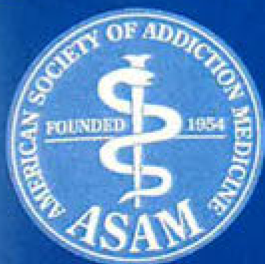

March/April 2002
Volume 17, Number 2

ASAM News

Newsletter of The American Society of Addiction Medicine

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33rd Medical-Scientific Conference to Convene in Atlanta

Addiction medicine specialists from around the world will gather in Atlanta for ASAM's 33rd Annual Medical-Scientific Conference, April 26th-28th. The conference—which welcomes ASAM members as well as nonmember physicians, nurses, psychologists, counselors, students and residents—is preceded by two special events: the Ruth Fox Course for Physicians and an ASAM Forum on Pain and Addiction, both scheduled for Thursday, April 25th. It concludes on Sunday, April 28th, with a training course designed to qualify ASAM members and other physicians to prescribe buprenorphine, an eagerly awaited new anti-addiction medication. See pages 13-19 for more conference information.

Dr. Lawrence Brown Is New ASAM President

Lawrence S. Brown, Jr., M.D., M.P.H., FASAM, is the new President of ASAM, replacing Dr. Andrea Barthwell, who relinquished the Society's Presidency on assuming her new duties in the White House drug policy office (see related story on page 2). Dr. Brown became ASAM's President-Elect in April 2001. He will serve the year remaining in Dr. Barthwell's term of office, as well as the term to which he was elected (April 2003-April 2005).

A Senior Vice President of Addiction Research and Treatment Corporation in Brooklyn, NY, Dr. Brown also holds faculty appointments as Clinical Associate Professor of Public Health at Cornell University and as Visiting Physician at Rockefeller University. Trained in internal medicine and endocrinology, Dr. Brown has conducted clinical and epidemiological research related to understanding addictive disorders and their complications, and has published more than 100 papers and reports on the subject.

He has served ASAM as Director of Region I and as a member of the editorial board of the *Journal of Addictive Diseases*. Dr. Brown also is a member of the Society's Strategic Plan Task Force and the Continuing Medical Education, AIDS, and Opioid Substitution committees. He was certified in Addiction Medicine in 1992 and became an ASAM Fellow in 1996.

His other professional appointments include service on the National Advisory Council of the National Institute on Drug Abuse and the National Institute on Allergy and Infectious Diseases, advisory committees to the Food and Drug Administration and the National Academy of Sciences, and a recent appointment to the U.S. Anti-Doping Agency of the International Olympics Committee. He also is Medical Advisor to the National Football League.

Dr. Barthwell Joins White House Staff

Supreme Court Justice Sandra Day O'Connor administered the oath of office as Andrea G. Barthwell, M.D., FASAM, assumed the post of Deputy Director for Demand Reduction of the White House Office of National Drug Control Policy (ONDCP). Dr. Barthwell's family and friends, as well as her colleagues in ASAM, in the private sector, and in government gathered in the historic Treasury Building, adjoining the White House, to witness the February 28th ceremony.

In praising Dr. Barthwell's appointment, ONDCP Director John P. Walters said, "Dr. Barthwell understands the devastating impact drug abuse inflicts on our communities and the necessity for a balanced drug policy that is rooted in science. Her advocacy of effective drug treatment for the disadvantaged and her innovative approach to leading-edge prevention and care embody the President's philosophy of a compassionate, comprehensive drug policy."

Andrea G. Barthwell, M.D., FASAM

"Dr. Barthwell understands the devastating impact drug abuse inflicts on our communities and the necessity for a balanced drug policy that is rooted in science."

Dr. Barthwell was nominated to the ONDCP post by President Bush in late 2001. Reflecting considerable bipartisan support, Sen. Paul Wellstone (D-MN) hailed her nomination, telling his Senate colleagues that "Dr. Barthwell is extraordinarily qualified for this position and the Administration would be fortunate to have her expertise readily available as the lead White House advisor on domestic drug and alcohol treatment and prevention issues."

Dr. Barthwell was serving as President of ASAM at the time of her confirmation. Under federal rules, she is required to relinquish that position, as well as leadership positions in other private sector organizations. In addition to her work with ASAM, Dr. Barthwell has been President of the Encounter Medical Group in Oak Park, IL, and President and Executive Vice President of two major drug treatment providers in Chicago, the BRASS Foundation and the Human Resources Development Institute. At the state level, Dr. Barthwell served two terms as President of the Illinois Society of Addiction Medicine.

Reflecting her commitment to science-based health policy, Dr. Barthwell has served on the National Advisory Councils of the National Institute on Drug Abuse and the Center for Substance Abuse Treatment and on the Drug Abuse Advisory Committee of the Food and Drug Administration.

Dr. Barthwell assumes her new duties immediately. She can be reached at the Office of National Drug Control Policy, Executive Office of the President, The White House, Washington, DC 20503. ❖

American Society of Addiction Medicine

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

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

President Bush: Treatment is Top Priority

Addiction treatment has been accorded higher priority than either prevention or enforcement in the Bush administration's first National Drug Control Strategy and budget. In announcing his 2002 strategy, President George W. Bush called for a 25% reduction in illicit drug use over the next five years.

In support of its strategic goals, the administration requested a 6% increase in funding for addiction treatment in next year's budget, to $3.8 billion. (In contrast, funding for interdiction efforts is to rise to $2.3 billion.) The federal budget plan submitted to the Congress includes a request for a $60 million increase in the addiction block grant and $71 million more for the Center for Substance Abuse Treatment (CSAT). The budget document strongly endorses the effectiveness of treatment. However, the document points to "a great need to expand the capacity to treat individuals who use and are addicted to illegal drugs." The additional funds requested are to pay for 52,000 new treatment slots nationally. According to data from the Department of Health and Human Services, 3.9 million people needed treatment in the year 2000 but did not get it.

The administration also supported addiction research with a request for an $80 million increase in the budget of the National Institute on Drug Abuse and a $33.8 million increase in the budget of the National Institute on Alcohol Abuse and Alcoholism.

However, some of the gains were offset by a $45 million reduction in the budget of the Center for Substance Abuse Prevention and a decision not to fund national programs created last year by the Congress under the Safe and Drug-Free Schools and Communities (SDFS) program. The budget document was particularly harsh in its assessment of SDFS, calling it ineffective. "The program cannot be associated with a demonstrable change in the incidence of youth violence or drug abuse" according to an administration spokesman, who cited a recent RAND study that was critical of SDFS.

White House officials said that the President's remarks refute criticisms that he cares only about drug interdiction and enforcement. "Everyone expected [he would] be all counternarcotics and enforcement," an aide said. "This has been on his mind a lot. The root of the problem is demand." *Source:* Associated Press, February 12, 2002; Department of Health and Human Services; Office of National Drug Control Policy.

Federal Court Bars Funding of Faith-Based Program

In a setback to a widely discussed Bush administration initiative, a federal district court in Wisconsin has barred the state from funding a faith-based addiction treatment program. Giving unrestricted public funds to Milwaukee's Faith Works program constitutes government-sponsored religious coercion, according to the ruling by Judge Barbara B. Crabb of the Federal District Court for the Western District of Wisconsin. "I conclude that the Faith Works program indoctrinates its participants in religion, primarily through its counselors," wrote Judge Crabb. "Religion is so integral to the Faith Works program that it is not possible to isolate it from the program as a whole."

Faith Works officials argued that public money is used only to support nonreligious parts of the program, which offers Twelve Step programs, job training, voluntary Bible study, prayer meetings, and spiritual counseling. It was founded in 1999 with $600,000 in state funds. The U.S. Department of Justice had filed an *amicus* brief in support of Faith Works.

Observers said the Wisconsin case was the first to challenge the constitutionality of President Bush's faith-based funding initiative. "I think this decision is a warning sign that we need to have clearer guidelines about government aid to religious groups," said Charles C. Haynes of the Freedom Forum's First Amendment Center. *Source: New York Times*, January 10, 2002.

States Use Tobacco Settlement to Patch Budget Holes

Not only are few states meeting federal recommendations for health-related spending of funds received from the tobacco industry settlement, more are turning to the $246 billion windfall to deal with budget shortfalls, according to a report by the Campaign for Tobacco-Free Kids, the American Cancer Society, the American Heart Association, and the American Lung Association.

The report found that only five states are meeting prevention spending targets set by the federal Centers for Disease Control and Prevention (CDC): Arizona, Maine, Massachusetts, Mississippi, and Minnesota. Just 19 states are spending even half the amount recommended by CDC for smoking-prevention programs.

The report singled out Florida and Tennessee as especially egregious examples of states that have diverted funds intended to combat smoking. Florida has slashed funding for a highly successful youth-smoking media campaign, while Tennessee has used all of its tobacco money to cover other budget items. "These are penny-wise, pound-foolish decisions that ignore the conclusive evidence that tobacco prevention programs not only reduce smoking and save lives, but also save far more than they cost by reducing smoking-caused health care expenditures," the report said.

Although the settlement agreement allows individual states to decide how to use the money, the Mississippi Attorney General criticized the fund diversions as "moral treason," arguing that the settlement was intended to address smoking prevention, treat tobacco addiction, and support other health issues—particularly those involving children.

The American Medical Association joined the chorus of critics, as AMA Immediate Past President Randolph D. Smoak Jr., M.D., said, "Lawmakers who refuse to allocate a significant portion of these settlement dollars toward fighting the disease and death caused by tobacco are unwittingly playing into Big Tobacco's hands. More important, they are squandering a golden opportunity to improve the public's health." *Source:* Reuters News Service, January 15, 2002.

Membership, Representation Key Issues at AMA's Interim Meeting

Stuart Gitlow, M.D., M.P.H.
ASAM Delegate to the AMA

At the AMA House of Delegate's December meeting in San Francisco, alternate delegate Lloyd J. Gordon III, M.D., FASAM, and I actively participated in matters before the Section Councils on Psychiatry and Preventive Medicine, the Specialty and Service Section, and several state and section coalitions. We were joined by Michael Miller, M.D., FASAM, who officially serves with the Wisconsin delegation but remains a wonderful spokesman for addiction medicine before the House and its councils and committees.

Representation in the House

As at the June meeting, the House of Delegates wrestled with questions surrounding the continuing decline in AMA's membership and its impact on representation in the House. A report that was to be delivered by staff was delayed by the events of September 11th, so the delegates considered only questions related to specialty society representation.

Under current rules, the number of delegates assigned to each specialty society is based on the number of members of that society who also are members of the AMA and declare that they wish the society to represent them in the House. On this basis, ASAM has one delegate. Even if every ASAM member joined the AMA and chose ASAM as his or her representative, the size of the ASAM delegation would not change.

Because of this situation, our delegation was approached by representatives of other specialty societies that would like ASAM members to select their societies to represent them in the House. The argument they presented is valid, in that the additional votes for the American Psychiatric Association, or the American Academy of Family Physicians, or some other society might well add enough votes to increase the number of delegates assigned to those societies. Presumably, we would receive help with ASAM's issues in return.

Since you and other ASAM members likely will hear from other specialty societies to which you belong about this issue, your delegation felt it important that you hear from us about the matter.

Managed Care Monitoring

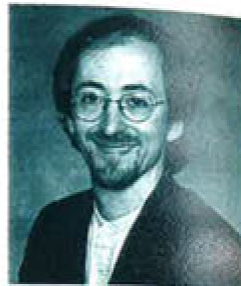
The AMA unveiled a tool that should make it easier for physicians to report problems related to managed care. In the future, all physicians will be encouraged to use a confidential Health Plan Complaint Form, which can be completed on-line at WWW.AMA-ASSN.ORG/AMA/PUB/CATEGORY/6760.HTML. At present, the form is accessible only to physicians who have an AMA Internet ID. AMA staff is working on obtaining a more universally acceptable format.

Bioterrorism

A major portion of the meeting was devoted to issues raised by bioterrorism. AMA-prepared disaster preparedness materials were distributed. These are available to all practicing physicians at WWW.AMAASSN.ORG/AMA/PUB/CATEGORY/6206.HTML.

ASAM's Activities

Looking ahead to the June 2002 meeting, your delegation is working on several resolutions. The first deals with the current DEA scheduling system for certain prescription and non-prescription drugs. The second addresses the situation physicians and their patients often face when generic or branded drugs are suddenly discontinued, often due to lack of sufficient sales, after many years on the market. If you have anecdotal reports or specific ideas that you would like to share, please get in touch with me at DRGITLOW@AOL.COM.



Stuart Gitlow, M.D., M.P.H.

Your input is crucial to your delegation as we pursue ASAM's interests within the AMA. Please contact me with suggestions, questions, or comments. We also are most interested in adding to our delegation by including medical students, residents, fellows, and young physicians (defined by the AMA as those under 40 or in their first five years of practice). If you would like to volunteer, please contact me.

The June 2002 meeting of the House will be held in downtown Chicago, and the December meeting in New Orleans. ASAM members in those cities are invited to join us at the meeting. Any member of the AMA is welcome to address the Reference Committees of the House and, given the small size of our delegation, we can use the additional support. ❖

ADDICTIONOLOGIST

Physician who is ASAM certified or who has a demonstated interest in Addiction Medicine, and who is board-certified in Family or Internal Medicine, is sought for a thriving Family/Internal Medicine practice. The practice is located in a 5,000 square foot office just four blocks from the ocean in beautiful Jacksonville Beach, Florida.

The work involves a variety of medical care, including inpatient addiction treatment, outpatient chemical dependency evaluations, general primary care in an office setting, hospital and nursing home patients. Direct inquiries to John C. Tanner, D.O., FASAM, by phone at 904/247-1911, by fax at 904/241-2653, or by e-mail at TANNER@DNAMAIL.COM.

Percy E. Ryberg, M.D.

ASAM Past President Percy E. Ryberg, M.D., died in January at his home in Bronx, NY. He was 94 years old.

In the 1950s and early 1960s, Dr. Ryberg was part of "a handful of men and women who held the conviction that alcoholism was a preventable and treatable disease," recalled G. Douglas Talbott, M.D., FASAM. Dr. Talbott added that "those were the days of 'drunk tanks,' when public inebriates were locked up in jail, when alcoholics were committed to mental asylums, and when hospital bylaws expressly forbade the admission of alcoholics. In those days, nearly everyone—physicians and laypersons alike—felt that alcoholism and other drug addictions were moral weaknesses."

