco-Free Kids.

Summary findings from the 1998 National Household Survey on Drug Abuse are available on SAMHSA's web site at [www.samhsa.gov](http://www.samhsa.gov).

Source: SAMHSA press release on the 1998 National Household Survey on Drug Abuse, August 19, 1999; *Bergen Record*, August 20, 1999.

### POSITION AVAILABLE

Associate Medical Director,  
Unified Division of Substance Abuse  
Montefiore Medical Center/  
Albert Einstein College of Medicine

Full-time position available for internist or family physician as Associate Medical Director of a large network of substance abuse treatment programs in the Bronx, New York. Large, dynamic system, in process of integrating comprehensive on-site primary medical care with substance abuse services. Relationship to large hospital system (Montefiore) and academic departments well established. Position involves direct patient care as well as a significant clinical administrative role, including quality improvement, protocol development, and staff oversight. Experience in substance abuse treatment and in primary care administration essential. Board certification necessary.

To apply, send letter of interest and CV to:

Marc Gourevitch, MD, MPH  
Director, Addiction Medicine  
Montefiore/AECOM  
1500 Waters Place  
Parker Building, 6th Floor, Ward 20  
Bronx, NY 10461  
EOE

## Cocaine Response Linked to Biological Clock Genes

A new study shows that a surprising phenomenon — sensitivity to repeated cocaine exposure — can now be added to the short list of activities linked to genes controlling the biological clock.

Research funded by the National Institute on Drug Abuse (NIDA) unearthed the unexpected connection between circadian rhythms in insects and cocaine sensitization, a behavior that occurs in both fruit flies and vertebrates and that has been linked to drug addiction in humans.

Dr. Jay Hirsh and coinvestigators Rozi Andretic and Sarah Chaney at the University of Virginia report that fruit flies missing several genes that play a critical role in the insects' internal biological clock did not become sensitized to cocaine, a process in which repeated doses of the drug produce increasingly severe responses. "This opens up the field of drug studies to thinking about how a totally unexpected set of genes functions in response to drugs," said Dr. Hirsh, the senior author of the report.

Besides enabling the potential development of drugs to treat cocaine addiction, this research holds out the prospect that so-called "clock" genes — which are involved in setting and maintaining the body's internal clock — might have other, as yet undiscovered, roles in the body and brain.

NIDA Director Alan I. Leshner, Ph.D., noted that "because of the

genetic similarities in fruit flies and humans, fruit flies can serve as a valuable model to study the complex biological factors underlying drug abuse. This exciting new research has given us a clue to the specific genetic mechanisms that influence vulnerability to addiction. Once clear, these mechanisms could become the basis for predicting who is most at risk for addiction and thus become a major aid in preventing this national health problem."

Source: *Science*, August 13, 1999.

## Shifts in Brain Chemicals May Explain Alcohol Relapse

New studies of the effects of alcohol on brain chemistry help to explain why alcoholics experience long-lasting feelings of tension and distress. They also provide a key to why some drinkers develop alcoholism in the first place, and why they are at risk of relapse even after protracted abstinence.

The studies were described at the national meeting of the American Chemical Society by George F. Koob, Ph.D., a scientist at The Scripps Research Institute, La Jolla, CA. Dr. Koob said animal studies indicate that heavy drinking depletes the brain's supplies of dopamine, gamma aminobutyric acid, opioid peptides and serotonin systems — chemicals that are responsible for our feelings of pleasure and well-being. At the same time, it promotes the release of stress chemicals, such as corticotropin

releasing factor (CRF), that create tension and depression. In combination, the depletion of pleasure chemicals and the stimulation of stress chemicals creates a persisting chemical imbalance that leaves the alcoholic vulnerable to relapse, he said.

Hoping to suppress the dark feelings aroused by CRF, alcoholics drink more, but the more they drink, the more CRF is produced. This cycle ultimately raises the "set point" for alcohol intake, or the amount it takes to make an alcoholic feel "normal," according to Dr. Koob. He noted that some data from animal studies suggest that CRF remains active as long as four weeks after someone stops drinking.

At present, family history is the only indicator of vulnerability to alcoholism. Among individuals who have an alcoholic parent, men have a five-to-one chance and women a two- or three-to-one chance of developing the disease, said Dr. Koob. His study could point the way toward the identification of specific chemical markers for this risk: for example, low levels of dopamine and high levels of CRF.

Source: *American Chemical Society on-line news service*, August 23, 1999.

## New Findings on Dopamine and Stimulant Response

Researchers have found a mechanism that could account for the different levels of euphoria people experience when taking a stimulant drug. A study conducted by Dr. Nora Volkow and her colleagues at Brookhaven National Laboratory in Upton, NY, and the State University of New York at Stony Brook, found that individuals who have lower levels of dopamine D2 receptors in their brains are more inclined to like the effects of the mild stimulant methylphenidate, compared to people who have higher levels of these receptors.

Raclopride and positron emission tomography were used to measure D2 receptor levels in 23 healthy men who had no drug abuse histories in order to assess if there were differences between the subjects who liked and those who disliked the effects of intravenous methylphenidate. Subjects who liked

### Want to learn more?

Dr. George Koob, Dr. Nora Volkow and other leading scientists will discuss cutting-edge research at **ASAM's Conference on State of the Art In Addiction Medicine**, November 4-6, 1999, in Washington, DC. Conference chairs Terry K. Schultz, M.D., FASAM, and David Gastfriend, M.D., M.P.H., have assembled an outstanding panel of addiction researchers to discuss basic research and clinical practice issues. The conference is co-sponsored by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse.

For information, check out the ASAM web site at [www.asam.org](http://www.asam.org), phone ASAM's conference staff at 301/656-3920, or e-mail [SMetc@asam.org](mailto:SMetc@asam.org).

the effects of methylphenidate had significantly lower D2 receptor levels. Moreover, the higher the D2 levels found, the more intense were methylphenidate's unpleasant effects.

Dr. Volkow and her co-investigators say these results provide preliminary evidence that D2 receptor levels predict response to psychostimulants in humans and that low D2 receptors may contribute to psychostimulant abuse by favoring pleasurable responses.

"This finding supports the theory that brain chemistry may predispose some people to becoming drug abusers," said Dr. Alan I. Leshner, director of the National Institute on Drug Abuse (NIDA), which funded the study. "Understanding these biological issues will help us learn why some people are particularly vulnerable to abusing drugs and provides new potential targets for both prevention and treatment efforts."

Source: *American Journal of Psychiatry*, September 1999.

### First Medication for PCP Addiction Under Study

Animal studies by researchers at the University of Arkansas for Medical Sciences (UAMS) used an antibody-based drug to provide immediate protection against the chronic abuse of phencyclidine (PCP). The studies, reported at the August meeting of the American Chemical Society, mark the

first time that a long-acting treatment has been developed to block or reduce the psychoactive effects of PCP, according to UAMS scientist S. Michael Owens, Ph.D.

