

# ASAM NEWS

MARCH-APRIL 2000 VOLUME 15, NUMBER 2



NEWSLETTER OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE

## INSIDE

### ASAM AT WORK FOR YOU:

ASAM Elections ..... 2

International Addiction Medicine: Region IX, ISAM, WHO, more ..... 4

Committee Reports: Criminal Justice; Med-Sci committee schedule ..... 7

Medical-Scientific Conference ..... 8

Ruth Fox Memorial Endowment Fund ..... 14

New Members ..... 15

Conference Calendar ..... 16

### ALSO SEE:

Addiction Medicine News: Supreme Court; Medicaid; GHB bill, more ..... 3

Clinical Notes: Health benefits; women's problems; in utero exposure; more ..... 6

Prevention: Alcohol and adolescents; more ..... 10

Treatment News: Nicotine patches; treatment research data ..... 14

Drug Trends: Club drugs; alternative tobacco; more ..... 11

Around the States ..... 12

## ASAM to Convene 31st Annual Medical-Scientific Conference in Chicago



More than a thousand physicians and other health care professionals are set to gather in Chicago for ASAM's 31st Annual Medical-Scientific Conference, April 14-16. The conference — which welcomes ASAM members as well as non-member physicians, nurses, psychologists, counselors, students and residents — is preceded by two special events: the Ruth Fox Course for Physicians and an ASAM Forum on Pain and Addiction, both scheduled for Thursday, April 13.

The annual Business Meeting and Breakfast will be gavelled to order by President Marc Galanter, M.D., FASAM, at 7:00 a.m. Friday morning, April 14. The official opening of the Medical-Scientific Conference immediately follows the business meeting. A highlight of the opening ceremony is the R. Brinkley Smithers Distinguished Scientist Lecture, to be delivered this year by Marc A. Schuckit, M.D., Director of the Alcohol Research Center at the VA San Diego Healthcare System and Professor of Psychiatry at the University of California, San Diego, School of Medicine.

The Smithers Lecture initiates a three-day program rich in scientific and clinical presentations. Program chair Edward Gottheil, M.D., FASAM, and his committee have planned a range of symposia, courses, workshops, invited papers and poster sessions. Symposia are scheduled on topics as diverse as "Marijuana as Medicine," "Addiction Medicine in the Courtroom," "Tobacco: From Bench to Bedside," "Neuroimaging for Addictive Disorders," "Treatment Outcomes," "Clinical Insights from Animal Models," "Addiction and Dependence Among Older Adults," and "Parity

Now: Why and How." A special day-long symposium on "Alcohol-Induced Organ Toxicity: Implications for Treatment of Alcoholism" will be sponsored by the National Institute on Alcohol Abuse and Alcoholism, and an equally impressive research review is being organized by the National Institute on Drug Abuse.

Clinical courses will address topics such as "AIDS: Current Clinical Issues," "Biomarkers for Alcohol Problems," "The ASAM Patient Placement Criteria," and "Cultural Competence in Addiction Medicine." Workshops are planned on "Identifying and Treating Potential AMA and AWOL Treatment Departures," "Treating Addicted Health Care Professionals," "Improving Your Skills in Reading Scientific Literature," "Implementing Evidence-Based 'Best Practices,'" and "Alcoholism Pharmacotherapy."

Interwoven throughout the conference schedule, ASAM committees have organized a series of component sessions on timely topics, including "Sleep Disorders in Dual Diagnosis Patients" (by the Committee on Dual Diagnosis), "Risks and Risk Reduction in Opioid Therapy of Pain" (Committee on Pain and Addictive Disease), "Current Issues in Forensic Science" (Committee on Forensic Science), "Adolescents and 12-Step Programs" (Committee on Adolescents), "Shall ASAM Endorse the Concept of Addiction as a Family Disease?" (Committee on Family and Generational Issues), and "Therapeutic Communities: An Overview" (Committee on Therapeutic Communities).

A full schedule of poster and paper presentations, chapter and committee meetings also is planned. Mutual help group meetings also will be available morning and evening each day of the conference.

► **MED-SCI COVERAGE** continues on page 8

## ELECTION OF OFFICERS

# Nominating Committee Announces Candidates for Officer, Director Posts

G. Douglas Talbott, M.D., FASAM  
Chair, Nominating and Awards Committee



A slate of candidates for the Society's next election of officers and regional directors has been selected by ASAM's Nominating and Awards Committee and approved by the Board of Directors. Candidates are to be elected in November 2000 for terms to begin in April 2001.

The Nominating and Awards Committee is composed of the Immediate Past President, as chair; the President; two ASAM committee chairs who have been elected by all committee chairs; two chapter presidents who have been elected by all chapter presidents; two members of the Board of Directors who have been elected by the full Board; and the President-Elect, who serves in an *ex officio* capacity.

**Nominations by Petition:** Nominations also may be made by petition. Each such petition must be signed by at least 100 active members of the Society, if a nomination for an officer post, or by 25 active members who reside within the region, if for a Regional Director post. All persons nominated by petition must meet the requirements contained in the By-laws and outlined below.

Before submitting nominating petitions, the Board encourages nominators to verify a potential candidate's qualifications and willingness to serve.

**Nominating petitions must be received at the ASAM office by July 15, 2000.**

**Nominees for Officer, 2001-2003:** Nominees for the offices of President-Elect, Treasurer, and Secretary must have served on the Board of Directors within the past four years. An exception may be made in the case of a nominee for the office of Treasurer, who may be an individual from the general membership who has qualifications for the position and has been active on the Finance Committee within the past four years.

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

**The nominees for officer positions are** (\* designates an incumbent):

### President-Elect

Lawrence S. Brown, Jr., M.D., FASAM  
Richard E. Tremblay, M.D., FASAM

### Secretary

Peter E. Mezciems, M.D., FASAM  
Michael M. Miller, M.D., FASAM\*

### Treasurer

Elizabeth F. Howell, M.D., FASAM\*  
Max A. Schneider, M.D., FASAM

**Nominees for Regional Director/Alternate Director, 2001-2005:** Candidates for Regional Director and Alternate Regional Director are selected by Regional Nominating Committees. As specified in the By-laws, the candidate in each region who receive the most votes will be elected Regional Director, and the candidate who receives the next largest number of votes will be elected Alternate Regional Director.

Candidates must have been active members of ASAM for at least three years, must have demonstrated a commitment to ASAM's mission by engaging in activities such as service on a committee, task force, or other significant national or state endeavor, and must be willing to attend two Board meetings a year for four years at his/her own expense.

**The nominees for Regional Director/Alternate Regional Director are** (\* designates an incumbent):

### Region I (New York)

Lawrence S. Brown, Jr., M.D., MPH, FASAM, Brooklyn, NY\*  
Peter A. Mansky, M.D., Albany, NY

### Region II (California)

Lori D. Karan, M.D., FASAM, San Francisco, CA  
Gail N. Shultz, M.D., FASAM, Rancho Mirage, CA\*

### Region III (CT, ME, MA, NH, RI, VT)

Ronald F. Pike, M.D., FASAM, Worcester, MA  
Peter Rostenberg, M.D., FASAM, New Fairfield, CT\*

### Region IV (NJ, OH, PA)

R. Jeffrey Goldsmith, M.D., Cincinnati, OH\*  
John J. Verson, Jr., M.D., FASAM, Shrewsbury, NJ

### Region V (DC, DE, GA, MD, NC, SC, VA, WV)

Paul H. Earley, M.D., FASAM, Smyrna, GA\*  
Timothy L. Fischer, D.O., St. Matthews, SC\*

### Region VI (IL, IN, KY, MI, MN, ND, SD, TN, WI)

Thomas L. Haynes, M.D., FASAM, Grand Rapids, MI\*  
Norman S. Miller, M.D., FASAM, East Lansing, MI\*

### Region VII (AR, IA, KS, LA, MO, NE, OK, TX)

John P. Epling, Jr., M.D., Shreveport, LA  
A. Kennison Roy, III, M.D., FASAM, Metairie, LA\*

► **CANDIDATES** continues on page 14



## American Society of Addiction Medicine

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

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

### Officers

#### President

Marc Galanter, M.D., FASAM

#### President-Elect

Andrea G. Barthwell, M.D., FASAM

#### Immediate Past President

G. Douglas Talbott, M.D., FASAM

#### Secretary

Michael M. Miller, M.D., FASAM

#### Treasurer

Elizabeth F. Howell, M.D., FASAM

#### Executive Vice President/CEO

James F. Callahan, D.P.A.

### ASAM News

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

#### Chair, Publications Committee

Elizabeth F. Howell, M.D.

#### Newsletter Review Board

LeClair Bissell, M.D.

Sheila B. Blume, M.D., FASAM

Max A. Schneider, M.D., FASAM

#### Founding Editor, 1985-1995

Lucy Barry Robe

#### Editor

Bonnie B. Wilford

### Subscriptions

Free to ASAM members; \$50 a year (6 issues) to non-members. Order from the ASAM office at 301/656-3920, or fax 301/656-3815.

### Advertising

Advertising rates and schedules are available on request. Please direct advertising inquiries to the Editor at 703/538-2285, or fax 703/536-6186.

### Website

For members visiting ASAM's website ([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).

## Supreme Court Allows Coverage Limits for AIDS

In a ruling that has implications for efforts to obtain parity for addiction treatment benefits, the U.S. Supreme Court ruled in January that an insurance company can provide less generous health benefits for AIDS-related illnesses than for other conditions. The justices turned down an appeal brought by two HIV-positive men who argued that the limit their insurers imposed on AIDS coverage violated the federal Americans with Disabilities Act.