Determined to change the situation, Dr. Ryberg worked with Ruth Fox, M.D., and Stanley Gitlow, M.D., FASAM, to found the New York Medical Society on Alcoholism. By 1967, the New York group—approaching 100 members—changed its name to the American Medical Society on Alcoholism (AMSA) and resolved to "henceforth be a national organization." In fact, it was a direct predecessor of ASAM.

In addition to serving ASAM as President from 1965 to 1967, Dr. Ryberg was the Society's Treasurer for several terms. Claire Osman, who worked closely with him, recalled Dr. Ryberg's kindness and dedication to the field of addiction medicine.

Ms. Osman also pointed out that, even into his 80s and 90s, Dr. Ryberg remained active in ASAM and in the field of addiction medicine. For example, she said, at an age when many lead a sedentary existence, Dr. Ryberg continued to travel to Puerto Rico to help people suffering from addictive disorders.

Dr. Ryberg was a regular participant in ASAM conferences and continued to chair the Society's History Committee. In that role, he collaborated with the late Emanuel Steindler in compiling information that would lead to a formal history of ASAM. The Society's Executive Vice President, James F. Callahan, D.P.A., observed that "Percy was an example to all of us of how to live life to its fullest and to the very end. He continued to write, to see patients, to be active in ASAM until he died. I will never forget Percy's delight on the occasion of ASAM's national office in Chevy Chase. As David Smith cut the ribbon to dedicate the building, Percy turned to Stan Gitlow and said, 'It's so wonderful having a place of our own'!"

Condolences may be sent to the family in care of Claire Osman at the ASAM office. ❖

John D. Slade, M.D., FASAM

ASAM Board member and committee chair John D. Slade, M.D., FASAM, died in January at the age of 52. He had suffered a stroke in July 2001.

Dr. Slade was director of the Program for Addictions at the University of Medicine and Dentistry of New Jersey School of Public Health. He was a widely known and respected advocate for global changes in smoking laws and was a member of the team that conducted the first scholarly analysis of previously secret documents of the Brown and Williamson Tobacco Co. that formed the basis for the film "The Insider." His analysis led to a series of articles in the *Journal of the American Medical Association* in 1995 as well as the book, *The Cigarette Papers*. Dr. Slade's work to prove that cigarettes are nicotine delivery devices helped make it possible for the U.S. Food and Drug Administration to claim regulatory authority over tobacco products.

Born in Atlanta, Dr. Slade was a graduate of Oberlin College and the medical school of Emory University. His postgraduate studies in internal medicine included work at the New Jersey Department of Health and the University of Medicine and Dentistry of New Jersey and St. Peters' Medical Centers in New Brunswick. There, he developed an interest in addiction medicine and the health aspects of tobacco addiction. He was appointed professor of medicine at the Robert Wood Johnson Medical School in 1998.

In addition to his professional accomplishments, Dr. Slade was known as a generous friend and mentor. Richard C. Hurt, M.D., recalled, "I have known John for over two decades and have marveled at his career and how he influenced those around him. First and foremost, John was a caring and compassionate physician who embodied the highest levels of integrity and honesty. Though a very soft-spoken person, when he spoke, people listened. He led by example.

"John had an outstanding intellect combined with an indefatigable work ethic, a combination that produced results that are pretty incredible. He was kind, considerate and gentle. He had a genuine interest in other people and what they were about, and liked to talk and relate to people from all walks of life. He always had a smile on his face, which was totally disarming to colleagues and adversaries alike.

"John also was a devoted and faithful husband, who was proud of his wife and her talent. Likewise, he was devoted and attentive to his parents, for whom he cared deeply. He was a friend upon whom you could always count.

"He had an impact on the tobacco control field that he never completely realized. He was not only a visionary, but an agent of change. He never sought glory or accolades; rather, he carried his ideas and ideals forward with persistence and unwavering determination. He brought people together, then created the synergy to move the field of addiction medicine to accept tobacco dependence into the mainstream. Max Schneider often said that the smartest thing he did as President of ASAM was to appoint John to chair the Nicotine Dependence Committee."

"On a personal note, I will miss John greatly, as he was my friend, my colleague, and a peer whom I held in the highest esteem. When speaking of a tragic loss such as this, there is always the risk of portraying a person as larger in death than he was in life. That is not the case with John Slade. His accomplishments were so significant that it is impossible to find adequate words to describe them."

ASAM Executive Vice President James F. Callahan, D.P.A., said that "ASAM, the medical community, the public health world, and all of John's friends have suffered a terrible loss. There is no one more beautiful, more selfless or more loving than John Slade. Thousands—perhaps even millions—of patients no longer are addicted to tobacco because of John's work."

Dr. Slade is survived by his wife, Frances Fowler Slade, and his parents, Dr. John de R. and Dr. Helen Benedict Slade. A memorial service was held in early February at All Saints' Episcopal Church in Princeton. Memorial contributions may be made to Princeton Pro Musica, P.O. Box 1313, Princeton, NJ 08542, or to All Saints' Church, 16 All Saints' Road, Princeton, NJ 08540. ❖

Physicians-in-Training Committee Planning Outreach Efforts

Rebecca Zarko, M.D., Chair

The Physicians-in-Training Committee has launched a newsletter ("The PIT Stop") as part of its efforts to reach out to medical students and residents. Committee members hope the newsletter will help them reach medical student and resident members of ASAM with information about issues relevant to physicians and future physicians interested in the field of addiction medicine.

The committee's mission is to serve medical students and residents by (1) improving the quality of addiction training in medical schools, residency programs, and fellowships; (2) increasing the involvement of physicians-in-training at the state chapter level; (3) increasing communication between physicians-in-training and the ASAM national office; and (4) encouraging the participation of ASAM members who are physicians-in-training in the AMA sections for medical students and residents.

Educational Opportunities

The ASAM Board has agreed to waive the registration fee for medical students and residents (with proof of status) who wish to attend the Medical-Scientific Conference, April 25th-28th in Atlanta. This is an opportunity to hear what's new and exciting in addiction medicine and to network with other student and resident members of ASAM, as well as physicians who are practicing addiction medicine.

Other programs also offer unique training experiences. For example, the Betty Ford Center at Rancho Mirage, CA, sponsors a Summer Institute for students, with a five-day training session on chemical dependency and recovery. Scholarships are available. For applications and information, visit www.bettyfordcenter.org/programs/ and click on "professional education." You also can reach the Center's Training Department by phone at 760/773-4108 or by e-mail at traindept@bettyfordcenter.org.

The New England School of Addiction Studies will offer its annual Summer School on the campus of Eastern Connecticut State College in Willimantic. For information, visit www3.umassd.edu/addiction/SATNcal.html, phone 207/621-2549, or e-mail neias@neias.org.

Rutgers University's Center for Alcohol Studies in New Brunswick, NJ, offers two six-day Summer Schools in Alcohol and Drug Studies. Topics include relapse prevention, HIV/AIDS, harm reduction, college based strategies, and gender/ethnic issues. For information, visit www.rci.rutgers.edu/~cas2/ss1.html or phone 732/445-4317. Scholarships to cover tuition may be available.

The University of California, San Diego, will offer a weeklong program for medical students at its La Jolla campus. This Summer Clinical Institute in Addiction Studies is offered in cooperation with the Pacific Southwest Addiction Technology Transfer Center and with grant support from the Scaife Family Foundation. For information, visit www.attc.ucsd.edu/sci98/brochure.htm. For applications, contact Kathie Gorham by e-mail at kgorham@ucsd.edu or phone 858/551-1326. Preference is given to those who are studying or residing in Arizona, California and New Mexico. Scholarships are available.

The Institute for Research Education and Training in Addiction (IRETA) and the Scaife Family Foundation will sponsor a three-week program (which may be extended to four weeks) in Pittsburgh, PA, during June and July. The program includes experiential as well as didactic learning. For information, contact Janice Pringle, Ph.D, at 412/648-8560.

If you are interested in finding a fellowship in addiction medicine, contact the Center for Medical Fellowships in Alcoholism and Drug Abuse at New York University at www.med.nyu.edu@subabuse/felldes.html.

Get Registered!

Help us keep in touch with you! To be certain that your information is listed correctly in ASAM's database and in the next membership directory, send your updated information and e-mail address to ASAM's Membership Department at vfoot@asam.org.

If you know someone who might be interested in joining ASAM, refer them to the Society's web site at www.asam.org for membership materials, publication information, current events, addiction medicine news, and more. ❖

ASAM CERTIFICATION

Last Chance to Register for Certification/Recertification Exam

Christopher M. Weirs, M.P.A.

The last date to register for ASAM's next Certification/Recertification Examination is April 30, 2002. The examinations will be given on Saturday, November 16, 2002, at three sites: Atlanta, GA, New York, NY, and Los Angeles, CA.

Physicians who wish to sit for the examination must complete and submit an application (which can be downloaded from ASAM's web site). All applications will be reviewed and candidates notified by mail as to whether they qualify to sit for the examination. The fee for the examination is $900 for ASAM members and $1,150 for nonmembers.

Physicians who pass the examination become ASAM certified/recertified in Addiction Medicine. Since the exams first were offered in 1986, over 3,300 physicians—including many of the nation's top addiction treatment professionals—have been certified.

For more information on ASAM certification and the examination, contact Christopher M. Weirs, M.P.A., Credentialing Program Director, at the ASAM office at CWeir@asam.org or 301/656-3920, or visit ASAM's Web site at www.asam.org. There, you will find suggested reading material, sample examination questions, examination criteria, an application for the examination, and much more.

Also, watch **ASAM News** for details of the Review Courses in Addiction Medicine for examination candidates and other interested physicians, to be held in October in Chicago and California. ❖

Advocating for Addiction Medicine on Capitol Hill

Donald J. Kurth, M.D., FASAM

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

I recently had a chance to travel to Washington, DC, on business, so I thought I would take the opportunity to learn a bit more about addiction parity and where it stands at the national level. A phone call to Joanne Gartenmann at the ASAM national office led to appointments with the legislative staffs of Sen. Paul Wellstone (D-MN) and Rep. James Ramstad (R-MN), both of whom have authored legislation requiring addiction parity.

I had hoped to meet with the lawmakers themselves, but scheduling conflicts prevented our getting together. I was very pleased, however, to be able to discuss addiction parity issues with Ellen Gerrity, Ph.D., in Sen. Wellstone's office and Michelle Mackay in Rep. Ramstad's office.

Dr. Gerrity is Sen. Wellstone's Mental Health Policy Advisor and is detailed from the National Institutes of Health. She is the principal staff contributor to Sen. Wellstone's S.595, the Addiction Medicine Parity bill. Although quiet and soft-spoken, Dr. Gerrity is extremely knowledgeable about the needs of our patients and the ways of Capitol Hill.

I explained to her that the American Society of Addiction Medicine supported Sen. Wellstone's efforts. I offered our medical expertise to testify if needed but I explained that, as a group, we generally did not get involved in political matters. Her response surprised me and caught me quite off guard. Dr. Gerrity leaned across the desk toward me and quietly said, "Look, we really don't need any more of the 'We are the scientific group but we don't get involved' attitudes. What we *do* need are scientific people up here on the Hill who are willing to make the case for parity *and* who are willing to get involved."

I explained to her that as clinicians and researchers, we often are more comfortable treating patients or designing scientific studies and contributing in those sorts of ways. Dr. Gerrity shot back, "That's fine, but if you are not up here on Capitol Hill, you are not going to affect public policy and you are not going to get the help you need for your patients. Sometimes it really *is* the squeaky wheel that gets the grease. At least that's how it seems here on the Hill. You and your colleagues have to be up here talking face to face with the Senators and Congressmen and making your case for treatment for your patients."

After hearing that, I hope I don't have to tell you what I'm going to be doing on my next trip to Washington, DC. Day in and day out, I work hard trying to help the patients suffering from the disease of addiction and alcoholism who come to me for treatment. The biggest single impediment to that treatment is inadequate insurance coverage for even the most basic services. I talk to insurance companies and utilization review nurses every day, but even when I win my case I feel like I am losing the war.

I was only in the Capital for two days and my time was gone before I could blink an eye. But when I got home to California, I sat down at my computer and wrote letters to Sen. Wellstone and Rep. Ramstad, reiterating the need for addiction treatment parity and expressing my views on the topic. Then, I sent a copy of my letter to each and every member of the United States Senate and House of Representatives. I, for one, am not going to stop there. I will be meeting with each of my U.S. Senators and Congressmen to let them know where I stand on addiction parity and what I believe they can do to help our patients receive the treatment they need and deserve. I hope you will join me. ❖

Dr. Kurth is Chair of the Public Policy Committee and President-Elect of the California Society of Addiction Medicine. He also is the Region II Alternate Representative to the ASAM Board of Directors. He was deeply involved in the successful Proposition 36 (treatment instead of incarceration for addicts) ballot initiative in California and now leads the fight for addiction parity in that state. He is an Associate Professor in the Department of Psychiatry at Loma Linda University and Chief of the Addiction Medicine Service at the Loma Linda University Behavioral Medicine Center in Redlands, CA.

Duke University
Faculty Position

The Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, invites applications for a full-time Duke faculty position to serve as Medical Director of the Alcohol and Drug Abuse Treatment Center at our affiliated state hospital, located 20 minutes from the medical campus.

Applicant must be a BC/BE psychiatrist who will provide excellent clinical and administrative leadership at a residential substance abuse facility, collaborate with psychosocial and neurobiological research programs, create opportunities for resident and medical student clinical learning, and be concerned with continuity of care. Salary and faculty rank will be commensurate with experience.

Send CV with names and addresses of four references to: Dr. Ranga Krishnan, Box 3950 DUMC, Durham, NC 27710. Duke University is an Equal Opportunity Employer. Women and minority candidates are encouraged to apply.

Higher Injury Rate Persists in Recovering Alcoholics

Drinking continues to cause harm long after a person quits or is treated for addiction, according to researchers at Boston University. They also report that alcoholics are more prone to injury than drug users who receive similar treatment.