In earlier studies, Dr. Owens used a smaller fragment of the antibody to treat drug overdose. He said his new technique uses monoclonal antibodies (which are identical copies of animal antibodies, cloned and reproduced in the laboratory) to prevent or slow the entry of PCP into the brain, where it produces its pleasurable effects. The ability to create huge quantities of these antibodies makes it possible to administer a very large dose in a single injection.

In the animal studies, just one injection curbed the effects of PCP for at least two weeks — a period equivalent to one to two months in humans, Dr. Owens said. This fast-acting therapy could make a profound difference in the way PCP addicts are treated, enabling physicians to offer their patients an effective anti-addiction medication that works immediately.

Source: *American Chemical Society on-line news service*, August 23, 1999.

### Researchers Pursuing Vaccine for Cocaine

A potential vaccine against the addictive effects of cocaine was described at an August meeting of the American Chemical Society in August. Kim D.

Janda, Ph.D., a scientist at The Scripps Research Institute, La Jolla, Calif., said he has induced the immune system to create specific antibodies that attack the cocaine molecule and keep it from reaching its target, the central nervous system. The vaccine would create antibodies to fight the drug in the bloodstream before it reaches the brain. Cocaine does not produce antibodies because its molecule is too small to be recognized by the immune system. Janda said he has overcome this obstacle by attaching a cocaine derivative to a larger protein, an effect he calls "painting a bulls-eye" on the derivative.

Over a period of several weeks, the body builds up a sufficient amount of cocaine antibodies to create an effective vaccine in a process called "active immunization." Using laboratory cloning techniques, Janda says his research team also has created an antibody which, when injected in large quantities, reduces the toxic effects of cocaine overdose.

Janda said animal studies are in the final stages of completion and human clinical trials should begin by the end of the year.

Source: *American Chemical Society on-line news service*, August 23, 1999. ■

### Part-Time Assistant Medical Director

Florida's Physicians Recovery Network/  
The Impaired Practitioners Program  
for the State of Florida

Position requires flexibility in time and travel. Requirements: must have an M.D. or D.O. degree, have an active Florida license and be Board Certified in Psychiatry and/or ASAM Certified. The position is available immediately. All applicants must respond in writing with a copy of vitae attached. Please apply by September 15, 1999, to Lorraine King, Executive Assistant, Physicians Recovery Network, PO Box 1020, Fernandina Beach, FL 32035-1020. Inquiries (only) may be faxed to: 904/261-3996.

### ► NEW REGULATIONS *continued from page 1*

are consistent with a 1995 report by the Institute of Medicine that stressed the need to readjust the balance among regulations, clinical practice guidelines and quality assurance systems.

Under the proposed reorganization, CSAT would be responsible for enforcing the new regulations. Until the program is transferred, however, FDA will continue to monitor programs in accordance with existing regulations. The Drug Enforcement Administration is not proposing any changes to its oversight and monitoring activities.

The proposed rule provides a period for public comment (through October 21, 1999) and a public hearing on a date to be announced. It is available on the web at [www.access.gpo.gov/su\\_docs](http://www.access.gpo.gov/su_docs) by clicking on *Federal Register*, or on SAMHSA's web site at [www.samhsa.gov](http://www.samhsa.gov). Written comments on the rules may be submitted to Documents Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20857. ■

## Brief Intervention Reduces Risk of Re-Injury

A 30-minute conversation with a psychologist was found to reduce the risk of other alcohol-related injuries among patients hospitalized for alcohol-related trauma, according to a study conducted at the Harborview Medical Center, University of Washington School of Medicine in Seattle. Larry Gentilello, M.D., a trauma surgeon at Harborview Medical Center, told the annual meeting of the American Psychological Association that the study showed a talk with patients cut the risk of re-injury in half.

Dr. Gentilello explained that most trauma centers do not address the problem of alcohol abuse in their patients, even though it is a significant factor in their injuries. He said the study found that a brief intervention helped patients with mild to moderate alcohol problems; predictably, it had no effect on severely dependent alcoholics.

"It's ground-breaking work," said Carl A. Soderstrom, M.D., who is an ASAM member and trauma surgeon at the University of Maryland's Shock Trauma Center in Baltimore. Dr. Soderstrom added that the study is the first clinical research to demonstrate that a brief intervention with injured patients has such a strong preventative role.

Source: *Associated Press*, August 23, 1999.

## Nalmefene Reduces Relapse in Alcoholics

A medication commercially available in oral form is effective in preventing relapse to heavy drinking by alcohol-dependent individuals, according to a study funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). In a double-blind, placebo-controlled study, investigator Barbara J. Mason, Ph.D., and colleagues at the University of Miami School of Medicine found that nalmefene, an opioid antagonist, reduced the risk that heavy drinkers would relapse.

The 105 outpatient volunteers were abstinent for a mean of two weeks prior to random assignment to the

Federal data show that, at any given time, 2.7% of the U.S. population is in need of addiction treatment.

Source: SAMHSA, *Prevalence of Substance Use Among Racial/Ethnic Subgroups in the U.S., 1998.*

placebo or (20- or 80-mg/d dose) nalmefene groups for 12 weeks. Cognitive behavioral therapy was provided weekly during treatment. Self-reported drinking or abstinence was confirmed by determinations of breath alcohol concentration and by collateral informant reports.

Nalmefene is a newer opioid antagonist that is structurally similar to naltrexone, but with a number of potential pharmacological advantages for the treatment of alcohol dependence. These include no dose-dependent association with toxic effects to the liver, greater oral bioavailability, longer duration of antagonist action, and more competitive binding with opioid receptor subtypes that are thought to reinforce drinking.

"This study again demonstrates the promise of pharmacologic agents to work with standard behavioral treatments in the treatment of alcoholism," said NIAAA Director Enoch Gordis, M.D. "Prospects for improving treatment outcome have never been better," he added.

Source: *Archives of General Psychiatry*, August 1999.

## Liver Transplantation in Alcoholics

French researchers say discrimination against alcoholics in liver transplant programs is unjustified. According to Dr. G. P. Pageaux and colleagues at the Hospital Saint Eloi in Montpellier, prejudice and a shortage of donor organs leads to such discrimination. But the researchers report that they found no major differences in survival or organ rejection rates between liver transplants of cirrhosis patients and those with other liver diseases. "Heavy drinking leading to alcoholic cirrhosis is widely regarded as morally wrong and there has been some discrimination

against alcoholics in liver transplant programs," the researchers wrote. "Our data indicates that liver transplantation is justified for alcoholic cirrhosis."

In an accompanying commentary, Drs. Michael R. Lucey and R. M. Weinrieb of the University of Pennsylvania Liver Transplant Program write that, like the cliché about the glass being half full or half empty, the data on alcohol relapse after liver transplantation "can be viewed as surprisingly good or disappointingly bad. Compared with the outcome of other forms of intervention against alcoholism, a rate of sobriety of 50% at five years is at least as good as most alcoholism treatment programs.... However, it is noteworthy that many alcoholic patients return to alcohol use after liver transplantation despite the devastating effects of alcohol on their lives, and despite evidence of continuing alcoholic injury. Our goal should be to reduce further the frequency of relapses to excessive, harmful drinking. In order to achieve this goal, it will be necessary to understand the factors that promote or inhibit a return to drinking, and how relapsers contrast with those who establish long term sobriety."