The men had purchased health insurance policies from Mutual of Omaha. One policy had a \$25,000 lifetime cap on coverage for AIDS-related illnesses, but a \$1 million maximum for other conditions. The second policy had a \$100,000 limit on benefits for AIDS-related illnesses but a \$1 million limit on benefits for other conditions.

The plaintiffs argued that the lower limits on AIDS coverage violate a federal ban on discrimination against the disabled. However, the court rejected the allegations of illegal bias and turned down the appeal.

Source: *Associated Press*, January 10, 2000.

## President Asks Medicaid Coverage of Smoking Cessation Plans

As part of his budget proposal, President Clinton has called for state Medicaid programs to pay for the costs of prescription and nonprescription smoking-cessation drugs that are not now covered.

The President also proposed to levy fines against tobacco companies if adolescent smoking is not dramatically reduced. The President called for fines of \$3,000 for every smoker under age 18 if underage smoking is not reduced by 50% by 2004. The fines, which could generate an estimated \$6 billion a year, would remain in place until the 50% reduction goal is met. "This \$3,000 annual assessment represents twice the lifetime profits the industry is expected to make from hooking teens on cigarettes," a White House briefing paper said. (Federal data estimate that nearly 35% of U.S. high school students currently use tobacco products, and that one of every eight middle school students uses some form of tobacco product.)

The President's budget proposal included a 25-cents-a-pack increase in the federal excise tax on cigarettes and asked for more spending on programs to prevent minors from obtaining cigarettes. "Our strong view is the tobacco industry knows more than anyone else on Earth how to addict young people to tobacco, and they're in a better position than anyone else to stop them in the first place," said Bruce N. Reed of the White House domestic policy staff.

Senate Republicans rejected a similar penalty in 1998 and, in 1999, defeated an administration proposal for a 55-cents-a-pack increase in the federal tax on cigarettes. The president's latest proposal may meet similar opposition. Senate Majority Leader Trent Lott (R-MS) said the \$3,000 fine is a way for the Clinton administration to raise taxes. "We all share the goals of reducing teen smoking, but the knee-jerk reaction of this White House is to raise taxes. There isn't going to be a tax increase passed by this Congress," said John Czwartacki, spokesman for Lott.

Source: *Washington Post*, February 4, 2000.

## U.S. House Passes Bill Controlling GHB

Voting in February, the U.S. House of Representatives passed a bill that would give the federal Drug Enforcement Administration (DEA) authority to control the distribution of the compounds gamma hydroxy-butyrate (GHB) and a related compound called GBL. (GBL is transformed by the body into GHB, which has gained notoriety for its use as a "date rape" drug.)

The Hillary J. Farias and Samantha Reid Date-Rape Drug Prohibition Act of 2000 classifies the agents as controlled substances, thus allowing the DEA to control their importation and distribution. Although the U.S. Food and Drug Administration has acted to stop the distribution of products containing GHB or GBL, the supplements are widely available over the Internet.

During hearings on the measure, Congress members heard that GHB almost killed Phoenix Suns forward Tom Gugliotta. "I hope parents and kids will learn from Tom's episode not to take supplements without understanding their side-effects," said Rep. J.D. Hayworth (R-AZ), a supporter of the bill. The dietary supplement Gugliotta took

contained furanone di-hydro, a generic version of GBL. Minutes after taking the substance, he suffered a near-fatal seizure.

"The FDA now reports 122 adverse reactions to this compound," Hayworth said. "This law, in a sense, moves it into the realm of a controlled substance. It's kind of like a prescription drug. There are safeguards."

The bill previously was approved by the U.S. Senate. It moves next to President Clinton for his consideration.

Source: *Arizona Republic*, February 2, 2000.

## Class Action Lawsuits Seek Tobacco Settlement Money

Class action lawsuits were filed in eight states in January, asking states to share their tobacco settlement money with victims of tobacco use. The lawsuits argue that the national tobacco settlement was based on state Medicaid reimbursement claims, and that federal law requires them to share any proceeds in excess of their Medicaid costs with sick smokers.

"Medicaid recipients in every state deserve to have suits brought on their behalf because the states are not following federal law in these cases," said Antonio Ponvert, an attorney with the Connecticut law firm of Koskoff, Koskoff and Bieder, which is providing national strategic guidance for the plaintiffs. He added, "I believe by the end of the year, we will see as many as 40 similar lawsuits in other states."

The suits were filed in Georgia, North Carolina, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont and West Virginia. Tobacco control advocates fear the lawsuits may distract states from implementing comprehensive tobacco control programs.

"My concern is that these lawsuits will turn into one more excuse for the states not to be funding broad-based tobacco prevention programs," said Matt Myers of the Campaign for Tobacco-Free Kids. "Already far too few states have used the money they're receiving from the tobacco companies to accomplish the stated goal of these cases — the prevention of tobacco use, particularly among children."

Sources: *New York Times*, January 26, 2000; *Washington Post*, January 27, 2000.

### ISAM: Conference Planning Continues

Dr. Jorge Gleser and his committee continue to plan the second annual meeting of the International Society of Addiction Medicine, "Addiction 2000," to be held in Jerusalem, November 5-9, 2000.

The conference is sponsored and organized by ISAM, the Israel Anti-Drug Authority, the Israel Society of Addiction Medicine, and the State of Israel Ministry of Health. Conference sessions are being organized by the World Health Organization, the U.S. National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism, the Pompidou Group, and other prestigious scientific organizations.

The principal conference venue will be the Hotel Laromme, and a number of one- to three-day tours will be offered as options. The registration fee is \$350 US for ISAM members and \$450 US for non-members.

Further information will be found on the ISAM website ([www3.sympatico.ca/pmdoc/ISAM](http://www3.sympatico.ca/pmdoc/ISAM)), as well as at the ASAM Medical-Scientific Conference in April.

### WHO: Study Finds Wide Variation in Youth Alcohol, Drug Use

A World Health Organization (WHO) study of youth alcohol and drug use patterns around the globe has found that 52% of 15-year-olds in Greece report that they drink beer, wine or spirits at least weekly, compared with 53% in Wales, 47% in

England, and 23% in the U.S.

The study also found that children in other countries smoke more than American youth. In fact, the U.S. ranked 24th of 28 nations for daily smoking by adolescents. Greenland ranked the highest.

The report on the health behaviors of school-aged children was based on a study of 120,000 students in 28 countries. The study, which is conducted every four years, included students aged 11, 13 and 15.

Source: *Associated Press*, January 31, 2000.

### Argentina: Anti-Drug Campaign Launched

The Argentine government launched an anti-drug campaign that centers around posters bearing the slogan, "Damned Cocaine." The slogan refers to the country's soccer great Diego Maradona and his addiction problems. Maradona fell ill earlier this month with heart problems connected to his long history of abuse of illicit drugs and alcohol. The slogan's "Damned Cocaine" words are what Maradona's cardiologist said was the cause of the soccer star's condition.

Although Argentine President Fernando de la Rúa said the cocaine campaign was not necessarily associated with Maradona's addiction, he said he was not opposed to the public making that connection. "We have a frontal, unambiguous style of communication," he said through a spokesman. "If people link this to a person who is having a bad time because of drugs, that is

welcome. This is a public welfare campaign to make clear the major damage that cocaine does. It is not opportunist. We want children of 13 to understand how big this problem is."

Source: *Reuters News Service*, January 20, 2000.

### Canada: New Measures Against Tobacco Adopted

As of January 1, 2000, the Canadian province of British Columbia banned smoking in indoor workplaces such as bars, restaurants, casinos, hotels, nursing homes and prisons. British Columbia thus joined the provincial capital, Victoria, which banned smoking in bars and restaurants in January 1999. It is "the most comprehensive workplace protection from secondhand smoke in Canada," said Dr. Perry Kendall, chief public health officer for British Columbia.

While the workplace restrictions are just catching up to similar measures in U.S. cities and states, Canada is breaking new ground on other fronts. Health Canada, Canada's national health department, intends to require all cigarette manufacturers to display detailed antismoking messages and graphic illustrations on cigarette packages. The plan calls for antismoking messages to occupy 50 percent of the front label of packs, and, for the first time in Canada, to also include advice on how to quit smoking.

The government organization also intends to create a new set of reporting regulations that would require manufacturers to provide the Canadian government "with detailed, regularly updated information on the contents of tobacco products and on tobacco manufacturers' research, marketing, sales, promotional and sponsorship activities."

"Canadians who use tobacco products need to fully understand the serious health hazards inherent in this lethal product, which has been scientifically linked to more than 20 specific cancers and diseases," Allan Rock, Canada's health minister, said in a Health Canada news release. "Tobacco is the only product on the market that will result in a premature death for one out of every two users. With these hard-hitting health messages and compelling graphics, we will reach smokers directly and effectively."

Source: *Christian Science Monitor*, January 6, 2000.

## April 30 is Deadline to Register for Certification Exam

The deadline to register for ASAM's next Certification/Recertification Examination is April 30, 2000. The examinations, for physicians who wish to be certified/recertified in addiction medicine, are set for Saturday, November 18, 2000, at three sites: Chicago, IL; Newark, NJ; and Los Angeles, CA.

Physicians who wish to sit for the examination must complete and submit an application. 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/Recertification or to request an application to sit for the exam, contact Christopher Weirs at the ASAM office by phone at 301/656-3920 or by e-mail at [CWeir@asam.org](mailto:CWeir@asam.org).

## England: Medical Group Says Nicotine as Addictive as Heroin, Cocaine

The Royal College of Physicians in Britain has recommended that nicotine be controlled like a drug on the grounds that it is a powerful addictive substance like heroin and cocaine. "It is time for nicotine to become a major health priority in Britain," Sir George Alberti, the president of the group, said in a report prepared by international experts. "Recognition of this central role of nicotine addiction is important because it has major implications for the way that smoking is managed by doctors and other health professionals, and for the way in which harmful nicotine delivery products such as cigarettes should be regulated and controlled in society."

