Spring 2008/Volume 23, Number 1

ASAM News

Newsletter of The American Society of Addiction Medicine

Inside

ASAM at Work for You:

Other News:

The Summer 2008 issue of ASAM News, featuring complete coverage of the Annual Med-Sci Conference, will be published in June. Watch for it!

WWW.ASAM.ORG

ASAM Review Course to Meet in Chicago

ASAM's 2008 Review Course in Addiction Medicine will meet at the Westin O'Hare Hotel in Chicago, October 26th – 28th. Co-chaired by Karen Drexler, M.D., and Edwin A. Salsitz, M.D., FASAM, the Review Course is designed to meet the needs of multiple audiences, including: (1) physicians who are preparing to take the ASAM Certification/Recertification Examination; (2) addiction specialists who seek an update on recent developments in addiction practice; and (3) primary care physicians, nurses, counselors and others who seek a succinct review of the knowledge needed to successfully identify and manage patients whose problems are caused or complicated by alcohol, tobacco or other drug use. The course is approved for up to 21 Category 1 CME credits.

For additional information or to register for the Review Course, visit the ASAM website at **WWW.ASAM.ORG** or contact ASAM's Department of Conferences & Meetings at **301/656-3920**.

American Board of Addiction Medicine is Launched

Michael M. Miller, M.D., FASAM, FAPA, ASAM President

It is with a sense of excitement and hope, and a humbling appreciation of the historical significance involved, that we announce the incorporation of the American Board of Addiction Medicine (ABAM) and The ABAM Foundation.

For more than a half century, there has been a vision that, one day, a medical specialty would exist — and be recognized by medical organizations, physicians and patients throughout America — as a professional discipline on a par with other areas of medical practice. Since 1990, the American Medical Association has recognized Addiction Medicine (ADM) as a specialty title that physicians can use to self-designate their area of professional focus and practice. And for more than 20 years, ASAM has offered physicians a certification examination in Addiction Medicine.

However, it is only recently that ASAM has made the recognition of Addiction Medicine by the American Board of Medical Specialties (ABMS) a singular focus. With the establishment of the Medical Specialty Action Group (MSAG) in 2006, ASAM began a process of intensive study and dialogue with the ABMS, several of its member Boards, the Accreditation Council on Graduate Medical Education (ACGME), the Council on Medical Specialty Societies (CMSS) and many national medical specialty societies, to learn what is truly required for Addiction Medicine to become recognized as a specialty or subspecialty by the ABMS.

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Eileen McGrath, J.D

ABAM Awards Recognize Achievements

Eileen McGrath, J.D., Executive Vice President/CEO

One of the great pleasures of ASAM's Annual Medical-Scientific Conference is the opportunity to recognize a distinguished group of individuals who have made outstanding contributions to the field of Addiction Medicine and to the Society itself. This year's group of awardees represents the highest standards in our field, and I know you join me in extending congratulations to each of them.

The R. Brinkley Smithers Distinguished Scientist Award will be presented at the Opening Plenary Session at 9:00 a.m. Friday, April 11th. The award for 2008 goes to Ralph W. Hingson, Sc.D., M.P.H., Director of the Division of Epidemiology and Prevention Research at the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Dr. Hingson's award lecture is titled "Magnitude and Prevention of College Age and Underage Drinking Problems."

The following awards will be presented during the annual Awards Luncheon at 12:15 p.m. Saturday, April 12th. The John P. McGovern Award on Addiction and Society goes to H. Westley Clark, M.D., J.D., CAS, FASAM, Director of the Center for Substance Abuse Treatment.

The ASAM Annual Award for "outstanding contributions to the growth and vitality of our Society, for thoughtful leadership in the field, and for deep understanding of the art and science of Addiction

Medicine" will be presented to Robert L. DuPont, M.D., FASAM, former chief of the White House Drug Policy Office and founding Director of the National Institute on Drug Abuse.

An ASAM Annual Award for "expanding the frontiers of the field of Addiction Medicine and broadening our understanding of the addiction process through research and innovation" will be presented to David A. Fiellin, M.D.

The Young Investigator Award for the best abstract submitted by an author who is within five years of receiving a doctoral degree will be presented to Mishka Terplan, M.D., M.P.H. The Medical-Scientific Program Committee Award for the abstract receiving the highest rating for scientific merit goes to Chris Adelman, M.D.

ASAM's Media Award will be presented to HBO for its series, "Addiction," for educating the public about the science of drug addiction, its treatment and recovery.