Source: *Gut*, August 1999.

## Bupropion Effective In Helping Smokers Quit

A smoking cessation treatment that includes the antidepressant bupropion (Wellbutrin®) is more effective in helping people quit than the nicotine patch alone, according to a report in *The New England Journal of Medicine*.

Dr. Douglas E. Jorenby and colleagues at the University of Wisconsin Medical School conducted a study of smokers recruited at four different study sites nationwide. Subjects were assigned randomly to one of four treatment groups: placebo (n = 160), nicotine patch (n = 244), bupropion (n = 244), or combined bupropion and nicotine patch (n = 245). The treatment period lasted for nine weeks. Following treatment, subjects were followed for up to 12 months. At follow-up visits, they were assessed

► TREATMENT NEWS continued on page 15

## Heroin Leads All Illicit Drugs in Treatment Admissions

The number of Americans entering treatment for heroin addiction increased 29% between 1992 and 1997, according to a new report from the Substance Abuse and Mental Health Services Administration (SAMHSA). The study, *National Admissions to Substance Abuse Treatment Services: The Treatment Episode Data Set (TEDS) 1992-1997*, found that the number of persons receiving heroin treatment rose from 180,000 to 252,000. In 1997 alone, about 16% of the 1.5 million treatment admissions were for heroin and other opiates, while 15% were for cocaine. This marks the first time since 1992 that the number of admissions for heroin treatment surpassed those for cocaine.

Heroin-related ER visits increased 99% between the first half of 1988 and the first half of 1997.

Source: NIDA Drug Abuse Warning Network Survey, 1997.

Admissions for heroin use by injection dropped from 77% of all heroin admissions in 1992 to 68% in 1997, while the percentage of heroin admissions for inhalation increased from 19% in 1992 to 28% in 1997. Gen. Barry McCaffrey, Director of the Office of National Drug Control Policy, noted that "Heroin is back, and it's cheaper, more potent, and more deadly than ever. The new modes of heroin abuse — smoking and snorting — give the illusion of safety, but the same certainty of danger and death."

TEDS data cover about 67% of

admissions to all known substance abuse treatment programs, including some privately funded providers. TEDS does not, however, include most admissions to programs that receive no public funds or those that reporting to other federal agencies (such as the Bureau of Prisons, the Department of Veterans Affairs, or the Indian Health Service).

Source: SAMHSA news release, August 15, 1999.

In 1996, an estimated 171,000 persons used heroin for the first time.

Source: SAMHSA 1997 National Household Survey on Drug Abuse.

### Colombia's Heroin Production on the Rise

Heroin production in Colombia will increase by as much as 50% over the next few years, predicts a new report from the U.S. General Accounting Office (GAO), which attributed the increase to the growing strength of Marxist rebels. "Active insurgent groups and their growing involvement in drug trafficking activities over the past several years are complicating Colombia's ability to reduce drug trafficking," GAO said, estimating that two-thirds of the Revolutionary Armed Forces of Colombia (FARC) units and one-third of National Liberation Army (ELN) units are involved in the drug trade.

The GAO also reported that Colombian cocaine output could increase to 250 metric tons per year by 2001, warning that Colombia is now

the primary provider of heroin to the eastern United States."

Source: GAO, June 30, 1999.

### Analysis: Many Heroin Overdose Deaths Preventable

Many deaths from heroin overdoses can be prevented with proper diagnosis and treatment, says an investigator at the University of California at San Francisco (UCSF). In a report published in the *Archives of Internal Medicine*, Karl Sporer, M.D., assistant professor of medicine at UCSF, said that a majority of people who overdose on heroin could survive with proper diagnosis and treatment that begins as soon as one hour after the overdose.

"People who are using heroin are discovering it is, in fact, a dangerous drug."

H. Westley Clark, M.D., J.D., M.P.H., FASAM, Director, Center for Substance Abuse Treatment

Sporer recommended that overdose prevention strategies include education programs for heroin users focus on their peak periods of vulnerability, as well as information programs that encourage the use of the 911 emergency system. Many heroin addicts die because fear of the police makes victims and their friends unwilling to call for help in an overdose emergency, Sporer added.

Source: *Annals of Internal Medicine*, April 6, 1999.

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#### ► TREATMENT NEWS continued from page 14

using the Structured Clinical Interview for DSM-IV, the Beck Depression Inventory, and the Fagerström Tolerance Questionnaire. Subjects kept a diary that tracked their smoking status, cravings, and withdrawal symptoms.

Despite a 20% drop-out rate, subjects in the two bupropion groups were found to have the best outcomes in terms of continuous abstinence over the 12 months. In addition, subjects in the combined bupropion/nicotine patch group gained significantly less weight than subjects in the other groups.

Source: *The New England Journal of Medicine*, August 21, 1999.

## Moderate Drinking Can Lead to Cirrhosis

While it is widely recognized that alcohol consumption is associated with development of alcoholic liver disease, and that 10% to 35% of heavy drinkers develop cirrhosis, new research by Charles Lieber, M.D., of the Mt. Sinai School of Medicine, New York City, demonstrates that regular use of alcohol at moderate levels also can result in cirrhosis.

Dr. Lieber's study involved subjects whose rich diets were supplemented with minerals and vitamins. Subjects were given a daily dose of alcohol that was less than the amount needed to produce intoxication. After 18 days, the subjects showed an eight-fold increase in liver fat, the pre-condition for cirrhosis, he reported.

Cirrhosis is the seventh leading cause of death among young and middle-age adults in the U.S. The National Institute on Alcohol Abuse and Alcoholism estimates that 10,000 to 24,000 deaths from cirrhosis may be attributable to alcohol consumption each year.

Speculating on causation, Dr. Lieber said that "When you burn alcohol, you are not burning fat." The alcohol-burning reaction causes the liver to produce five to 10 times more of the carcinogenic enzyme cytochrome P450 2E1, the cause of liver injury.

Source: *Reuters News Service, July 21, 1999; NIAAA Alcohol Alert No. 42-1998, October 1998.*

## Cocaine Use Causes Long-Term Impairment

Heavy cocaine use has a prolonged effect on users' manual dexterity, problem solving and other critical skills, according to researchers at the National Institute on Drug Abuse's Intramural Research Program and the Johns Hopkins University School of Medicine. The researchers found that the effects of heavy cocaine use can last for up to a month after the drug is taken. (Heavy use was defined as two or more grams of cocaine per week.)

"This study adds to the accumulating — and worrisome — evidence that heavy use of cocaine can result in persistent deficits in the skills needed to succeed in school and on the job," said NIDA Director Alan I. Leshner, M.D.

"Cocaine users are risking their futures. For them, prevention and effective treatment become critical public health priorities."