In its report, the College charged that the way in which tar and nicotine are measured in cigarettes is misleading, and called for a ban on brands described as "light" and "mild" unless they are proven to reduce health risk.

The Royal College also urged that nicotine replacement therapy be made available through the government-funded National Health Service.

Source: Reuters News Service, February 8, 2000.

## Mexico: Cocaine Use Nearly Triples

A new report shows that cocaine use in Mexico has nearly tripled over the past 10 years. The report, which was presented to an international seminar on drugs inaugurated by Mexico's President Ernesto Zedillo, said that while men in the 18-to-34 age group are the main consumers of cocaine, use by women is on the rise.

Ernesto Enriquez, a social worker and vice president of a group that funds centers for juvenile drug addicts, said the report shows that cocaine consumption "increased 2.6 times while marijuana use has risen about 1.4 times in the past decade."

Source: Reuters News Service, November 17, 1999.

## Panama: Increased Drug Trafficking Seen

With Latin American drug cartels switching their smuggling routes back through the Caribbean, Panama could face a full-scale assault from narcotics traffickers, U.S.

officials say. "They're switching back. There's a lot more now showing up in the Haiti, Dominican Republic, Jamaica axis. Haiti is the problem," said Gen. Barry McCaffrey, director of the Office of National Drug Control Policy. "And then I think a huge problem that's going to change rapidly is Panama. I think it's a target. These criminal organizations are pretty quick to respond."

McCaffrey predicted Panama will be a target because Mexico is cracking down in the Pacific. In addition, when the U.S. handed over control of the Panama Canal to the Panamanian government in December 1999, the U.S. anti-drug command center was moved out of Panama and back to the U.S. mainland. McCaffrey said the base had become the hub of U.S. counter-narcotics surveillance and interdiction efforts in South America in an effort to stop the flow of cocaine from Colombia, Peru and Bolivia. While Panama is working on improving its defenses, McCaffrey warned that the drug cartels would put the nation to the test. "We're going to see a lot of stuff coming off the ferries from neighboring Colombia, every flight out of Colombia that lands at Panama is going to have drugs on it. Every flight into Haiti has drugs on it," he said.

Source: Reuters News Service, January 22 and February 10, 2000.

## Sweden: Researchers Working on Nicotine Vaccine

Swedish researchers are working with pharmaceutical companies to develop a vaccine against nicotine addiction. According to Prof. Torngny Svensson, of the department of pharmacology at Sweden's Karolinska Institute, "We are talking to drug companies. I will not say who they are, but the Karolinska itself has some funds for this."

The vaccine would bind nicotine molecules to larger protein molecules to stop the nicotine from reaching reward centers in the brain. These reward centers produce the sensations that tobacco users experience.

"The injection does not reduce the craving, but it may help people by preventing the nicotine from getting through the blood brain barrier to the reward centers," Svensson said.

Similar research is being conducted independently in the U.S. and in Britain.

Source: Reuters News Service, February 10, 2000.

## A Message to ASAM's International Members



Peter E. Mezciems, M.D.,  
CCFP, FASAM  
Region IX Director  
(Canada and International)

I have been your Regional Director for four years, and in many ways this assignment continues to be a learning experience. I have polled those members whom I know personally in an effort to gain their input, but I also have wondered about the opinions of those Region IX I do not yet know, and how I could better represent you.

The next ASAM Board meeting will be held in April, just before the Annual Medical-Scientific Conference in Chicago. I would like to hear your ideas on how I can best represent you to the Board. If you are aware of any particularly exciting addiction-related developments that you would like me to include in my report at the Board meeting, please let me know that also.

I know that many of you are excited about the evolution of the International Society of Addiction Medicine, as am I, but there also is a strength and expertise within ASAM that we need to support.

You can reach me as follows:

Peter E. Mezciems, M.D., CCFP,  
FASAM

Director of Undergraduate Education  
Homewood Addiction Division  
150 Delhi Street  
Guelph, ON N1E 6K9 Canada

Phone: 519/824-1762, ext. 159

E-mail: [pmdoc@sympatico.ca](mailto:pmdoc@sympatico.ca)

## CLINICAL NOTES

### Health Benefits of Alcohol Don't Apply to Alcoholics

Even though recent research has found that moderate alcohol consumption may reduce the risk of heart disease and stroke, a new study confirms that those benefits do not accrue to heavy and alcoholic drinkers. "[Whereas] among nondependent drinkers, light and moderate drinking was protective and heavier drinking did not significantly affect the risk of dying, among dependent drinkers, the effect of alcohol consumption was never protective and often increased the risk of death," said study author Dr. Deborah A. Dawson, a statistician with the National Institutes of Health (NIH).

The study is the first to document that any health benefits associated with alcohol use decrease as consumption and dependency increase. It was based on information collected through the 1988 National Health Interview Survey Alcohol Supplement for 37,682 U.S. adults aged 25 years and older, along with information on 3,586 deaths listed in the National Death Index from 1988 to 1995 (the most recent year for which data are available).

The study defined light drinking as 1 to 3 drinks a week, moderate drinking as between 3 drinks a week to 2 drinks a day, heavy drinking as 2 to 4 drinks a day, and very heavy drinking as more than 4 drinks daily.

Source: *Alcoholism: Clinical & Experimental Research*, January 2000.

### Short-Term, Long-Term Alcoholics Suffer Same Damage

Short-term alcoholics suffer the same brain damage as long-term alcoholics, according to a new study by researchers at the University of Oklahoma Health Sciences Center. Whereas previous studies suggested that individuals who stopped using alcohol after 10 years did not suffer much brain damage, the Oklahoma research shows that the 10-year threshold may not exist.

For the study, the researchers compared test results of recovering alcoholics who were recruited from drug rehabilitation centers in Oklahoma City with those of non-alcoholics. In particular, researchers looked at alcoholics who had been chronic drinkers for up to nine years, or for 10 years or more. While the alcoholics performed worse on the tests than the non-alcoholics,

there were no differences between those who had abused alcohol for more or less than 10 years. "There's no question that alcohol, in the absence of nutritional deficits, can produce toxic changes in the brain," said Dr. William W. Beatty, the study's lead author. "The idea of a threshold, however, implies that there's some point where there's no risk, and that's just not true."

"This study has critically important clinical and rehabilitative ramifications," said Edith V. Sullivan, associate professor of psychiatry at Stanford University School of Medicine. "People who are not yet heavy drinkers should be warned that their cognitive and motor facilities are really pretty fragile and are not going to withstand many years of heavy drinking."

Source: *Alcoholism: Clinical & Experimental Research*, February 2000.

**"There's no question that alcohol, in the absence of nutritional deficits, can produce toxic changes in the brain."**

### Heavy Drinking by Women Causes Far-Reaching Problems

Women who drink heavily are more likely than men to suffer from liver disease, depression, psychological distress, and physical, emotional or sexual abuse, according to researchers at the University of Washington. "Although alcohol-related traffic crashes and citations for driving while intoxicated are similar for both genders, our study shows that other problems are much greater for women," said Dr. Larry Gentilello, associate professor of surgery and the study's principal investigator. "Women are much more likely to have symptoms of psychological distress, including depression, and [are] more likely to have suffered recent bouts of spousal or domestic abuse."

"Knowing that there's a rising trend in drinking among women makes it all the more important that we understand the differing impacts alcohol has on both genders," Gentilello said. "The physical and psychological harm alcohol does to women reinforces the importance of counseling trauma patients about their drinking while they're still in the hospital setting, as we've shown in previous studies."

Source: *Journal of Trauma*, January 2000.

### Can One Drinking Binge Affect Unborn Child?

Extrapolating from an animal study, researchers assert that just one drinking binge by a pregnant woman is enough to permanently damage the brain of her unborn child. The researchers say that the brain is susceptible to alcohol-related neurological damage during the period when developing brain cells are building the connections needed for memory, learning and thought. In humans, this takes place in the sixth month of gestation and continues for two years after birth.

"We call this a brain growth-spurt period," said Dr. John W. Olney, a Washington University School of Medicine researcher and senior author of the study. "There is a massive wave of cell suicide after the brain is exposed to alcohol. The cells die by the millions and millions. Our study showed that it only requires one round of intoxication of about four hours for this to occur."

About one in every 1,000 babies born in the U.S. suffers from fetal alcohol syndrome, a disorder caused by exposure to alcohol in the womb that can cause stunted growth, memory impairment and learning problems.

Source: *Science*, February 10, 2000.

### Why People Pass Out After Drinking

A study by researchers at the Mayo Clinic demonstrates that people become light-headed or pass out when they stand up after drinking alcohol because of the body's inability to maintain a steady blood pressure.

Dr. Virend K. Somers, a cardiologist and lead author of the study, said that it takes just two or three beers to impair the body's ability to maintain a steady blood pressure. He explained that drinking alcohol causes wider blood vessels and lower blood pressure. The changes, he said, inhibit the body's ability to pump fresh blood to the brain. As a result, drinkers often feel light-headed or faint when they try to stand up after drinking.

Dr. Somers said additional research is needed to determine how alcohol causes the changes in blood vessels and blood pressure. He suggested that alcohol could either block the nerve signal sent from the brain to the blood vessel or prevent the blood vessel from constricting.

Source: *Circulation*, February 1, 2000. ■

## ASAM COMMITTEE REPORTS

# Committee on Addiction Medicine in the Criminal Justice System

### Committees to Meet During Med-Sci

The following committees have planned meetings in connection with ASAM's Medical-Scientific Conference. Please note that times are preliminary and should be checked against the official schedule on-site in Chicago.