These findings are based on a study of 470 patients from a detoxification unit in Boston. Participants were divided into three groups: alcohol dependent, illicit drug dependent, and polydrug dependent. Throughout the 24-month study, subjects were asked periodically if they had suffered any injuries from gunshots or stabbings, accidents or falls requiring medical attention, fractures or dislocation of bones or joints, head injuries, or injuries from accidents involving a car or motorcycle.

The researchers found that 29% of those who were alcohol dependent suffered an injury after detoxification, compared to 28% of the patients who were both alcohol and illicit-drug dependent, and 16% of those who were drug dependent.

Dr. Jeffrey H. Samet, an associate professor of medicine and public health at Boston University and lead author of the report, explained that damage to nerve endings in hands and feet is a documented consequence of chronic alcohol use. Such nerve endings control balance and mobility. "These people have had their bodies exposed to alcohol for a long time, and there are neurotoxic effects. These neurotoxic effects, one can make the case, may put one at risk of injury," he said. Dr. Samet speculated that alcohol-dependent individuals could have "risk-taking personality traits, which may not only put them at risk for alcohol and drugs, but for injuries as well." **Source:** *HealthScout News, February 15, 2002.* The study is published in the January 2002 issue of the journal *Alcoholism: Clinical & Experimental Research.*

Most Pregnant Women Don't Disclose Drug Use

About 70% of women who use drugs during pregnancy fail to disclose that information to their physicians, according to a study led by Dr. Beth Malizia of the University of Alabama in Birmingham. Specifically, the women did not reveal illicit drug or alcohol use on lifestyle questionnaires they completed during prenatal exams.

For the study, researchers reviewed questionnaires and conducted hair and urine tests on 1,644 consenting women who received pre- and postnatal care. At the start of the study, 226 of the 1,644 participating women either reported that they had used alcohol or others drugs, or tested positive for alcohol and other drugs from the first three months prior to pregnancy through the time they delivered their babies. Of the 226, seven women tested positive for alcohol, 108 for marijuana, 47 for cocaine, and 32 for other drug use.

When the researchers compared the laboratory test results to the voluntary disclosures, however, they found that only 71% of the alcohol use, 39% of the cocaine use, and 27% of the marijuana use was reported on the questionnaires. "This resulted in a total of 30% of substance use being identified in the conduct of routine care," Dr. Malizia said. "Not only are these preliminary exams a great time to educate women about healthier choices for themselves and their developing baby, but during this time, women tend to be much more open to the idea of seeking treatment for drug or alcohol problems they may be experiencing."

The researchers concluded that new techniques, such as more explicit forms or interviews, are needed to improve the identification of alcohol and drug use by pregnant women. **Source:** *Reuters News Service,* January 21, 2002. The study findings were presented at the annual meeting of the Society for Maternal-Fetal Medicine in New Orleans, LA.

Failure Called Part of Quitting Smoking

A consensus is emerging that smokers who relapse to tobacco use may be paving the way for future successful attempts to quit. "Most people have to try to quit probably five to seven times before they succeed," according to John Hughes, M.D., professor of psychiatry at the University of Vermont. "It's just like swimming," he said, adding, "it's important to keep jumping in the water to learn."

According to the federal Centers for Disease Control and Prevention, about 40% of the 50 million smokers in the U.S. will try to quit smoking at least once this year, but only one in 10 will succeed. Researchers at the Boston University School of Dental Medicine have found that between 60% and 90% of smokers relapse within the first year of quitting. Of those who make it to the one-year mark, 15% relapse in the second year. Smokers who remain abstinent for at least two years have a risk of relapse of 2% to 4% each year within the second through sixth years. The risk decreases to less than 1% annually after 10 years of not smoking.

For the study, Dr. Elizabeth A. Krall and her colleagues followed 483 male smokers for 35 years. During that time, the men answered questions about smoking, alcohol use, and caffeine consumption. The researchers discovered that smokers were more likely to relapse if they smoked cigars or pipes, drank more than 6 cups of coffee per day, or consumed 5 or more alcoholic drinks per day.

To help smokers achieve success, Michael C. Fiore, M.D., who chaired a federal panel that issued treatment guidelines two years ago, noted that there are seven drug treatment choices for smokers, as well as numerous organized smoking cessation programs and individual counseling services. In addition, there are various nicotine replacement methods, including gum, the patch and an inhaler. Certain antidepressants also have shown to help smokers quit. "The good news for smokers," Dr. Fiore said, "is that people now have a choice. There's never been a better time to quit." **Source:** *Nicotine & Tobacco Research,* March 2002; *Washington Post,* February 19, 2002.

Heroin, Cocaine and Alcohol Cause Most Drug-Related Deaths

Heroin, cocaine and alcohol in combination with other drugs were the three substances implicated most often in drug-related deaths in 2000, according to medical examiners participating in the federal Drug Abuse Warning Network (DAWN). Narcotic analgesics—including methadone, codeine, hydrocodone and oxycodone—also frequently ranked among the drugs reported most often by 137 medical examiners' offices in 43 metropolitan areas that participate in DAWN.

According to the report, drug abuse deaths among adolescents and young adults were relatively rare: fewer than 20% of reported deaths were in persons younger than age 25. By contrast, more than a third of all drug abuse deaths were in persons older than age 45. More than half of all drug-related deaths were in men.

The release of *Mortality Data from the Drug Abuse Warning Network* marks the debut of a redesigned DAWN report. Changes in format and content are designed to provide more information about the metropolitan areas represented in the DAWN reporting panel. Other key findings of the 2000 report include:

- There were no consistent trends in heroin mentions across the metropolitan areas. From 1999 to 2000, the number of heroin/morphine deaths increased in 13 metropolitan areas and decreased in 12 others.
- Methadone ranked in the top 10 mentions in 19 cities, including New York, Phoenix, and Chicago.
- Methamphetamine-related deaths continue to be concentrated in the Midwest and West.
- Codeine was among the 10 drugs most frequently cited by medical examiners in 15 cities, including Los Angeles, Phoenix, Detroit, San Francisco, and Chicago.
- Hydrocodone (e.g., Dilaudid®) was among the drugs most frequently cited in 15 cities, including Los Angeles, Detroit, Dallas, Oklahoma City, and San Diego.
- Oxycodone ranked among the 10 most often cited drugs in 15 cities, including Philadelphia, Las Vegas, and Boston. (The report cautions that these mentions cannot be attributed to specific drugs, such as OxyContin®.)
- In three cities (Minneapolis, Baltimore and Norfolk), alcohol was involved in more than half of all drug-related deaths.

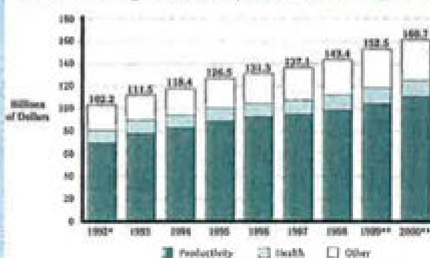
The deaths described in the DAWN report do not represent the nation as a whole, nor are they necessarily representative of all drug-related deaths in a given metropolitan area. Rather, they are suggestive of national and local trends.

Copies of the full report can be downloaded from WWW.SAMHSA.GOV or obtained from the National Clearinghouse on Alcohol and Drug Information at 1-800/729-6686. *Source:* Substance Abuse and Mental Health Services Administration (2002). *Mortality Data from the Drug Abuse Warning Network, 2000.* Rockville, MD: SAMHSA.

Costs of Illicit Drug Use Estimated

The overall cost of illicit drug use to society was $160 billion in the year 2000, according to estimates prepared by the Office of National Drug Control Policy. The majority (69%) of these costs were attributed to losses in productivity through premature deaths and illnesses and incarceration.

Other costs included expenditures for health care (9%) and criminal justice/social welfare (22%). The total cost of drug abuse to society rose at approximately a 6% annual rate between 1992 and 2000 (see figure, below).



* The 1992 cost of drug abuse originally developed by Harwood et al. (1998) was re-estimated based on more recent data. The revised estimate is 4.6% higher than the original estimate of $97.7 billion. *Source:* Adapted by CESAR from the Office of National Drug Control Policy (2001). *The Economic Costs of Drug Abuse in the United States.* Available on-line at WWW.WHITEHOUSEDRUGPOLICY.GOV.

NIAAA: Dr. Kington Named Acting Director

Raynard S. Kington, M.D., Ph.D., has been named Acting Director of the National Institute on Alcohol Abuse and Alcoholism, replacing Enoch Gordis, M.D., who retired at the end of December.

Dr. Kington has served as Associate Director and Director of the NIH Office of Behavioral and Social Sciences Research—positions he will retain while serving as NIAAA Acting Director. Dr. Kington came to NIH from the Centers for Disease Control and Prevention (CDC), where he was Director of the Division of Health Examination Statistics in the CDC's National Center for Health Statistics (NCHS). Before joining the CDC, Dr. Kington was a Senior Scientist at the RAND Corporation, where he co-directed the Drew University/RAND Center on Health and Aging.

Dr. Kington earned undergraduate and medical degrees from the University of Michigan and then completed his residency training in Internal Medicine at Michael Reese Medical Center in Chicago. He attended the University of Pennsylvania as a Robert Wood Johnson Clinical Scholar, earning an M.B.A. and Ph.D. in Health Policy and Economics from The Wharton School. Board-certified in Internal Medicine, Geriatric Medicine, and Public Health and Preventive Medicine, Dr. Kington's research has focused on social factors as determinants of health. *Source:* NIAAA announcement. ❖

Risperidone Reduces Euphoric Effects of Cocaine

Repeated dosing with risperidone, an antipsychotic drug used to treat disorganized or psychotic thinking, was effective in blunting the euphoric "highs" associated with cocaine use in nine human volunteers.

Subjects treated with low doses of risperidone for five days prior to receiving intravenous (IV) cocaine reported that they perceived less of a high than they did from the same amount of IV cocaine without the risperidone pretreatment. Dr. Thomas F. Newton and his co-investigators at the UCLA School of Medicine report that risperidone reduced the high by a modest but significant degree—about 15%.

Previous studies using a single dose of dopamine antagonists failed to reduce the perceived effects of cocaine. The UCLA researchers concluded that repeated dosing, rather than a single treatment, may be necessary. They say that medications such as risperidone block specific dopamine and serotonin receptors—elements of the brain circuitry that are thought to play a role in the perception of pleasure and in craving.

What It Means: Although risperidone effectively blocked dopamine receptors, there was only a modest reduction in cocaine-induced euphoria, suggesting that mechanisms other than those receptors may be important in drug-induced euphoria. A better understanding of the neurochemical basis for stimulant-based euphoria is critical to the development of better treatments for stimulant addiction. *Source: NIDA NewsScan*, January 30, 2002. The study was reported in the journal *Psychiatry Research*.

Beliefs About Cigarette Smoking Change with Age

Surveys of more than 7,000 individuals questioned periodically from middle school through their mid-30s about their beliefs concerning the risks associated with smoking cigarettes and the value they place on health demonstrate how these attitudes change with age.

A research team led by Drs. Laurie Chassin and Clark Presson from Arizona State University and Dr. Steven J. Sherman from Indiana University drew participants for the study from a large, Midwestern community. At the most recent assessment, 26% smoked cigarettes. The investigators reported that:

- Between the ages of 11 and 14, the perception that smoking would harm one's own health decreased. However, between the ages of 15 and 18 and continuing to age 24, there was an increased belief that smoking can be harmful to one own health.
- Between the ages of 15 and 18, the value that adolescents placed on health decreased. However, the value placed on health increased starting at age 19 and continued to increase up to age 29.
- Throughout adolescence and young adulthood, there was a small but statistically significant increase in the belief that cigarette smoking is harmful to health in general.
- Between ages 11 and 14, belief in the positive psychological consequences of smoking increased; however, this trend reversed between ages 15 and 18.
- Between 11 and 14, the belief that cigarettes are addicting decreased, but between the ages of 15 and 18 and between ages 19 and 24, both smokers and nonsmokers increased their belief that cigarettes are addicting.
- Across all age groups, those who smoked were significantly less likely to believe that smoking is harmful to either health in general or to their own personal health, and smokers placed significantly less value on health than did nonsmokers.

What It Means: Smoking interventions aimed at adolescents must counter the perception among middle school students that cigarette smoking does not pose a risk of addiction or a risk to one's own health, and must counter the declining value placed on health by high school students. *Source: NIDA NewsScan*, January 30, 2002. The study was reported in the journal *Health Psychology*.

Ages of Greatest Risk for Alcohol, Drug Use and Dependence Identified

Dr. Fernando Wagner and Dr. James C. Anthony of the Johns Hopkins University analyzed data from the National Comorbidity Survey to determine the ages at which individuals are at greatest risk for initiating use of marijuana, alcohol, and cocaine, as well as the ages at which dependence on those drugs is likely to occur. More than 8,000 individuals aged 15 to 54 answered questions regarding the age at which they first used the drugs, and at what age they became dependent. Of this sample, almost half (3,940) had used marijuana; the majority (7,485) had used alcohol; and fewer than 20 percent (1,337) had used cocaine. There were 354 cases of marijuana dependence, 220 cases of cocaine dependence, and 212 cases of alcohol dependence.

The survey indicated that the ages at which individuals are more at risk for starting to use alcohol and marijuana are 17 to 18 years—about 2 years earlier than for cocaine. However, once use of cocaine began, dependence occurred early and rapidly, with more than 5% of cocaine users becoming dependent on the drug during their first year of use. Within 10 years of first use, more than 15% of cocaine users were dependent, as compared to 8% of marijuana users and about 12% of alcohol users.

The data also indicated that the risk of developing alcohol dependence extends into middle age, whereas the period of greatest risk for dependence on marijuana and cocaine generally ends by ages 30 and 35, respectively.

What It Means: The ages of greatest risk for developing dependence on alcohol, marijuana, and cocaine vary by drug. Cocaine dependence almost always develops within the first several years after initial use, while alcohol dependence develops more insidiously, often many years after use begins. Interventions should be timed accordingly. *Source: NIDA NewsScan*, January 30, 2002. The study was reported in the on-line journal *Neuropsychopharmacology* (the official journal of the American College of Neuropsychopharmacology), and is due to appear in a hard-copy issue early in 2002.

This time he's really ready to stop drinking.

Antabuse® can help.