Source: *The Journal of Neuropsychiatry and Clinical Neurosciences, Summer 1999.*

## Benefits of Quitting Smoking Don't Appear For Many Years

Death rates of former smokers do not begin to match those of persons who never smoked until 15 to 20 years after the smokers quit, according to a study by researchers at the University of California, Los Angeles.

"The excess mortality risk associated with smoking can be avoided by never smoking and can be reduced among smokers only by becoming a long-term former smoker," write Dr. James Enstrom and Dr. Clark Heath, Jr., the authors of the study. Enstrom and Heath followed a group of over 118,000 persons enrolled in the American Cancer Society's Cancer Prevention Study.

The researchers did note that most of the ex-smokers "were long-term smokers who quit after the age of 55 years"; this group had a higher death rate than those who quit earlier in life.

Source: *Epidemiology, September 1999.*

## Treating ADHD Reduces Risk of Later Substance Use

Boys whose attention deficit hyperactivity disorder was treated with methylphenidate (Ritalin®) and other stimulants are less likely to abuse alcohol and other drugs when they are older, according to research funded by the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH).

Researchers at Massachusetts General Hospital, the Harvard School of Public Health and Harvard Medical School compared three groups of boys: those with ADHD who had been treated with stimulants; those with ADHD who were not treated with stimulants; and those without ADHD. The intent of the study was to determine the boys' risk for substance abuse. They found that 75% of the ADHD boys who received no treatment had at least one substance use disorder, compared to 25% of the ADHD boys who were treated with medications, and 18% of the boys without ADHD.

"While some clinicians have expressed concern about giving stimulants to children with ADHD because they fear it might increase the risk that these children will abuse stimulants and other drugs when they get older, this study shows exactly the opposite," said NIDA Director Alan I. Leshner. "Treating the underlying disorder, even if with stimulants, significantly reduces the probability they will use drugs later on."

## Flesh-Eating Disease Linked to Injecting Drugs

Two persons have died from a flesh-eating disease in the latest outbreak among injecting drug users in San Francisco, CA. Physicians at San Francisco General Hospital report that both victims were infected after injecting black tar heroin laced with the bacteria. Two other drug users also were stricken with the flesh-eating disease since early June, prompting the Department of Health to issue a citywide warning about the outbreak.

The necrotizing fasciitis bacterial infection aggressively dissolves body tissue, killing its victims within hours. "If anyone sees any sign of this disease, they need to seek help immediately," said David Bangsberg, M.D., director of epidemiology and prevention at San Francisco General Hospital. "Antibiotics won't help, cooking the drugs won't help. This is a very resistant bacteria."

## Smoking and Drinking Raise Esophageal Cancer Risk

Smoking and drinking in combination can significantly increase the risk of esophageal cancer by more than 100 times, according to a new study by international researchers.

The researchers examined the results of five South American cancer studies in what they call "the largest and most comprehensive analysis to date" of esophageal cancer risks. They found that heavy consumption of distilled liquor combined with heavy smoking of black tobacco increased risks for esophageal cancer 107-fold over those who did not smoke or drink.

Source: *International Journal of Cancer, August 1999.*



**FTC: Greater Oversight of Alcohol Ads**

The Federal Trade Commission (FTC) is calling for alcohol advertisements to be reviewed by the National Advertising Review Board (NARB) in place of the alcohol industry's current voluntary code system.

Saying the voluntary system is not working, FTC Chairman Robert Pitofsky recommended third-party review of the ads. "The easiest way to do it would be for the alcohol companies to subject themselves to the NARB review," Pitofsky said, adding, "We're not insistent on that. If they want a separate apparatus, fine." The NARB, an arm of the Better Business Bureau, could review complaints that alcohol advertisers target people under 21, which is a violation of industry rules.

The FTC made its recommendation in a report requested by the U.S. Congress. The report also suggested that alcohol companies stop placing advertising on television shows and in other media with a large underage audience; ban ads with a substantial underage appeal; reduce their sponsorship of on-campus and spring break events; and be more attentive to on-line advertising to ensure that it does not attract underage consumers.

Source: Reuters News Service, September 10, 1999.

**ONDCP: McCaffrey Asks Increased Funds for Colombia**

Gen. Barry McCaffrey, director of the Office of National Drug Control Policy, is asking for an increase in U.S. funding to fight the war against drug traffickers allied with Marxist guerrillas in South America. Saying that progress made in the last two years is eroding, McCaffrey called for funding to be increased to \$1 billion next year. He made his request in a letter to Secretary of State Madeleine Albright.

According to McCaffrey, there has been an explosive increase in cocaine and heroin production in Colombia, particularly in areas controlled by leftist rebels. "This is a criminal attack on

Colombian democracy, fueled largely by the production of cocaine and heroin," McCaffrey said. He added that in Peru, where coca leaf output was reduced by half in the last three years, farmers are returning to abandoned fields because drug traffickers have found new routes to evade enforcement.

McCaffrey said the increase in funding would control the "growing drug crisis" in the Andean countries, Colombia, Peru, and Bolivia.

Source: Reuters News Service, July 16, 1999.

**FDA: Ad Campaign Reinforces Tobacco Purchase Ban**

The U.S. Food and Drug Administration (FDA) has launched a \$5 million ad campaign to remind retailers not to sell tobacco products to minors. The print, radio and television ads will appear initially in five states and 11 media markets. "Studies show that the best way to keep retailers from selling tobacco products to minors is through a combination of compliance activities and public education campaigns that target both retailers and consumers," an FDA spokesperson said.

**"Selling cigarettes to children is illegal. For a reason."**

The radio ad features three young contestants in a game show in which the announcer picks the one from the group predicted to die from the habit. Each ad ends with the line, "Selling cigarettes to children is illegal. For a reason."

The FDA also announced a new "Retailer Rewards Program" in the five states running the ads. Tickets to sporting events, concerts and amusement parks will be given to retailers who pass unannounced inspections to see if they are complying with the law, which requires them to check the ID of anyone younger than 27 who attempts to purchase tobacco products.

Source: Wall Street Journal, August 3, 1999.

**NIDA: New Mailing Address**

The mailing address for the National Institute on Drug Abuse (NIDA) has changed with the agency's move to its new Neuroscience Center. The general address now is 6001 Executive Blvd., Bethesda, MD 20892.

Selected office addresses are:

- Director's Office: Room 5274- MSC-9581
- Grants Management Branch: Room 3131- MSC-9541
- Contracts Management Branch: Room 3105- MSC-9543
- Office of Science Policy and Communications: Room 5230- MSC-9591
- Center on AIDS and Other Medical Consequences of Drug Abuse: Room 5198- MSC-9593. ■

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## States Commit Little Money to Anti-Smoking Programs

A federal health official says that only six of the 46 states that received a settlement from last year's tobacco lawsuit have used the money for anti-smoking programs. "The sad fact remains that most states have not earmarked significant settlement funds for tobacco control, and no state is currently implementing all of the recommended program components fully," said Dr. Jeffrey Koplan, director of the Atlanta-based Centers for Disease Control and Prevention (CDC).