**B**laire Carlson, M.D., FASAM, reports that there will be a "re-organizing meeting" of the ASAM Committee on Addiction Medicine in the Criminal Justice System during the Medical-Scientific Conference in Chicago. The meeting is scheduled for 8:00 p.m. Thursday, April 13, at the Marriott Hotel (check the ASAM registration desk or in-room TV for exact location).

Dr. Carlson says that "anyone (including medical students and residents) who has been a member of the committee, wants to be a member of the committee, or who has even thought of being a member of the committee is encouraged to attend." He invites those who are interested but unable to attend the Chicago meeting to contact him by phone at 303/694-9237 or by e-mail at [Blairc@pol.net](mailto:Blairc@pol.net).

Goals of the meeting are to identify and prioritize issues for the committee to address over the next year and to establish any subcommittees needed to move the work forward.

In related activity, current and future members of the committee (as well as members of the ASAM Committee on Forensic Science) are encouraged to attend the Symposium on "Addiction Medicine in the Courtroom," scheduled from 10:30 a.m. to 12:30 p.m. Friday, April 14th. Speakers are to discuss "Therapeutic Jurisprudence" — the concept that judges should base their decisions on scientific evidence indicating which approach offers the best outcomes for the individual before the bench and for the community. ■

#### Committee on...

Addiction Medicine in the Criminal Justice System  
(Thursday, April 13, 8:00 p.m.)

Adolescents  
(Friday, April 14, 8:00 p.m.)

AIDS  
(Friday, April 14, 8:00 p.m.)

Chapters  
(Thursday, April 13, 7:00 a.m.)

Cross-Cultural Clinical Concerns  
(Friday, April 14, 8:00 p.m.)

Family and Generational Issues  
(Thursday, April 13, 8:00 p.m.)

Finance  
(Tuesday, April 11, 2:00 p.m.)

Forensic Science  
(Saturday, April 15, 6:30 a.m.)

History  
(Friday, April 14, 8:00 p.m.)

Medications Development  
(Wednesday, April 12, 7:00 p.m.)

Osteopathic Medicine  
(Saturday, April 15, 6:30 a.m.)

Pain and Addictive Disease  
(Friday, April 14, 8:00 p.m.)

Therapeutic Communities  
(Friday, April 14, 8:00 p.m.)

Membership  
(Thursday, April 13, 8:00 p.m.)

Nicotine Dependence  
(Saturday, April 15, 6:30 a.m.)

Nomenclature  
(Saturday, April 15, 7:00 a.m.)

Nominating and Awards  
(Wednesday, April 12, 7:00 p.m.)

Opioid Agonist Treatment  
(Thursday, April 13, 8:00 p.m.)

Physicians' Health  
(Thursday, April 13, 7:00 a.m.)

Public Policy  
(Wednesday, April 12, 7:00 p.m.)

Treatment Outcomes Research  
(Friday, April 14, 8:00 p.m.)

- **ASAM Certified Staff**
- **Comprehensive Assessment**
- **Medical and Psychiatric Team**
- **Adult and Adolescent Treatment**
- **Inpatient and Outpatient Services**
- **Healthcare Professionals Program**
- **Treating All Chemical Dependencies**

*Robert G. Niven, M.D., Medical Director*

*Helping over 60,000 patients and their families since our founding in 1950*

Help. Hope. Healing.



**BRIGHTON HOSPITAL**

[www.brightonhospital.org](http://www.brightonhospital.org)

12851 East Grand River • Brighton, Michigan 48116

**8 8 8 - 2 1 5 - 2 7 0 0**

**Easy access from  
Detroit Metro Airport**

## MEDICAL-SCIENTIFIC CONFERENCE

### ► MED-SCI COVERAGE

continued from page 1

The ASAM Board of Directors has voted to dedicate the 2000 Medical-Scientific Conference to the memory of Jess W. Bromley, M.D., FASAM, and Maxwell N. Weisman, M.D. Dr. Bromley, who died in September 1999, was the founder and a president of the California Society of Addiction Medicine, and was instrumental in unifying addiction medicine practitioners throughout the country under a single medical specialty society: the American Society of Addiction Medicine (ASAM), which he served as a Board member and officer from 1984. He also served with distinction as ASAM's first representative to the American Medical Association's House of Delegates until retiring from that post in 1995. Dr. Weisman, who died in January 2000, helped to establish the Ruth Fox course and served as its chairman from 1980 to 1987. He was ASAM President from 1973 to 1975, and enjoyed a distinguished career as an educator, administrator, lecturer, world traveler, and author.

The Medical-Scientific Conference has been approved for 21 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association and 21 hours in Category 2A of the American Osteopathic Association. The conference also has been approved for continuing education credits by the American Psychological Association, the National Association of Alcoholism and Drug Abuse Counselors, and the Cambridge Institute (for certified addiction counselors, licensed social workers and registered nurses).

### FEE WAIVED FOR STUDENTS, REDUCED FOR RESIDENTS

The ASAM Board of Directors has voted to waive the registration fee for medical student members attending the Society's 2000 Medical-Scientific Conference. The registration for residents has been reduced to \$150. Residents and students must submit documentation of full-time status in their respective categories with their registration forms in order to receive the waived or reduced fees.

### CONFERENCE OVERVIEW:

**Thursday, April 13**

Ruth Fox Course for Physicians  
Forum on Common Threads:  
Pain and Addiction  
Exhibit Hall opens

**Friday, April 14**

ASAM Business Meeting  
Distinguished Scientist Lecture  
Scientific sessions begin  
Ruth Fox Fund reception

**Saturday, April 15**

Scientific sessions continue  
Awards Luncheon

**Sunday, April 16**

Scientific sessions continue  
Conference ends at noon

### Pain and Addiction: Common Threads

A special ASAM Forum on Pain and Addiction: Common Threads is set for 8:15 a.m. to 4:30 p.m. Thursday, April 13. The goals of this unique course are to equip addiction clinicians to act as addiction consultants in the treatment of pain, to review the basic science and clinical practice of pain management in addicted patients, and to explore evolving insights into common features of pain and addiction.

Program chairs Howard A. Heit, M.D., FACP, FASAM and Seddon R. Savage, M.D., FASAM and their planning committee have recruited an outstanding panel of experts to address topics such as:

- ★ Neurophysiology of pain and addiction: *David Boorsook, M.D., Ph.D., and Eliot Gardner, Ph.D.*
- ★ The Medical Impact of Untreated Pain in Addiction: *Gayle Page, R.N., D.N.Sc. and George F. Koob, Ph.D.*
- ★ Non-opioid Treatment of Pain: *James Otis, M.D. and Seddon Savage, M.D., FASAM*
- ★ Opioid Analgesic Therapy in the Patient At Risk for Addiction: *Mary Jeanne Kreek, M.D.*
- ★ Clinical Management of Opioids in the Patient with Addictive Disease: *Sidney Schnoll, M.D., Ph.D., FASAM*

- ★ Regulatory and Societal Issues in Managing Pain Patients With and Without Addictive Disease: *Howard Heit, M.D., FACP, FASAM and J. David Haddox, D.D.S., M.D.*

### Ruth Fox Course for Physicians

The 20th Annual Ruth Fox Course for Physicians meets from 8:00 a.m. to 5:30 p.m. Thursday, April 13. The course is designed to provide the practicing physician with up-to-date information about current trends in addiction medicine.

Course directors Anne Geller, M.D., FASAM and Anthony H. Dekker, D.O., FASAM and the program committee have assembled an outstanding faculty to address a range of clinical issues, including:

- ★ The Inter-relationship of Violence, Trauma and Substance Abuse: *Anthony H. Dekker, D.O., FASAM*
  - ★ State of the Art in Alcoholism Treatment: *Enoch Gordis, M.D.*
  - ★ Hepatitis C: The New Epidemic: *Lawrence S. Brown, Jr., M.D., M.P.H., FASAM*
  - ★ Buprenorphine: *James J. Manlandro, Jr., D.O.*
  - ★ New Drugs on the Street: *David E. Smith, M.D., FASAM*
  - ★ Diagnosis and Management of Physician Stress: *Mamta Gautam, M.D., FRCP[C]*
- The Ruth Fox Course is co-sponsored by the American Osteopathic Academy of Addiction Medicine. The course will be dedicated to the memory of Dr. Max Weisman, course founder and long-time chair, who died in January at the age of 87.

### Awards Luncheon Honors Former First Lady

The ASAM Awards Luncheon on Saturday, April 15, will feature presentation of the John P. McGovern Award on Addiction and Society to former First Lady Betty Ford, Founder and Director of the Betty Ford Center at Rancho Mirage, CA. The McGovern Award was established in 1997 to honor individuals whose contributions to public policy, treatment, research or prevention "have increased our understanding of the relationship of addiction and society."

Also at the luncheon, ASAM Annual Awards will be presented to William B. Hawthorne, M.D., "for outstanding contributions to the growth and vitality of our



## EXHIBITORS AT MED-SCI

...for thoughtful leadership in the field, and for deep understanding of the art and science of addiction medicine," and to C. Robert Cloninger, M.D., "for expanding the frontiers of the field of addiction medicine and broadening our understanding of the addiction process through research and innovation."

ASAM's Young Investigator Award for the year 2000 will go to Estee Sharon, Ph.D., for the best abstract submitted for presentation at the conference.

A special ASAM Award will be given to Mrs. Adele C. Smithers, President of the Christopher D. Smithers Foundation, for her personal endeavors and for continuing the vision of her late husband, R. Brinkley Smithers, who dedicated his life and considerable financial resources to creating a better public understanding of alcoholism as a treatable disease...."

The Awards Luncheon is an extra fee event. Tickets may be ordered in advance or purchased at the ASAM registration desk on-site.

