ASAM NEWS

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NEWSLETTER OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE

INSIDE

ASAM AT WORK FOR YOU:

ALSO SEE:

Federal Leaders Focus on Adolescent Treatment; ASAM Responds with New Criteria, Conference

Insisting that programs designed for adults won't work for adolescents, executives of key federal agencies are shining a new spotlight on appropriate treatment of adolescents who have problems with alcohol, tobacco and other drugs. ASAM is supporting the focus on adolescents by releasing its new *Patient Placement Criteria* for the treatment of adolescents, and working with key federal agencies and medical societies to host a November conference on clinical issues in adolescent substance use, chaired by Peter D. Rogers, M.D., M.P.H., FASAM.

Conference Chair Peter D. Rogers, M.D., M.P.H., FASAM

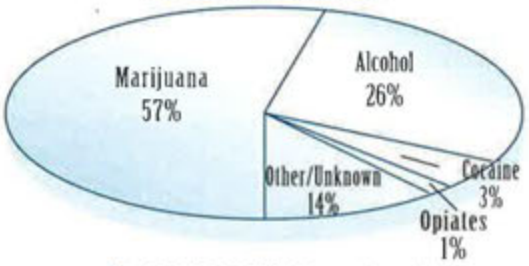
The concern for adolescents was highlighted at a September press conference to mark National Alcohol and Drug Addiction Recovery Month, at which top executives of the Center for Substance Abuse Treatment (CSAT), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of National Drug Control Policy (ONDCP) unveiled survey results and treatment outcome studies showing that the need for adolescent treatment and the field's knowledge about what works in treating this population are changing.

Noting that trend data from the National Household Survey on Drug Abuse, the Monitoring the Future Study and the Youth Risk Behavior Survey all show leveling or declining use of marijuana and other drugs by adolescents, ONDCP Director Gen. Barry McCaffrey cautioned against complacency, warning that even these encouraging data show that tens of thousands of adolescents are at risk for or engaged in alcohol, tobacco and other drug use.

Supporting Gen. McCaffrey's concern, SAMHSA Administrator Nelba Chavez, Ph.D. unveiled new data from the Treatment Episode Data Set (TEDS) on publicly

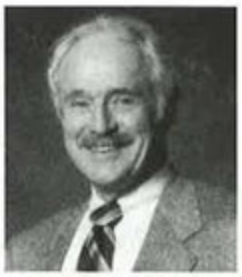
ADOLESCENT TREATMENT ADMISSIONS, 1998

by Primary Drug of Abuse



▶ **ADOLESCENTS** *continued on page 4*

ASAM Members to Elect New Officers



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

ASAM members are about to choose the Society's next President-Elect, Secretary, and Treasurer, as well as a full slate of Regional Directors. Ballots will be mailed to members in good standing by **November 1, 2000**, and must be returned to ASAM's New York office by **December 1**.

Election results will be announced in the January-February 2001 issue of **ASAM News**. Newly elected officers and Regional Directors will be installed during the Society's April 2001 Medical-Scientific Conference in Los Angeles, CA. President-Elect Andrea G. Barthwell, M.D., FASAM, will assume the Presidency at that time.

The election packages mailed to members will contain, in addition to the ballots, biographical sketches and photos of the candidates. Profiles of the candidates, with their platform statements, begin on page 8 of this issue of **ASAM News**.

ASAM's campaign guidelines prohibit the use of "restricted or unrestricted written or electronic communication" by candidates or their advocates. ■

Demand Treatment!

James F. Callahan, D.P.A.

ASAM is collaborating with Join Together, a project of the Boston University School of Public Health and The Robert Wood Johnson Foundation, in sponsoring Demand Treatment!, a major new initiative to increase the number of people who receive addiction treatment.

Joining ASAM in supporting the initiative are key federal agencies — including the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention — as well as organizations such as the American Medical Association, the National Association of Addiction Treatment Providers, and the American Academy of Addiction Psychiatry.

The philosophy guiding Demand Treatment! is that the first step toward increasing access to treatment is to motivate consumers, family members and key leaders to drive up demand. This follows the marketing principle that when demand goes up, supply usually increases to meet it.

Demand Treatment! has as its goal helping communities overcome institutional policies and long-standing practices that discourage people from getting the help they need for their alcohol and drug problems. The project also aims to educate consumers, families and policymakers about the nature of addiction and recovery — to help them understand that treatment for alcohol and drug dependence is as effective as treatment for other chronic conditions, like asthma and diabetes.

Millions of people with serious drug and alcohol problems are going without the high-quality treatment they need to recover. If we don't change our tactics, the situation is likely to remain the same.

As a first step, Demand Treatment! will sponsor conferences this fall at San Jose, CA (October 26-27); Hunt Valley, MD (November 9-10); St. Louis, MO (November 16-17); and Houston, TX (November 30-December 1) to explore methods communities can use to increase demand for treatment. The conferences will provide participants with information, contacts and resources they can use to increase the number of people who receive brief interventions and high-quality addiction treatment. Physicians and other treatment professionals are urged to attend.

In a subsequent phase of the project, 12 cities or counties will be invited to enter into a partnership with Demand Treatment! Selected sites will receive financial and technical assistance from the Demand Treatment! project staff, as well as the co-sponsoring agencies and organizations, to achieve:

- An effective strategy to increase demand for brief interventions and treatment and a plan to deliver them;
- Leadership and resources needed to implement the strategy;
- Local capacity to collect, analyze and report substance abuse trends; and
- A plan to integrate principles of effective treatment throughout the community, including the addiction treatment system.

I urge ASAM members and state chapters to become involved in this innovative program. The opportunities for participation are many. You are encouraged to attend one of the Demand Treatment! conferences to learn more about this exciting initiative. You may decide to become active in a community-wide application to become one of the 12 cities or counties selected as a Demand Treatment! City Partner (letters of intent must be submitted by December 15, 2000). Or you may, individually or as part of a Chapter, wish to provide technical assistance to a selected Partner City.

Much more information is available on the Join Together web site at ***www.jointogether.org***, or you can contact Demand Treatment! staff by phone at 617/437-1500, or by fax at 617/437-9294. Millions of people with serious drug and alcohol problems are going without the brief interventions and high-quality treatment they need to recover. If we don't, as a nation, change our tactics, the situation is likely to remain the same. ■

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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Website

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

Household Survey Data Depict State, Regional Patterns

Use of illicit drugs varies substantially across states and regions, according to the latest National Household Survey on Drug Abuse. For example, six of the states with the highest rates of current illicit drug use were in the western U.S.; eight of the states with the lowest rates of current illicit drug use were in the South; and northern states recorded the highest rates of binge drinking. On a state-specific level, Virginia showed the lowest reported rate of illicit drug use (4.7%), while Alaska had the highest rate (10.7%). Reported illicit drug use among 12- to 17-year-olds was lowest in Utah (8%) and highest in Delaware (18.3%). Kentucky, West Virginia, Minnesota, Delaware and North Carolina were among the states with the highest reported levels of smoking, both by young people and in the general population.

The National Household Survey includes state-by-state breakdowns of drug-use levels and trends for the first time. The new data should help state, local and federal officials better focus their resources to address the needs of particular communities. Moreover, local treatment and prevention organizations can use the information not only to make the case for funding, but also to track their progress in addressing substance abuse.

Sponsored by the Substance Abuse and Mental Health Services Administration, the National 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 age 12 and older, including persons living in households and in some group quarters such as dormitories and homeless shelters. The national trends in substance use presented in the 1999 report are based on data from a sample of 13,000 respondents using paper questionnaires similar to those used in prior years.

Specifically, 19% of youth age 12-17 reported that they drank at least once in the past month and 52% of Americans age 12 and older reported current alcohol use. In 1999, 7.8% of youths age 12-17 reported past month binge drinking and 3.6% reported past month heavy alcohol use.

Among adults age 18-25, the survey found increases in current illicit drug use. The rate increased between 1997 and 1999 (14.7% in 1997, 16.1% in 1998, and 18.8% in 1999). The rates for the age group 26-34 years old and 35 years and older in 1999 did not changed significantly.

Detailed information on the study is available on SAMHSA's National Clearinghouse for Drug and Alcohol Information web site, at ***www.health.org***.

Source: Substance Abuse and Mental Health Services Administration, August 31, 2000.

Survey Data Illustrate Power of Tobacco Advertising

A controversial sidebar to the National Household Survey is the degree to which the data illustrate the power of advertising to affect young people's decisions as to whether to smoke and which brands to use. For years, tobacco companies have denied that their advertising campaigns target youths. But the 1999 National Household Survey found that 75% of African-American teens smoke Newport cigarettes, while more than half of young white and Hispanic teens prefer Marlboro.

Although the 1998 nationwide tobacco settlement prohibited tobacco companies from targeting youths, industry critics say the survey demonstrates the results of what they describe as "clearly targeted marketing campaigns." Danny McGoldrick, research director for the Campaign for Tobacco-Free Kids, charged that while tobacco firms agreed not to use advertising billboards to promote their products, there has been an increase in point-of-sale advertising. "We know that 90% of people smoke before they are 19 years old. That's where new smokers are. It's hard to imagine the tobacco companies will have abandoned this market and the evidence is that they have not," he added.

Philip Morris spokesman Brendan McCormick denied the accusation, arguing that cigarette advertisements have been pulled from more than 40 magazines with high youth readership. In addition, he said, the company sponsors school programs aimed at reducing teen smoking. "We are marketing our products in a very responsible way," said McCormick. "We are trying to make it even harder for youths to buy cigarettes."

The Household Survey found that youth smoking declined to 15.7% in 1999 from 19.9% two years earlier. However, Health and Human Services Secretary Donna Shalala warned that "Despite the declining numbers, all of us — parents, teachers, the government and the media — still need to do more to help our young people see through the tobacco companies' smokescreen of deceit."

Source: Reuters News Service, August 31, 2000.

Supreme Court Stays Medical Marijuana Ruling

The U.S. Supreme Court has granted an emergency request from the Clinton administration and temporarily prohibited California marijuana clubs from distributing the drug for medicinal purposes. Earlier federal court rulings allowed the Oakland, CA, Cannabis Buyers' Cooperative to distribute marijuana to people in the state whose physicians approved of the drug for medical reasons. But the Clinton administration argued in its emergency request that allowing distribution of marijuana would "promote disrespect and disregard for an act of Congress that is central to combating illicit drug trafficking and use by giving a judicial stamp of approval to the open and notorious distribution of illegal substances to potentially thousands of users without any of the strict controls required by federal law."

In a 7-1 ruling, the Court postponed the effect of the federal court rulings until the high court can formally review the case. But the granting of the emergency request also may signal that the Supreme Court plans to invalidate state medical marijuana laws.

In 1996, California voters approved a medical marijuana initiative that allows seriously ill patients, with a doctor's recommendation, to grow and use marijuana for pain relief. However, the state has been unable to implement the initiative because of conflict over a federal law that prohibits the use of medical marijuana.

Source: Associated Press, August 30, 2000.

Charitable-Choice Clause Deleted from House Bill

So-called "charitable-choice" language has been deleted from the House version of the Substance Abuse and Mental Health Services Administration (SAMHSA) reauthorization bill. The clause would allow religious organizations to contract with states to provide behavioral-health services. In addition, religious organizations receiving federal funding would be allowed to make personnel decisions based on an applicant's or employee's adherence to such rules as abstaining from drugs or alcohol (see the July-August *ASAM News*, page 2, for a detailed analysis).