Active, effective support for the patient committed to recovery

Proven to aid in reducing alcohol consumption and sustaining abstinence from alcohol as part of an overall psychosocial program.

An integral part of an integrated system of support for more than 30 years

Adjunctive therapy for patients who want pharmaceutical assistance in maintaining sobriety.

Disulfiram should *never* be given to a patient who is in a state of alcohol intoxication or without their knowledge. Relatives should be instructed accordingly.

Patients who have recently received metronidazole, paraldehyde, alcohol, or alcohol-containing products should not receive Antabuse. Antabuse is contraindicated in severe myocardial disease or coronary occlusion, psychoses, and hypersensitivity to disulfiram. Antabuse should be used with caution in patients receiving phenytoin and its congeners. Please see full prescribing information on next page for more information.

Please see Full Prescribing Information on adjacent page.

In alcoholism

ANTABUSE®

(Disulfiram, USP)

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Support for the committed quitter

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IN ALCOHOLISM

> **WARNING:**
> Disulfiram should *never* be administered to a patient when he is in a state of alcohol intoxication, or without his full knowledge. The physician should instruct relatives accordingly.

DESCRIPTION: Disulfiram is an alcohol antagonist drug.
CHEMICAL NAME:
bis(diethylthiocarbamoyl) disulfide.
STRUCTURAL FORMULA:

$C_{10}H_{20}N_2S_4$ M.W. 296.54

Disulfiram occurs as a white to off-white, odorless, and almost tasteless powder, soluble in water to the extent of about 20 mg in 100 mL, and in alcohol to the extent of about 3.8 g in 100 mL.

Each tablet for oral administration contains 250 mg disulfiram, USP. Tablets also contain colloidal silicon dioxide, anhydrous lactose, magnesium stearate, microcrystalline cellulose, sodium starch glycolate, and stearic acid.

CLINICAL PHARMACOLOGY: Disulfiram produces a sensitivity to alcohol which results in a highly unpleasant reaction when the patient under treatment ingests even small amounts of alcohol.

Disulfiram blocks the oxidation of alcohol at the acetaldehyde stage. During alcohol metabolism following disulfiram intake, the concentration of acetaldehyde occurring in the blood may be 5 to 10 times higher than that found during metabolism of the same amount of alcohol alone.

Accumulation of acetaldehyde in the blood produces a complex of highly unpleasant symptoms referred to hereinafter as the disulfiram-alcohol reaction. This reaction, which is proportional to the dosage of both disulfiram and alcohol, will persist as long as alcohol is being metabolized. Disulfiram does not appear to influence the rate of alcohol elimination from the body.

Disulfiram is absorbed slowly from the gastrointestinal tract and is eliminated slowly from the body. One (or even two) weeks after a patient has taken his last dose of disulfiram, ingestion of alcohol may produce unpleasant symptoms.

Prolonged administration of disulfiram does not produce tolerance; the longer a patient remains on therapy, the more exquisitely sensitive he becomes to alcohol.

INDICATIONS AND USAGE: Disulfiram is an aid in the management of selected chronic alcohol patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage.

Disulfiram is not a cure for alcoholism. When used alone, without proper motivation and supportive therapy, it is unlikely that it will have any substantive effect on the drinking pattern of the chronic alcoholic.

CONTRAINDICATIONS: Patients who are receiving or have recently received metronidazole, paraldehyde, alcohol, or alcohol-containing preparations, e.g., cough syrups, tonics and the like, should not be given disulfiram.

Disulfiram is contraindicated in the presence of severe myocardial disease or coronary occlusion, psychoses, and hypersensitivity to disulfiram or to other thiuram derivatives used in pesticides and rubber vulcanization.

WARNINGS:

> Disulfiram should *never* be administered to a patient when he is in a state of alcohol intoxication, or without his full knowledge. The physician should instruct relatives accordingly.

The patient must be fully informed of the disulfiram-alcohol reaction. He must be strongly cautioned against surreptitious drinking while taking the drug, and he must be fully aware of the possible consequences. He should be warned to avoid alcohol in disguised forms, i.e., in sauces, vinegars, cough mixtures, and even in aftershave lotions and back rubs. He should also be warned that reactions may occur with alcohol up to 14 days after ingesting disulfiram.

The Disulfiram-Alcohol Reaction: Disulfiram plus alcohol, even small amounts, produce flushing, throbbing in head and neck, throbbing headache, respiratory difficulty, nausea, copious vomiting, sweating, thirst, chest pain, palpitation, dyspnea, hyperventilation, tachycardia, hypotension, syncope, marked uneasiness, weakness, vertigo, blurred vision, and confusion. In severe reactions there may be respiratory depression, cardiovascular collapse, arrhythmias, myocardial infarction, acute congestive heart failure, unconsciousness, convulsions, and death.

The intensity of the reaction varies with each individual, but is generally proportional to the amounts of disulfiram and alcohol ingested. Mild reactions may occur in the sensitive individual when the blood alcohol concentration is increased to as little as 5 to 10 mg per 100 mL. Symptoms are fully developed at 50 mg per 100 mL, and unconsciousness usually results when the blood alcohol level reaches 125 to 150 mg.

The duration of the reaction varies from 30 to 60 minutes, to several hours in the more severe cases, or as long as there is alcohol in the blood.

Concomitant Conditions: Because of the possibility of an accidental disulfiram-alcohol reaction, disulfiram should be used with extreme caution in patients with any of the following conditions: diabetes mellitus, hypothyroidism, epilepsy, cerebral damage, chronic and acute nephritis, hepatic cirrhosis or insufficiency.

PRECAUTIONS: Patients with a history of rubber contact dermatitis should be evaluated for hypersensitivity to thiuram derivatives before receiving disulfiram (see **CONTRAINDICATIONS**).

It is suggested that every patient under treatment carry an *Identification Card* stating that he is receiving disulfiram and describing the symptoms most likely to occur as a result of the disulfiram-alcohol reaction. In addition, this card should indicate the physician or institution to be contacted in an emergency. (Cards may be obtained from ODYSSEY PHARMACEUTICALS upon request.)

Alcoholism may accompany or be followed by dependence on narcotics or sedatives. Barbiturates and disulfiram have been administered concurrently without untoward effects; the possibility of initiating a new abuse should be considered.

Hepatic toxicity including hepatic failure resulting in transplantation or death have been reported. Severe and sometimes fatal hepatitis associated with disulfiram therapy may develop even after many months of therapy. Hepatic toxicity has occurred in patients with or without prior history of abnormal liver function. Patients should be advised to immediately notify their physician of any early symptoms of hepatitis, such as fatigue, weakness, malaise, anorexia, nausea, vomiting, jaundice, or dark urine.

Baseline and follow-up liver function tests (10-14 days) are suggested to detect any hepatic dysfunction that may result with disulfiram therapy. In addition, a complete blood count and serum chemistries, including liver function tests, should be monitored.

Patients taking disulfiram tablets should not be exposed to ethylene dibromide or its vapors. This precaution is based on preliminary results of animal research currently in progress that suggest a toxic interaction between inhaled ethylene dibromide and ingested disulfiram resulting in a higher incidence of tumors and mortality in rats. A correlation between this finding and humans, however, has not been demonstrated.

Drug Interactions: Disulfiram appears to decrease the rate at which certain drugs are metabolized and therefore may increase the blood levels and the possibility of clinical toxicity of drugs given concomitantly.

DISULFIRAM SHOULD BE USED WITH CAUTION IN THOSE PATIENTS RECEIVING PHENYTOIN AND ITS CONGENERS, SINCE THE CONCOMITANT ADMINISTRATION OF THESE TWO DRUGS CAN LEAD TO PHENYTOIN INTOXICATION. PRIOR TO ADMINISTERING DISULFIRAM TO A PATIENT ON PHENYTOIN THERAPY, A BASELINE PHENYTOIN SERUM LEVEL SHOULD BE OBTAINED. SUBSEQUENT TO INITIATION OF DISULFIRAM THERAPY, SERUM LEVELS OF PHENYTOIN SHOULD BE DETERMINED ON DIFFERENT DAYS FOR EVIDENCE OF AN INCREASE OR FOR A CONTINUING RISE IN LEVELS. INCREASED PHENYTOIN LEVELS SHOULD BE TREATED WITH APPROPRIATE DOSAGE ADJUSTMENT.

It may be necessary to adjust the dosage of oral anticoagulants upon beginning or stopping disulfiram, since disulfiram may prolong prothrombin time.

Patients taking isoniazid when disulfiram is given should be observed for the appearance of unsteady gait or marked changes in mental status, the disulfiram should be discontinued if such signs appear.

In rats, simultaneous ingestion of disulfiram and nitrite in the diet for 78 weeks has been reported to cause tumors, and it has been suggested that disulfiram may react with nitrites in the rat stomach to form a nitrosamine, which is tumorigenic. Disulfiram alone in the rat's diet did not lead to such tumors. The relevance of this finding to humans is not known at this time.

Usage in Pregnancy: The safe use of this drug in pregnancy has not been established. Therefore, disulfiram should be used during pregnancy only when, in the judgement of the physician, the probable benefits outweigh the possible risks.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Since many drugs are so excreted, disulfiram should not be given to nursing mothers.

Geriatric Use: A determination has not been made whether controlled clinical studies of disulfiram included sufficient numbers of subjects aged 65 and over to define a difference in response from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS: (See **CONTRAINDICATIONS, WARNINGS,** and **PRECAUTIONS.**)

OPTIC NEURITIS, PERIPHERAL NEURITIS, POLYNEURITIS, AND PERIPHERAL NEUROPATHY MAY OCCUR FOLLOWING ADMINISTRATION OF DISULFIRAM.

Multiple cases of hepatitis, including both cholestatic and fulminant hepatitis, as well as hepatic failure resulting in transplantation or death, have been reported with administration of disulfiram.

Occasional skin eruptions are, as a rule, readily controlled by concomitant administration of an antihistaminic drug.

In a small number of patients, a transient mild drowsiness, fatigability, impotence, headache, acneform eruptions, allergic dermatitis, or a metallic or garlic-like aftertaste may be experienced during the first two weeks of therapy. These complaints usually disappear spontaneously with the continuation of therapy, or with reduced dosage.

Psychotic reactions have been noted, attributable in most cases to high dosage, combined toxicity (with metronidazole or isoniazid), or to the unmasking of underlying psychoses in patients stressed by the withdrawal of alcohol.

OVERDOSAGE: No specific information is available on the treatment of overdosage with disulfiram. It is recommended that the physician contact the local Poison Control Center.

DOSAGE AND ADMINISTRATION: Disulfiram should never be administered until the patient has abstained from alcohol for at least 12 hours.

Initial Dosage Schedule: In the first phase of treatment, a maximum of 500 mg daily is given in a single dose for one to two weeks. Although usually taken in the morning, disulfiram may be taken on retiring by patients who experience a sedative effect. Alternatively, to minimize, or eliminate, the sedative effect, dosage may be adjusted downward.

Maintenance Regimen: The average maintenance dose is 250 mg daily (range, 125 to 500 mg), it should not exceed 500 mg daily.

Note: Occasionally patients, while seemingly on adequate maintenance doses of disulfiram, report that they are able to drink alcoholic beverages with impunity and without any symptomatology. All appearances to the contrary, such patients must be presumed to be disposing of their tablets in some manner without actually taking them. Until such patients have been observed reliably taking their daily disulfiram tablets (preferably crushed and well mixed with liquid), it cannot be concluded that disulfiram is ineffective.

Duration of Therapy: The daily, uninterrupted administration of disulfiram must be continued until the patient is fully recovered socially and a basis for permanent self-control is established. Depending on the individual patient, maintenance therapy may be required for months or even years.

Trial with Alcohol: During early experience with disulfiram, it was thought advisable for each patient to have at least one supervised alcohol-drug reaction. More recently, the test reaction has been largely abandoned. Furthermore, such a test reaction should never be administered to a patient over 50 years of age. A clear, detailed and convincing description of the reaction is felt to be sufficient in most cases.

However, where a test reaction is deemed necessary, the suggested procedure is as follows:

After the first one to two weeks' therapy with 500 mg daily, a drink of 15 mL (1/2 oz) of 100 proof whiskey, or equivalent, is taken slowly. This test dose of alcoholic beverage may be repeated once only, so that the total dose does not exceed 30 mL (1 oz) of whiskey. Once a reaction develops, no more alcohol should be consumed. Such tests should be carried out only when the patient is hospitalized, or comparable supervision and facilities, including oxygen, are available.

Management of Disulfiram-Alcohol Reaction: In severe reactions, whether caused by an excessive test dose or by the patient's unsupervised ingestion of alcohol, supportive measures to restore blood pressure and treat shock should be instituted. Other recommendations include: oxygen, carbogen (95% oxygen and 5% carbon dioxide), vitamin C intravenously in massive doses (1 g) and ephedrine sulfate. Antihistamines have also been used intravenously. Potassium levels should be monitored, particularly in patients on digitalis, since hypokalemia has been reported.

HOW SUPPLIED: Disulfiram Tablets, USP:

250 mg - White, round, unscored tablets in bottles of 100.
Debossed: OP 706

Dispense in a tight, light-resistant container as defined in the USP.

Store at controlled room temperature 15°-30°C (59°-86°F). [SEE USP]

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33rd ASAM Medical-Scientific Conference Opens April 26th in Atlanta

Addiction medicine specialists from around the world will gather in Atlanta for ASAM's 33rd Annual Medical-Scientific Conference, April 26th-28th. The conference—which welcomes ASAM members as well as nonmember physicians, nurses, psychologists, counselors, students and residents—is preceded by two special events: the Ruth Fox Course for Physicians and an ASAM Forum on Pain and Addiction, both scheduled for Thursday, April 25th. It concludes on Sunday, April 28th, with a training course designed to qualify ASAM members and other physicians to prescribe buprenorphine, an eagerly awaited new anti-addiction medication.

Smithers Lecture

The annual Business Meeting and Breakfast will be gaveled to order at 7:00 a.m. on Friday, April 26th, by new ASAM President Lawrence S. Brown, Jr., M.D., M.P.H., FASAM.