### Hotel Reservations

Hotel reservations should be made directly with the Chicago Downtown Marriott Hotel, 540 N. Michigan Ave., in the heart of Chicago's "Magnificent Mile." Phone 1-800/228-9290 or 312/836-0100. Special conference rates of \$186 single/\$206 double have been arranged for reservations made on or before Monday, March 27. ■

### CONFERENCE REGISTRATION

To register for the Medical-Scientific Conference, visit the ASAM website at [www.asam.org](http://www.asam.org), or contact the ASAM Meetings Department by phone at 301/656-3920, by fax at 301/656-3815, or by e-mail at [asamoffice@aol.com](mailto:asamoffice@aol.com). The deadline for receipt of advance registrations is Monday, April 3. Registrations received after that date will be charged a \$50 late fee.

The following organizations will sponsor exhibits during ASAM's Medical-Scientific Conference. A gala reception from 6:00 to 8:00 p.m. on Thursday, April 13, opens the exhibit hall at the Marriott Downtown Chicago Hotel. Exhibit hours thereafter will be 9:00 a.m. to 5:00 p.m. on Friday, April 14; 8:00 a.m. to 5:00 p.m. on Saturday, April 15; and 8:00 a.m. to 11:00 a.m. on Sunday, April 16.

Events scheduled for the exhibit hall include Poster Sessions and continental breakfasts on Saturday and Sunday, as well as daily refreshment breaks. The official conference program will include a final listing of exhibitors and contributors, as well as a detailed schedule of events.

### Organizations/Associations/Agencies

Alcoholics Anonymous  
American Academy of Addiction Psychiatry  
American Society of Addiction Medicine  
Center for Substance Abuse Treatment  
International Society of Addiction Medicine  
National Institute on Alcohol Abuse and Alcoholism  
National Institute on Drug Abuse  
National Library of Medicine

### Pharmaceutical Manufacturers

Bristol-Myers Squibb  
DuPont Pharmaceuticals  
Eli Lilly & Co.  
Endo Pharmaceuticals  
Glaxo-Wellcome  
Janssen Pharmaceutica  
Lipha Pharmaceuticals  
Mallinckrodt Inc.  
Ortho-McNeil Pharmaceuticals  
Parke-Davis  
Pfizer, Inc.  
Purdue Pharma LP  
Roxane Laboratories  
Schering Laboratories  
SmithKline Beecham Consumer Healthcare

### Book and Software Publishers

ASAM Books  
(*exhibiting in the Registration area*)  
American Psychiatric Publishing Group  
Earley Corporation  
Lippincott Williams & Wilkins  
Kluwer Academic Publishers  
Plenum Publishing Corp.  
W. B. Saunders Company

### Treatment Programs

Amity  
Betty Ford Center  
Caron Foundation  
Charter Behavioral Health Systems  
COPAC, Inc.  
Cri-Help, Inc.  
Del Amo Hospital  
Elmhurst Memorial Hospital  
Encounter Medical Group, PC  
Foothills Hospital  
The Gables  
Hazelden  
Keystone Center — Extended Care Unit  
Loma Linda University  
The Menninger Clinic  
Metro Atlanta Recovery Residences, Inc.  
Palmetto Addiction Recovery Center  
Pine Grove — Next Step  
Ridgeview Institute  
Rush Behavioral Health  
Sierra Tucson, Inc.  
Springbrook Northwest  
Talbot Recovery Campus  
The William J. Farley Center  
Willingway Hospital



ASAM President Marc Galanter, M.D., FASAM (left), and ASAM Executive Vice President/CEO James F. Callahan, D.P.A., tour the exhibit hall during ASAM's 1999 Med-Sci Conference.

### Heavy Drinking Impairs Adolescents' Information Recall, Other Abilities

Heavy drinking during the adolescent years can cause damage to thinking abilities, in particular information recall, according to researchers at the University of California at San Diego (UCSD), who have published the first concrete evidence that protracted, heavy alcohol use can impair brain function in adolescents. The study results have important implications for prevention programs, because ages 15 and 16 — a time when many teens first experiment with alcohol — also is an important time for sensitive brain development. Heavy drinking during these years can damage the brain's information recall ability, the researchers warn.

Supported by the National Institute on Alcohol Abuse and Alcoholism, a research team led by Sandra A. Brown, Ph.D., chief of psychology at the VA San Diego Healthcare System, assessed neuropsychological function in 33 subjects who were 15 and 16 years old. Members of the study group had more than 100 lifetime episodes of alcohol use, with and without dependence on other drugs. The alcohol-dependent teens were recruited from inpatient treatment programs and compared after a minimum of three weeks of abstinence with 24 adolescents who were matched for age, gender, socioeconomic status, and education. Through structured clinical interviews corroborated by parent reports, the researchers assessed both groups for recent and lifetime involvement with alcohol and other drugs, alcohol or other drug disorders, and alcohol or other drug withdrawal symptoms. Both groups then participated in psychological tests of learning, memory, visual-spatial functioning, language skills, problem-solving, and attention.

The researchers found several differences in memory function between the alcohol dependent and the control adolescents. Adolescents who drank heavily over time scored lower on verbal and nonverbal retention, whereas recent alcohol withdrawal was associated with poor visual-spatial functioning, and lifetime alcohol withdrawal was associated with poorer retrieval of verbal and nonverbal information.

"This work is an important step toward confirming what many scientists have suspected for some time," said NIAAA

Director Enoch Gordis, M.D. "Certainly, it raises important questions for researchers and, if borne out by additional studies, for young people, parents, educators, and policymakers."

Source: *Alcoholism: Clinical & Experimental Research*, February 2000.

### Few Doctors Counsel Teens About Smoking

Most physicians do not counsel adolescents about the risks of smoking, even though studies show that most smokers begin using tobacco during their teen years, say researchers at Harvard Medical School. The research team, led by Dr. Anne Thorndike, collected data between 1991 and 1996 from more than 5,000 physicians to see how often they provided counseling about smoking to adolescents.

Reviewing more than 16,000 office visits, the researchers found that physicians provided information and advice about smoking in only 1.6% of the visits, even though they asked patients aged 11 to 21 whether they smoked 72.4% of the time. "We were surprised that counseling of all adolescents was so low and that it did not improve during the 1990s, despite the fact that numerous physician and government organizations recommend that all adolescents receive counseling, whether they currently smoke or not," said Thorndike. The authors said the "peak" ages for youngsters to begin smoking are 13 to 14.

In an accompanying editorial, Drs. Harry Lando and Dorothy Hatsukami described the study as "an important wake up call" for physicians, teachers and researchers.

Source: *Journal of the National Cancer Institute*, November 3, 1999.

### Public Unclear About Drinking and Driving Standard

A new survey finds that most Americans don't know how many drinks they can consume without violating state drinking and driving statutes. "Seventy-eight percent of the drivers who were polled did not know what constituted drunk driving," said John C. Lawn, chairman of the Century Council, which commissioned the November 1999 survey of 1,004 adults. Although alcohol-related traffic deaths are at the lowest level in 16 years, more than 15,000 Americans

were killed in alcohol-related traffic crashes in the U.S. in 1998.

Most survey respondents thought the maximum legal blood alcohol (BAC) level in their own state was .20%. The actual limit in 33 states is .10%, while 17 states and the District of Columbia have a .08% blood alcohol limit. Moreover, just 21% of respondents knew that a man weighing 170 pounds could consume three to four servings of beer, wine or liquor in an hour before his blood alcohol level reached .08%, while just two drinks in an hour would produce that BAC level in a 135-pound woman.

As a result of the survey's findings, the Century Council is calling for more public education and increased enforcement of drinking and driving laws. The group is funded by the alcohol beverage industry.

Source: *Associated Press*, December 1, 1999.

### U.S. Children Face Family Alcohol Problems

One of every four American children is exposed to alcohol abuse or dependence at home, according to a new report in the *American Journal of Public Health*. The study authors note that this figure does not include homeless children and those who do not live in households.

Based on data collected from 43,000 adults in a 1992 federal census, lead researcher Bridget F. Grant, Ph.D., of the Division of Biometry and Epidemiology at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimated that more than 9.6 million children were living in homes with at least one adult who had abused alcohol over the preceding year. This group represents about 15% of all American children under age 17.

Using additional statistics, Dr. Grant estimated that 28.6% of U.S. children are exposed to alcohol abuse or dependence in the home. Describing this number as "extraordinary," Dr. Grant noted that its implications are made more significant by evidence that "children of alcoholics may be neglected or abused and frequently face economic hardship and social isolation. They also are vulnerable to psychopathology and medical problems, including an increased risk for themselves developing alcohol abuse or alcoholism." She called for "a

► PREVENTION continues on page 11

### NIDA Focuses on Club Drugs

As part of a national initiative to combat the increasing use of so-called "club drugs," the National Institute on Drug Abuse (NIDA) has increased funding for research into the drugs by about 40%, bringing the total to \$54 million. "Club drugs are not harmless 'fun drugs.' While users of club drugs may think they're taking them simply for energy to keep on dancing or partying, research shows these drugs can have long-lasting negative effects on the brain that can alter memory function and motor skills. When these drugs are combined with alcohol, they become even more dangerous and potentially life-threatening," said NIDA Director Alan I. Leshner, Ph.D.

NIDA also has announced that it will partner with four national organizations to launch a multi-media public education strategy to alert teens, young adults, parents, educators and others to the dangers of club drugs sold as "Ecstasy," GHB and Rohypnol®. Joining forces with NIDA are the American Acad-



emy of Child and Adolescent Psychiatry (AACAP), the Community Anti-Drug Coalitions of America (CADCA), Join Together, and National Families in Action (NFIA).