In remarks to the National Conference on Tobacco and Health, Dr. Koplan said, "Let me be clear, this is a decision to be made by state policymakers, but I urge you to give them the best education possible about measures proven effective."

States that have used settlement monies to fund anti-smoking measures are Hawaii, Maryland, Minnesota, Vermont, New Jersey and Washington.

Source: *Associated Press*, August 25, 1999.

### The Tobacco Settlement: What States and Community Groups Can Do

An action kit from JoinTogether provides an overview of the 1998 tobacco settlement and reminds community leaders of the need to work to ensure that the money their state receives is used for public health efforts. Available from Join Together, 441 Stuart St., 7th Floor, Boston, MA 02116; phone 617/437-1500; fax 617/437-9394; or e-mail [info@jointogether.org](mailto:info@jointogether.org).

Grants awarded through the SmokeLess States National Tobacco Prevention and Control Program help states develop collaborative efforts to secure funding from the \$206 billion tobacco settlement to support comprehensive tobacco control programs. To learn more about the program, contact Julie Roberts at the American Medical Association by phone at 312/464-5547, or by e-mail at [Julie\\_Roberts@ama-assn.org](mailto:Julie_Roberts@ama-assn.org).

## AR: Minors Go Undercover

Thirty teenagers, aged 15 to 17, will work for the state's Health Department division of Tobacco Control and Prevention as federally funded undercover agents. Their assignment: to expose retailers who sell tobacco to minors. Warnings will be issued for first offenses, while a second offense could result in a fine up to \$500. The undercover agents will be paid \$6 an hour.

Source: *USA Today*, July 8, 1999.

## CA: Smokers' Group Challenges Settlement

The smokers' rights group Smokers for Fairness has filed a petition in a California appeals court requesting a reconsideration of the group's lawsuit against the tobacco settlement. Their lawsuit was dismissed in August. The group is arguing that the high cost of the settlement unfairly penalize smokers. The group also filed a legal challenge to New York's settlement on August 19.

"The New York filing takes the thing to a whole different level," said Donald Ricketts, the group's attorney. "The effect of that is to tie it (the tobacco settlement) up nationwide. Without those two states being final, you cannot reach 80% [of the total settlement payments]."

Source: *Reuters News Services*, August 30, 1999.

## CO: State May Seek Lump-Sum Tobacco Settlement

The Colorado state Legislature's Joint Budget Committee

appears reluctant to support state Treasurer Michael Coffman's proposal to take Colorado's tobacco settlement in a single \$901 million payment. The alternative is to take an estimated \$2.7 billion (including inflation) over the next 25 years.

Coffman has said a lump-sum payment would eliminate any risk of the tobacco companies declaring bankruptcy in years to come.

Source: *USA Today*, August 26, 1999.

## GA: Tobacco Control Programs Not Likely To Be Funded

As Georgia waits for the first of 25 annual payments from its \$4.8 billion settlement with the tobacco industry, it appears that state lawmakers will not fund tobacco control programs with that money. Gov. Roy Barnes (D) wants to divide the money between economic development in tobacco-producing counties and health care programs, and Republican lawmakers want to use the funds for tax cuts.

Georgia currently spends 21 cents per resident on tobacco control programs. All of the funding comes from federal grants, and it is less than the \$5 per person recommended by the federal Centers for Disease Control.

Kathleen Toomey, state health director, is not publicly lobbying for tobacco settlement money; her spokesperson said that it would be "inappropriate" for Toomey to offer her opinions before the state lawmakers decide how the money should be spent.

Source: *Atlanta Journal and Constitution*, August 22, 1999.

## MN: Blues Fight to Use Settlement Money For Tobacco Control Plan

The Minnesota Blue Cross and Blue Shield Plan will fight a state order that blocks the company's plan for spending its \$469 million tobacco settlement on smoking cessation programs instead of subscriber rebates.

Blue Cross has filed a petition with the state Commerce Department asking permission to spend the money over a 20-year period, including more than \$250 million on smoking cessation programs. The plan also has proposed to develop health and fitness programs and pay for smoking cessation drugs.

Source: *Minneapolis Star Tribune*, July 14, 1999.

## NC: State Launches Program to Counter Teen Smoking

The state Department of Health and Human Services is seeking an individual to lead a team of state officials interested in reducing teen smoking. The new position is responsible for creating "a coordinated approach to reducing tobacco use by minors in North Carolina, the leading tobacco-producing and — manufacturing state in the nation," according to the job description.

The new hire also will be responsible for organizing a "teen tobacco summit," tentatively scheduled for January 2000, to discuss ways to reduce teen smoking.

Source: *Raleigh News & Observer*, August 3, 1999.

## NY: City Drops Challenge To Tobacco Settlement

New York City will not continue its lawsuit challenging the state's formula for dividing the tobacco settlement, bringing the state closer to finality.

A Manhattan judge recently rejected the city's complaints, and yesterday the Mayor's office announced that the city would not appeal that decision. Two other counties filed similar suits, but it appears unlikely that they will file an appeal by Thursday's deadline.

With New York's legal dispute resolved, all the states are closer to receiving settlement money. Settlement money will be distributed when states that account for 80% of the settlement money resolve their legal disputes. States that have not yet resolved legal disputes include California, New Jersey and Pennsylvania.

Source: *New York Times*, August 17, 1999.

### **ND: Governor Rejects Tobacco Control Program**

Gov. Ed Schafer says that North Dakota plans to use 10% of its settlement on health programs, with the remaining share going toward education and water projects. "I don't want to see a statewide tobacco prevention program, but certainly we have the money available to support communities that want to add one or enhance the ones they have," Schafer said. "We hate it when the Feds tell us what to do and I think we shouldn't as a state tell our communities what to do."

North Dakota is scheduled to receive \$717 million over 25 years from the tobacco companies. "When we say we're going to commit 10 percent of our tobacco money to public health, that may not sound like much, but that's actually six times more than we're spending now in terms of gross dollars," Schafer added.

Source: *Reuters News Service*, August 26, 1999.

### **OH: Budget Agency Releases Proposal for Settlement Funds**

Ohio budget writers have proposed allocating more than half of the state's \$10.1 billion share of the tobacco settlement to school building and technology programs. Budget Director Tom Johnson said that the education-related items would receive more than \$5.7 billion over the next 26 years, while anti-smoking, public health and medical research programs would receive roughly \$4.1 billion over that period.

American Lung Association spokesperson Jennifer Price said that \$1.5 billion would be set aside for prevention and cessation efforts, which would meet guidelines recommended by the Centers for Disease Control and Prevention.

Source: *Associated Press*, September 7, 1999.

### **PA: Federal Judge Backs Liquor Ad Ban**

A federal judge has ruled that prohibiting alcohol-related advertisements in publications sponsored by educational institutions does not violate the right to free speech. The ruling was issued in response to a request by *The Pitt News*, student newspaper at the University of Pittsburgh.