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

The official opening of the conference immediately follows the breakfast. A highlight of the opening ceremony is the R. Brinkley Smithers Distinguished Scientist Lecture, to be delivered this year by Denise B. Kandel, Ph.D., Professor of Public Health in Psychiatry at Columbia University College of Physicians & Surgeons, New York City. Dr. Kandel will speak on "The Natural History of Smoking and Nicotine Dependence."

The Smithers Lecture initiates a three-day program rich in scientific and clinical presentations. Program chair Marc Glanter, M.D., FASAM, and his committee have planned a mixture of symposia, courses, and workshops, as well as paper and poster presentations based on submitted abstracts, affording participants an opportunity to interact with experts in the field. Major events include special day-long sessions organized by the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the Centers for Disease Control and Prevention.

Awards Luncheon

The ASAM Awards Luncheon, to be held Saturday, April 27th, will honor outstanding figures in the addiction field (the Awards Luncheon is an extra fee event). The Annual ASAM Award for outstanding contributions to the growth and vitality of the Society, for thoughtful leadership in the field, and for deep understanding of the art and science of Addiction Medicine will be presented to J. Thomas Payte, M.D.

The Annual ASAM Award for expanding the frontiers of Addiction Medicine and broadening our understanding of the addiction process through research and innovation will be presented to George F. Koob, Ph.D.

The Young Investigator Award will be presented to Kevin P. Hill, M.D., for the best abstract submitted by an author who is within five years of receipt of a doctoral degree.

The recipient of the second Medical-Scientific Program Committee Award is Michael Dennis, Ph.D. The award is given to the author of the best abstract submitted.

A traditional highlight of the luncheon is the John P. McGovern Award and Lecture on Addiction and Society, established in 1997 to honor an individual who has made highly meritorious contributions to public policy, treatment, research, or prevention and who has increased our understanding of the relationship of addiction and society. The award is sponsored by an endowment from the John P. McGovern Foundation. This year's recipient is Monsignor William B. O'Brien, President of Daytop Village in New York City.

Details of conference activities are found on the following pages of **ASAM News** and on ASAM's web site (WWW.ASAM.ORG).

Conference Registration and Fees

Register on-site at the ASAM Conference Registration and Information desk, which will be open during the following hours:

Wednesday, April 24th, 5:00 p.m. to 8:00 p.m.
Thursday, April 25th, 6:30 a.m. to 5:30 p.m.
Friday, April 26th, 7:00 a.m. to 5:00 p.m.
Saturday, April 27th, 7:30 a.m. to 5:00 p.m.
Sunday, April 28th, 7:00 a.m. to 1:00 p.m.

The following fees apply to on-site registrations only:

33rd Annual Medical-Scientific Conference (April 26th-28th)

ASAM member: $500
Non-member physician: $600
Non-physician professional (R.N., Ph.D., CAC, LCSW, etc.): $500
Paper presenter: $375
Guest of a registrant: $375
Resident, Fellow, Intern (with proof of status): No charge
Student (with proof of status): No charge

Daily Registration for the Medical-Scientific Conference

$250 per day

ASAM Awards Luncheon (Saturday, April 27th, 12:45 p.m.)

$45 for Medical-Scientific Conference registrants

Ruth Fox Course for Physicians (Thursday, April 25th)

ASAM member: $225
Non-member physician: $280
Non-physician professional (R.N., Ph.D., CAC, LCSW, etc.): $225
Guest of a registrant: $190
Resident, Fellow, Intern (with proof of status): $190
Student (with proof of status): $100

Pain and Addiction: Common Threads III (Thursday, April 25th)

ASAM member: $225
Non-member physician: $280
Non-physician professional (R.N., Ph.D., CAC, LCSW, etc.): $225
Guest of a registrant: $190
Resident, Fellow, Intern (with proof of status): $190
Student (with proof of status): $100

Buprenorphine and Office-Based Treatment of Opioid Dependence (Sunday, April 28th)

ASAM member: $225
Non-member physician: $280
Non-physician professional (R.N., Ph.D., CAC, LCSW, etc.): $225
Guest of a registrant: $190
Resident, Fellow, Intern (with proof of status): $190
Student (with proof of status): $100

Relax and Network at Social Functions

Visit with friends, enjoy a meal or snack, or savor a relaxing moment at any of the following social events scheduled throughout the Medical-Scientific Conference. Except where specifically noted, they are free and welcome all registered conference attendees.

Thursday, April 25th

Welcome Reception and Opening of the Exhibit Hall, sponsored by the Georgia Society of Addiction Medicine *(6:00 to 8:00 p.m.)*

Friday, April 26th

Annual Business Meeting and Breakfast, sponsored by the Christopher D. Smithers Foundation *(7:00 to 8:00 a.m.)*

Refreshment breaks in the Exhibit Hall *(10:00 to 10:30 a.m. and 3:30 to 4:00 p.m.)*

Ruth Fox Endowment Donor Reception (by invitation only), hosted by Dr. and Mrs. Joseph E. Dorsey *(6:30 to 8:30 p.m.)*

Dessert Reception, sponsored by PineGrove/Next Step *(9:00 to 11:00 p.m.)*

Saturday, April 27th

Continental breakfast in the Exhibit Hall *(7:30 to 8:00 a.m.)*

Refreshment breaks in the Exhibit Hall *(10:00 to 10:30 a.m. and 4:00 to 4:30 p.m.)*

Awards Luncheon (this is an extra-fee event; tickets may be purchased at the Conference Registration Desk) *(12:45 to 2:45 p.m.)*

Sunday, April 28th

Continental breakfast in the Exhibit Hall *(7:00 to 7:30 a.m.)*

Refreshment break in the Exhibit Hall *(10:30 to 11:00 a.m.)*

ASAM Committees to Meet During Med-Sci

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

Committee on...

Children and Adolescents
(Thursday, April 25th, 8:00 p.m.)

Continuing Medical Education
(Sunday, April 28th, 7:00 a.m.)

Cross-Cultural Clinical Concerns
(Thursday, April 25th, 8:00 p.m.)

Family and Generational Issues
(contact Dr. Roth for details)

Finance
(Tuesday, April 23rd, 2:00 p.m.)

Forensic Addiction Medicine
(Saturday, April 27th, 7:00 a.m.)

Infectious Disease
(Saturday, April 27th, 7:00 a.m.)

Medical Education
(Saturday, April 27th, 7:00 a.m.)

Medical-Scientific Program
(Friday, April 26th, 5:15 p.m.)

Membership
(Sunday, April 28th, 7:00 a.m.)

Nominating and Awards
(Wednesday, April 24th, 9:00 p.m.)

Obstetrics and Gynecology
(Saturday, April 27th, 7:00 a.m.)

Opiod Agonist Treatment
(Thursday, April 25th, 8:00 p.m.)

Osteopathic Medicine
(Saturday, April 27th, 7:00 a.m.)

Pain and Addictive Disease
(Thursday, April 25th, 8:00 p.m.)

Physician Well-Being
(Saturday, April 27th, 7:00 a.m.)

Practice Guidelines
(Saturday, April 27th, 7:00 a.m.)

Publications
(Thursday, April 25th, 8:00 p.m.)

Region IV
(Thursday, April 25th, 9:30 p.m.)

Review Course
(Friday, April 26th, 8:00 p.m.)

Ruth Fox Course Planning
(Thursday, April 25th, 8:30 p.m.)

State Chapters
(Thursday, April 25th, 8:00 p.m.)

Strategic Plan Task Force
(Friday, April 26th, 7:00 p.m.)

Continuing Education Credits

The American Society of Addiction Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education activities.

American Medical Association: The American Society of Addiction Medicine designates the Medical-Scientific Conference programs as a continuing medical education activity for up to 21 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. (Each physician should claim only those hours of credit that he/she actually spent in the educational activity.) The Ruth Fox Course for Physicians has been designated for an additional 8 credit hours. "Pain and Addiction: Common Threads III" has been designated for an additional 7.75 credit hours.

American Osteopathic Association: The Ruth Fox Course for Physicians is eligible for 7 hours of credit in Category 1A of the American Osteopathic Association. Application has been made to the AOA for CME credits for the Annual Medical-Scientific Conference, including the Buprenorphine course. Application also been made for the course, "Pain & Addiction: Common Threads III."

American Psychological Association: The American Society of Addiction Medicine (ASAM)'s CME programs have been approved for renewal of certification by the APA College of Professional Psychology. ASAM CME credits may be applied toward the APA's "Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders."

National Association of Alcoholism and Drug Abuse Counselors: ASAM has been approved as a National Association of Alcoholism and Drug Abuse Counselors' Education Provider, #152. All those applying for NAADAC credit should report their hours directly to NAADAC.

Cambridge Institute: Application has been made to the Cambridge Institute to provide continuing education credits for the Annual Medical-Scientific Conference, the Ruth Fox Course for Physicians, and the course, "Pain & Addiction: Common Threads III" for certified addiction counselors, registered nurses, licensed social workers, and marriage and family therapists. The Cambridge Institute is an approved provider of continuing education by the California Association of Alcoholism and Drug Abuse Counselors, provider number 4C-86-062-0502; the California Board of Registered Nursing, provider number BRN 10972; and the California Board of Behavioral Sciences, provider number PCE 359. Those applying for credit need to sign in at the ASAM registration desk daily.

ASAM has applied for other CME credits.

Scientific and Clinical Sessions Set for Med-Sci

Scientific symposia planned for ASAM's Medical-Scientific Conference cover a wide variety of current topics. Courses and workshops are presentations of clinical material that complement the scientifically oriented symposia. They have been submitted by both ASAM members and non-members and have been carefully reviewed by the ASAM Conference Program Committee for their content and quality.

SYMPOSIA

"Genetics and Alcoholism in the Age of the Human Genome Project," jointly sponsored by ASAM and the National Institute on Alcohol Abuse and Alcoholism *(Friday, April 26th, 10:30 a.m. to 12:30 p.m. and 2:30 to 6:00 p.m.)*

"Recent Developments in Opiate Detoxification," organized by Edward Gottheil, M.D., Ph.D., and Paolo Mannelli, M.D. *(Friday, April 26th, 10:30 a.m. to 12:30 p.m.)*

"The Clinical Implications of Gender for Addiction," organized by David R. Gastfriend, M.D., and Sidney H. Schnoll, M.D., Ph.D., FASAM *(Friday, April 26th, 10:30 a.m. to 12:30 p.m.)*

"Courts: Friend or Foe? New Directions in Therapeutic Jurisprudence," organized by H. Blair Carlson, M.D., M.S.P.H., FASAM, with Sidney H. Schnoll, M.D., Ph.D., FASAM *(Friday, April 26th, 2:30 to 5:00 p.m.)*

"HIV/AIDS, Viral Hepatitis and Addiction: Perspectives on Treatment and Prevention," jointly sponsored by ASAM, the Centers for Disease Control and Prevention, and the National Institute on Drug Abuse (NIDA) *(Saturday, April 27th, 8:00 to 10:00 a.m., 10:30 a.m. to 12:30 p.m., and 3:00 to 5:00 p.m.)*

"Identification and Brief Treatment of Alcohol Abuse in Emergency Departments and Trauma Centers," organized by Richard K. Fuller, M.D. *(Saturday, April 27th, 8:00 a.m. to 10:00 a.m.)*

"International Research Perspectives on the Addictions," organized by Alfonso Paredes, M.D. *(Saturday, April 27th, 10:30 a.m. to 12:30 p.m.)*

"Are Eating Disorders Addictions?," organized by Mark S. Gold, M.D. *(Saturday, April 27th, 10:30 a.m. to 12:30 p.m.)*

"Does Tobacco Interfere with the Treatment of Other Addictions?," organized by John Slade, M.D., FASAM *(Saturday, April 27th, 3:00 to 5:30 p.m.)*

"Booze and Blues: The Controversial Issues of Diagnosis and Medication Treatment of Mood/Anxiety Problems in Addicts/ Alcoholics, Especially in Early Sobriety," organized by Richard K. Ries, M.D. *(Sunday, April 28th, 9:00 a.m. to 12:30 p.m.)*

COURSES

Course 1: "Treating Addiction in Primary Care." Course Director: Norman Wetterau, M.D. *(Friday, April 26th, 2:30 to 5:00 p.m.)*

Course 2: "New Empirical Findings from the CSAT Methamphetamine Treatment Project." Course Director: Richard A. Rawson, Ph.D. *(Saturday, April 27th, 8:00 to 10:00 a.m.)*

Course 3: "Integration of a CBT Program (Based on a Dialectical Behavioral Structure) in the Treatment of the Dually Diagnosed Patient." Course Director: Stephen M. Delisi, M.D. *(Saturday, April 27th, 10:30 a.m. to 12:30 p.m.)*

Course 4: "Group Therapy of Substance Abuse." Course Director: David W. Brook, M.D., FASAM *(Saturday, April 27th, 3:00 to 5:30 p.m.)*

Course 5: "Outpatient Addiction Treatment: Office-Based Treatment." Course Director: Louis E. Baxter, Sr., M.D., FASAM *(Sunday, April 28th, 8:30 to 10:30 a.m.)*

Course 6: "Current Topics in Adolescent Substance Abuse." Course Director: Marc Fishman, M.D. *(Sunday, April 28th, 8:30 to 10:30 a.m.)*

Course 7: "The Internet: Update on the New 'Crack Cocaine' for Sexual Addicts and Compulsives." Course Director: Jennifer Schneider, M.D., Ph.D. *(Sunday, April 28th, 11:00 a.m. to 1:00 p.m.)*

WORKSHOPS

Workshop A: "The Use of Screening and Brief Intervention for Drug/Alcohol Problems in Primary Care." Workshop Director: Jerome E. Schulz, M.D., FASAM *(Friday, April 26th, 10:30 a.m. to 12:30 p.m.)*

Workshop B: "Office-Based Treatment of Substance Abuse: Clinical and Practical Considerations." Workshop Director: Arnold M. Washton, Ph.D. *(Friday, April 26th, 2:30 to 5:00 p.m.)*

Workshop C: "Buprenorphine: Clinical Issues for the Physician" (Audience: Physicians who already have taken the 8-hour Buprenorphine Course for Physicians). Workshop Director: Laura F. McNicholas, M.D., Ph.D. *(Friday, April 26th, 2:30 to 5:00 p.m.)*

Workshop D: "Naltrexone Treatment of Alcohol Dependence." Workshop Director: Donald R. Wesson, M.D. *(Saturday, April 27th, 8:00 to 10:00 a.m.)*