In an effort to reach adolescents and young adults, the organizations distributed 330,000 free postcards throughout Washington, DC, New York City, and 200 shopping malls nationwide in December 1999. They plan a further distribution of 250,000 copies of a Community Drug Alert Bulletin describing the effects of six drugs — "Ecstasy," GHB, ketamine, Rohypnol®, methamphetamine, and LSD. The bulletin explains that NIDA's research shows that the use of club drugs can cause serious health problems, including hallucinations, paranoia, amnesia, and depression. It also notes that because some club drugs are colorless, tasteless, and odorless, they can be added without detection to beverages by individuals who want to intoxicate or sedate others. Two of the drugs, GHB and Rohypnol®, have been implicated in "date rape" and sexual assault cases around the country.

Fact sheets on the health effects of club drugs and other drugs of abuse can be ordered free of charge (in English or Spanish) from NIDA at 1-888/NIH-NIDA. Information on NIDA's research and other activities can be found on the NIDA home page at [www.nida.nih.gov](http://www.nida.nih.gov).

Source: NIDA press release, December 2, 1999.

### More Young People Smoking Alternative Tobacco Products

Herbal cigarettes, billed by manufacturers as a healthier alternative to tobacco or as smoking cessation aids, appear to be very attractive to minors. For example, sales of the Ecstasy brand have increased by 350% over the past two years. Because brands such as Ecstasy, Herbal Gold and Magic are made of herbs such as ginseng, jasmine and catnip instead of tobacco, they are not subject to laws that ban tobacco sales to minors.

Anecdotal reports are supported by a survey conducted for the Centers for Disease Control and Prevention (CDC), which found that more American youth are smoking alternative tobacco products in numbers almost equal to the 6.6% rate for smokeless tobacco products in the same age group. The results of the survey prompted researchers to call use of alternative tobacco products "an emerging public health problem among U.S. youth."

Source: CDC press release, February 2, 2000; New York Daily News, January 17, 2000.

### Alcohol Abuse Costs Nation \$250 Billion Annually

Alcohol abuse and alcoholism cost society approximately \$250 billion a year in health care, public safety and social welfare expenditures, according to the authors of a new multi-center study. Conducted by researchers at the University of Connecticut, the California Endowment, the University of Washington, and the University of Kentucky at Lexington, the study analyzed the effectiveness of alcohol prevention and treatment programs. "About five percent of adults still abuse alcohol or are alcohol-dependent," said lead author Thomas Babor, Ph.D., who added that "Another 20% misuse alcohol enough to be at risk of accidents."

Babor predicted that alcohol abuse will remain a major health problem until public understanding improves. "The health of the population can best be served not by discovery of a miracle cure, but rather by improvement and more efficient allocation of existing services. We need to focus on early identification, case-management, and organized systems of care that serve the health needs of the community."

"At the population level, alcohol and drug abuse prevention programs often fail due to lack of interest," said Babor. Researchers report that successful approaches include raising the drinking age, raising taxes on liquor and beer, reducing hours of sale, imposing restrictions on alcohol advertising, and increasing societal disapproval of drinking drivers.

Source: American Journal of Health Promotion, November/December 1999.

### ► PREVENTION *continued from page 10*

comprehensive strategy that integrates all systems oriented toward the provision of health, social, and treatment services, designed to improve the lives of children at risk from their exposure to alcohol abuse and dependence in the family."

In commenting on the study, NIAAA director Enoch Gordis, M.D., said that "The design and methods of the report provide the most precise estimate to date of children affected by family alcohol

problems. Given the prevalence of alcohol abuse and alcoholism in the U.S. adult population, however, the number of exposed children shocks but regrettably does not surprise. These findings once again call attention to the enormous impact of alcohol in our country and the need to confront its social, health, and economic consequences head on."

Source: American Journal of Public Health, January 2000. ■

## AROUND THE STATES

### CA: Medical Groups Dispute Use of Tobacco Funds

A coalition that includes the largest medical organizations in California has decided to hold off on a petition drive to require the state to use its share of the tobacco settlement on health care, and instead will pursue the matter through legislation. The coalition, which includes the California Medical Association and the American College of Emergency Physicians, received clearance from state officials to start collecting signatures to get their initiative on the November ballot.

The petition drive developed last September, after Gov. Gray Davis (D) vetoed legislation that would have set aside half of California's \$25 billion tobacco payout for a fund to expand access to health care. The group put the initiative on hold after Davis' \$88 billion budget proposal for Fiscal 2000 included new funding for health-related programs. "We are going to pursue our goal through legislation," said Trish Beall, a spokesman for the California Medical Association. "If we need to, we will do it in two years."

California is slated to receive an estimated \$1 billion a year payout from the 25-year settlement reached in November 1998 between the tobacco industry and 46 states. The state is scheduled to receive 50% of that payout, while the state's counties will receive 45%. The cities of Los Angeles, San Jose, San Diego and San Francisco will share the remaining 5%.

Source: Reuters News Service, January 31, 2000.

### ME: Funding for Anti-Smoking Programs Debated

Maine, which has the highest rate of smoking among young adults in the U.S., is considering how to spend its money from the tobacco lawsuit settlement — an anticipated \$53 to \$58 million this year. At the center of the debate is how much of the settlement money will be used for smoking prevention programs. Gov. Angus King (I) has said he wants to use some of the money for a tax cut.

A survey conducted by the Maine Coalition on Smoking OR Health showed that 83% of Maine residents wanted a third to half of the tobacco funds spent on efforts that encourage smokers to quit. The coalition says it favors prevention programs over treatment efforts. "Really what we're working at is looking at prevention. Otherwise, you'll only be chasing after the problem," said Dr. Stephen Sears, coalition chair.

Source: United Press International, February 9, 2000.

### MI: Petition Aims to Legalize Marijuana for Personal Use

A petition drive is aimed at amending the Michigan state constitution to allow anyone 21 or older in the state to legally grow and smoke marijuana at home. Attorney Carl Schmid has recruited 1,000 volunteers to collect the required 302,711 signatures to place the Personal Responsibility Amendment on the November 2000 ballot.

The proposal would allow users to grow a personal amount of marijuana, not to exceed three mature plants or seedlings and three ounces of dried marijuana. The amendment also would allow medical use of marijuana for anyone under 21 with a debilitating medical condition.

Source: Associated Press, December 29, 1999.

### MO: Governor Proposes Tougher DUI Laws

Citing data showing that, in 1998, Missouri ranked worse than all but nine states and the District of Columbia in the percentage of traffic fatalities that are alcohol-related, Gov. Mel Carnahan (D) has

proposed toughening state laws on drinking and driving, including lowering the blood alcohol level to 0.08%. "Lives are lost every day in this ultimate act of carelessness," said the governor. Seventeen states currently have .08 percent laws.

The governor's plan would double the maximum penalty for first offenders to one year in jail and could create a possible life sentence for persons with more than five convictions. In addition, the proposal calls for up to five years in prison for persons convicted of driving with a blood alcohol content of 0.15% or greater, and would put a stop to suspension of sentences, which is a legal device that can be used to conceal a driver's record of past drinking and driving offenses. The proposed legislation also would ban open alcohol containers for passengers in vehicles and extend DUI measures to boaters on Missouri lakes and rivers.

Powerful forces stand in the way of Missouri enacting the proposed measure, however. Senate Democratic leaders have announced their own legislative agenda, which does not include lowering the blood alcohol level to 0.08%. Anheuser-Busch — a major employer in the state — and other beer and liquor advocates oppose the .08% BAC limit.

Gov. Carnahan has said he remains optimistic. He has pledged to get his legislative package passed in this legislative session. Mothers Against Drunk Driving (MADD) applauded Carnahan's efforts. "I am gratified to see the list of reforms is as long as it is," said Paula Kanyo, MADD state director. "I think there are going to be a lot of people making this part of the agenda, whether the Democratic senators have it on their list or not."

Source: Kansas City Star, January 13, 2000.

### Fact Sheet on State .08 BAC Laws

A legislative fact sheet on .08 Blood Alcohol Concentration Laws is available from the National Highway Transportation Safety Administration at [www.nhtsa.dot.gov/people/outreach/stateleg/bac.htm](http://www.nhtsa.dot.gov/people/outreach/stateleg/bac.htm). Copies of the fact sheet also may be obtained by writing NHTSA Headquarters, Traffic Safety Programs, NTS-11, 400 Seventh St., SW, Washington, DC 20590.

### NM: Senate Condemns Governor's Drug Legalization Stance

By a 37-4 vote, the New Mexico Senate passed a resolution condemning Gov. Gary Johnson (R) for supporting the legalization of cocaine, marijuana and heroin (see Members Speak Out, January-February ASAM News). Last year, Johnson proposed legalizing drugs with strict controls. "Control it. Regulate it. Tax it. If we legalize it, we just might have a better society," Johnson said, adding that the U.S. government's multi-billion dollar war on drugs has been a failure.

The state's Secretary of Public Safety resigned late in 1999 to protest the governor's position. "I welcomed your call for a national discussion on our country's drug policy," Darren White said in a resignation letter to Johnson. "However, since that time, you have taken policy positions that I do not share."

Source: Associated Press, January 26, 2000; Albuquerque Journal, November 17, 1999.

## AROUND THE STATES

### OR: Medical Marijuana Law May be Expanded

An advisory group in Oregon will weigh in on whether the state's medical marijuana law should be expanded to apply to conditions such as anxiety, depression and sleep disorder. As adopted, the law allows medical patients suffering from diseases such as cancer and AIDS to smoke marijuana to ease their pain. However, the law also allows individuals to request that additional diseases or conditions be covered.

Requests have been received by the Oregon Health Division from patients who want to use medical marijuana for post-traumatic stress disorder, schizophrenia, anxiety, depression, bipolar disorder, Alzheimer's disease and sleep disorders. To review the requests, the Health Department formed an advisory panel of medical professionals and patients.