Since the U.S. Senate passed a reauthorization bill in November 1999 that included the charitable-choice clause, it is expected that the House's omission of the provision could delay swift passage of the reauthorization legislation.

Source: Alcoholism & Drug Abuse Weekly, July 24, 2000.

CSAT'S FIVE MODELS FOR TREATING ADOLESCENT MARIJUANA USERS

The five adolescent treatment models tested in the CSAT-funded study address increasing levels of problem severity. They include:

OPTION 1. A brief, basic, low-cost treatment consisting of five sessions over six weeks, using motivational enhancement treatment and cognitive-behavioral therapy. Patients had two individual sessions, followed by three group sessions. The program is designed to motivate patients to change their marijuana use and to identify high-risk situations that could increase the likelihood of relapse. They also help patients establish social networks supportive of recovery.

OPTION 2. This adds seven group sessions of cognitive-behavioral therapy to the treatment outlined in Option 1, to create a 12-week program. It is a more intensive version of Option 1, and is designed to help adolescents develop coping skills and alternative responses to marijuana use, to build problem-solving skills, and to deal with anger, criticism, psychological dependence, and depression.

OPTION 3. This model enhances Option 2 by adding three to four home visits for family therapy, six parent-education group meetings, and case management. It is designed to improve family cohesion, parenting skills and parental support, and includes case management to promote parent engagement in the youth's treatment process. The program allows counselors to tailor plans to fit each family's specific home situation.

OPTION 4. This model involves a 14-session intervention through individualized counseling. It is appropriate for victimized adolescents, those in rural areas, or those for whom delays in group formation may delay or increase the cost of treatment. Treatment is focused on identifying reinforcers that make abstinence more rewarding than marijuana use. This model includes 10 sessions with the adolescent alone, two with the parents alone, and two with parents and child together.

OPTION 5. This approach integrates family therapy with primary substance abuse treatment throughout the 12-week program. It involves 12 to 15 family-focused treatment sessions, as well as counseling sessions with both adolescents and parents. Therapy is designed to change the adolescent's relationships with family, peers and social systems, and includes case management to help resolve other problems.

CSAT will release manuals later this year to facilitate replication of the study models. The manuals will be available at ***www.samhsa.gov/csat***.

▶ **ADOLESCENTS** *continued from page 1*

funded treatment programs, which show that adolescent admissions related to marijuana use increased by 155% (from 30,832 to 78,523) between 1993 and 1998, while admissions for treatment of methamphetamine use increased by 185% (from 1,159 to 3,299) and those for heroin use doubled (from 752 to 1,794) in the same period. Total adolescent admissions rose by 45%, from 95,378 in 1993 to 138,038 in 1998.

Treatment of marijuana-related problems in adolescents could be enhanced by use of outpatient treatment models tested in a recent CSAT study, according to preliminary findings announced at the press conference by CSAT Director H. Westley Clark, M.D., M.P.H., FASAM. Dr. Clark said the Cannabis Youth Treatment Experiment showed that, on average, adolescents enrolled in the five model programs were able to reduce their days of marijuana use by 36% and their past-month substance-related problems by 61%. He added that the models were developed and tested through a collaboration effort between the federal government and participating treatment programs to "bridge the gap between research and practice."

Bridging the Gap

Bridging the gap between research and practice also is the goal of ASAM's Conference on Adolescent Substance Abuse, to be held November 3-5 in Washington, D.C. Organized in cooperation with SAMHSA, the Society for Adolescent Medicine, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse, the conference focuses on translating recent research findings into clinical techniques of practical use to physicians and other caregivers. Conference chair Peter Rogers and the organizing committee promise a highly interactive program of plenary sessions, workshops, roundtable discussions and hosted "lunches with the experts."

Adolescent Placement Criteria

To help caregivers develop treatment plans best suited to their adolescent patients' needs, ASAM also is poised to release new adolescent patient placement criteria as part of the Second Edition-Revised of the *ASAM Patient Placement Criteria for the Treatment of Substance Use Disorders* (*ASAM PPC-2R*).

Developed by a team of adolescent experts, led by Marc Fishman, M.D., of the Johns Hopkins Medical School, and tested through an exhaustive field review process that involved treatment providers, managed care professionals, federal and state agency officials and academic researchers, the new adolescent criteria reflect recent treatment research and changes in the organization and financing of health care.

Summarizing the situation, ONDCP's Gen. McCaffrey observed that "Drug dependence is a chronic, relapsing disorder that exacts an enormous cost on individuals, families, businesses, communities and nations. Treatment can help them end dependence on addictive drugs. Treatment programs also reduce the consequences of addiction on the rest of society. Providing treatment for America's chronic drug users is both compassionate policy and a sound investment."

For More Information

ASAM Adolescent Conference, November 3-5, Omni Shoreham Hotel, Washington, DC: For information or registration, visit ASAM on-line at ***www.asam.org***.

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (*ASAM PPC-2R*): To order, phone ASAM Books at 1-800/844-8948.

Cannabis Youth Treatment Preliminary Report: Information on the study is available at ***www.chestnut.org/li/cyt***. Manuals of the five treatment models will be published at ***www.samhsa.gov/csat***.

National Household Survey on Drug Abuse, 1999, and *Treatment Episode Data Set (TEDS), 1993-1998*: Phone the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800/729-6686, or consult ***www.samhsa.gov/csat***. ■

Position Statements on Drug Policy of the Presidential Candidates

In the current election cycle, the press has given little attention to the candidates' positions on drug interdiction, prevention and treatment. However, some position information does appear on the Democratic and Republican Presidential candidates' web sites, from which the following statements were excerpted. Information on how to access the web sites follows each summary.

Governor George W. Bush

"Governor Bush believes we have a responsibility to confront the problem of illegal drug abuse because drugs are destroying our neighborhoods and ruining lives. We should confront this scourge with a balanced policy of education, treatment, and law enforcement."

Governor Bush's Approach:

- ★ "Governor Bush will support character education in our schools, effective drug prevention programs in our communities, and faith-based drug treatment programs that transform lives."
- ★ "In Texas, he launched the Texas Right Choices campaign to teach our children the importance of making right choices in life. That includes saying no to drugs and alcohol, which can destroy their lives."
- ★ "On the supply side, Governor Bush will improve interdiction and stop drugs before they reach our children."
- ★ "He will help countries like Bolivia and Peru in promoting crop substitutes."
- ★ "He will work with banks to prevent money laundering."
- ★ "He will use better intelligence and surveillance to track and catch drug smugglers before they reach our borders."
- ★ "He will continue to work with Mexico to cooperate more closely on interdiction."
- ★ "He will ensure that the INS hires the full allotment of Border Patrol agents required under law. Right now, the GAO reports that the INS had "a net shortfall of 594 agents for the 3-year period ending September 30, 1999." Governor Bush will hire more agents, and will reform the INS to better focus on its job of defending our border."
- ★ "He supports the $1.3 billion in aid to Colombia that Congress has passed and the President has signed. He believes this money should be used to help the Colombian government protect its people, fight the drug trade, halt the momentum of the guerillas, and bring about a sensible and peaceful resolution to the conflict ravaging that country."

Source: George W. Bush for President official web site at ***www.georgewbush.com****. Click on "Issues," then select "Drug Policy."*

Vice President Al Gore

Excerpts from Al Gore's Speech on Crime in Atlanta, GA, May 2, 2000.

"....if I am entrusted with the Presidency, I will launch a sweeping anti-crime strategy to make our families safe and secure. I will intensify the battle against crime, drugs, and disorder in our communities....

"I will reform a justice system that spills half a million prisoners back onto our streets each year; many of them addicted to drugs, unrehabilitated, and just waiting to commit another crime....

"We have to stop that revolving door, once and for all. First of all, we have to test prisoners for drugs while they are in jail; and break up the drug rings inside our prison system. Most Americans find it hard to believe that drug use continues inside prison walls, but shockingly, it does. We have to expand drug treatment within our prisons; according to one recent study, treatment is about ten times more effective in reducing serious crime than today's approaches.

"And we have to insist on more prison time for those who don't break the habit. I believe we should make prisoners a simple deal: before you get out of jail, you have to get clean. And if you want to stay out, then you'd better stay clean....

"That is only the beginning of the steps we must take to crack down on drugs. If I'm entrusted with the Presidency, I'll send a strong message to every American child: drugs are wrong, and drugs can kill you.

- ★ "I'll lead a national crusade to dry up drug demand, hold up drugs at the border, and break up the drug rings that are spreading poison on our streets.
- ★ "I'll fund more drug courts, to speed justice for drug-related crime. I'll double the number of High Intensity Drug Trafficking Areas; drug hot-spots where we aggressively target our enforcement efforts.
- ★ "I'll expand drug treatment for at-risk youth. "

Faith-Based Organizations and the Politics of Community: "The 1996 welfare reform law contains a provision called Charitable Choice that allows states to enlist faith-based organizations to provide basic welfare services and help move people from welfare to work, as long as there is a secular alternative for anyone who wants one, and as long as no one is required to participate in religious observances as a condition for receiving services. Al Gore believes we should extend this carefully tailored approach to supplement other vital services where faith can play a unique and effective role, such as drug treatment..."

Source: Gore/Lieberman 2000 official web site at ***www.algore2000.com****. Search on "Drug Addiction."* ■

Stress Linked to Alcohol Consumption

Researchers have found that a stress hormone could play a role in increased alcohol consumption. In a study supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute of Child Health and Human Development (NICHD), researchers analyzed monkeys to determine whether future drinking can be predicted by response to stress during infancy. They found that monkeys that responded to stress with high cortisol concentrations were more likely than their peers to drink alcohol as adults.

"Both drinking behavior and an individual's response to stress are determined by multiple genetic and environmental factors," said NIAAA Director Enoch Gordis, M.D. "If borne out in humans, these findings elucidate the alcohol-stress relationship in two ways: They confirm that early life stress can influence later alcohol consumption, and they offer a promising biological marker of risk for excessive drinking."

Duane Alexander, M.D., director of NICHD, added, "This research may one day lead to ways to prevent alcohol abuse in adults, as well as prevent the devastating effects of alcohol on the developing fetus. It is indeed a promising finding."

Source: Alcoholism: Clinical and Experimental Research, May 2000.

Deadline Nears to Apply for ASAM 2000 Fellows Program

ASAM members who are certified and who have been members of the Society for five years are eligible to apply for admission to the select group who have earned the prestigious designation, "Fellow of the American Society of Addiction Medicine" (FASAM).

Kevin O'Brien, M.D., FASAM, chair of the Fellows Subcommittee, advises those who receive the applications to carefully review the requirements to become a Fellow and to follow the described policies and procedures in completing the application. Completed applications must be postmarked by October 28, 2000.

Those whose applications are accepted will be notified in January 2001 and recognized at an Awards ceremony during ASAM's 2001 Medical-Scientific Conference.

Application materials were mailed to eligible members in August. If you have questions about the Fellows program or wish more information, contact Cheryl Kim at the ASAM office by phone at 301/656-3920 or by e-mail at ***ckim@asam.org***.

Escalation of Cocaine Use a Predictor of Addiction

A new animal study suggests that novice users of cocaine who quickly increase the amount they are taking are good candidates to become addicted. This could help explain why "many people try drugs, [but] only some actually become addicted," according to Yale University researcher David Self, who led the study. "There are clear differences in individual vulnerability to develop addiction. We are interested in finding out what brain mechanisms account for the differences," Dr. Self added.