Workshop E: "Adolescent Substance Abuse and Psychiatric Comorbidity." Workshop Director: Ramon Solhkhah, M.D. *(Saturday, April 27th, 8:00 to 10:00 a.m.)*

Workshop F: "Perspectives on Methamphetamine Treatment: Special Populations." Workshop Director: Joan E. Zweben, Ph.D. *(Saturday, April 27th, 10:30 a.m. to 12:30 p.m.)*

Workshop G: "Using the ASAM Criteria (*ASAM PPC-2R*) in Treatment Planning and Managed Care, and Understanding the New Assessment Software." Workshop Director: David Mee-Lee, M.D. *(Saturday, April 27th, 3:00 to 5:30 p.m.)*

Workshop H: "Sleep Disorders in Dual Diagnosis Patients." Workshop Director: R. Jeffrey Goldsmith, M.D. *(Saturday, April 27th, 3:00 to 5:30 p.m.)*

Workshop I: "Applying Motivational Interviewing Skills in a Clinical Practice." Workshop Director: Jeanne L. Obert, MFT, MSM *(Sunday, April 28th, 8:30 to 10:30 a.m.)*

Workshop J: "Therapeutic Communities." Workshop Director: Gregory C. Bunt, M.D. *(Sunday, April 28th, 8:30 to 10:30 a.m.)*

Workshop K: "Using Technology to Enhance Motivation of Women in Jail." Workshop Director: Sonia Alemagno, Ph.D. *(Sunday, April 28th, 11:00 a.m. to 1:00 p.m.)*

Workshop L: "Manual-Guided Therapies for Adolescent Substance Abuse Treatment Practice: A Review of Approaches, Therapists' Reactions to Using Manuals, and Guidelines for Implementation." Workshop Director: Susan H. Godley, Ph.D. *(Sunday, April 28th, 11:00 a.m. to 1:00 p.m.)*

Workshop M: "Substance Abuse and Comorbid Depression in Rural Teens. Which Diagnosis Are You Missing?" Workshop Director: William J. Kuzbyt, Psy.D. *(Sunday, April 28th, 11:00 a.m. to 1:00 p.m.)*

PAPER SESSIONS

Papers based on accepted abstracts will be presented in three consecutive sessions.

Paper Session 1: The Treatment Process; Chair: Elizabeth F. Howell, M.D., FASAM (Friday, April 26th, 10:30 a.m. to 12:30 p.m.)

"Treating Hepatitis C in Recovering Injection Drug Users with Psychiatric Disease," Caesar Djavaherian, M.D., Barry Clements, P.A.C., and Diana L. Sylvestre, M.D.

"Drug Use is a Significant Barrier to HCV Treatment," Lynn E. Taylor, M.D., Karen T. Tashima, Gail Yates, Theresa Costello, Elizabeth N. Alt, and Timothy P. Flanigan.

"Use of Continuing Care to Improve Substance Abuse Treatment Outcomes," James R. McKay, Ph.D., P. Leahy, Ph.D., and C. Foltz, Ph.D.

"Predicting Treatment Outcome of Cocaine-Dependent Patients from Baseline Urine Drug Screen and Platelet Paroxetine Binding," Kevin P. Hill, M.D., A. A. Patkar, M.D., C.C. Thornton, Ph.D., S.P. Weinstein, Ph.D., E. Gottheil, M.D., Ph.D., and W. H. Berrettini, M.D., Ph.D.

"Main Findings of the Cannabis Youth Treatment Randomized Field Experiment," M. Dennis, Ph.D., S.H. Godley, Rh.D., G. Diamond, Ph.D., F.M. Tims, Ph.D., T. Babor, Ph.D., J. Donaldson, M.A., H. Liddle, Ed.D., J.C.Titus, Ph.D., Y. Kaminer, M.D., C. Webb, Ph.D., and N. Hamilton, M.P.A.

"Naltrexone Augments the Effects of Nicotine Replacement Therapy in Female Smokers," Mark S. Gold M.D., W.S. Jacobs, M.D., D.L. McGhee, B.A., D.C. McGraw, K. Frost-Pineda, M.P.H., and R. Croop, M.D.

Paper Session 2: Alcohol Issues; Chair: Lawrence S. Brown, Jr., M.D., M.P.H., FASAM (Friday, April 26th, 2:30 to 3:30 p.m.)

"Alcohol Use and Presenting Problems Among Under-Aged Drinkers Treated in Emergency Departments," T.M. Kelly, Ph.D., J.R. Cornelius, M.D. M.P.H., and T.R. Delbridge, M.D.

"Contemporary Biomarkers of Alcohol Consumption During Relapse Episodes," P. Bean, T. DeBruin, J. Harasymiw, and J. Mundt.

"Family Medical Doctors and Fourth Year Medical Students Fail Alcohol Competency," M. S. Gold, M.D., T. J. VanSusteren, Ph.D., and K. Frost-Pineda, M.P.H.

"Identification of Alcohol Abuse in Primary Care Using the EDAC Test," J. Harasymiw, Psy.D., and P. Bean, Ph.D.

Paper Session 3: Childhood and Adolescence (Saturday, April 26th, 4:00 to 5:00 p.m.)

"Identifying Co-Occurring Disorders in Adolescent Populations," N. G. Hoffmann, Ph.D., and T. W. Estroff, M.D.

"Spiritual Orientation Among Adolescents in a Drug-Free Residential Therapeutic Community," Ramon Solhkhah, M.D., Marc Galanter, M.D., H. Dermatis, Ph.D., Jeanine Daly, B.A., and Gregory Bunt, M.D.

"Early Alcohol Initiation and Self-Control Among Inner-City Minority Youth," K. W. Griffin, Ph.D., G. J. Botvin, Ph.D., and M. M. Doyle, M.P.H.

"Evolution of Symptom Severity as Outcome Measures in Adolescents with Eating Disorders," P. Bean, P. Timmel, and T. Weltzin

POSTER SESSIONS

Posters will be on display in the Exhibit Hall from Friday morning until Sunday morning. You are invited to visit the posters and speak with their authors on Friday, April 26th, from 12:30 to 2:30 p.m.

"Biochemical and Self-Report Screening for Alcohol Problems: An Update of Research Findings," John P. Allen, Ph.D.

"Treatment Outcomes: First-Time versus Treatment-Experienced Patients," John Cacciola, Ph.D., Carol Foltz, Ph.D., Richard Weiss, Ph.D., Peter Leahy, Ph.D., and Richard Stevens, Ph.D.

"Return to Work After Alcohol Problems: Response of the Canadian Society of Addiction Medicine," William G. Campbell, M.D., CCFP, CCSAM, FASAM, J. Brewster, M.D., and N. el-Guebaly, M.D., FASAM.

"Patterns of Prescription Drug Dependence Among Admissions to Rehabilitation," Ronald J. Dougherty, M.D., FAATP.

"Revia® Use in Court and Probation Referrals," Ronald J. Dougherty, M.D., FAATP.

"Effectiveness of Physician Training Program," Susan M. Gordon, Ph.D.

"A Survey of Internal Medicine Interns and Residents on the Diagnosis and Management of Substance Abuse," Erik W. Gunderson, M.D., F.R. Levin, M.D., and L. Smith, M.D.

"Engagement of HIV+, Psychiatrically Ill Substance Abusers in Coordinated Treatment," Leonard Handelsman, M.D. (ASAM), S. Bouis, M.S.W., P. Nagy, M.S., and D. E. Johnson, Ph.D.

"Construct Validity of Cocaine Dependence as Determined by a Structured Interview," Norman G. Hoffmann, Ph.D., and A. Gogineni, Ph.D.

"Prevalence of Substance Abuse and Comorbid Depression in Teenagers Seen in a Rural Health Care Facility," William J. Kuzbyt, Psy.D., and Kevin O'Brien, M.D.

"Mental Illness as a Barrier to Treatment Referral Among Methadone Maintenance Patients," David C. Marsh, M.D., CCSAM, and Mehran Zarghami, M.D., FRCP.

"Does Being Overweight Increase the Risk of Aminotransferase Elevation in Chronic Alcoholics?," Thomas C. Martin, M.D., J. Josiah-Martin, M.S.W., M. Klinedinst, M.A., and A. Burke-Forde, R.N.

"Barriers to Integrating Nicotine Dependence and Substance Abuse Treatments," Theresa Montini, M.S.W., Ph.D.

"Trends in Substance Abuse in the Pregnant Population, 1997-1998," Winsome Parchment, M.D., and Charlene Moorehouse-Moore, M.D.

"The Use of Tramadol HCL for Acute Heroin Withdrawal: A Case Series Study," Mary H. Rabb, D.O., S.F. Grey, B.S., and T.V. Parran, M.D.

"Alcohol and Mortality: Epidemiological Aspects," Yury E. Razvodovsky.

"Effectiveness of Treating Alcohol Dependence," Yury E. Razvodovsky.

"Characteristics of Methadone Patients with Active Hepatitis C," Diana L. Sylvestre, M.D., and Barry Clements, P.A.-C.

"Mirtazapine Reduces Craving and Abuse of Crack Cocaine: A Preliminary Report," Diana L. Sylvestre, M.D., and Barry Clements, P.A.-C.

"Treating Hepatitis C in Methadone Maintenance Patients," Diana L. Sylvestre, M.D., and Barry Clements, P.A.-C.

"The Use of Biologic Markers to Identify Legitimate Chronic Pain Patients," F. Tennant, M.D., Dr.P.H., and L. Herman, R.N., B.S.N., FNP.

"The Use of Transdermal and Transmucosal Fentanyl® in Abstinent Heroin Addicts with Severe Chronic Pain," F. Tennant, M.D., Dr.P.H., and L. Herman, R.N., B.S.N., FNP.

"Hippocampal Volume Reduction in Chronic Heavy Marijuana Users," Golfo K. Tzilos, M.A., C. B. Cintron, B.S., J. B. R. Woods, B.A., A. D. Young, A.B., N. S. Simpson, A.B., and D. A. Yurgelun-Todd, Ph.D.

"Positive Byproducts of the Struggle with Addiction," Arnold M. Washton, Ph.D. ❖

Exhibitors Offer New Products, Services

The following organizations will sponsor exhibits during ASAM's Medical-Scientific Conference. A gala Welcoming Reception from 6:00 to 8:00 p.m. on Thursday, April 25th, opens the Exhibit Hall at the Hilton Atlanta Hotel. Exhibit hours thereafter will be 9:00 a.m. to 5:00 p.m. on Friday, April 26th; 8:00 a.m. to 5:00 p.m. on Saturday, April 27th; and 8:00 a.m. to 11:00 a.m. on Sunday, April 28th.

Daily events scheduled for the Exhibit Hall include continental breakfasts on Saturday and Sunday, as well as morning and afternoon refreshment breaks.

Organizations/Associations/Agencies

Alcoholics Anonymous
American Society of Addiction Medicine
Center for Substance Abuse Treatment
International Society of Addiction Medicine
Narcotics Anonymous World Services
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse

Book and Software Publishers

ASAM Books (exhibiting in the Registration area)
Earley Corporation
Lippincott Williams & Wilkins
Karger, S., AG
Manisses Communications Group

Pharmaceutical Manufacturers & Other Products and Services

Abbott Laboratories
Agouron Pharmaceuticals, Inc.
Biorad Laboratories
DrugAbuse Sciences, Inc.
Endo Pharmaceuticals
FirstLab
Forest Laboratories
GlaxoSmithKline Consumer Products
Janssen Pharmaceutica
Mallinckrodt Inc.
Odyssey Pharmaceuticals, Inc.
Ortho-McNeil Pharmaceuticals
Pharmacia Consumer Healthcare
Purdue Pharma, LP
Schering Laboratories

Treatment Programs

Amity
ANACAPA by the Sea
Betty Ford Center at Eisenhower
Caron Foundation
COPAC, Inc.
Crossroads Center, Antigua
Daytop Village, Inc.
Gables, The
Gonzalez Recovery Residences
Hazelden
Human Resources Development Institute
La Hacienda Treatment Center
Lifeskills of Boca Raton
Little Hills Foundation, Inc.
Meadows of Wickenburg, The
Menninger Clinic, The
Metro Atlanta Recovery Residences, Inc.
Palmetto Addiction Recovery Center
Pine Grove—Next Step
Progressive Health Center
Ridgeview Institute
Rogers Memorial Hospital
Rush Behavioral Health
Sante Center for Healing
Talbott Recovery Campus
Willingway Hospital

Buprenorphine and Office-Based Treatment of Opioid Dependence

Sunday, April 28, 2002, 8:15 a.m - 5:30 p.m.
Hilton Atlanta Hotel

This course is designed for physicians who have an interest in or experience with treating opioid-dependent patients, and who wish to qualify to use buprenorphine in office-based treatment when it becomes available.

Federal law requires that physicians who are not certified in Addiction Medicine or Addiction Psychiatry must complete not less than 8 hours of training in the use of buprenorphine and the care of opioid-dependent patients. This workshop offers such training. Those who attend the full 8 hours will receive a certificate of attendance suitable to send to the Department of Health and Human Services with notification of your intent to begin to prescribe buprenorphine when it becomes available.

Buprenorphine remains under FDA review for use in the treatment of opioid dependence. It is not yet available for prescription for that indication, and it is not clear when it will become available. In the interim, ASAM encourages interested physicians to prepare for office-based treatment by getting appropriate training and putting in place the elements needed for safe and effective treatment.

Approved for up to 8 hours of Category 1 continuing education credit.

A separate registration fee is required for this course. Attendance is limited, so be sure to register early! (On-site registration opens at 7:15 a.m. on Sunday, April 28th.)