Students had asked for an injunction against enforcement of the Pennsylvania Liquor Control Board's prohibition against alcohol-related advertisements in publications sponsored by educational institutions. The newspaper claimed that the state board's rule violated First Amendment protections of free speech.

In denying the request, U.S. District Judge William L. Standish ruled that *The Pitt News* could not challenge the liquor board action because the rule did not target the newspaper, but rather the businesses that place liquor advertisements. The ruling has been appealed by the Pittsburgh office of the American Civil Liberties Union.

Source: *Pittsburgh Post-Gazette*, July 3, 1999.

### **TX: City Partners with U.S. to Reduce Drug Use**

Houston has become the first U.S. city to enter into an

agreement with the federal Office of National Drug Control Policy to create a comprehensive plan to substantially reduce illegal drug use. The partnership between the city and the federal government brings together local, state and federal law enforcement and local social service agencies. The plan is to be implemented in the year 2000.

"To understand the drug problems and attempt to solve them, we've got to organize ourselves at the community level," said Barry R. McCaffrey, director of the Office of National Drug Control Policy. "We intend to use this agreement to produce meaningful results."

Two other states, Oregon and Maryland, have entered into preliminary agreements with the Office of National Drug Control Policy to design working plans to fight illegal use.

Source: *Houston Chronicle*, August 11, 1999.

### **VA: Physicians Want Tobacco Settlement for Sick Smokers**

The Medical Association of Virginia is urging Gov. James S. Gilmore III (R) and state legislators to use Virginia's \$4 billion share of the tobacco settlement to pay for treating sick smokers rather than transportation projects.

Gilmore has hinted that the settlement money could be used to help the state's transportation problems, but the 7,000-member medical society says the settlement was intended to pay for future health care needs caused by smoking.

Source: *Washington Post*, August 26, 1999.

### **WA: Group Wants Medical Marijuana Ballot Initiative**

A Washington group intends to collect signatures to place the issue of legalized marijuana on a statewide ballot. The group, which supports the Washington Cannabis Tax Act, recently received a \$100,000 contribution from a retired Microsoft millionaire.

The Campaign for the Restoration and Regulation of Hemp needs about 180,000 signatures in order to put the measure before voters in the November 2000 general election. Approval of the measure would allow marijuana to be sold at state liquor stores to anyone 21 and older. The initiative also would regulate how farmers could grow marijuana and how retail sales would be taxed.

If the group receives enough signatures, the initiative would go before the state legislature, which can either approve the measure, ignore it, or submit its own plan. If legislators ignore it, the measure would go before voters.

Source: *Seattle Post-Intelligence*, August 19, 1999.

### **WV: Opposition to Tobacco Support of Life Skills Training Program**

Editorials in the state's leading newspaper criticize the state's Department of Education for accepting tobacco industry money to fund the Life Skills Training program for young people. Daniel Foster, M.D., a Charleston surgeon, suggested three reasons why the tobacco industry wants to fund the Life Skills Training program. "It is likely an effort to divide tobacco-control interests over the issue of such joint-venturing with the state. The tobacco industry is attempting to gain credibility in order to secure more influence in legislative and public arenas. By controlling the evaluation of the program, the tobacco industry may hope to say that this well-recognized and effective program doesn't work, based on information from their 'independent' experts."

Source: *Charleston (WV) Gazette*, July 6, 1999.

## ► HEALTH CARE POLICY

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concealing from a patient that he had once been a cocaine addict. The physician had been found guilty in the trial court, the verdict was upheld in the appellate court and the case was now before the state supreme court, Miller said.

In the end, the House adopted the resolution, but deleted wording that "physicians should not be required to reveal their personal medical histories to patients or to the public at large." It did agree with ASAM that "when patients exercise their right to keep their personal medical histories confidential, such action should not be regarded as fraudulent or inappropriate concealment."

### Anti-Addiction Medications

Another ASAM measure, concerning the use of buprenorphine in the treatment of heroin addiction, was broadened to cover the use of any "newly approved anti-addiction medications." The House urged "appropriate national medical specialty societies" to develop treatment guidelines and protocols in association with relevant federal agencies.

Also approved was an ASAM resolution calling for a review of the great strides that have been made in the past 10 years in brain research. It asked the AMA to work with specialty societies and federal agencies in making this assessment, and issue a report on the "Decade of the Brain" at the next annual meeting.

ASAM was not successful, however, in persuading the House to clarify AMA policy on giving information to patients on drug interactions. Based on a Council on Scientific Affairs report adopted last December, the policy encourages physicians to "incorporate medication reviews, including discussions about drug interactions and side effects, as part of routine office-based practice." ASAM proposed the policy be amended to specify OTC drugs, alcohol and foods, as well as prescription drugs, but the House agreed with the reference committee that the present wording is a sufficient guide because "physicians and many consumers are aware of potential interactions and routinely discuss interactions

**"It is unwarranted and inappropriate to require physicians to report patients to a government agency."**

*ASAM alternate delegate  
Stuart Gitlow, M.D., urging AMA  
to reverse its earlier position  
requiring physicians to report  
potentially impaired drivers.*

with foods, other drugs or supplements, and alcohol."

### Reporting Impaired Drivers

Several items at the meeting dealt with ethical issues. In a rare flip-flop, the House returned a controversial measure on physicians and impaired drivers to the Council on Ethical and Judicial Affairs (CEJA) for further study. CEJA had recommended that physicians "use their best judgment when determining when to report impairments that could limit a patient's ability to drive safely." It said that in "situations where clear evidence of substantial driving impairment implies a strong threat to patient and public safety, and where the physician's advice to discontinue driving privileges is ignored, physicians have an ethical duty to notify the Department of Motor Vehicles."

At first the House adopted the report, rejecting the reference committee's advice that it be referred back to CEJA. The next day, however, it reversed its vote after being informed by a delegate of the American Academy of Ophthalmology that in at least two states, Tennessee and Ohio, CEJA's opinions have the force of law under state statute.

ASAM, taking a leading part in reference committee debate on the report, pointed out potential pitfalls of the opinion. "It is unwarranted and inappropriate to require physicians to report patients to a government agency," Dr. Gitlow testified. He said physicians would face a double-edged liability risk: either for failing to report an impaired driver or, alternatively, for breaching patient confidentiality. There could be a chilling effect as well on patients such as alcoholics entering or remaining in treatment, he said.

"There are also broader implications," Dr. Gitlow went on. "Do we report in other possible high risk situations like teaching schoolchildren? Is this the direction we want to go? Do we want to be turned into a police force to intervene in cases where we do not belong?"

### Ethical Issues

CEJA presented two other reports of interest to ASAM members. One, dealing with ethical obligations of medical directors employed by third-party payers, said such obligations include "placing the interests of patients above other considerations, such as employer business interests." The report was adopted, although there was some testimony to the effect that its language could have been stronger in linking the decisions of medical directors to the practice of medicine. The second report, also adopted, was more specific in this respect. It said physicians who are employed by businesses or insurance companies for the purpose of conducting medical examinations, as well as physicians who are independent contractors for this purpose, have the same obligations as physicians in other contexts to "evaluate objectively the patient's health or disability, 'maintain patient confidentiality,' [and] disclose fully potential or perceived conflicts of interest."