"There are clear differences in individual vulnerability to develop addiction. We are interested in finding out what brain mechanisms account for the differences,"

The researchers tested three potential scenarios that might predict which animals would become addicted to cocaine. All of the test animals were allowed to self-administer cocaine; then their access to drug was removed and subsequent craving measured by the amount of lever-pressing they displayed in the drug's absence. Neither a novelty response nor cocaine sensitization seemed to predict vulnerability to addiction. However, the animals with the highest craving responses in abstinence showed a dramatic escalation of cocaine intake prior to abstinence.

The researchers said that "We have identified the addictive population, but what we don't know is how to screen these animals before they become addicted. We want to use this model to see if we can identify other behavioral features that predict which animals will show a vulnerability to develop cocaine addiction. We also want to know what is different about the brains of these animals."

Source: Neuropsychopharmacology, May 2000.

Missing Brain Protein Linked to Alcoholism

A new study on mice has found that when a gene that encodes a key brain protein is missing, the mice voluntarily drink more alcohol. In addition, the mice with the missing protein recovered more quickly from the sedative effects of alcohol when given doses that, in humans, would be the equivalent of nearly three times the legal limit for intoxication.

Researchers at the University of Washington found that mutant mice bred without the gene that encodes one type of Protein Kinase A (PKA) drank twice as much alcohol as normal mice. Furthermore, these mice recovered in about 65 minutes from alcohol injections that raised their blood-alcohol levels to 0.275 percent. In contrast, it took normal mice about 90 minutes to recover from the same amount of alcohol. (PKA is a protein that fosters intracellular communication, allowing signals into a brain cell from other brain cells.) "While there is a growing body of evidence suggesting a role for PKA, this is the first direct evidence that PKA is associated with the voluntary consumption of alcohol," said Dr. Todd Thiele, who headed the research team along with Dr. Stanley McKnight.

Enoch Gordis, M.D., Director of the National Institute on Alcohol Abuse and Alcoholism, which funded the research, said "The findings on alcohol sensitivity are intriguing in light of knowledge from human studies that young drinkers with a family history of alcoholism are less sensitive to alcohol's effects than those without a family history."

The research team plans to study other PKA genes to determine if they are involved in voluntary alcohol consumption and to examine which brain regions are involved in mediating alcohol consumption.

Source: Journal of Neuroscience, May 15, 2000.

Alcohol Antagonists May Help Prevent Fetal Alcohol Syndrome

Researchers have identified alcohol antagonists in neural cells that could lead to the prevention of fetal alcohol syndrome, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The study looked at the effects of alcohols of various shapes and sizes on nerve cell

▶ **RESEARCH** *continued on page 7*

COMMITTEE REPORT

Addiction as a Family Disease

Jeffrey D. Roth, M.D., Chair
Family and Generational Issues Committee

Addiction is often called a "family disease." However, what constitute a family disease is less frequently specified.

Those who understand addiction as a disease that manifests itself in compulsive behavior in an individual may concede that the addict's behavior can have pervasive effects on family members. Others of us take the position that the disease of addiction manifests itself in dysfunctional behaviors in the entire family system. However, even those of us who believe that addiction is a family disease are susceptible to relapses in which we behave as if we as professionals are somehow immune to its effects.

A common experience of persons who are actively addicted is that no amount of lecturing convinces them that they are powerless over their addiction or that their lives have become unmanageable. For many persons in recovery, only directly experiencing the consequences of their addiction and their shared recovery through the support of a Twelve Step program leads to surrender. Likewise, lectures may not break through our denial of the effects of addiction as a family disease on us as professionals. We may have opportunities daily to intervene in the family diseases of our patients and their families, but be stymied in our attempts to join with our "professional families" to examine our own workplaces and professional organizations as carriers of this family disease.

For example, although ASAM has a Family and Generational Issues Committee, the Society has not taken a formal position on addiction as a family disease. As chairperson of this committee, I have taken as my mission for the committee to help develop a consensus as to whether ASAM should endorse this concept. To this end, the committee is developing opportunities for addiction professionals to learn experientially about family, group and institutional dynamics that might be building blocks or symptoms of addiction as a family disease.

The next opportunity for such learning will occur at the annual meeting of the American Group Psychotherapy Association, set for February 5-16, 2001. At that meeting, I will lead a two-day specific interest section on the topic of "Using Group Process to Understand Addiction (as a family disease)." Our task over the two days will be to examine the dynamics of the group in terms of those group processes that might be characteristic of addiction as a family disease, as distinct from those group processes that might support recovery from addiction as a family disease.

The Family and Generational Issues Committee also is planning a group relations conference entitled "Recovery from Addiction in the Family and the Workplace." This conference will be designed to examine the small group, large group, and institutional processes characteristic of addiction and recovery as a family disease.

For more information about the work of the committee and these specific projects, contact me by phone at 312/444-1041 or by e-mail at *jrothmd@juno.com*. ■

▶ **RESEARCH** *continued from page 6*

adhesion. Researchers found that relatively small alcohols, including ethanol, inhibit cell adhesion with increasing potency. But the effect abruptly ends between the four-carbon butanol and five-carbon pentanol.

Specifically, "certain long-chain alcohols can block harmful effects of short-chain alcohols, including ethanol (beverage alcohol), on nerve cell growth and development," according to Michael Charness, M.D., associate professor in the department of neurology at Harvard Medical School and chief of neurology at the VA Boston Healthcare System. Dr. Charness said "that leads us to believe that there must be some kind of pocket into which only the small alcohols fit."

By adjusting the shape of butanol, researchers could render that molecule inactive, indicating a specific lock-and-key interaction between the alcohol molecule and its receptor. Using this information eventually could lead to medications that reduce the damaging effects of alcohol in both fetal development and in adults.

Source: Proceedings of the National Academy of Sciences, March 20, 2000. ■

Candidates for the Office of President-Elect

Voters may choose among three candidates for the office of President-Elect: Lawrence S. Brown, Jr., M.D., M.P.H., FASAM; James W. Smith, M.D., FASAM; and Richard E. Tremblay, M.D., FASAM.

The ASAM Constitution and Bylaws state that "The President-Elect shall, in the absence or disability of the President, exercise the powers of the President. The President-Elect shall perform such other duties as may be assigned by the President."

Candidates for the office of President-Elect were selected by the Nominating and Awards Committee and by petition of the membership. Nominees for this office must have served on the Board of Directors within the past four years.

The President-Elect serves a two-year term, beginning in April 2001, and is expected to assume the Presidency in April 2003. No member may hold the office of President-Elect or President for more than one term, successively.

Cast Your Ballot for ASAM's Future

Marc Galanter, M.D., FASAM, President

It has often been remarked that the field of addiction medicine rests on the efforts of a small group of dedicated professionals and laypersons — Ruth Fox, Stan Gitlow, LeClair Bissell, Percy Ryberg, Marty Mann, Brinkley Smithers and others — who held a common conviction that alcoholism is a preventable and treatable disease.

Acting on their belief, these pioneers overcame monumental public indifference and even hostility toward addicts and addiction. Thanks to them and others who followed, we now have two institutes of the National Institutes of Health dedicated to research into the addictions: the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. We have a federal agency, the Center for Substance Abuse Treatment (currently headed by an ASAM member), whose sole mission is to improve access to and the effectiveness of addiction treatment.

And we have ASAM, a medical specialty society of 3,200 members who practice addiction medicine and who are dedicated to the belief that the treatment of addiction should be granted parity with the treatment of any other chronic relapsing disorder, that all physicians should receive education in addiction medicine, and that physicians who wish should be trained and board-certified in addiction medicine.

None of these achievements was easily won. Each required faith, commitment, and unbelievable persistence.

Now you have an opportunity to help ASAM move forward toward our next set of achievements, and all it takes is your vote. As a membership organization, ASAM is only as strong as its component parts: chapters, committees and members. The Nominating and Awards Committee has discharged its responsibility by selecting an outstanding group of candidates for the posts of ASAM President-Elect, Secretary, Treasurer, and Regional Directors. I can assure you that every one of the candidates would serve with distinction. But the candidates are not identical in philosophy or approach to the offices they seek, and that is where your contribution as a member is so important.

In order for the Society and its elected officials to serve your interests, you must express those interests by studying the candidate's records and positions, and then voting for those who most closely reflect your own vision for ASAM's future. So when your ballot arrives in the mail, please take the time to study the election materials, and cast your vote by December 1. To do so is your privilege and your obligation as a member of ASAM. ■

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

Brooklyn, New York

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I have been involved in addiction medicine in many ways. I am involved in the education of professionals in training and in practice (nurses, medical students, residents, physician assistants, and physicians). I have participated in educational forums (Annual Scientific meetings, the Ruth Fox Course, and State of the Art courses). I continue to be involved in clinical and epidemiological research related to understanding and treating substance abuse and its complications. This research has led to more than 100 publications and has had implications for improving the practice of addiction medicine, one of the goals of ASAM.

I have been an addiction medicine clinician for nearly 20 years and, since joining ASAM in 1988, I have been extolling to physicians the virtues of involvement in addiction medicine and ASAM. From a public policy perspective, I have provided the addiction medicine perspective and ASAM perspective in various private and public sector forums at the state and federal levels. As a member of the Board and Region I Director, I provide input from the perspective of a member and clinician.

How do you feel your election would benefit ASAM and the field of addiction medicine? The Presidency of ASAM will allow me to continue my contributions to addiction medicine and ASAM. In research circles, there would be greater appreciation when I emphasize the importance of applied research in this nation's research agenda. This will ensure that research efforts are more applicable to the daily practice of addiction medicine. Given my past and current role in public policy arenas, my election will serve to improve the efficacy of my input in parity issues and the importance of substance abuse prevention and treatment.

Within ASAM, I believe that, as President, I can bring additional enthusiasm about the importance of ASAM membership, especially in the climate of the challenges facing practitioners today. Finally, as President, I believe I can utilize my past experience in substance abuse-related research, clinical care, and public policy to continue the work of past Presidents and thus carry the baton of ASAM into the future through improvements in the care that our patients deserve and in the professional experience of our hard-working clinicians.

ELECTION OF OFFICERS

James W. Smith, M.D., FASAM

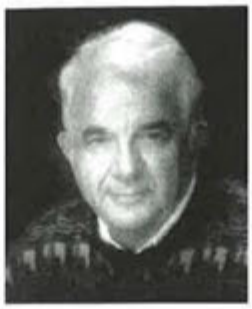
Seattle, Washington

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? Since 1968, I have actively participated in building ASAM from a few members to a respected specialty society with significant influence in organized medicine, government, reimbursers and public policy. I have done this through membership in the Public Policy, Certification, Fellowship, and Practice Guidelines Committees. I also have been active in making ASAM a financially stable organization as Chair of the Finance Committee and as Treasurer. I have been active in policymaking for ASAM as a member of the Executive Committee of the Board of Directors.

However, I believe my greatest contribution to the field of addiction medicine is my work in teaching the disease concept of addiction to medical students, nurses and counselors-in-training. I carried these concepts to the general public as President of the Washington State Council on Alcoholism (an affiliate of NCADD).