ASAM Committees and Task Forces Organize Component Sessions

Throughout the conference, registrants will find a series of component sessions on timely topics. These open meetings allow members of ASAM's Sections, Committees and Task Forces to report on their activities and concerns, and to obtain feedback from the ASAM membership. Component sessions scheduled for the Atlanta meeting include:

"Making the Recognition and Treatment of Addiction Part of Primary Care," organized by the Primary Care Medical Specialties Section: Committees on Family Practice (Norman Wetterau, M.D., chair), Internal Medicine (David C. Lewis, M.D., FASAM, chair), and Osteopathic Medicine (Anthony H. Dekker, D.O., FASAM, chair) *(Thursday, April 25th, 8:00 to 10:00 p.m.)*

"Drug Abuse in Industry and The Medical Review Officer: An Addiction Medicine Perspective," organized by the Medical Review Officer Committee (Donald Ian Macdonald, M.D., FASAM; David E. Smith, M.D., FASAM, session chair; Raymond Deutsch, M.D., William Glatt, M.D., FASAM, and Douglas Tucker, M.D., presenters) *(Thursday, April 25th, 8:00 to 10:00 p.m.)*

"Tobacco and Nicotine Update," organized by the Nicotine Dependence Committee (Terry Rustin, M.D., FASAM, presenter) *(Friday, April 26th, 8:00 to 10:00 p.m.)*

"Improving the Care of Pregnant Women with Substance Use Disorders," organized by the Pregnancy and Neonatal Addiction Committee (Kathleen B. Masis, M.D., chair; Peter Selby, M.D., presenter) *(Friday, April 26th, 8:00 to 10:00 p.m.)*

"ASAM and Public Policy: Considering Public Education, Legislative Affairs and Advocacy," organized by the ASAM Public Policy Committee (Michael M. Miller, M.D., FASAM, chair) *(Saturday, April 27th, 8:00 to 10:00 p.m.)*

Ruth Fox Course to Address Clinical Issues

A perennial favorite of conference attendees, the Ruth Fox Course in Addiction Medicine once again highlights new directions and concepts in clinical practice and an update on selected areas of research. The course is scheduled for Thursday, April 25th, from 8:00 a.m. to 5:30 p.m. at the Hilton Atlanta Hotel.

Course Directors Louis E. Baxter, Sr., M.D., FASAM, and Anthony H. Dekker, D.O., FASAM, report that this year's program includes presentations on psychiatric comorbidity in addictive disease, alcoholism in the elderly, women's issues, addiction and childhood trauma, and a comprehensive approach to impaired health care professionals.

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AMD0203

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ASAM Welcomes New Members

Donald J. Kurth, M.D., FASAM
Chair, Membership Committee

Donald J. Kurth, M.D., FASAM

The Society welcomes the following new members. Individually and collectively, their diverse backgrounds, clinical and research interests promise to bring added strength and vitality to ASAM.

Joseph A. Adams, M.D., of Towson, MD, specializes in Internal Medicine.

Benjamin A. Adewale, M.D., of Alexandria, VA, is a Psychiatrist in private practice.

Irshad Ahmed, M.D., of Hartford, CT, is a Psychiatrist with the Connecticut Regional Mental Health Center.

Abdullah Mohammed Alsharqi, M.D., of Calgary, Alberta, Canada, is a Psychiatry Fellow at Foothills Hospital.

Christopher Altamuro, D.O., of Elmer, NJ, is affiliated with Centerton Family Practice.

Joseph Anthonowicz, M.D., of Altoona, PA, is a Psychiatrist affiliated with Altoona Hospital.

Peter B. Barnett, M.D., M.P.H., a specialist in Internal Medicine, is affiliated with the University of New Mexico School of Medicine, Albuquerque.

Gavin B. Bart, M.D., a specialist in Internal Medicine, is Director of Clinical Research at the Laboratory of the Biology of Addictive Diseases at the Rockefeller University, New York City.

Navjyot S. Bedi, M.D., a Psychiatrist, is Clinical Director of the Cherokee Mental Health Institute, Cherokee, IA.

John Bezirganian, M.D., a Psychiatrist, is Medical Director of the Alcohol and Drug Council of Tompkins County, Ithaca, NY.

Shelley Boehm-Mattia, M.D., of Green Bay, WI, is a Psychiatrist.

Olivera J. Bogunovic, M.D., a Psychiatrist, is a Fellow with the Massachusetts General Hospital, Boston.

Betty J. Bomentre, M.D., Ph.D., is Medical Director of Magellan Behavioral Health, Bethlehem, PA.

Judith A. Branche, M.D., a specialist in Internal Medicine, is affiliated with the Division of Substance Abuse at Albert Einstein College of Medicine, Bronx, NY.

Nigel Brandstater, M.D., is with Pharmatox in Fairfield, CA.

John F. Brandt, M.D., of Tampa, FL, is a Post Doctoral Fellow at the University of South Florida.

Vanita Braver, M.D., of Liberty Corner, NJ, is a Psychiatrist.

James J. Buchanan, D.O., a specialist in Family Medicine, practices with Quality Health Care, Inc., Desloge, MO.

Stephen R. Bush, M.D., of Bedford, TX, is a specialist in Internal Medicine.

Eugene V. Caine, M.D., a specialist in Family Medicine, is affiliated with Parkside Recovery, Philadelphia, PA.

Randall B. Casey, D.O., of Muskogee, OK, is a Psychiatrist.

Alicia Chilito, M.D., of Miami, FL, is a specialist in Family Medicine.

Roger S. Cicala, M.D., an Anesthesiologist, is affiliated with Memphis Pain Institute, Memphis, TN.

Kevin Robert Clark, M.D., a specialist in Family Medicine, is affiliated with the University Hospital of Cleveland/Case Western Reserve University, Cleveland, OH.

Eric G. Comstock, M.D., is a Medical Toxicologist with Toxicology Associates, Houston, TX.

Paul Desan, M.D., Ph.D., a Psychiatrist, is affiliated with Yale-New Haven Hospital, New Haven, CT.

Peter Dorsen, M.D., a specialist in Internal Medicine, practices with Consulting Pain Associates, Minneapolis, MN.

Chris C. Dombrowski, D.O., practices Internal Medicine in Tamuning, Guam.

James R. Edgar, M.D., P.A., of Tampa, FL, is a Psychiatrist.

Reza S. Esfahani, D.O., a Family Practitioner, is a Staff Physician at St. Anthony Hospital, Arvada, CO.

David J. Evans, M.D., is a Consulting Family Physician in Victoria, British Columbia, Canada.

Nathaniel R. Evans, Jr., M.D., a specialist in Internal Medicine, is Medical Director of Burlington Medical Center, Willingboro, NJ.

Kelly J. Ferrigno, M.D., of Sumterville, FL, practices Pediatrics at the Thomas E. Langley Medical Center.

Moriah Ferullo, M.D., a specialist in Physical Medicine and Rehabilitation, is affiliated with Parkway Pain Care & Rehabilitation, Brooklyn, NY.

Michael Fingerhood, M.D., practices Internal Medicine at the Johns Hopkins/Bayview Medical Center, Baltimore, MD.

Michael A. Fiori, M.D., a Psychiatrist, is Chief of the Alcohol Drug Unit at Butler Hospital, Providence, RI.

Terrence Fitzgerald, M.D., a specialist in Emergency Medicine, is affiliated with Man Nive Research, Inc., Baltimore, MD.

Del Moral J. Francisco, M.D., is a Staff Psychiatrist at the VA Hospital in Big Spring, TX.

David R. Fulp, M.D., is a specialist in Internal Medicine with Chesapeake Hospitalists, PC, Chesapeake, VA.

Christopher Gerling, M.D., practices Internal Medicine with Family and Adult Medicine of Alpena, MI.

Kenneth K. Gheysar, M.D., a Family Medicine specialist, is Medical Director of the Spencer Recovery Center, Laguna Beach, CA.

Vladamir Ginzberg, M.D., is a Clinical Fellow in Psychiatry at Columbia University, New York City.

Anthony Giovanniello, M.D., a Psychiatrist, is affiliated with Hillside Hospital, Glen Oaks, NY.

Rodney Glynn-Morris, M.D., practices Family Medicine in West Vancouver, British Columbia, Canada.

Kumar Gupta, M.D., practices Addiction Medicine in Toronto, Ontario, Canada.

Saurabh Gupta, M.D., of Evanston, WY, is an Attending Physician at Wyoming State Hospital.

Jung H. Hahn, M.D., is a Staff Psychiatrist at the Kingsboro Alcohol Treatment Center, Staten Island, NY.

George T. Harding, M.D., of Loma Linda, CA, is a Psychiatrist.

Carol Havens, M.D., is in Family Practice with CDRP Kaiser Permanente, Sacramento, CA.

Richard P. Hedlund, M.D., a Psychiatrist, is Director of Behavioral Health with the Indian Health Service in Salem, OR.

Joshua Heller, M.D., a Psychiatrist, is affiliated with Saint Peter's Addiction Treatment Center, Voorheesville, NY.

Nadine S. Henderson, M.D., is in Family Practice in Louisville, KY.

Alan Jacobs, M.D., is Senior Director of Clinical Development with Titan Pharmaceuticals, Inc., South San Francisco, CA.

Anthony G. Johnson, M.D., of New Orleans, LA, is a Psychiatrist.

Srinivas-Prasad R. Jolepalem, M.D., of Darien, IL, is a specialist in Internal Medicine.

Greg L. Jones, M.D., a Family Practitioner, is affiliated with Willingway Hospital, Statesboro, GA.

Sean Koon, M.D., is an Addiction Medicine Fellow at Loma Linda University, Loma Linda, CA.

Paul G. Kreis, M.D., is Assistant Professor of Anesthesiology at the Center for Pain Medicine, University of California at Davis.

Stefan P. Kruszewski, M.D., is Clinical Professor of Psychiatry at the Pennsylvania State University College of Medicine.

Migdalia G. Lebron, M.D., a specialist in Internal Medicine, practices at the Hospital Alejandro Otero Lopez Medicina Interna, Hato Rey, PR.

Patel Maheshumar, M.D., is a Staff Psychiatrist at the University of Missouri School of Medicine at Kansas City.

Timothy D. Malone, M.D., a Psychiatrist, is engaged in private practice in Columbia, SC.

Thomas Malone, M.D., is affiliated with the Greenville County Drug and Alcohol Commission, Simpsonville, SC.

Philemon T. Marvell, M.D., of Newport, RI, is a specialist in Internal Medicine.

David M. Mathis, D.O., a Psychiatrist, is Acting Chief of Mental Health at the VA Hospital in Big Spring, TX.

Jane D. McClenahan, M.D., practices Addiction Medicine in Santa Barbara, CA.

Mary G. McMasters, M.D., of East Lansing, MI, is a specialist in Internal Medicine.

James A. McMurrin, D.O., of Henderson, NV, is an Anesthesiologist.

Member-Get-A-Member Campaign a Success

Through the efforts of many ASAM members, 40 new members have been recruited since the Member-Get-A-Member Campaign began in October 2001. ASAM salutes the following individuals, who were the top recruiters:

First Place (two complimentary registrations to the 2002 Med-Sci Conference): David R. Gastfriend, M.D., Boston, MA.

Second Place (one complimentary registration to the 2002 Med-Sci Conference): Burns M. Brady, M.D., Louisville, KY.

Third Place (one complimentary one-year membership renewal): Sheila B. Blume, M.D., FASAM, Sayville, NY.

Fourth Place (one complimentary copy of ASAM's *Principles of Addiction Medicine*): Michael Bohan, M.D., Virginia Beach, VA.

Fifth Place (one complimentary copy of *ASAM's Patient Placement Criteria, Second Edition-Revised*): Alan Kazan, M.D., Phoenix, AZ.

Deepak Mittal, M.D., practices Internal Medicine with the Patient First Physician Group in Falmouth, KY.

Renuka Moothathu, M.D., is a Staff Psychiatrist with the Richmond Behavioral Health Authority, Richmond, VA.

Carlos X. Montano, M.D., is Medical Director of Family Doctors, Inc., Costa Mesa, CA.

Nancy Moyer, M.D., of Perkins, IL, is a specialist in Internal Medicine.

Carmen A. Natali-Agostini, M.D., practices Psychiatry in New York City.

Paulo J. Negro, M.D., Ph.D., a Psychiatrist, is a Medical Officer with the District of Columbia Department of Mental Health.

Hicham S. Nouaime, M.D., is a Fellow in Addiction Medicine at the Massachusetts General Hospital, Boston.

Sunday C. Nwosu, M.D., of College Park, MD, is a specialist in Internal Medicine.

Theophilus Okeke, M.D., a specialist in Emergency Medicine, is affiliated with Keystone Emergency Management, Jericho, NY.

Chika Okpalanma, M.D., a Psychiatrist, is a Unit Chief with the Bronx Lebanon Hospital Center, Bronx, NY.

Samuel A. Oluwadairo, M.D., is a Psychiatrist at Foothills Hospital, Calgary, Alberta, Canada.

Jay K. Pandit, M.D., FACS, is Director of Surgery at Thorek Hospital & Medical Center, Chicago, IL.

John K. Pate, M.D., a Psychiatrist, is affiliated with Psychiatric Consultants, P.C., of Nashville, TN.

John A. Peterson, M.D., a specialist in Internal Medicine, is affiliated with Harm Reduction Resources, Urbana, IL.

Gregory J. Pleasants, M.D., a specialist in Addiction Medicine, is affiliated with Parham Road Physicians, Richmond, VA.

Ronald Pollack, M.D., a Psychiatrist, is Medical Director of Cal Works, Ventura, CA.

Richard A. Raley, M.D., practices in Los Altos, California.

Swaminathan Rathnakuwar, M.D., a Surgeon, is Medical Director of Kensington Hospital, Philadelphia, PA.

Terry R. Rogers, M.D., a specialist in Internal Medicine, is affiliated with the Lakeside-Milam Recovery Centers, Kirkland, WA.

Thomas W. Rohde, M.D., is a Resident in Family Practice at Southern Illinois University School of Medicine, Decatur, IL.

Neil L. Rosenberg, M.D., of Pine, CO, is Medical Director of the Neurology International Institute on Inhalant Abuse.

Richard N. Rosenthal, M.D., is Chairman of the Department of Psychiatry at St. Lukes-Roosevelt Hospital Center, New York City.

Stephen Ross, M.D., a Psychiatrist, is affiliated with the New York University Medical Center, Brooklyn, NY.

Joey S. Rottman, D.O., an Obstetrician & Gynecologist, practices in Chicago, IL.

Ronald A. Ruden, M.D., practices Internal Medicine in New York City.

Anthony R. Scillia, M.D., a Psychiatrist, is Medical Director of St. Clare's Hospital, Danville, NJ.