Some lawmakers are concerned about the requests for expanded medical marijuana use. "The Health Division needs to be careful not to go far beyond what the voters intended," said state Rep. Kevin Mannix (R-Salem), a candidate for state attorney general. He noted that allowing medical marijuana for the treatment of anxiety could send the wrong message to young people.

But Geoff Sugerman, a political consultant who worked on the campaign to pass the medical marijuana law, countered that a 1999 federal report found that marijuana could help some people with anxiety disorders. "It is socially irresponsible for politicians like Kevin Mannix to deny a medicine to people that science has proven can help them," Sugerman said.

Source: *Associated Press*, February 8, 2000.

### RI: Suit Against Tobacco Maker Allowed

A suit claiming that tobacco manufacturer Philip Morris is responsible for a smoker's smoking-related lung cancer has been reinstated by the U.S. Circuit Court.

The suit originally was denied by a district court, which ruled that Barbara Nicolo filed her claim after the three-year statute of limitations had expired. Ms. Nicolo was diagnosed with lung cancer in 1993 and filed her claim in March 1999.

However, the U.S. Circuit Court overturned that ruling in January. "This is a close and difficult case," wrote Judge Frank Coffin. "The problem with applying statutes of limitations in exposure cases, where there may be a substantial delay before symptoms manifest themselves and a series of different symptoms may emerge at different times, has vexed and divided state courts."

Source: *Bloomberg News*, January 25, 2000.

### WA: Governor Asks Funds for Tobacco Control

Gov. Gary Locke has proposed to spend \$26.2 million in Fiscal 2000 on tobacco control efforts. The Health Department's plan would include \$4.8 million in grants to communities and tribes to develop tobacco control programs, \$7.8 million for a media campaign, \$250,000 for a youth advisory board, \$3.75 million for school districts, \$1.9 million for a telephone support service, and \$2.2 million to evaluate how well the programs are working.

Nancy Golosman, executive director of the Washington Alliance on Tobacco Control and Children's Health, called the \$26.2 million "well worth the cost, because it will prevent some of the 8,000 deaths that occur from smoking in the state each year."

Source: *Associated Press*, December 16, 1999.

### WI: State Directs Welfare Reform Funds to Addiction Treatment

Welfare reform advocates in Wisconsin, including the Milwaukee Innercity Congregations Allied for Hope, recently convinced state lawmakers to direct \$7.5 million to a program that would provide treatment services to women and families whose addiction problems present a barrier to employment through the state's welfare-to-work program.

Under Wisconsin's Temporary Assistance for Needy Families (TANF) system, participants are eligible for addiction services provided through HMO networks, but sanctions related to substance abuse or other violations can lead to termination of all benefits. The \$7.5 million in TANF money is considered to be the resource of last resort for low-income individuals who want to get treatment, restore their benefits and, ultimately, find employment.

Rather than having local providers compete with each other for pieces of the TANF funding, the Milwaukee County Department of Human Services (DHS) pulled together a consortium of addiction treatment providers and other social services agencies that won a \$7.5 million grant from the state to provide services to women and families. The 38 agencies that compose the consortium include programs that have developed gender-specific treatment tracks, such as Meta House, the Milwaukee Women's Center, Safe Group Services and the United Community Center, as well as members of the HMO provider network that already serves state welfare recipients.

Milwaukee County officials, who previously had an addiction treatment budget of just \$8.5 million, said the new funding would provide treatment for about 700 persons over the next 18 months. Most of those eligible for services are women and their families, but non-custodial fathers also can receive services. DHS officials said the funding would particularly benefit women who need residential treatment and would reduce long waiting lists for treatment services.

Source: *Join Together*, January 30, 2000.

### WV: Funds Sought to Combat Teen Smoking

The West Virginia State Medical Association and other health groups have asked the state to allocate a significant portion of tobacco settlement funds to programs designed to reduce teen smoking, citing statistics showing that the percentage of adolescent girls in West Virginia who smoke cigarettes has increased to 44%, up from 41% two years ago. According to a survey released by the state Board of Education, rates of smoking for both boys and girls (28% in 1997) are well above the national average. In addition, male teenagers in West Virginia lead the country in use of smokeless tobacco.

Evan Jenkins, executive director of the West Virginia State Medical Association, reports that the state spends \$490 million a year caring for tobacco-related illnesses but no money for tobacco control. At the same time, tobacco companies spend \$35 million a year on advertising in West Virginia.

The state will receive about \$65 million annually for 25 years from the tobacco settlement, and coalition leaders are asking the state legislature to allocate \$28 million of the annual settlement to fund a comprehensive state tobacco control program. "There are a lot of people who want that money," said Dr. Dan Foster, chairman of the Coalition for a Tobacco Free West Virginia, "But the settlement should be for tobacco problems....This is an opportunity that may not come along again to make an impact on smoking problems in youth."

Source: *Charleston (WV) Daily Mail*, November 15, 1999.



Ruth Fox, 1895-1989

## RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleague:

The annual Ruth Fox Memorial Endowment Fund reception has been scheduled for Friday evening, April 14, 2000, during ASAM's annual Medical-Scientific Conference in Chicago. Invitations will be sent to donors only.

This year's reception is underwritten by a generous gift from Joseph E. Dorsey, M.D., FASAM, and Mrs. Dorsey. Dr. Dorsey is an active member of the Florida Society of Addiction Medicine and of the Florida Medical Association. The current gift is in addition to many previous gifts to the endowment fund by Dr. and Mrs. Dorsey, for which they have been named members of the fund's Distinguished Fellows' Circle.

For information about making a deferred gift, pledge, contribution, bequest, memorial tribute, or to discuss in confidence other types of gifts, please contact Claire Osman at 1-800/257-6776 or 212/206-6776.

Max A. Schneider, M.D.  
Chair, Endowment Fund

Jasper G. Chen See, M.D.  
Chair Emeritus, Endowment Fund

Andrea G. Barthwell, M.D.  
Chair, Resources & Development Committee  
Claire Osman, Director of Development

Dr. and Mrs. Joseph E. Dorsey,  
underwriters of this year's Ruth Fox  
Memorial Endowment Fund reception.



### ► CANDIDATES *continued from page 2*

**Region VIII (AK, AZ, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY)**

Berton E. Toews, M.D., FASAM,  
Casper, WY\*

Richard E. Tremblay, M.D., FASAM,  
Olympia, WA\*

**Region IX (Canada and International)**

Saul Alvarado, M.D., Panama\*

Peter E. Mezciems, M.D., FASAM,  
Canada\*

**Region X (AL, FL, MS, PR, VI)**

Lloyd J. Gordon III, M.D., FASAM,  
Brandon, MS\*

C. Chapman Sledge, M.D., FASAM,  
Hattiesburg, MS

**Balloting:** Profiles of the candidates for all positions will appear in the September-October issue of **ASAM News**. Ballots will be mailed to all active members of ASAM no later than November 1, 2000. Voted ballots must be received at the ASAM office no later than December 1, 2000.

**Results:** Election results will be announced in the January-February 2001 issue of **ASAM News**. New officers will be installed during the Society's April 2001 Medical-Scientific Conference in Los Angeles, CA. ■

## TREATMENT NEWS

### Nicotine Patches Alone Don't Work for Teen Smokers

A newly-released study shows that nicotine patches alone may be effective in helping adult smokers quit, but they're not as effective for adolescent smokers. Researchers at the Mayo Clinic determined that only about 5% of teen smokers who wore nicotine patches stopped smoking after six months, compared to about 25% of adults.

According to Dr. Richard Hurt, lead investigator of the study and director of the Mayo Clinic's Nicotine Dependence Center, the study indicates that programs for teen smokers must be tailored to their needs, rather than being adapted from adult programs.

Dr. Dorothy Hatsukami, a nicotine expert and professor in the University of Minnesota psychiatry department, said that even though the nicotine patches alone do not appear to be effective with teens, they might be effective when combined with some form of behavioral counseling. "Adolescence is not a simple stage of development," she said. "There is a lot of complexity involved in treatment. Sometimes you just can't deal with the teens alone. You must provide information they can share with their parents. At this point in time, we just don't know what works in teens."

Dr. Hurt and his colleagues plan additional studies of adolescent smokers. One project includes testing the smoking-cessation drug Zyban®, while another will evaluate the use of an Internet program to help teens quit smoking.

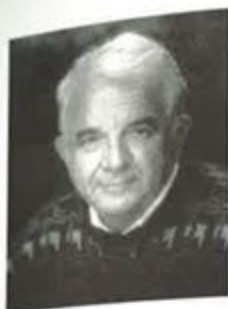
Source: *Archives of Pediatric and Adolescent Medicine*, February 2000.

### CSAT Website Offers Treatment Research Data

The National Evaluation Data Services (NEDS) website of the federal Center for Substance Abuse Treatment offers users scientifically based information to answer questions about addiction treatment and to provide information on treatment approaches found to be most effective for specific addictive disorders. Products available through NEDS include:

- Analytic reports on treatment access, services, costs and outcomes (e.g., "Effects of Treatment Program and Client Characteristics on Client Retention").
- Evaluation reports such as "Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers for Follow-Up Studies."
- Fact sheets that highlight research findings, such as "Women in Treatment in the National Treatment Improvement Evaluation Study."
- Information on more than 65 addiction-related databases, including descriptions of their locations, research content, data variables and structures.
- Direct links to other addiction-related web sites maintained by federal and state agencies and private-sector organizations.