How do you feel your election would benefit ASAM and the field of addiction medicine? I believe that my many years of experience in ASAM and other membership organizations will be of value in achieving the goals of the Society's members. My experience with my State's Insurance Commission demonstrated that it is possible to cause regulatory changes that liberalize reimbursement for addiction treatment. I will push for that and for the goal of parity at all state and federal levels so that the practice of addiction medicine will be reimbursed fairly. I believe that ASAM, not third parties, must set the clinical guidelines and standards for levels of care, and I will work toward that end.

I also will work to attract younger physicians to the field by working to increase the instruction in addiction medicine in all years of medical school, as well as to establish fellowships and residency programs leading to recognition of addiction medicine as a specialty by the American Board of Medical Specialties. In addition, I will work to extend ASAM's influence by strengthening ties with relevant governmental agencies and with coalitions of organizations that share ASAM's goals.



Richard E. Tremblay, M.D., FASAM

Olympia, Washington

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I have worked to make contributions to ASAM and the field of addiction medicine at the local, state and national levels. At the local level, I have worked in the field of addiction medicine for many years, both in private practice and as Medical Director of both private and public sector inpatient and outpatient treatment programs, serving both adult and adolescent patients. This gives me great empathy with the barriers to patient care so many of our members encounter on a daily basis.

At the state level, I was the Founding President of the Washington State Society of Addiction Medicine, and have worked to build this chapter to reflect the unique character of our region, its medical community, and our population.

Finally, at the national level, during my 15 years as an ASAM member I have participated in every Medical-Scientific Conference, served on numerous committees (including the Membership, Chapters, Fellowship, Methadone, Physician's Health, and Constitution & Bylaws Committees), and currently Chair the Membership Committee. I currently serve on the ASAM Board as a Regional Director representing Region VIII, and recently was entrusted with the chairmanship of ASAM's Strategic Plan Task Force, which is working to chart a path for our organization and our field to survive and prosper in these changing times.

More than simply experience in the organization, I believe that these multiple opportunities for service have given me an opportunity to learn what ASAM can do to improve the quality of professional life for our members and the quality of care for our patients.

How do you feel your election would benefit ASAM and the field of addiction medicine? I will bring to the position of President my experience and determination to energetically and enthusiastically fulfill the duties of office in these highly challenging times, and to preserve the strength and vitality of ASAM as the paramount voice of addiction medicine.

PRESIDENTS OF ASAM

1954-1961: Ruth Fox, M.D.
1961-1962: Stanley E. Gitlow, M.D., FASAM
1963-1964: Luther A. Cloud, M.D.
1965-1966: Percy E. Ryberg, M.D.
1967-1968: Arnold S. Zentner, M.D.
1969-1970: Ruth Fox, M.D.
1971-1972: Stanley E. Gitlow, M.D., FASAM
1973-1974: Maxwell E. Weisman, M.D.
1975-1976: Charles S. Lieber, M.D.
1977-1978: Joseph Zuska, M.D.
1979-1980: Sheila B. Blume, M.D., FASAM
1981-1982: LeClair Bissell, M.D.
1983-1984: Irvin Blose, M.D.
1985-1986: Max A. Schneider, M.D., FASAM
1987-1988: Margaret Bean-Bayog, M.D.
1989-1990: Jasper Chen-See, M.D.
1991-1992: Anthony B. Radcliffe, M.D., FASAM
1993-1994: Anne Geller, M.D., FASAM
1995-1996: David E. Smith, M.D., FASAM
1997-1998: G. Douglas Talbott, M.D., FASAM
1999-2000: Marc Galanter, M.D., FASAM
2001-2002: Andrea G. Barthwell, M.D., FASAM

ELECTION OF OFFICERS

Candidates for the Office of Secretary

The ASAM Constitution & Bylaws state that "The Secretary shall: (a) keep an accurate record of the proceedings of the meetings of the Society and the Board of Directors; (b) preserve records, documents and correspondence; (c) cause notice to be given of elections and of meetings of the Society and the Board; (d) advise the Board on parliamentary procedure in the conduct of its meetings, and (e) perform all other duties incident to the Office of the Secretary."

The Constitution & Bylaws also require that nominees for the office of Secretary must be from or have served on the Board of Directors within the past four years. Officers, including the Secretary, have a two-year term of office. A Secretary may succeed himself/herself once without hiatus, and may subsequently be reelected after a hiatus of two years.

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

Ontario, Canada

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I have had the pleasure of serving as the Region IX international representative to the ASAM Board for the last four years. In this capacity, I have been able to bring considerable international knowledge from my colleagues to the Board.

With the support of ASAM, I have been involved in the creation of the International Society of Addiction Medicine, both as a founding Board member and as creator of the ISAM web site and Listserv mailing list. (ISAM now has close to 200 paid members.)

I continue to run the ***add_med*** Internet addiction mailing list, now with about 300 members from some 20 countries. This resource allows medical professionals to network and exchange addiction-related information worldwide with colleagues.

In addition, I have continued my educational role in teaching addiction medicine to medical and nursing students, residents, and physicians in practice. I am co-author of two teaching modules for Project Create, which is improving the teaching of addiction medicine in five medical schools in Ontario, Canada. Our impaired health professionals program at the Homewood Health Centre is the largest in Canada; through it, I have had the privilege of working with impaired colleagues since 1990, both on our unit and through co-facilitating our weekly Caduceus Group.

How do you feel your election would benefit ASAM and the field of addiction medicine? If elected Secretary, I would bring an experienced, impartial perspective to the Board, whose meetings sometimes need parliamentary direction! Given my background, I could provide that.

My international involvement will allow me to continue to support and work for ASAM worldwide, and to bring a wide field of international experience to the ASAM Board. I also wish to build on the experience from ***add_med*** to continue to expand this forum for clinicians to exchange questions and experience worldwide.

Michael M. Miller, M.D., FASAM (incumbent)

Madison, Wisconsin

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? Probably four things: first, advocacy and public policy work, including serving as the leader of the ASAM delegation to the AMA House of Delegates; serving currently as Chair of the ASAM Public Policy Committee; and promoting addiction issues in testimony before our state legislature. Second, my role in contributing to the second edition of the ASAM Patient Placement Criteria and promoting all editions of the PPC regionally and nationally. Third, my current work with the ASAM/AMBHA Work Group to develop conjoint policy statements. And fourth, my work within my state to help lead the development of our state chapter, WisSAM.

How do you feel your election would benefit ASAM and the field of addiction medicine? I think my experience on the ASAM Board and as an officer would provide continuity. At the AMA, we've established good connections with the preventive medicine caucus, and the relationships established there have been helpful as we pursue ASAM's latest strategies toward getting addiction medicine recognized as an area of specialization or sub-specialization by the American Board of Medical Specialties. I think I've served adequately as a Board member, and as Secretary, trying to keep the Board's actions in line with parliamentary procedure.

My work as administrator of a Psychiatry and Addiction Service for a large, successful community hospital has been a significant part of my professional growth, and I do think these learnings are generalizable to help the inner workings of our specialty society, ASAM.

To restate my election statement from the previous election, "As a hospital administrator, a practicing addictionist, a boarded Addiction Psychiatrist, a medical school clinical faculty member, a 12-year member of the impaired physicians' Managing Committee in Wisconsin, an ASAM Board member, a managed care consultant, and with a strong interest in public policy, I feel I have adequate grasp of the broad range of issues of medical finance, practice, process improvement, management, and policy to serve as Secretary of ASAM and its Board." I would be honored and would welcome the opportunity to continue to serve in this office.

Ballots will be mailed to members in good standing by **November 1, 2000**, and must be returned to ASAM's New York office by **December 1**. If you have not already done so, be sure to renew your membership so that you are eligible to vote!

ELECTION OF OFFICERS

Candidates for the Office of Treasurer

The ASAM Constitution & Bylaws state that "The Treasurer shall be the custodian of the Society's funds from whatever source those may derive. The Treasurer or individual designated by the Board of Directors shall deposit these funds in the Society's name in such depositories as the Finance Committee, following the guidelines of the Bylaws and the Board of Directors, shall recommend. The Treasurer shall dispense funds as authorized by the Board of Directors. The Treasurer shall report an accurate amount of all transactions at the Annual Meeting of the Society, and at all Board meetings. The Treasurer shall be a member of the Finance Committee."

The Constitution & Bylaws also require that nominees for the office of Treasurer must be from or have served on the Board of Directors within the past four years or, in the case of a nominee from the general membership who has qualifications for the position, must have been active on the Finance Committee within the past four years. Officers, including the Treasurer, have a two-year term of office. A Treasurer may succeed himself/herself once without hiatus, and may subsequently be reelected after a hiatus of two years.

Elizabeth F. Howell, M.D., FASAM (incumbent)

Atlanta, Georgia

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? As a member of ASAM since 1985, I have contributed to the organization in many ways, originally as President of the Georgia Chapter and later as a member and Chair of several ASAM Committees, including the Finance and Examination Committees. In addition to serving as Treasurer currently, I Chair both the ASAM Communications Section and the Publications Committee. I have attended most of the ASAM Board meetings over the past several years.

Through 17 years' work in the private, public, and academic addiction medicine and substance abuse settings, I have had progressive responsibility for developing and administering programs. I have developed a unique perspective on the field of addiction medicine and the larger issues facing us all.

How do you feel your election would benefit ASAM and the field of addiction medicine? As Georgia's State Director for Substance Abuse, I administered or oversaw $71 million in state and federal funds for substance abuse prevention and treatment services in the public sector, educated and advised state and federal decision-makers and advocacy groups, developed and reviewed budgets for improvements to Georgia's public addiction treatment system, evaluated treatment programs, among other responsibilities.

I would like to continue my service to ASAM as your Treasurer, and I look forward to the opportunity to do so for the coming two years.

Max A. Schneider, M.D., FASAM

Orange, California

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? During my tenure of 13 years on the ASAM Board (including one and a half years as President-Elect, two and a half years as President, and two years as Immediate Past President), I continually fought for fiscal conservatism and social liberation (enhancing the development of new committees to broaden ASAM's interests).

How do you feel your election would benefit ASAM and the field of addiction medicine? If elected Treasurer, I would continue to strive for budgetary restraints with fiscal responsibility. I would continue to encourage the growth and strength of the Ruth Fox Endowment Fund. I would continue to encourage membership recruitment. ASAM has a lot of work to do.

Candidates for Regional Director and Alternate Regional Director

Candidates for Regional Director and Alternate Regional Director, 2001-2005, are selected by Regional Nominating Committees and by petition. As specified in the Bylaws, 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 candidates for Regional Director/Alternate Regional Director are:

Candidates for Director of Region I (New York)

Lawrence S. Brown, Jr., M.D., MPH, FASAM (incumbent)

Brooklyn, New York

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I have been involved in addiction medicine in many ways. I am involved in the education of professionals in training and in practice (nurses, medical students, residents, physician assistants, and physicians). I have participated in educational forums (Annual Scientific meetings, the Ruth Fox Course, and State of the Art courses).

I have been an addiction medicine clinician for nearly 20 years and, since joining ASAM in 1988, I have been extolling to physicians the virtues of involvement in addiction medicine and ASAM. From a public policy perspective, I have provided the addiction medicine perspective and ASAM perspective in various private and public sector forums at the state and federal levels. As a member of the Board and Region I Director, I provide input from the perspective of a member and clinician.