Joseph D. Scuderi, M.D., Ph.D., a specialist in Internal Medicine, is Chief of the Medical Unit at Addiction Research and Treatment Corp., Brooklyn, NY.

David J. Simmons, M.D., of Calais, ME, is a specialist in Internal Medicine.

Alka Singal, M.D., is a Staff Psychiatrist at the Overton Brooks VA Medical Center, Shreveport, LA.

Louis W. Solomon, M.D., is a Fellow at the University of Florida, Gainesville.

Perry Stein, M.D., is a specialist in Physical Medicine and Rehabilitation at Parkway Pain Care & Rehabilitation, Brooklyn, NY.

Steven Stewart, M.D., is President of Stewart Family Practice, Stone Mountain, GA.

Beatrice Szeto, M.D., a Psychiatrist, is affiliated with the Massachusetts General Hospital, Boston.

Steve Tate, M.D., a Pediatrician, practices in Franklin, TN.

Hermano Tavares, M.D., Ph.D., a Psychiatrist, is affiliated with the Addiction Centre, Calgary, Alberta, Canada.

Donald R. Taylor, M.D., practices Anesthesiology in Marietta, GA.

Glenhall Taylor, M.D., practices in San Francisco, CA.

Jeffrey C. Teich, M.D., practices Psychiatry in Evanston, IL.

Brian E. Thomas, M.D., is a Psychiatrist with the St. Vincent Stress Center in Indianapolis, IN.

Thomas Thommi, M.D., is in General Practice in Jacksonville, FL.

James L. Tucker III, M.D., is an Anesthesiologist in Private Practice in Tempe, AZ.

Henry D. Vaughan, D.O., is a member of the Family Practice Staff of Medical Associates of Cushing, OK.

Wayne Wahl lives in Rose City, MI.

Deborah Wear-Finkle, M.D., a Psychiatrist, is affiliated with the Brunswick Branch Clinic in Lisbon Falls, ME.

Paul S. Weinberg, M.D., practices Internal Medicine with the Kaiser Permanente Medical Group in Oakland, CA.

Traci Westerfield, M.D., of Lexington, KY, is a Resident in Family Practice and Addiction Medicine.

James Westphal, M.D., is Clinical Professor of Psychiatry at the University of California, San Francisco.

Susan Whitley, M.D., is a Fellow in Addiction Psychiatry at the Albert Einstein College of Medicine, Bronx, NY.

Robert S. Wilson, D.O., a Family Practitioner, is Director of Eagleville Hospital in Eagleville, PA.

Christine E. Yuodelis-Flores, M.D., a Psychiatrist, is Medical Director of Health Care for the Homeless in Seattle, WA.

A. T. M. Yousuf, M.D., practices Internal Medicine in Westbury, NY.

Monica L. Zilberman, M.D., Ph.D., is a Psychiatrist with the Addiction Centre, Calgary, Alberta, Canada. ❖

Pain & Addiction:
Common Threads III

Thursday, April 25, 2002, 8:15 a.m. to 5:30 p.m.
Hilton Atlanta Hotel

This course will explore the management of pain in patients for whom addiction is an integral part of the history.

The course is organized around six case studies, reflecting a variety of clinical scenarios. Each case study will be followed by a lecture on issues raised by the case, as well as a facilitated discussion between faculty and audience. This interaction is a key feature of the program.

Course registrants will receive ***three*** *valuable reference tools: a 300+ page syllabus, plus a CD-Rom containing all the syllabus materials and additional reference resources, and a CD-Rom reviewing regulatory issues in the management of pain.*

Ruth Fox Memorial Endowment Fund

Dear Colleague:

Our friend and former chair, the late Jasper G. Chen See, M.D., had a vision that ASAM would achieve a fiscally sound base. To achieve that vision, the Ruth Fox Memorial Endowment Fund was established in 1990 on the 35th anniversary of the founding of the Society, as a living tribute to our founding President, Ruth Fox, M.D.

This year, interest income from the Endowment Fund enabled ASAM to establish the Ruth Fox Memorial Endowment Scholarship Program. We are pleased to announce that the Fund will sponsor seven scholarships for physicians-in-training to attend ASAM's 33rd Annual Medical-Scientific Conference in Atlanta. Recipients are James M. Adams, M.D. (California), Janice E. Bach, M.D. (New York), Dean Michael DeCrisce, M.D. (California), Keith Heinzerling, M.D. (New Jersey), Kevin P. Hill, M.D. (Massachusetts), Christine O'Brien, M.D. (Pennsylvania), and Nancy Wu, M.D. (California). Please introduce yourselves to these young doctors and welcome them to ASAM. They are our future leaders.

Also, please continue to support the Endowment Fund so that we can offer more such scholarships. Thanks to your generosity, we hope to sponsor more than seven recipients at next year's Med-Sci Conference.

Special thanks go to long-time member Mel I. Pohl, M.D., for his very generous bequest to the Endowment Fund, in addition to his previous contributions. It gives us great pleasure to add his name to the Benefactors' Circle.

Dr. Ruth Fox

We hope that you will let us know if you have included the Endowment Fund in your estate plans so that we can acknowledge your generosity.

All donors will receive an invitation to the Ruth Fox Donor Reception, to be held during the Society's Annual Medical-Scientific Conference in Atlanta. If you have not already participated in the Endowment Fund, please do so now. We value your support!

For information about making a pledge, contribution, bequest, or memorial tribute, or to discuss other types of gifts in confidence, contact Claire Osman at 1-800/257-6776 or 718/275-7766. Or e-mail Claire at ASAMCLAIRE@AOL.COM. All contributions to the Endowment Fund are tax-deductible to the full extent provided by law.

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

James W. Smith, M.D., FASAM, and Howard G. Kornfeld, M.D., Co-Chairs, Resources & Development Committee

Claire Osman, Director of Development

As of February 10, 2002 . . .
Total Pledges: $3,343,048

New Donors, Additional Pledges and Contributions

Benefactors' Circle ($50,000—$99,999)
Mel I. Pohl, M.D.

Founders' Circle ($25,000—$49,999)
Penelope P. Ziegler, M.D.

Leadership Circle ($5,000—$9,999)
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Circle of Friends ($3,000—$4,999)
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Dr. Siegel is on the Front Lines

ASAM News is proud to showcase the many ways in which ASAM members contribute to the field of addiction medicine.

Jeanne Erdmann

When his cell phone rang at 11:30 p.m. last October 19th, Dr. Larry Siegel received a call he'll never forget. As Senior Deputy Director for Medical Affairs of the Department of Health in Washington, D.C., Dr. Siegel's cell phone is always at his side, even when he sleeps. The call came from an emergency physician at Inova Fairfax Hospital in suburban Falls Church, Virginia, who was reporting that a case of inhalation anthrax had just been identified—the first report in a long and frightening episode..

An internist by training, Dr. Siegel's career has been marked by many "firsts." In the early 1970s, he was involved with the amendment to put chronic renal disease under Medicare as an entitlement. In Key West, FL, in the early 1980s, he cared for AIDS patients when no one knew what HIV was. Now, in the wake of September 11th, as Incident Commander for the Department 's Emergency Preparedness and Response Plan, Dr. Siegel faced another first. He and his staff were suddenly responsible for providing prophylactic antibiotics to about 18,000 people. "This was the first time ever that a mass prophylaxis of that magnitude had been accomplished in the history of the U.S., as a result of the first ever urban bioterrorist attack in the history of the U.S.," remarks Dr. Siegel.

When Dr. Siegel joined the Department of Health in 2000, he was already familiar with Washington, DC. Following training in internal medicine at the University of Cincinnati, he specialized in nephrology at Georgetown University, where he joined the faculty and ran the outpatient kidney program. "Kidneys are a long way from AIDS and substance abuse, but it's all connected because they are all chronic diseases, they all relapse, and they all have very interesting political connotations that make it challenging to bring to bear the appropriate responses on the part of the health system," he says.

Just as Dr. Siegel left Georgetown for private practice in Florida in the early 1980s, Key West emerged as a Mecca for gay white men, sick and dying with HIV, who traveled to south Florida for warmth and medical attention. Dr. Siegel rapidly built a large medical practice caring for HIV-positive patients, and because many of those patients also were dependent on drugs and alcohol, he also became an expert in addiction medicine. Dr. Siegel co-founded an alcohol and drug treatment center in Key West and served as the first chairperson of ASAM's Committee on AIDS and Chemical Dependency. He also published the first set of guidelines for substance abuse facilities that care for persons who are HIV-positive—guidelines that many states integrate into their requirements for substance abuse treatment facilities.

In 1994, Dr. Siegel returned to Washington DC to join the staff of the Whitman-Walker Clinic, the largest outpatient clinic in the country caring for indigent persons with HIV. Ultimately, he became medical director of the Clinic. When a large public hospital in the District of Columbia privatized, Dr. Siegel served a central role in the transition. "We closed the largest public hospital in the mid-Atlantic—the D.C. General Hospital—and privatized it. I was acting CEO of that hospital and involved in many activities in the transition to what is now a developing model for urban health in the United States," he explains.

In another first-ever effort, Dr. Siegel chairs, along with the chief of police in the District, an interagency task force charged with developing a drug strategy to reduce the number of addicted people in the city. The plan represents the first time that a U.S. city has developed a strategic plan for dealing with addicted individuals.

Now, at the Department of Health, Dr. Siegel is facing challenges no one could have foreseen. For the past few years, he and his staff have developed plans to deal with the public health consequences of weapons of mass destruction. But, he says, they could not have anticipated the devastation unleashed on the mental health and substance abuse population following September 11th and the anthrax attacks. The District remains a target. Travelers face new security measures at National Airport, which only now is returning to pre-September 11th levels. Barriers ring public buildings. People are afraid, and fear brings stress. "The caseload at our detoxification clinic is dramatically increased. If somebody is chemically dependent or experiencing posttraumatic stress syndrome, he or she will self-medicate with alcohol or drugs. Everybody talks about New York being "ground zero," and God knows that was an awful day. But the Pentagon got hit and we had some 20,000 people in Washington, DC, who were at potentially high risk of dying from anthrax, so the stress level is enormous here, too.

Larry Siegel, M.D.

All of these factors have led to a constant stream of media attention and public awareness that things are not the same and may never be again. This leads to constant stress for people and, under stress, some people—especially those who are genetically predisposed or "on the edge" relative to drug and alcohol abuse—become addicted, or relapse, or become problematic. And we are seeing that," explains Dr. Siegel.

Dr. Siegel doesn't mention his own stress levels. His days are long and he has adjusted to his cell phone going off at odd hours. Over the past 18 months, his job has grown beyond substance abuse to overseeing medical affairs in the entire Department of Health, including another first-time effort: the recent mass immunization of 17,000 students in the District, who would have had to leave the public school system unless they were fully immunized.

"My responsibilities have morphed and changed and they are very exciting. It's wonderful to be part of a Department on the cutting edge of so many issues and so many very firsts in the country," says Dr. Siegel. "It's a very exciting place to be right now." ❖

Jeanne Erdmann is a St. Louis-based freelance science and medical writer.

ASAM Conference Calendar

ASAM

April 25, 2002
Pain & Addiction: Common Threads III
Atlanta, GA
7.75 Category 1 CME credits

April 25, 2002
Ruth Fox Course for Physicians
Atlanta, GA
8 Category 1 CME credits

April 26-28
33rd Annual Medical-Scientific Conference
Atlanta, GA
20 Category 1 CME credits

April 28, 2002
Office-Based Treatment of Opioid Dependence
Atlanta, GA
8 Category 1 CME credits

July 18, 2002
Forensic Issues in Addiction Medicine
Washington, DC
8 Category 1 CME credits

July 19-21, 2002
Medical Review Officer (MRO) Training Course
Washington, DC
20 Category 1 CME credits

Other Events of Note

June 6-8, 2002
Pain and Chemical Dependence Conference
New York, NY
(ASAM is a supporting organization)
[For information, e-mail LOWINSJ@MAIL.ROCKEFELLER.EDU]

June 20-22, 2002
3rd European Conference on Tobacco or Health:
"Closing the Gaps—Solidarity for Health"
Warsaw, Poland
[For information, visit SCIENTIFIC@ECTOH2002.ORG]

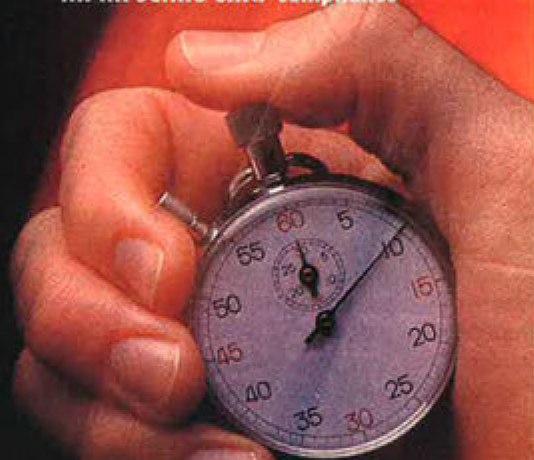
September 15-17, 2002
Addictions 2002: Integrating Substance Abuse Treatment & Prevention in the Community
Eindhoven, The Netherlands
[For information, visit WWW.ADDICTIONS2002.COM]

October 16-19, 2002
4th Annual Conference of the International Society of Addiction Medicine & SAA 25th Annual Conference
(ASAM is a supporting organization)
Reykjavik, Iceland
[For information, visit WWW.SAA.IS or e-mail SAS@SAA.IS]

October 16-19, 2002
International Conference on Physician Health: "Physician Health: Self, Service, Leadership"
Co-sponsored by the American Medical Association and the Canadian Medical Association
Vancouver, British Columbia
[For information, e-mail ROGER_BROWN@AMA-ASSN.ORG]

October 28-30, 2002
International Society for the Prevention of Tobacco-Induced Diseases
First Annual Scientific Meeting
Essen, Germany
[For information, e-mail TOXICOL@AOL.COM]

For additional information, visit the ASAM web site at www.asam.org or contact the ASAM Department of Meetings and Conferences at 4601 No. Park Ave., Suite 101, Chevy Chase, MD 20815-4520, or phone 301/656-3920, or fax 301/656-3815, or e-mail BBoeg@asam.org.



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