NEDS can be accessed on the Web at <http://neds.calib.com>, or by e-mail at [NEDS@Calib.com](mailto:NEDS@Calib.com). ■



## ASAM Welcomes New Members

*Richard E. Tremblay, M.D., FASAM  
Chair, Membership Committee*

The Society welcomes the following physicians, who became members in recent months. Individually and collectively, their diverse backgrounds, clinical and research interests promise to bring breadth and depth to ASAM.

**J. Randle Adair, D.O., Ph.D., CAP**, entered medical school after enjoying a research career in physiology. He is now completing a residency in internal medicine at the University of South Alabama in Mobile and looks forward to a practice that integrates internal medicine with addiction medicine.

**Kazi Ahmad, M.D.**, is completing an Addiction Psychiatry Fellowship at the University of Texas Health Science Center, San Antonio.

**Dominique Bajard, M.D., CCFP**, is engaged in the practice of addiction medicine in Vancouver, British Columbia.

**Nicanor K. Bernardino, M.D.**, has practiced general and internal medicine for 34 years in Stockton, CA. Dr. Bernardino also is a Medical Director for Aegis Medical Systems methadone clinic, based at Modesto, CA.

**Marie Alix Cave, M.D., FAAP**, is Medical Director of the Pediatric Outpatient Facility at the Jersey City (NJ) Medical Center and Medical Director of a substance abuse clinic in Passaic, NJ.

**William Hunter, M.D.**, practices psychiatry in Albuquerque, NM. Dr. Hunter also is Medical Director of Turquoise Lodge, the only public detoxification and rehabilitation center in the state, and cares for dually diagnosed patients in that program.

**Herzl Lowenstein, M.D.**, of West Vancouver, British Columbia, is retired from the practice of psychiatry. Dr. Lowenstein has been a Consultant in Forensic Psychiatry to the Department of Psychiatry of the University of British Columbia.

**Michelle Ruth Moran, M.D.**, is a primary care physician with the Alaska Native Medical Center in Anchorage, AK.

**Rajneesh P. Nath, M.D.**, of Kingston, PA, is trained in internal medicine but currently is engaged in addiction research.

**James J. Nocon, M.D., J.D.**, is Associate Professor in the Department of Obstetrics and Gynecology at the Indiana University School of Medicine, Indianapolis, IN.

**Jagannath J. Patil, M.D.**, is a staff psychiatrist at the Alton Mental Health Center, Edwardsville, IL.

**Jean-Luc Pelletier, M.D.**, is a family practitioner in Montreal, Quebec.

**Martin L. Pfitzner, M.D.**, is Clinical Senior Instructor in Medicine and Psychiatry, and Associate Director of the Medicine in Psychiatry Service at Strong Memorial Hospital, Rochester, NY.

**Kenneth Rivera-Kolb, M.D.**, is a general practitioner in Florida, where he serves as Medical Director for two inpatient addiction treatment facilities: The Center for Alcohol and Drug Studies, in Lake Worth, and Challenges, in Margate. Dr. Rivera-Kolb also works in

the field of HIV medicine through CLIRECO, a medical services provider and clinical research corporation.

**Julio Cesar Reyes Rodriguez, M.D.**, is affiliated with the Department of Internal Medicine of the Colegio Medico de El Salvador, San Salvador, El Salvador.

**Dmitriy W. Savanin, M.D.**, is a psychiatrist affiliated with AdCare Hospital of Worcester, MA. Dr. Savanin's research interests include psychopharmacology and adjustment disorders.

**James Howard Schluger, M.D.**, is Clinical Director of the Laboratory of the Biology of Addictive Diseases at the Rockefeller University, New York City. Dr. Schluger is a member of the Departments of Psychiatry at both the New York University Medical Center and the New York-Presbyterian Hospital, and is a senior candidate at the NYU Psychoanalytic Institute.

**John M. Schmitz, M.D.**, is a psychiatrist with Midwest Psychiatric Consultants and Medical Director of Two Rivers Psychiatric Hospital in Kansas City, MO. Dr. Schmitz also is Clinical Assistant Professor in the Department of Psychiatry at Kansas University. He has been a Senior Medical Staff Fellow with the National Institute on Alcohol Abuse and Alcoholism, and is currently engaged in research into the treatment of social anxiety and post-traumatic stress disorder.

**Kathleen Marie Stack, M.D.**, practices psychiatry at the VA Medical Center in Hampton, VA, and holds a teaching appointment at Eastern Virginia Medical School. Dr. Stack's special research interest is homeless, mentally ill veterans who are chemically dependent.

**Shanthi Thangham, M.D.**, practices child and adolescent psychiatry at Big Spring State Hospital in Big Spring, TX.

Michael Toro, M.D., is a family practitioner with the Institute for Treatment & Research in St. Louis, MO.

**Venkata A. Vallury, M.D.**, is Medical Director of the Illinois Juvenile Detention Center and a Clinical Instructor in Pediatrics at both the Rush Medical College and the Chicago Medical School.

**Edward R. Verde, M.D.**, is Clinical Director of the Substance Abuse Treatment Program, Department of Psychiatry, at Loma Linda (CA) Veterans Hospital. Dr. Verde's research portfolio includes studies in molecular genetics (in collaboration with the City of Hope Medical Center) and a new study of buprenorphine in collaboration with fellow ASAM member Walter Ling, M.D.

**Jeffrey John Wilson, M.D.**, is a child and adolescent psychiatrist who is a Clinical Research Fellow in the Division of Substance Abuse at Columbia University in New York City. Dr. Wilson is pursuing a research career in adolescent substance abuse treatment and prevention. ■

## ASAM

### March 3-5

Medical Review Officer Training Course  
Marina del Rey, 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 28-30

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

### October 26-28

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

### November 18

ASAM Certification Examination  
in Addiction Medicine  
Los Angeles, CA  
Chicago, IL  
Newark, NJ  
5 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

[For information on ASAM Conferences, call the  
ASAM Conference staff at 301/656-3920 or visit  
the ASAM website at [www.asam.org](http://www.asam.org).]

## Membership Renewals Due

### Reminder!

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

If you have questions about your  
membership or renewal rates, contact  
Membership Manager Cheryl Kim at  
the ASAM office by phone at 301/  
656-3920 or by e-mail at  
[CKim@asam.org](mailto:CKim@asam.org).

## OTHER EVENTS OF NOTE

### February 29-March 4

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

### March 3-4

Washington Society of Addiction Medicine  
Fundamentals of Addiction Medicine  
Seattle, WA  
[For information: 425/261-3690  
or e-mail [JSackett@Providence.org](mailto:JSackett@Providence.org)]

### March 29-April 2

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]

### April 9-12

American Methadone Treatment Association  
Conference 2000  
San Francisco, CA  
[For information: 856/423-7222, ext. 350]  
(Jointly sponsored by ASAM)

### May 7-10

National Institute on Drug Abuse  
Bringing It All Together: A Research and  
Practice-Based Conference on  
Prevention, Treatment, and Care  
Baltimore, MD  
[For information: Keith Van Wagner at  
301/443-6071]

### June 9-10

Medical Aspects of Addiction — Adolescents  
and Older Adults: Conference of the  
South Carolina Society of Addiction Medicine  
Myrtle Beach, SC  
[For information: e-mail  
[Mmiller@daodas.state.sc.us](mailto:Mmiller@daodas.state.sc.us)]

### June 17-22

College on Problems of Drug Dependence  
Caribe Hilton Hotel, Puerto Rico  
[For information, fax Dr. Martin Adler at  
215/707-1904]

### September 22-24

Addictions 2000:  
Prevention of Substance Use Problems:  
Directions for the Next Millennium  
Cape Cod, MA  
[For information: [www.elsevier.com/locate/addictions2000](http://www.elsevier.com/locate/addictions2000)]

### October 11-14

CSAM Review Course in Addiction Medicine  
San Francisco, CA  
[For information: phone 415/243-3322]

### November 6-9

Addictions 2000: Conference of the  
International Society of Addiction Medicine  
Jerusalem, Israel  
[For information: e-mail  
[dvdgleser@matat.health.gov.il](mailto:dvdgleser@matat.health.gov.il)]

## Highlights:

The National Council on Alcoholism and  
Drug Dependence, Inc.'s spring luncheon  
celebration is set for April 27 at the Tavern  
on the Green, New York City. Details from  
Susie Waxenberg at 212/838-6033.

Haight Ashbury Free Clinics sponsor a two-  
day conference, "From Research to Prac-  
tice," May 30-31 at the UCSF Laurel  
Heights Conference Center. For a brochure,  
phone 415/565-1904.

## ASAM STAFF

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

James F. Callahan, D.P.A.  
Executive Vice  
President/CEO  
[JCALL@ASAM.ORG](mailto:JCALL@ASAM.ORG)

Susan Blaz  
Office Manager  
[SBLAZ@ASAM.ORG](mailto:SBLAZ@ASAM.ORG)

Nancy Brighindi  
Director of Membership  
& Chapter Development  
[NBRIG@ASAM.ORG](mailto:NBRIG@ASAM.ORG)

Caprice Falwell  
Meetings Assistant  
[CFALW@ASAM.ORG](mailto:CFALW@ASAM.ORG)

Joanne Gartenmann  
Exec. Assistant to the EVP  
[JGART@ASAM.ORG](mailto:JGART@ASAM.ORG)

Cheryl Kim  
Membership Manager  
[CKIM@ASAM.ORG](mailto:CKIM@ASAM.ORG)

Katherine May  
Director of Meetings &  
Conferences  
[KMAY@ASAM.ORG](mailto:KMAY@ASAM.ORG)

Peter Miller  
Office of Finance  
[PMILL@ASAM.ORG](mailto:PMILL@ASAM.ORG)

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

Christopher Weirs  
Credentialing  
Project Manager  
[CWEIR@ASAM.ORG](mailto:CWEIR@ASAM.ORG)

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