How do you feel your election would benefit ASAM and the field of addiction medicine? Serving as a Regional Director of ASAM will allow me to continue my contributions to addiction medicine and ASAM. In research circles, there would be greater appreciation when I emphasize the importance of applied research in this nation's research agenda. This will ensure that research efforts are more applicable to the daily practice of addiction medicine. Given my past and current role in public policy arenas, my election would serve to improve the efficacy of my input in parity issues and the importance of substance abuse prevention and treatment.

Within ASAM, I believe that I can bring additional enthusiasm about the importance of ASAM membership, especially in the climate of the challenges facing practitioners today.

Finally, as a Regional Director, I believe I can utilize my past experience in substance abuse-related research, clinical care and public policy to carry the baton of ASAM into the future through improvements in the care that our patients deserve.

Peter A. Mansky, M.D.

Albany, New York

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? It is a privilege to be considered for Director from Region I. My many years of service in teaching, research and clinical activities in addiction medicine started in 1969 at the NIMH Addiction Research Center in Lexington, KY. I currently serve as Medical Director of the Committee for Physicians' Health in New York State, which includes extensive outreach to other physicians and medical students, reviewing treatment, and advocating with regulatory agencies, managed care, and employers for physicians suffering from addictive illnesses. My private practice in addiction medicine has continued to be active and has allowed me to contribute to the treatment of addictions in my local area.

In ASAM, I serve as the Alternate Region I Director, Vice President of the New York Chapter, member of the Physicians' Health Committee, and Liaison to the ASAM Physicians Health Committee from the Federation of State Physician Health Programs (FSPHP). Within FSPHP, I have helped to further the mission of adequate treatment, rehabilitation and advocacy for physicians suffering from addictions. I also have chaired the Physicians Health Committee in the AAAP and have developed a position statement on discrimination of physicians recovering from addictive illnesses. I have been active in my local and state medical societies and have helped to develop programs and the teaching of addiction medicine in these forums.

How do you feel your election would benefit ASAM and the field of addiction medicine? My dedication is to further the treatment of those who are still out there suffering from addictive illnesses in this age of managed care and over-regulation. The skills and knowledge I have from my work in addiction medicine will allow me to serve in helping to develop standards for teaching, certification, research and treatment of addictive illnesses within ASAM.

My activities in other membership organizations help me to be sensitive to the needs and concerns of the members of ASAM.

Newly elected officers and Regional Directors will be installed during the Society's April 2001 Medical-Scientific Conference in Los Angeles, CA. President-Elect Andrea G. Barthwell, M.D., FASAM, will assume the Presidency at that time.

ELECTION OF OFFICERS

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.

Candidates for Director of Region II (California)

Lori D. Karan, M.D., FACP, FASAM

San Francisco, CA

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I helped pioneer the integration of nicotine addiction treatment with the treatment of other chemical dependencies. The culmination of this effort was a special issue of the *Journal of Substance Abuse Treatment* entitled "Towards a Broader View of Recovery," which continues to be a seminal work in our field. I have chaired, co-chaired, and helped plan many national meetings, including initial forums on AIDS and Chemical Dependency, as well as the more recent State of the Art and Review Courses. The Society for Research on Nicotine and Tobacco originated from our annual Nicotine Research Roundtable Discussions.

I continue to be concerned with the emerging gap between the traditional clinical practice of addiction medicine and the rapid progress being made in neuroscience, molecular signaling, genetics, and diagnostic imaging. Physicians of the future will need improved methods for inquiry and for the critical analysis of research results, rather than relying on their past memorization of factual data.

The upcoming challenges will be exciting, provoke ethical controversy, and challenge our field. I am dedicated to helping navigate our future path, and to keeping addiction medicine practitioners cognizant of this forefront.

How do you feel your election would benefit ASAM and the field of addiction medicine? The California Society of Addiction Medicine pioneered the organization of physicians to advance the practice of addiction medicine. Now the future of CSAM (and ASAM) lie in jeopardy. Problems with third-party reimbursement have shut down treatment centers and forced practitioners to leave this field nationwide.

CSAM's $400 annual dues are a barrier for attracting primary care practitioners into our membership. Reformulation of CSAM, with a new structure for its executive council, and with new administrative managers, introduces a wonderful opportunity to reevaluate our organization's mission, representation, priorities, and actions. Despite electronic communications and the virtual narrowing of distance between the East and West Coasts, the collaborative relationship between CSAM and ASAM needs improvement. As Regional Director, I would focus on enhancing this link, and communicating these activities to our membership.

Donald J. Kurth, M.D.

Alta Loma, CA

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? My greatest contributions to ASAM and the field of addiction medicine have been in education and program development. As physicians and addictionists, our most important gift is to share our skills with our patients suffering from the disease of addiction. Beyond face-to-face patient care, however, I can think of no more important mission for addictionists than that of sharing our enthusiasm for the treatment of addictive disease with new physicians so eager to learn the skills that we employ in treating our patients.

At Loma Linda University, I enjoy the privilege of teaching medical students, residents, and Addiction Medicine Fellows. No single philosophy has a monopoly on the treatment of addictive disease. Different approaches work better for different patients. I have helped create a program that provides broad-based experience, including rotations in the university medical center setting, as well as at the Kaiser and Veterans Administration Hospitals.

How do you feel your election would benefit ASAM and the field of addiction medicine?

My election would benefit ASAM and the field of addiction medicine in the areas of education, membership, public policy, and reimbursement. My experience speaks for itself. Although I am a clinician and an educator in the field of addiction medicine, my experience in business and public policy has given me a unique set of skills and abilities.

We have a wonderful organization with a strong and diverse membership. But, as addictionists, we must step to the forefront of public policy for the benefit of our patients and advocate for the treatment of addictive disease. We must assume the responsibility to effectively educate our lawmakers as to the treatability of addictive disease today.

ASAM is a great organization with an important mission. My experience will prove invaluable in guiding ASAM toward an even brighter future. If elected, I shall do my best to improve the environment in which we work for the benefit of our patients and our specialty.

ELECTION OF OFFICERS

Candidates for Director of Region III (CT, ME, MA, NH, RI, VT)

Ronald F. Pike, M.D., FASAM

Worcester, Massachusetts

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? My greatest contributions to ASAM are in the areas of physician education and, most recently, bringing new young physicians into ASAM. Through my faculty work, I come into contact with many young physicians. My goal is to present the addict in a totally different way than is seen in the general hospital or emergency room. I give the students techniques to use that will stand for good medical practice and high standards of care, so that they may leave their residency with a good basic knowledge and understanding of addiction medicine.

How do you feel your election would benefit ASAM and the field of addiction medicine? I am an internist and addiction specialist with many years of experience with detoxification and rehabilitation of thousands of addicted persons in many diverse populations and cultures. I am presently trying to make ASAM more sound in Massachusetts through the development of a chapter, so that we may meet the needs of our patients, whom the insurance industry and the government seem to have forgotten.

My goal for this election is to bring to the ASAM Board a physician with many years of experience in the private sector. We have made the changes required to treat patients in a transitional managed care environment and have succeeded in treating patients with high quality. The Medical Model survives and flourishes, with our patients having the greatest benefit in all phases of treatment. I want the Board of Directors of ASAM to continue to perpetuate this model, along with the physicians who will continue to lead the treatment of the addicted in this country.

The election packages mailed to members in good standing will contain, in addition to the ballots, campaign statements, biographical sketches and photos of the candidates.

Peter O. Rostenberg, M.D., FASAM (incumbent)

New Fairfield, Connecticut

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? My most gratifying contribution to the field of addiction medicine and ASAM has been my use of earned political influence at the highest levels of state government to ensure that patients admitted to emergency departments receive improved care for their alcohol problems. At the same time, I contributed to a law that requires substance abuse education in schools that teach nine categories of health care professionals.

As prinicipal consultant to the Connecticut Legislature's Public Health Committee, I shaped what became Connecticut Public Act 98-201. This law requires that our acute care hospitals screen for alcohol and make appropriate referrals. Thus, trauma — the leading cause of death due to alcohol use — can be prevented in many cases.

Further, recognizing that clinicians in many fields — such as psychology, marriage and family counselors, and social workers — are called upon to evaluate alcohol-distressed patients but lack the tools to address substance abuse problems, PA 98-201 requires schools that train nine categories of health care providers to include courses in addiction medicine in their curricula.

I also was the Consensus Panel Chair for the Treatment Improvement Protocol (TIP) on "Alcohol and Other Drug Screening of Hospitalized Trauma Patients," which brought to the addiction field and ASAM the importance of alcohol-related injuries. It provides a primer that states and individual hospitals can use to initiate screening policies and procedures.

How do you feel your election would benefit ASAM and the field of addiction medicine? If elected to the ASAM Board of Directors, I will have the authority to bring rationality and compassion to the political process in order to ensure that all patients receive the information they need to make improved health choices.

Studies now under way will assess how well PA 98-201 is working. I will continue to participate in those efforts, and to fight for changes that will broaden the law's mandate.

ELECTION OF OFFICERS

Candidates for Director of Region IV (NJ, OH, PA)

Louis E. Baxter, Sr., M.D., FASAM

Lawrenceville, New Jersey

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I believe that my greatest contribution to ASAM and addiction medicine has been my ability to recognize and advance the mission of ASAM. I became a certified member through examination to become competent and knowledgeable. I have endeavored at every opportunity to advance ASAM's Mission through the education of medical students, residents, and staff physicians at various institutions in Region IV, including Penn State Geisinger, Temple University, Thomas Jefferson, and the University of Medicine and Dentistry of New Jersey. I have brought the name and mission of ASAM into state and federal policymaking when I served as Chairman of the Ambulatory Detoxification Committee of the Pennsylvania Department of Health, as a consultant to the New Jersey Department of Health, Alcohol Division, and currently as a member of the National Advisory Council of the Center for Substance Abuse Treatment. As the Medical Director of the Physicians' health Program of the Medical Society of New Jersey, I have had the opportunity to affect issues regarding medical licensure, treatment of health care professionals, and advocacy for many physicians in the states of Region IV and others.

In these endeavors, I have always sought to promote and advance ASAM and the field of addiction medicine. I have gladly served on ASAM committees, including Membership, Physicians' Health, Forensic Medicine, Nomination and Awards, Co-Director of the Ruth Fox Program Committee, and chair of the Cross-Cultural Clinical Concerns Committee. I have presented regularly at ASAM conferences and meetings since 1992. Concisely, I am dedicated to ASAM.

How do you feel your election would benefit ASAM and the field of addiction medicine? I believe that my election to the Regional Directorship would enable me to promote ASAM and addiction medicine with more authority in arenas yet to be encountered. I believe that my election would lend more "power" to the messages and lectures that I deliver as I take ASAM's mission into the state and federal governmental decision rooms. My election, coupled with my experience in addiction medicine treatment and my service on the various ASAM committees, would enable me to promote and represent ASAM more effectively.

R. Jeffrey Goldsmith, M.D. (incumbent)

Cincinnati, Ohio

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? My greatest contributions to addiction medicine have been my academic writings, which added new understanding to the psychology of addiction. Through the creation of the Denial Rating Scale, I have changed our understanding of denial. My work on the integrated psychology of addictions has increased our knowledge about the way in which the addicted individual experiences the progression of his/her disease.

For ASAM, my greatest contribution has been as a Regional Director and helping to infuse new life into the Ohio Chapter of ASAM. As Regional Director, I play a critical role in knitting the local members together, state by state, into a national network. I also chair ASAM's Committee on Continuing Medical Education.