A resolution from the AMA's Resident and Fellow Section on the "disruptive physician" was supported in reference committee testimony by Drs. Beach and Miller. Noting that the AMA has policy regarding the impaired physician, but none on physicians whose behavior can be disruptive to patient care, the resolution, which was adopted, asked the AMA to identify and study such behavior and disseminate guidelines for managing it. Miller submitted to the reference committee for its information a paper he co-authored on this subject in the *Wisconsin State Medical Journal*.

### Scientific Reports

In public policy and medical scientific matters, ASAM sought to strengthen two reports of the Council on Scientific Affairs. One, an update of a previous CSA report on harm reduction associated with drug misuse, had admirable recommendations for

increased support for methadone treatment and for the use of federal funds for needle and syringe-exchange programs. But the body of the report contained certain inaccuracies and mischaracterization, ASAM representatives pointed out. For example, the report said the primary purpose of methadone maintenance was to reduce "the harm and risks incurred through intravenous heroin use and to treat heroin users with the goal of achieving abstinence from all illicit opioid use." The House adopted the report after the CSA said it would consider making changes in the text prior to publication.

The Council withdrew the other report for additional work, after ASAM told the reference committee it too was flawed. Bearing a misnomer, "Prevention and Treatment of Alcohol Use Disorders," for its title, the report actually focused on brief intervention and did not attempt to discuss the range of treatment options and modalities available. Also troublesome was the statement that "most problem drinkers who quit or reduce their use do so without specialized treatment." Cited for this assertion were references to studies by those who believe alcohol misuse is a learned behavior rather than a disease and is amenable to controlled drinking.

...the House urged the AMA to press for regulatory and educational action on federal and state levels to curb cigar smoking and highlight its ill effects.

### **Tobacco a Concern**

As at previous AMA meetings, tobacco was the subject of several resolutions. The House adopted a recommendation from Utah that the AMA encourage the owners of family-oriented theme parks to make them smoke free, although Dr. Gitlow suggested broadening the resolution to ban smoking in all public places. Delegates approved the AMA and state medical and specialty societies taking immediate action through "aggressive lobbying" to assure that states spend settlement monies from cigarette makers on tobacco cessation programs and medical services, rather than divert the funds to other purposes. Similarly,

the House urged the AMA to press for regulatory and educational action on federal and state levels to curb cigar smoking and highlight its ill effects. It reaffirmed existing AMA policy in lieu of adopting two other tobacco resolutions, one from Ohio on supporting effective tobacco control legislation in Congress, and the other from Illinois on banning smoking in public stadiums.

Current policies on encouraging education about inhalant abuse and advocating FDA regulation of nutritional supplements also were reaffirmed, as was policy on perinatal addiction. That reaffirmation was prompted by a resolution from Wisconsin on substance abuse in pregnant women.

### **Pain Management**

Model legislation developed several years ago by the AMA on administering controlled substances to persons suffering from intractable pain was buttressed by another CSA report adopted at this meeting. Dealing with the use of opioids in chronic non-cancer pain, the report supplements a previous CSA statement on barriers to appropriate management of acute and chronic cancer pain. The new report recommends continued controlled trials to identify the best practice with regard to selection of medication and treatment regimens, and to reinforce guidelines on precautions, contraindications and monitoring. It also asks the AMA and specialty societies to promote education of physicians on pain diagnosis and treatment, and urges medical schools to make such education "an integral part" of their core curricula.

The American Academy of Pain Medicine, however, failed to convince the House that the AMA should petition Congress to designate the next 10 years the "Decade of Pain Control." The House decided the AMA should have the option of looking at several possible "decade" alternatives. ASAM testified in favor of AAPM's resolution.

Finally in the scientific area, the House accepted a succinct overview from the CSA on the implications of brain development research. Highlighted were numerous environmental risk factors that have been identified for adverse cognitive and behavioral health consequences in children, adolescents and adults.

### **Managed Care Study**

The House made a decisive move on the managed care front by authorizing a study of "the true existence and extent of managed care denials of care and appeals to independent review entities." It also referred to the Board of Trustees a resolution asking the AMA to investigate the practice of some managed care organizations to deny participation to physicians who have lost hospital privileges for not admitting a sufficient number of patients. Delegates rejected a resolution asking that insurance companies be prevented from requiring recertification, calling it "not feasible." Instead, they asked the AMA to advocate that managed care plans restrict their preauthorization requests to physicians whose claims have been shown to be statistical outliers.

### **Detecting Alcoholism**

In one piece of old business, the Council on Medical Service responded to a resolution submitted by ASAM at the previous House meeting in December asking the AMA to work with HCFA to restore GGTP assays to general chemistry and hepatic function panels reimbursable under Medicare. In a report at the present meeting, the CMS said such assays when individually ordered already are covered by Medicare, and that other diagnostic tools such as self-screening questionnaires are available for early detection of alcoholism. ASAM representatives did point out to the reference committee, however, that a recent study found that one self-screening tool, the CAGE, was not particularly reliable in detecting alcoholism in the elderly. In adopting the report, the House reaffirmed AMA policy to enhance physician education concerning early identification, treatment and prevention of alcoholism.

### **Dr. Gitlow Elected**

In elections held during the House meeting, Dr. Gitlow was elevated to the chair of the governing council of the Young Physicians section, but another ASAM member, Sam Cullison, M.D., a delegate from Washington, lost his bid for a seat on the Council on Medical Education. ■



Ruth Fox, 1895-1989

## RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleague:

With the approach of a new century, we hope that you will look at the amount and timing of your gifts to the Ruth Fox Memorial Endowment Fund in order to maximize your 1999 tax savings.

The Endowment was established to create a fiscally sound base to assure ASAM's continued ability to realize its mission of providing ongoing leadership in newly emerging areas affecting the field of addiction medicine, continuing its commitment to educating physicians, increasing access to care and improving the quality of care. With your professional and financial support, ASAM will achieve its mission.

In 1990, the Ruth Fox Memorial Endowment Fund was launched by Jasper G. Chen See, M.D. (chair) and William B. Hawthorne (co-chair), who — working with the Board of Directors and staff — were the first donors. In 1991, after organizing and receiving pledges/contributions from the Campaign Leaders, the Fund began to solicit donations from ASAM members. It was the commitment and support of you our members which was responsible for the Endowment reaching its first million dollars in March 1992.

We want to thank all of our donors. Through their generosity, the Endowment has reached \$2,945,553, only \$54,447 away from the \$3 million goal for this year.

We especially thank our major donors, who are listed below. (A complete list of donors, except those who do not wish to be acknowledged, is available each year at the Ruth Fox Donor Reception.) Each year, medallions are presented to donors for pledges/contributions of \$5,000 or more at the Ruth Fox Memorial Endowment Fund Reception. The next Reception will be April 14, 2000 during ASAM's Annual Medical-Scientific Conference in Chicago. Only donors receive an invitation to the reception. Help us celebrate reaching the \$3 million goal by making a pledge contribution, upgrading your current pledge, or by making an additional contribution.