The Awards Luncheon is an extra-fee event. Tickets for the luncheon are available in advance or on-site for $50 per person. (Business attire is requested.) Visit the ASAM Registration Desk for tickets so that you can join your colleagues in honoring these distinguished individuals.

ABAM Launched *continued from page 1*

The ASAM Board of Directors directed the MSAG to take all necessary steps to "encourage and assist" in the establishment of the American Board of Addiction Medicine. Articles in the accompany special issue of **ASAM NEWS** describe what has occurred and what lies ahead.

Much work remains to be done, as your reading will make clear. ASAM is committed to further careful study on its own, as ABAM and The ABAM Foundation embark on their agenda. ASAM is grateful to the Co-Chairs and members of the MSAG who have worked so hard over the past two years to bring us to this point in history, and to the leaders of ASAM who have served on previous Task Forces and Committees that laid the groundwork for our current progress.

On a personal level, as President of ASAM at this point in the Society's history, I am most grateful to all those who have applied and are applying their enormous skills and perspectives to the work ahead. There are important issues to explore, reports to write, decisions to be made. No can be sure what the outcomes will be, or when they will be achieved. But we are confident that success lies ahead, to benefit future cohorts of patients and generations of physicians, so that the public health challenges of substance use and addiction can be more effectively addressed by America's health care system. In the end, patients will recover, and lives will be saved, as a result of the existence of and contributions to American medicine from the American Board of Addiction Medicine.

American Society of Addiction Medicine
4601 North Park Ave., Suite 101
Chevy Chase, MD 20815

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

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President's 2009 Budget Request Would Cut Most Drug Prevention and Treatment Programs

President Bush´s proposed drug control budget for fiscal year 2009 recommends major changes in existing agency and program funding levels. For example, the President recommends cutting funds for the Center for Substance Abuse Treatment by $62.8 million, to about two-thirds the current level.

The $14.1 billion budget would increase funding for the National Youth Anti-Drug Media Campaign, drug treatment courts, and screening and brief intervention activities. On the other hand, the budget would reduce or eliminate federal support for many state and local programs or would consolidate them into a new competitive grant program, the Byrne Public Safety and Protection Program, with a lower overall level of funding.*

Recommended for Funding Increases:

- ONDCP Youth Anti-Drug Media Campaign (+$40.0 million)
- Adult, Juvenile, & Family Drug Treatment Courts (+$27.9 million)
- Screening and Brief Intervention Activities (+$27.1 million)
- Substance Abuse Prevention & Treatment Block Grant (+$20 million)
- Research-Based Grants to Local Education Agencies (+$10 million)
- Access to Recovery (+$3.2 million)
- Student Drug Testing (+$1.2 million)

Recommended for Funding Reductions:

- Safe & Drug-Free Schools and Communities State Grants Program (-$194.8 million)
- Treatment Programs of Regional & National Significance (-$63.0 million)
- Prevention Programs of Regional & National Significance ($-36.1million)
- High Intensity Drug Trafficking Area (-$30.0 million)
- Safe & Drug-Free Schools and Communities National Programs (-$18.7 million)
- Drug-Free Communities Program (-$10 million)
- Strategic Prevention Framework/State Incentive Grants (-$9.3 million)

Recommended for Elimination:

- Methamphetamine Enforcement & Clean Up* (-$61.2 million)
- Weed & Seed* (-$32.1 million)
- Alcohol Abuse Reduction (-$32.4 million)
- Enforcing Underage Drinking Laws Program (-$25.0 million)
- Drug Court Program* (-$15.2 million)
- Pregnant & Postpartum Women (-$11.8 million)
- Residential Substance Abuse Treatment* (-$9.4 million)
- Prescription Drug Monitoring* (-$7.1 million)
- Recovery Community Services Programs (-$5.2 million)
- Strengthening Treatment, Access & Retention (-$3.6 million)

It should be noted that this proposed budget is not binding and may differ significantly from the final budget developed by Congress and signed into law by the President.

** These grant programs, which collectively received more than $150 million in FY 08, are proposed for consolication into a new competitive grant program (the Byrne Public Safety and Protection Program), to be funded at $80 million.*

House Committee Approves Bill Authorizing FDA to Regulate Tobacco

In a vote in early April, the full House Energy and Commerce Committee approved legislation that would give the Food and Drug Administration (FDA) the authority to regulate tobacco products. H.R. 1108, the Family Smoking Prevention and Tobacco Control Act, is aimed at keeping tobacco manufacturers from enticing young people to smoke and to assist current smokers in quitting.