How do you feel your election would benefit ASAM and the field of addiction medicine? The Regional Directors must take the leadership in revitalizing the organization. This starts with the committees and the general membership that has lost enthusiasm for the committee activities. This partnership must be renewed to bring alive the organization. The mission of ASAM is to promote and improve the treatment for people with alcoholism and addiction, the committee activities stimulate creative efforts into areas needed by our patients.

John J. Verdon, Jr., M.D., FASAM

Shrewsbury, New Jersey

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I was instrumental in resurrecting the inactive New Jersey Society of Addiction Medicine. I have been an advocate of the needs of patients afflicted with the disease of addiction, who have been abandoned, unfortunately, both by third-party payers as well as "health systems" that have developed in the State of New Jersey.

I have served as a consultant to physicians, nurses, psychologists, and certified alcoholism/drug counselors, as well as multiple treatment facilities, including halfway houses, residential treatment programs, and intensive outpatient settings. I have served as a consultant to the Mental Health Program at the Monmouth County Correctional Institution, in Freehold, NJ, which houses a significant psychiatric/addicted population.

How do you feel your election would benefit ASAM and the field of addiction medicine? I am recognized as dogged in my pursuit of any goal. I continue to focus upon those forces which adversely affect the ability of a physician to practice addiction medicine, free from the constraints of managed care and improper invasions upon our duties as physicians by other bureaucratic groups.

I have toiled with legislative issues. I will continue to aggressively address the movement to achieve parity in the legislature of New Jersey, as well as on the national level, for the treatment of both mental illness and addictive disorders. I have achieve a position respected by both members of the New Jersey legislature as well as those who serve in the judiciary.

The New Jersey Chapter has developed a close working relationship with the New York Society of Addiction Medicine. I will continue to encourage similar collaborative efforts among all chapters.

ELECTION OF OFFICERS

Candidates for Director of Region V (DC, DE, GA, MD, NC, SC, VA, WV)

Paul H. Earley, M.D., FASAM (incumbent)
Smyrna, Georgia

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I have been involved in ASAM for the past 14 years. During that time, I have focused my efforts on strengthening ASAM through membership and involvement. I have been Chair of the International Membership Campaign, the goal of which is to recruit new members and retain the members we have. In addition to this, I have been involved with the Chapters Committee for the past 12 years, and have Chaired that committee for six years. The Chapters Committee attempts to coordinate national and state affairs. Many members of ASAM are active at the state and local level, but feel less involved at the national level. To continue to grow, we must have a unified national focus with local action. I believe that the State Chapters Committee is at the center of this action.

How do you feel your election would benefit ASAM and the field of addiction medicine? ASAM has provided my own career with focus and I believe the Regional Directorship gives me the opportunity to give back to ASAM some of what I have received.

ASAM's campaign guidelines prohibit the use of "restricted or unrestricted written or electronic communication" by candidates or their advocates.

Timothy L. Fischer, D.O.
St. Matthews, South Carolina

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I chair the State Chapters Committee of ASAM. Two goals that I have for the committee are, first, to have all states a member of a state chapter. As founder and first President of the South Carolina Society of Addiction Medicine, I have seen our membership grow by almost 100% in the first two years as a chapter. Also, our society has been able to sponsor or co-sponsor conferences, has a seat on the Governor's Maternal, Infant and Child Health Council Substance Abuse Committee, an active role in State legislative issues and helped pass an Omnibus Highway Safety Act, and a contract with the Department of Alcohol and Other Drug Abuse Services (our state ATOD) agency to provide training and conferences for them in addiction medicine and to be their consultant. We are going to get paid for this as a chapter and individually. All of this because we are a state chapter.

Second, I want to strengthen current chapters so that they are organizationally strong and sustaining. Many chapters are only as good as the current president. When that one is no longer president, the chapter flounders. We need each chapter to be organizationally strong so that these valleys can be eliminated.

I also serve on the Membership Committee, the Membership Campaign Task Force, the Strategic Planning Committee and the Practice Guidelines Committee. I am a member of the American Osteopathic Academy of Addiction Medicine and am active in the South Carolina Osteopathic Medical Association.

How do you feel your election would benefit ASAM and the field of addiction medicine? I feel that I would be able to help ASAM and addiction medicine in the areas of organization, public relations, public policy and politically.

CHAPTER UPDATE

California

President: Peter Banys, M.D.
Regional Director: Gail Shultz, M.D., FASAM

Treatment Initiative: CSAM President Peter Banys, M.D. has announced that the California Society will support state Proposition 36, The Substance Abuse and Crime Prevention Act of 2000, which appears as a referendum on the November ballot in that state.

Speaking on behalf of CSAM, Dr. Banys urged voters to cast ballots in favor of the initiative, which would require that first or second-time nonviolent drug offenders receive mandatory court-supervised treatment instead of jail.

A study conducted for the California general assembly estimated that Proposition 36 could save the state $100 to $150 million per year by reducing the population of correctional facilities, even after spending $120 million annually on expansion of treatment programs. The legislative analysis also projected significant savings for county governments throughout the state.

CSAM joins a number of health and human service organizations in endorsing the initiative; these include the California Nurses Association, the state Association of Alcoholism and Drug Abuse Counselors, and the San Francisco Medical Society. CSAM's endorsement and Dr. Banys' remarks will appear in voter education materials being circulated throughout California.

In making the case for Proposition 36, Dr. Banys said: "Proposition 36 is strictly limited. It only affects those guilty of simple drug possession. If they've committed previous violent crimes, they will not be eligible for the treatment program unless they've served their time and been crime-free for at least five years. If they've committed any other crime along with drug possession, they're not eligible. If they are convicted of selling drugs, they're not eligible.

"The treatment programs in Proposition 36 are not a free ride. The rules are strict. If an offender commits another crime, or fails to show up, or tests positive for drug use, he or she can be jailed for one to three years.

"In addition to drug treatment, the proposition would allow judges to order job training, literacy training and family counseling. The idea is to turn addicts into productive citizens, so they pay taxes and stop committing crimes to support their habits. This is smart drug policy." ■

ELECTION OF OFFICERS

Candidates for Director of Region VI (IL, IN, KY, MI, MN, ND, SD, TN, WI)

Thomas L. Haynes, M.D., FASAM
Grand Rapids, Michigan

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I have been a member of ASAM since 1983, and in that time have served on the Membership, Physician Health, and Chapters Committees, as well as the Communications Task Force and Members Without a Residency Task Force. I have attended every ASAM Board meeting for the last five years, and as the Region VI Alternate Director have served in the place of the Director at three of those meetings. I also have attended nearly every annual Medical-Scientific Meeting since 1986.

I have actively supported the goal of specialty board status and the certification examination, and was certified by ASAM in 1986 and recertified in 1994. I carried the initiative to establish the Michigan Society of Addiction Medicine, and served as its founding President. I recently completed a five-year term as the M.D. representative on the Michigan Health Professional Recovery Committee, and was that Committee's chair since its inception in 1994. I have practiced full-time addiction medicine since 1985, and currently own and operate West Michigan Addiction Consultants, PC (WeMAC), which specializes in the treatment of addicted professionals.

How do you feel your election would benefit ASAM and the field of addiction medicine? I believe that I can benefit ASAM by promoting the acceptance of the primary treatment of addiction in mainstream medical practice, and by doing whatever I can to bridge the gap that we currently have between the need for treatment of addiction and the lack of support for that treatment by government, industry, and third-party payers. I am able to work within ASAM, alongside its administration, to promote the common goals of the addiction medicine field.

As a business owner and practicing addiction medicine specialist, I understand the pressures faced by those of us outside of academia and government. Therefore, I will be able to bring a strong voice to the Board for those of us who practice addiction medicine in clinical settings.

Norman S. Miller, M.D., FASAM (incumbent)
East Lansing, Michigan

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I am the current Director for Region VI and Past President of the Illinois Society of Addiction Medicine. In ASAM, I was the first editor of *Principles of Addiction Medicine*, chair of the Dual Diagnosis and Nomenclature Committees, and member of the Medical-Scientific Program and Publications Committees. I have coordinated symposia, courses and workshops for the ASAM Annual Meeting. I served as a regional director for the Ruth Fox Endowment.

I served on advisory committees and government agencies (Office of National Drug Control Policy; Center for Substance Abuse Prevention; Center for Substance Abuse Treatment; and Illinois Department of Alcohol and Substance Abuse).

I have published nearly 300 articles and books and reviews for medical and scientific journals in addiction medicine. I remain committed to the role of ASAM in addiction medicine.

How do you feel your election would benefit ASAM and the field of addiction medicine? I would represent the clinical and political interests of physicians who practice, teach, and administer addiction medicine. I would further contribute to the academic and administrative leadership in the field of addiction medicine in ASAM. I am dedicated to the principles and practice of addiction medicine, and working in ASAM for the benefit of physicians and our patients. As Regional Director, I would represent addiction medicine in our region and states, and on the Board of ASAM.

PEOPLE IN THE NEWS

Peter J. Cohen, M.D., J.D., has been appointed Adjunct Professor of Law at the Georgetown University Law Center, where he has developed a curriculum for a new elective course entitled "Public Health Law: Substance Abuse." The course reviews the history of American attitudes toward addiction, ranging from tolerance to revulsion, and analyzes how the law has evolved to its present state.

The course uses the subjects of addiction and illicit drugs to examine how the discipline of public health interacts with legal and philosophical concepts of individual autonomy and state protection. Constitutional and policy issues of search and seizure, forfeiture, due process, reproductive rights, disability law, mandatory drug testing, and parity of benefits for mental health and addiction treatment are considered in depth.

Peter J. Cohen, M.D., J.D., has been appointed Adjunct Professor of Law at the Georgetown University Law Center

Dr. Cohen also is a member of the Institutional Review Board for the Intramural Research Program of the National Institute on Drug Abuse (NIDA); this committee is responsible for assuring the ethical integrity of all human research performed by NIDA staff. ■

ELECTION OF OFFICERS

Candidates for Director of Region VII (AR, IA, KS, LA, MO, NE, OK, TX)

John P. Epling, Jr., M.D.
Shreveport, Louisiana

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? My continuing effort to promote and support ASAM as the leading national organization in the field of addiction treatment and education. I am serving as the founding President of the Louisiana Chapter of ASAM and as a member of the Committee on Parity in Addiction.

How do you feel your election would benefit ASAM and the field of addiction medicine? I will work to implement ASAM's goals and keep an active line of communication open between the Chapters and the national ASAM organization. I believe that communication stimulates interest and involvement in both local and national activities. I have the desire to serve and the means and commitment to carry ASAM's leadership role into the new millennium.

Election results will be announced in the January-February 2001 issue of ASAM News.

A. Kennison Roy, III, M.D., FASAM (incumbent)
Metairie, Louisiana

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I was elected to the Board of Directors of ASAM in 1988 and again in 1996. I have served on the Review Course Committee and have chaired the Membership Committee. In December of 1994, I completed a residency program in Psychiatry at Tulane University School of Medicine. I am part of the faculty of a new fellowship program in addiction medicine at Tulane. Along the way I have been a part of all of the major struggles and accomplishments of ASAM, from managed care to certification and fellowship. I am active in the quest for Parity. My greatest contribution to ASAM and to the field, however, has been to abandon the idea that my recovery and my passion were enough to qualify me, or others, to practice addiction medicine, and to embrace, advocate, propose and vote for required academic credentialing for addictionists.