There will not be a year-end mailing. Please use the form below to make an additional pledge/contribution. Contact Ms. Claire Osman by phone at 1-800/257-6776 or by e-mail at [asamclaire@aol.com](mailto:asamclaire@aol.com), or call to learn of options available to you, including Charitable Remainder Trusts (CRT), Charitable Lead Trusts (CLT), or Donation of Appreciated Assets.

Max A. Schneider, M.D., FASAM, Chair, Endowment Fund  
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### ► FRIENDS continued from page 3

treatment, there are countless numbers of individuals who are living proof that people of all races, genders, and ages recover every day from the disease of alcohol and drug addiction, and now make positive contributions to their families, workplaces, communities, state, and nation."

The addiction field is indeed fortunate to have a friend like Paul Wellstone. Please take a moment to let him know that you support and appreciate his efforts. Letters should be addressed to The Honorable Paul David Wellstone, The United States Senate, Washington, DC 20510. Or send an e-mail to [senator@wellstone.senate.gov](mailto:senator@wellstone.senate.gov).

### ASAM

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## OUR FUTURE IN ADDICTION MEDICINE

Recently, Robert L. DuPont, M.D., FASAM, received ASAM's John P. McGovern Award for his many contributions to the field of addiction medicine. His remarks on accepting the award appeared in the May-June issue of ASAM News and caused many readers, including myself, to stop and think about the state of addiction medicine today.

In his opening comments, Dr. DuPont affirmed that it is essential to treatment that the drug user assume complete responsibility for his or her actions, for it is only through such acceptance that he or she will learn humility and the true power of addiction.

I believe a major problem still prevents many addicts from fully benefiting from this realization: all too often there is a family member or close friend who is either so far in denial or is a user him or herself. All too often someone is there to "pick up the pieces" and shelter the user from the harsh consequences of addiction, including prison, unemployment, or life

*Rebecca M. Zarko, M.D., Chair  
Members-in-Training Committee*

on the street. Should we really blame these good-natured people who are simply trying to help the user because "they've had such a tough life" or "they've really been trying so hard to quit we can't let them fail now"? Perhaps clinicians should look more closely at the interpersonal relationship dynamics in the addict's life. Many co-dependent, concerned family members and friends, don't realize they are making the problem worse by choosing to ignore it or gloss over the issue. I challenge those in the addiction field not to forget the importance of looking at the addicts' home environment and social influences.

Dr. DuPont also commented on the many treatment approaches currently available. Should we simply stop at this point and say that's good enough? Dr. DuPont makes an excellent point when he talks about experts in the addiction field putting aside their differences and

attempting to "work together in a spirit of mutual respect to support greater public and private funding of addiction treatment of all kinds." Dr. Dupont alludes to the fact that there are many methods of addiction treatment, but that it is vitally important to the validation of this specialty that those in this field have a common goal and are willing to accept and learn from each other.

Finally, the younger members of ASAM should thank Dr. DuPont for his word of encouragement about our choice of a career in addiction medicine.

As the public begins to recognize the degree to which alcohol and drug abuse plays a significant role in the nation's problems, we will have to support addiction medicine with a greater intensity than ever before, or face the destructive consequences. As future practitioners of addiction medicine, we will face these challenges. But we will not be alone: we will have the wisdom and guidance of those, like Dr. DuPont, who are truly pioneers in this ever so important specialty.

## FUNDING OPPORTUNITIES

### CDC Announces Public Health Conference Support Grants

The Centers for Disease Control and Prevention have announced the availability of FY 2000 funds for grants to support public health conferences. Eligible topics include: tobacco, HIV/AIDS and other sexually transmitted and infectious diseases, violent and abusive behavior, and maternal and infant health. Grants are intended to provide partial for specific non-federal conferences in the areas of health promotion and disease prevention information and education programs, and applied research.

Types of conferences that may be funded include educational programs, symposia, seminars, and workshops.

Eligible applicants are public and private non-profit organizations, including state and local governments,

scientific or professional associations, foundations and universities. Approximately \$900,000 is available to fund approximately 35 to 45 awards (it is expected that the average award will be \$20,000).

Initial letters of intent are to be submitted by January 3, 2000, for conference dates between August 1, 2000 and July 31, 2001, and by April 3, 2000, for conference dates between November 1, 2000 and September 30, 2001. CDC will invite selected applicants to submit a full proposal.

Additional information is available by phone at 1-888/472-6874, or on the CDC home page at [www.cdc.gov/od/pgo/forminfo.htm](http://www.cdc.gov/od/pgo/forminfo.htm). Program technical assistance is available from C.E. Criss Crissman, Resource Analysis Specialist, Office of the Director/Extramural Services Activity, Public

Health Practice Program Office (PHPPO), Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE, MS K-38, Atlanta, GA 30341-3714 (telephone 770/488-2513 or e-mail [cec1@cdc.gov](mailto:cec1@cdc.gov)). Refer to Program Announcement 00017.

Source: *Federal Register*, August 19, 1999.

### Advocate's Guide to Fundraising

The Children's Defense Fund (CDF) has re-released its handbook, *An Advocate's Guide to Fundraising*, which discusses ways to raise money from foundations, corporations, and individuals. The 28-page handbook, originally published in 1990, can be ordered from CDF for \$3.50 by writing Children's Defense Fund Publications, 25 E Street NW, Washington, DC 20001, or telephoning 202/628-8787.

### 1999

#### 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.]

### 2000

#### March 3-5

Medical Review Officer Training Course  
California  
19 Category 1 CME credits

#### April 13

Ruth Fox Course for Physicians  
Chicago, IL  
7 Category 1 CME credits

#### April 13

Pain and Addiction: Common Threads  
Chicago, IL  
7 Category 1 CME credits

#### April 14-16

ASAM's 31st Annual  
Medical-Scientific Conference  
"Addiction Medicine Enters the New  
Millennium"  
Chicago, IL  
21 Category 1 CME credits

#### July 13-16

Medical Review Officer Training Course  
Chicago, IL  
19 Category 1 CME credits

#### October 26-28

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

#### November 30

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

#### December 1-3

Medical Review Officer Training Course  
Washington, DC  
19 Category 1 CME credits

### OTHER EVENTS OF NOTE

#### September 29-October 3

Carolina Conference on Addiction  
Winston-Salem, NC  
28 Category 1 CME credits  
[For information: 912/638-5529]

#### October 15-17

Canadian Society of Addiction Medicine  
Annual Medical-Scientific Conference  
Montreal, ON  
[For information: <http://www.csam.org>]

#### 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](mailto: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]

#### March 29-April 2, 2000

2000 International Conference on Physician  
Health:  
Recapturing the Soul of Medicine  
Seabrook Island, SC  
(Co-sponsored by the American Medical  
Association and the Canadian Medical  
Association)  
[For information: 312/464-5073]

## ADDICTION MEDICINE PHYSICIAN



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