The legislation, introduced by Congressmen Henry Waxman (D-CA) and Tom Davis (R-VA), would give the FDA authority to (1) prevent tobacco advertising that targets children, (2) prevent the sale of tobacco products to minors and (3) help smokers overcome their addiction. The bill also would enable the FDA to identify and reduce the toxic ingredients of tobacco products and tobacco smoke for those who continue to be exposed to them, regulate claims about reduced risk tobacco products, and prevent the tobacco industry from misleading the public about the dangers of smoking.

"Addiction to tobacco begins almost universally during childhood and adolescence. Tobacco companies have long taken advantage of this vulnerability by promoting their products through such tactics as cartoon advertisements, free tobacco-themed merchandise that appeals to kids, and sponsorship of sports and entertainment events," said Rep. Waxman in his statement. "It is long past time when tobacco products should be subject to serious regulation to protect the public's health." The FDA was given authority to regulate tobacco products temporarily during the Clinton Administration. However, the Supreme Court subsequently overturned that policy. One of the actions the FDA took prior to losing its authority was to allocate funding to implement programs to reduce youth access to tobacco. The current bill would reinstate FDA's 1996 rule restricting tobacco marketing and sales to youth.

The legislation is supported by nearly 600 medical, public health, and other organizations across the country and currently has 220 House co-sponsors.

The Media and the Public's Views of Addiction, Addicts, and Addiction Medicine

Michael M. Miller, M.D., FASAM, FAPA

Michael M. Miller

The last year or so have provided multiple examples of how me dia portrayals of addiction can influence how the general public views addiction medicine and the patients we treat. Celebrities continue to receive disproportionate 'play' in the media, and when celebrities have addiction, their private lives — treating addiction as a chronic diseaseand sometimes the facilities they seek out to provide them treatment — are exposed in the media, often sensationally. But addiction affects persons from all walks of life, and the broad incidence of various addictions, and the struggles to find treatment for addiction, were highlighted in the outstanding HBO documentary series entitled 'Addiction.' ASAM has decided to recognize excellence in print and broadcast media reports on addiction, and the first ASAM Media Award will be bestowed at this year's Medical-Scientific Conference.

Many ASAM members and others — including patients and policymakers — have been troubled by the series of articles in *The Baltimore Sun* about buprenorphine, which drew attention to the ways in which the implementation of office-based opioid treatment buprenorphine has been imperfect, without emphasizing what a helpful treatment buprenorphine has been for so many patients, how patients not previously in the treatment system have been drawn into treatment, how many physicians have been trained and mentored in office-based opioid therapy using buprenorpine, and how many lives are saved when persons with opioid addiction enter treatment. No one expected the process of introducing office-based therapy to be flawless; on balance, it has proven enormously successful. But this part of the story has not been celebrated in newspapers, magazines and television programming in America.

What can ASAM do to get its story out about the breathtaking advances in the scientific understanding of addiction, the positive outcomes of treatment, the public health successes of interventions for addiction, the promise of pharmacological treatments, and the adoption of evaluation and management techniques for addiction in primary care settings? ASAM leaders, such as the Medical Director of the CSAT-funded and ASAM-administered Patient Clinical Support System (PCSS), David Fiellin, M.D., participated in a media briefing following the Third Buprenorphine Summit co-sponsored by CSAT and NIDA in Washington in February. We have tried to be responsible and responsive when the media has portrayed addiction issues in a less-than-enlightened manner. But we have not been consistently proactive to tell the story about how addiction is a treatable disease, how physicians play critical roles in the addiction care delivery system, and how ASAM members throughout our nation "Treat Addiction and Save Lives" every day.