How do you feel your election would benefit ASAM and the field of addiction medicine? If I am re-elected to the Board of Directors of ASAM, I will bring my prior leadership experience, my interest in the welfare of addicted people, and my interest in training physicians in addiction medicine to the leadership of our society.

Candidates for Director of Region VIII
(AK, AZ, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY)

Berton E. Toews, M.D., FASAM
Casper, Wyoming

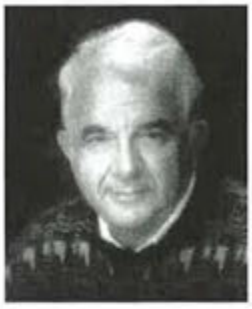
What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? So far, my contributions have been mostly close to home. I am one of relatively few addiction-focused physicians in Wyoming, and have gradually become the most visible representative of the field in the state. I have been part of the Physician Health Program in Wyoming since its formation, and have been active in the western region of the Federation of State Physician Health Plans (FSPHP).

I also have worked within our state's medical communities and with our legislature to create and expand awareness of addictions as a crucial issue, and of addiction medicine as a specialty. Wyoming has far to go — our state leads the nation in single-car crashes and tobacco use by pregnant women, for example — so there is much work to do.

I was a participant in the formation of our multi-state Northwest Chapter of ASAM, and would be proud to serve our most geographically large and diverse region as Regional Director.

How do you feel your election would benefit ASAM and the field of addiction medicine? Much of the energy and momentum in ASAM has been based in the densely populated East and West Coasts. By contrast, Region VIII is immense and extremely diverse; it contains some of the country's most sparsely populated areas. I believe I could well represent uniquely western and rural perspectives on addiction medicine within ASAM.

I am also very familiar with a part of the U.S. in which our field is still in its infancy, and where we face challenges different from those of urban areas. For example, the methamphetamine phenomenon, which has been a significant problem in Wyoming and much of the west for 20 years, is just recently moving into more populous regions. With this problem and others, those of us in the west can provide an "early warning," through ASAM, to the rest of the country.



Richard E. Tremblay, M.D., FASAM (incumbent)
Olympia, Washington

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I have worked to make contributions to ASAM and the field of addiction medicine at the local, state and national levels. At the local level, I have worked in the field of addiction medicine for many years, both in private practice and as Medical Director of both private and public sector inpatient and outpatient treatment programs, serving both adult and adolescent patients. This gives me great empathy with the barriers to patient care so many of our members encounter on a daily basis.

At the state level, I was the Founding President of the Washington State Society of Addiction Medicine, and have worked to build this chapter to reflect the unique character of our region, its medical community, and our population.

Finally, at the national level, during my 15 years as an ASAM member I have participated in every Medical-Scientific Conference, served on numerous committees (including the Membership, Chapters, Fellowship, Methadone, Physician's Health, and Constitution & Bylaws Committees), and currently Chair the Membership Committee. I currently serve on the ASAM Board as a Regional Director representing Region VIII, and recently was entrusted with the chairmanship of ASAM's Strategic Plan Task Force, which is working to chart a path for our organization and our field to survive and prosper in these changing times.

More than simply experience in the organization, I believe that these multiple opportunities for service have given me an opportunity to learn what ASAM can do to improve the quality of life for our members and the quality of care for their patients.

How do you feel your election would benefit ASAM and the field of addiction medicine? I bring to the position of Regional Director my experience and determination to energetically and enthusiastically fulfill the duties of office in these highly challenging times, and to preserve the strength and vitality of ASAM as the paramount voice of addiction medicine.

ELECTION OF OFFICERS

Candidates for Director of Region IX (Canada and International)

Saul Alvarado, M.D.

Panama

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? My greatest contribution to the field is my mission to give my life to the practice of addiction medicine, searching for better ways to treat addicted people and their families, and trying to inform colleages about this disease and about the benefits of treatment.

How do you feel you election would benefit ASAM and the field of addiction medicine? I will do whatever is in my hands to promote and live the ASAM vision.

Peter E. Mezciems, M.D., CCFP, FASAM (incumbent)

Ontario, Canada

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I have had the pleasure of serving as the Region IX international representative to the ASAM Board for the last four years. In this capacity, I have been able to bring considerable international knowledge from my colleagues to the Board. With the support of ASAM, I have been involved in the creation of the International Society of Addiction Medicine, both as a founding Board member and as creator of the ISAM web site and Listserv mailing list. (ISAM now has close to 200 paid members.)

I continue to run the ***add_med*** Internet addiction mailing list, now with about 300 members from some 20 countries. This resource allows medical professionals to network and exchange addiction-related information worldwide with colleagues.

In addition, I have continued my educational role in teaching addiction medicine to medical and nursing students, residents, and physicians in practice. I am co-author of two teaching modules for Project Create, which is improving the teaching of addiction medicine in five medical schools in Ontario, Canada. Our impaired health professionals program at the Homewood Health Centre is the largest in Canada; through it, I have had the privilege of working with impaired colleagues since 1990, both on our unit and through co-facilitating our weekly Caduceus Group.

How do you feel your election would benefit ASAM and the field of addiction medicine? If re-elected to the Board, I will bring an experienced, impartial perspective to the Board. My international involvement will allow me to continue to support and work for ASAM worldwide, and to bring a wide field of international experience to the ASAM Board. I also wish to build on the experience from ***add_med*** to continue to expand this forum for clinicians to exchange questions and experience worldwide.

FUNDING OPPORTUNITIES

Grant Program Addresses Tobacco in Managed Care

December 1, 2000, is the deadline for letters of intent to apply for a grant from the Robert Wood Johnson Foundation to support work to evaluate systems changes aimed at reducing rates of tobacco use among managed care patients. The foundation plans to award up to six $50,000 planning grants and up to five $500,000 full evaluation grants under the program.

Both public and private organizations — including managed care organizations, health care purchasers, group practices, or researchers housed in academic or research settings — are eligible to apply. Public-private partnerships (between managed care organizations and state health departments or university-based researchers, for example) are encouraged. Multi-site projects that replicate similar approaches across a number of different sites or that employ various models within one or more health plans also are encouraged.

For an abstract or the full text of the Call for Proposals, visit the foundation's web site at *www.rwjf.org*. Once at the site, click on "Applying for a Grant," then "List of Open Calls for Proposals."

Web Site Links Multiple Federal Funding Sources

The federal government is establishing a web site that would provide every on-line resource offered by federal agencies. President Clinton has said the site, to be called *Firstgov.gov,* will be up and available to users by October 2000. "When it's complete, *Firstgov* will serve as a single point of entry to one of the largest, perhaps the most useful, collection of web pages in the entire world," the President said.

When fully developed, the free web site will help researchers identify $300 billion in grants or bid on $200 billion in government contracts for goods and services. Currently, such information is spread over hundreds of different sites. ■

ELECTION OF OFFICERS

Candidates for Director of Region X (AL, FL, MS, PR, VI)

Lloyd J. Gordon III, M.D., FASAM (incumbent)

Brandon, Mississippi

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I am a clinician. I was blessed with the ability to connect with patients and mirror back to them the faulty logic and self-destructiveness of their thinking. When I contribute to the patient gaining some insight, becoming a more spiritual person, making behavior changes in their lives and becoming healthy and productive, that is the greatest contribution I am capable of making to addiction medicine. My greatest contribution to ASAM is bringing that clinical perspective to the Board.

How do you feel your election would benefit ASAM and the field of addiction medicine? My election would bring a clinical perspective to the Board, balancing academic and political perspectives. I have been involved in addiction medicine at the state medical society levels, and served ASAM from Credentialing to representation at the AMA, enabling me to bring the needs of the practitioner to the forum of public policy and national planning.

I would like to represent my region on the Board of ASAM and feel that the other positions that I have held in ASAM would help me represent the interests of Region X. Whether elected or not, I will continue to serve ASAM in whatever capacity I am able.

C. Chapman Sledge, M.D., FASAM

Hattiesburg, Mississippi

What do you consider to be your greatest contribution to ASAM and the field of addiction medicine? I am grateful that ASAM has outstanding national leaders and policymakers; my strength, however, is on a more grassroots level. Without question, I believe that my greatest contribution to the field of addiction medicine has been in the realm of day-to-day, hands-on, patient care. I have been extremely active in promoting basic education about the disease of chemical dependence and the specialty of addiction medicine at a community, state, and regional level.

I have spent a great deal of energy in the arena of physician health, both from the standpoint of volunteering in the state's monitoring and advocacy program as well as a treatment provider to impaired health care professionals. For the past three ASAM Certification Exam cycles, I have worked on the Credentialing Committee as a primary and secondary reviewer of applications. As President of the Mississippi Society of Addiction Medicine, I have represented Mississippi on the ASAM Chapters Committee.

How do you feel your election would benefit ASAM and the field of addiction medicine? If I am elected Regional Director of Region X, I will enthusiastically attempt to develop the Alabama and Mississippi Chapters to the level of the Florida Society of Addiction Medicine. Membership has increased to the point that administrative staff could be justified to organize state chapter business. I will strive to promote annual meetings of the state chapters to provide an opportunity to network with ASAM members of the region. The FSAM meeting has evolved into a regional event, and I believe this could be formalized as such. As a member of the ASAM Board of Directors, I will bring the perspective of a front-line treatment provider to the table. I will be a strong advocate for specialty status for addiction medicine.

TREATMENT NEWS

Cancer Drug May Help Alcoholics

New research supported by the National Institute on Alcohol Abuse and Alcoholism shows that the drug ondansetron (Glaxo-Wellcome), taken by cancer patients to overcome nausea, could help alcoholics significantly curb their drinking.

In a study conducted at the University of Texas Health Science Center, ondansetron significantly reduced alcohol consumption and increased abstinence among patients with early-onset (but not late-onset) alcoholism. (About a fourth of the 16 million alcoholics in the U.S. are categorized as early-onset, having developed drinking problems at or before age 25. People in this category generally respond poorly to counseling, exhibit anti-social behavior, and have a high relapse rate.)

Dr. Bankole Johnson, a psychiatrist who led the research team, explained that because early-onset alcoholism differs from late-onset alcoholism by its association with greater serotonergic abnormality and antisocial behaviors, the researchers hypothesized that individuals with early-onset alcoholism may be responsive to treatment with a selective serotonergic agent.

In the study, 271 alcoholics were treated for 11 weeks with either ondansetron (in doses of 1, 4 or 16 micrograms per kilogram twice daily) or a placebo pill. At the end of the study period, alcoholics on the 4 microgram dose of ondansetron averaged about 1.5 drinks daily, compared to nearly 3.5 drinks daily for the placebo group. Subjects receiving odansetron also abstained from drinking for an average of about 70% of the study days, compared with 50% for the placebo group.

The researchers concluded that ondansetron (particularly the 4 _g/kg twice per day dosage) is an effective treatment for patients with early-onset alcoholism, presumably by ameliorating an underlying serotonergic abnormality. Moreover, because their study demonstrated that alcoholic subtypes with varying selective 5-HT function respond differently to treatment with a specific serotonergic agent, they write that their results suggest an explanation for the fact that promising animal studies of medications that alter serotonergic function have not been confirmed in human trials. They conclude that "medication trials specifically targeting treatment of underlying biological abnormalities in particular alcoholic subtypes heralds a new vista in the alcoholism field."

Source: Journal of the American Medical Association, August 23/30, 2000. Reprints: Bankole A. Johnson, M.D., Ph.D., Department of Psychiatry, University of Texas Health Science Center, 7703 Floyd Curl Dr., Mail Stop 7792, San Antonio, TX 78229-3900 (e-mail: bjohnson@uthscsa.edu). ■

RUTH FOX MEMORIAL ENDOWMENT FUND

Dear Colleagues:

We thank you, our members and friends, for your very generous support, which helped the Endowment Fund reach its $3 million goal. We are now working toward a $4 million goal and hope that you will continue to support the Endowment. Every gift is important, and all contributions are completely tax-deductible because ASAM is a 501(c)(3) organization under the Internal Revenue Code.

We especially wish to thank long-time member Jokichi Takamine, M.D., for his generous bequest in honor of Max A. Schneider, M.D., FASAM. This is in addition to Dr. Takamine's previous contributions.

We also thank John Alonzo Luker, M.D., another long-time member, for his generous pledge in addition to his previous contributions. It gives us great pleasure to add the names of Dr. Luker and Dr. Takamine to the Founders' Circle.

For information about providing a life insurance policy or making a deferred gift, pledge, contribution, bequest, or tribute, or to discuss in confidence other types of gifts, please contact Ms. Claire Osman at 1-800/257-6776 or 718/275-7766. Of course, final decisions should be discussed with your personal tax advisor.

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

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

Andrea G. Barthwell, M.D., FASAM, Chair, Resources & Development Committee

Claire Osman, Director of Development

As of August 15, 2000 — Total Pledges: $ 3,096,593

NEW DONORS, ADDITIONAL PLEDGES AND CONTRIBUTIONS

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Jokichi Takamine, M.D.

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IN MEMORIAM

The Reverend Alden E. Whitney, M.D., a psychiatrist, priest in the Episcopal Church, and addiction expert, died May 20th at the age of 66. A memorial service was held May 27th at Norwalk, CT.

Trained at Cornell University Medical College and New York Hospital Cornell Medical Center, Dr. Whitney served as Chief Resident at the Payne Whitney Clinic and was Attending Psychiatrist at New York Hospital, in addition to maintaining a private practice in psychiatry. He moved to Norwalk Hospital in 1972 and it was there, in 1975, that he founded the Norwalk Hospital Addiction Recovery Program, which he served as Director until his retirement in 1975. Dr. Whitney was certified in addiction medicine by ASAM in 1988. He also was a Diplomate of the American Board of Psychiatry and Neurology.

The Rev. Dr. Whitney also graduated from the Berkeley Divinity School at Yale University and was ordained a priest in the Episcopal Church in 1984. He served the church as an assisting priest at St. Paul's Church in Norwalk, and as a Minister Provincial of the Society of St. Francis, an order of the Episcopal Church that is inspired by the life and ministry of St. Francis of Assisi.

Walter James Murphy, Sr., a well-known activist and educator about alcoholism, died in early September.

As a seasoned public relations professional who had worked for Pepsi Cola and managed publicity for a number of celebrities and corporate leaders, Mr. Murphy dedicated his recovery to helping counter the stigma of alcoholism.

For 25 years, Mr. Murphy served as Public Information Director for what was then known as the National Council on Alcoholism, then went on to serve as NCA's Executive Director before resigning to work as a special assistant to R. Brinkley Smithers. He conceived and produced NCA's landmark 1974 "Operation Understanding" at Washington, D.C., during which 52 prominent Americans disclosed their alcoholism and their recovery for the first time. That event and a similar one the following year generated worldwide press coverage and helped countless alcoholics and their families find help.

Mr. Murphy also cultivated some of the first celebrity spokespersons on alcoholism, including the actors Robert Young, Mercedes McCambridge and Gordon MacRae, as well as former First Lady Betty Ford. He helped organize the Gordon MacRae Celebrity Golf Classic, which was the first national sports event to raise funds for alcoholism education.

In recalling Mr. Murphy's many contributions, alcoholism expert and retired NCA executive George Marcelle said, "Many of us owe our own history in the substance abuse field to Walter's friendship and example. I am very glad to have known and worked with him at NCA for so many years." ■

MEMBERS SPEAK OUT

Questions About ASAM's New Policy on Opioid Detoxification

Howard A. Heit, M.D., FACP, FASAM

I have the following questions about ASAM's new public policy statement on Opioid Antagonist Agent Detoxification Under Sedation or Anesthesia (OADUSA). [Ed: See the ASAM web site or the July-August *ASAM News* (page 4) for the full text of the policy statement.]

- Is it not premature for a policy statement by ASAM on a procedure that costs $4,000 to $8,000? To my knowledge, this procedure is available only to persons who have the resources to pay the fee up-front. What are the others supposed to do?
- Private sector funding for the treatment of addiction is declining. $4,000 to $8,000 buys a lot of treatment. ASAM members are working for parity in addiction treatment, but I do not think this is parity.
- Have there been follow-up studies to determine the comfort level of patients 48 to 72 hours after the OADUSA procedure, as well as their relapse rates at three, six or 12 months?
- Are there scientific data showing whether, after the OADUSA procedure, resumption of opioid use at the same high dose used before detoxification can lead to overdose and death? Some patients have told me that they like the procedure because it alters their opioid receptor sensitivity so that they can re-experience the euphoria that marked their early use of narcotics (there are no scientific data to confirm this observation).
- Is ASAM aware that some physicians and/or facilities that perform OADUSA have taken ASAM's policy statement out of context in order to advertise it as an ASAM-supported procedure? I do not think this is what ASAM intended.

***Dr. Heit** is Assistant Clinical Professor of Medicine at the Georgetown University School of Medicine, Washington, D.C., and is engaged in the private practice of pain and addiction medicine at Fairfax, VA.*

AGENCY NEWS

OPM: Parity to Debut During 2000 Open Season

The federal Office of Personnel Management has announced that during the 2000 "open season" for enrollees in the Federal Employees Health Benefits Program, participating health plans will be required to provide coverage for addiction and mental health treatment that is identical to all other medical care in its deductibles, co-payments and number of office visits allowed. (Open season — a period from November 13 through December 11 — gives federal employees and retirees an opportunity to change insurance plans, although in most years relatively few enrollees actually switch.)

The parity requirement is the result of an Executive Order issued by President Clinton earlier this year. Even under this mandate, however, experts caution that employees will need to carefully check each plan's coverage rules. As with other benefits, many carriers will offer enhanced addiction and mental health services through their preferred network of providers, hospital and clinics. Employees who opt to go outside the network probably will have to pay more for care or encounter coverage restrictions when they file claims.

Source: Washington Post, August 4, 2000.

PHS: Surgeon General Issues Tobacco Report

In a report released at the World Conference on Tobacco, Surgeon General David Satcher, M.D., called on the states to use more money from their tobacco settlements on anti-smoking campaigns, saying that "Our lack of greater progress in tobacco control is more the result of failure to implement proven strategies than it is a lack of knowledge about what to do."

Among other steps, Dr. Satcher called for greater access to pharmaceutical products that help treat nicotine addiction, stronger regulation of tobacco advertising (especially ads aimed at young people), and clean air regulations to protect against second-hand smoke. He cited federal data showing that, each year, one million young people start smoking and another 400,000 Americans die from tobacco-related illnesses.

Figures provided by the National Conference of State Legislatures indicate that the states plan to spend about 10% of the tobacco companies' first-year payments — $8 billion in all — on smoking prevention programs. Of the remainder, more than half has been earmarked for health care services and services for the working poor.

The 1998 settlements call for tobacco companies to pay more than $200 billion to the states over 25 years.

Source: Associated Press, August 9, 2000.■

ASAM CONFERENCE CALENDAR

ASAM

October 26-28
ASAM Review Course in Addiction Medicine
Chicago, IL
21 Category 1 CME credits

November 3-5
Adolescent Substance Abuse —
A Course for Health Care Practitioners
Washington, DC
(in cooperation with the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, the Substance Abuse and Mental Health Services Administration, and the Society for Adolescent Medicine)

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.]

February 9-11, 2001
14th Annual Conference on Addictions
Florida Society of Addiction Medicine
(joinly sponsored by ASM)
Orlando, FL
[For information phone 850/484-3560 or e-mail fsam.asam@usa.net]

MRO Training and Certification Exam

The next ASAM training course for Medical Review Officers is scheduled for December 1-3, 2000, in Washington, DC. The course is approved for 19 Category 1 CME credits. Detailed information is available from the ASAM web site (***wsw.asam.org***).

Immediately following the course, the Medical Review Officer Certification Council (MROCC) will conduct a certification examination. Exam information and registration are available from MROCC by phone at 847/671-1829 or by fax at 847/671-1931. An application for the exam can be downloaded from the MROCC web site (***www.mrocc.com***).

OTHER EVENTS OF NOTE

October 11-14
CSAM Review Course in Addiction Medicine
San Francisco, CA
[For information: phone 415/243-3322]

October 13
Pain, Opioids and Addiction
Birmingham, AL
(sponsored by the Pain and Rehabilitation Institute)
[For information phone 205/591-7246]

November 2-4
24th Annual Conference
Association for Medical Education
and Research in Substance Abuse
Alexandria, VA
[For information phone 401/785-8263]

November 6-9
Addictions 2000: Conference of the
International Society of Addiction Medicine
Jerusalem, Israel
[For information visit the web site
www.sympatico.ca/pmdoc/ISAM]

November 12-16, 2000
128th Annual Meeting of the
American Public Health Association
Boston, MA
[For information visit the web site
apha@laser-registration.com]

February 22-25, 2001
Preventive Medicine 2001:
Science and Systems for Health
American College of Preventive Medicine
(ASAM is a supporting organization)
Miami, FL
[For information visit the web site at
www.PreventiveMedicine2001.org]

March 23-25, 2001
Society for Research on Nicotine and Tobacco
7th Annual Meeting
Seattle, WA
[For information phone 608/836-3787,
e-mail *srnt@tmahq.com* or visit *www.srnt.org*]

Highlights:

ASAM Review Course 2000

The ASAM Review Course in Addiction Medicine is scheduled for October 26-28, 2000, at The Westin O'Hare Hotel, Rosemont, IL (at Chicago's O'Hare Airport). Due to the popularity of this course, guest rooms at the conference hotel are completely sold out. However, ASAM Conference staff have arranged for nearby accommodations at the Doubletree Hotel — O'Hare Rosemont.

The course Study Guide is available now and is being mailed to course attendees as their registrations are received. This affords additional review time to those who are preparing to sit for the Certification/ Recertification Examination in Addiction Medicine. The Guide contains outlines of the speakers' talks, copies of their slides and related readings, as well as sample questions from past Certification/Recertification Exams and information on the topics covered and the distribution of questions on past examinations.

To register or for information, consult the ASAM web site at ***www.asam.org***.

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

Ann Boonn
Database Manager
ABOON@ASAM.ORG

Nancy Brighindi
Director of Membership
& Chapter Development
NBRIG@ASAM.ORG

Caprice Falwell
Meetings Assistant
CFALW@ASAM.ORG

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

Cheryl Kim
Membership Manager
CKIM@ASAM.ORG

Katherine May
Director of Meetings
& Conferences
KMAY@ASAM.ORG

Peter Miller
Office of Finance
PMILL@ASAM.ORG

Claire Osman
Director of Development
Phone: 1-800/257-6776
Fax: 718/275-7666
ASAMCLAIRE@AOL.COM

Christopher Weirs
Credentialing
Project Manager
CWEIR@ASAM.ORG

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