ASAM has a Public Policy Council (co-chaired by Ken Roy and Don Kurth) which oversees a variety of activities addressing an improved public policy environment in which persons with addiction can receive help and addiction physicians can practice their specialty effectively. The Council organizes the Public Policy Plenary, which has become a fixture on Saturday mornings at our annual meeting. Our Public Policy Committee (co-chaired by Mark Kraus and Petros Levounis) prepares Public Policy Statements that can be used by any ASAM member to educate the public or policymakers about various topics: the compendium of such statements can be found at **WWW.ASAM.ORG**. Our Legislative Advocacy Committee (co-chaired by Don Kurth and Denise Green) often uses the statements when it tries to educate lawmakers at the federal, state and local levels about substance use, addiction, treatment, practitioners, and persons with addiction, and it works with ASAM's Director of Government Relations to organize ASAM's Legislative Days in Washington, D.C. Our AMA Delegation (anchored by Stu Gitlow and Lloyd Gordon) works tirelessly to assure that AMA policies on addiction-related topics (which in turn can influence public policy) are appropriate in content and scope. And, more recently, ASAM's Parity Action Group (chaired by Ken Roy) has been single-issue-focused to secure passage of federal legislation that will improve access to addiction treatment for our patients and potential patients: a key priority of ASAM and our Strategic Plan.

When ASAM's Councils were established and its Committees were reorganized about five years ago, the new organizational chart included another entity, which has not yet been established. This Committee, placed under the aegis of the Public Policy Council, is a Media Relations and Public Education Committee. The ASAM Board has heretofore decided that, among the many priorities of our Society, and given our finite resources of revenue and staff, we cannot fund such a committee and recruit members to serve on it. The need, however, is clear.

When the ASAM office is contacted for 'comment' on a 'hot topic' by the media, we do not have a Director of Corporate Communications who can spring into action to field the call, draft a press release, or contact ASAM members expert in the topic to develop a wise and accurate response. When ASAM is asked to 'sign on' to letters written by other medical, public health, or addiction-related organizations, it falls to the EVP and her Administrative Assistant to find an Officer who might be able to comment on the topic or approve ASAM endorsement of a given position we've been asked to co-sponsor. It's usually a scramble to find an ASAM leader who can be pulled from his or her busy practice to provide an interview with a news organization when requested they look to ASAM as a 'go-to' professional organization with expertise in addiction. And we certainly have not had a 'media department' which can proactively write white papers, draft Op-ed columns, or develop a communications strategy to 'inform the world' about an advance, such as new information from the medical/scientific literature, or a new ASAM project, or about something like the establishment of the American Board of Addiction Medicine.

At the Component Session of the Public Policy Council during a recent Med-Sci conference, a number of members expressed interest in ASAM's public policy initiatives. Several said they would be interested in working on a Media Relations and Public Education Committee, which could partner with other addiction organizations

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Media Reports About Buprenorphine Abuse Stir Controversy, Concern

A series of articles in *The Baltimore Sun* newspaper, published from December 2007 and February 2008, focused on reports of buprenorphine diversion and abuse. Over multiple articles, the authors focused on problems with use of the drug in office-based treatment of addiction, citing data such as the following:

- **Number of persons abusing buprenorphine**: "In Vermont, a researcher reported that 14 percent of prescription opioid abusers reported that buprenorphine was their "primary opioid of abuse."

  [Reckitt-Benckiser postmarketing surveillance report, quoted in the Baltimore Sun, February 3, 2008]

- **Number of poisonings involving buprenorphine**: From January 1, 2006, to September 30, 2007, a total of 1,876 poisonings involving buprenorphine were reported to Poison Control Centers nationally. Of these, "Approximately 475 [cases reported from Jan. 1, 2006, to Sept. 30, 2007]…involved children under 6 years of age."

  [Reckitt-Benckiser postmarketing surveillance report quoted in the Baltimore Sun, February 3, 2008]

- **Lack of comprehensive care:** "The federal government equipped doctors and patients with little more than a pill when it approved prescribing of buprenorphine to opiate addicts. The law doesn't require that doctors provide additional treatment — or receive much training to deal with the complexities of addiction. Nor did lawmakers authorize funds to help patients pay for the drug or additional care, costs that can quickly reach thousands of dollars."

  [Baltimore Sun, December 18, 2007]

In response, ASAM member David A. Fiellin, M.D., who directs the federally funded and ASAM-administered Physician Clinical Support System for buprenorphine (**WWW.PCSSMENTOR.ORG**) wrote the following letter to the editor, which was published in the *Sun* on December xx, 2007.

Dear Editor:

"I read with interest your series on heroin and prescription opioid addiction. I am pleased to see that these important issues have attracted the interest of the news media…. As a physician trained in primary care medicine with specialty training in addiction medicine, I believe the most important components of your series on buprenorphine were those aspects that highlighted the scientific advances that have taken place in understanding the nature of addiction and the advances that we need to make in educating physicians and society regarding the medical nature of this disease.

"Over the last fifty years, science has taught us that despite our deepest wishes, addictive disorders are neither surgical nor infectious diseases with quick and easy "cures," but rather chronic disorders that often need chronic care models, not unlike those we put in place for depression, high blood pressure or diabetes….

"Your series articulates some of the benefits of the treatment of opioid dependence with medications such as buprenorphine and methadone. Research over the past 40 years has clearly demonstrated that these medications decrease drug use, HIV transmission, criminal behavior, and many antisocial behaviors. The cost-effectiveness of these treatments is well established. The number of lives and families saved by these medications clearly far surpass by a hundred- to a thousand-fold the 3,500 lives to which you refer.

"Your series also notes some of the potential adverse effects of society's decision to allow physicians to prescribe controlled substances, such as opioids for pain and benzodiazepines for anxiety or insomnia. Like alcohol and cigarettes, these substances have the ability to produce euphoria and to be abused.

"I support the concept that physicians should receive optimal training in medical school, residency and through continuing medical education in order to be able to provide these medications to patients who need them. Physicians must also learn to avoid providing medications to patients who are misusing, diverting or selling such medications….

"The medical treatment of addiction will move forward as our scientific understanding grows. This treatment should include both medications and counseling that have been subject to strict standards of scientific evidence. Treatments will evolve and improve over time. As a compassionate and enlightened society we should strive to support scientists who are designing new treatments, educate our physicians who are providing these treatments, design safeguards to protect against the potential abuse of these treatments and ensure that public and private funding is available for addressing the medical disorders of addiction."

DAVID A. FIELLIN, M.D., *Associate Professor of Medicine,*
Yale University School of Medicine, New Haven, Connecticut

From the President's Desk *continued from page 4*

as well as initiate its own activities to educate the public and influence out nation's image-makers about what it is our patients experience and our members do to help them.

Many members share my view that ASAM must come of age in the 21st Century and become more effective at getting its message out, including responding to less-than-helpful media portrayals of addiction and addiction medicine. Quite frankly, our upcoming Capital Campaign will need to be successful to generate funds for things we have not be able to fund before — such as the years-long effort to secure ABMS recognition of the specialty of Addiction Medicine, the need to expand our Government Relations Department, and likely to establish a Communications Department within the national office.

For now, if you are interested in assisting the national staff in creating or responding to media stories, I hereby invite you to write to me personally so I can know who you are and can help you coalesce into a volunteer Work Group that can serve your Board and paid staff to improve our engagement with the media.

ASAM MEMBERS TO ELECT NEW OFFICERS, BOARD MEMBERS

Elizabeth F. Howell, M.D., FASAM, Chair, Nominations & Awards Council

ASAM's Nominations & Awards Council has selected the slate of candidates shown below for the 2008 ASAM elections. The next issue of ASAM News will feature profiles of each candidate. The same information also will be available on ASAM's website. Ballots will be sent to all ASAM members in good standing in October 2008. Completed ballots must be returned by December 1, 2008. Votes may be cast either through paper ballots or online.

ASAM campaign guidelines prohibit written or electronic communication campaigning, restricted or unrestricted, either by the candidates or on their behalf.

Candidates for Officer Positions

Nominees for the office of President-Elect, Treasurer or Secretary must be current members of the Board of Directors or have served on the Board within the past four years. An exception may be made in the case of a nominee for the office of Treasurer, who may be a member who possesses the other qualifications for the post and who has served on the Finance Committee within the past four years. The candidates are:

For the Office of President:

Donald J. Kurth, M.D., FASAM

A. Kenison Roy, III, M.D., FASAM, DFAPA

For the Office of Secretary:

Thomas L. Haynes, M.D., FASAM

C. Chapman Sledge, M.D., FASAM

For the Office of Treasurer:

Stuart Gitlow, M.D., M.P.H., M.B.A., FAPA (incumbent)

Candidates for Regional Director

Candidates for Regional Director must have been active members of ASAM for at least three years; must have demonstrated a commitment to ASAM's mission through service on a committee, task force, or other significant national or state endeavor; and must be willing to attend two Board meeting a year for four years at his/her own expense. The following individuals are candidates for the post of Regional Director:

REGION I *(NY)*

Marc Galanter, M.D., FASAM (incumbent)

Edwin A. Salsitz, M.D., FASAM (incumbent Alternate)

REGION II *(CA)*

Peter Banys, M.D. (incumbent)

David R. Pating, M.D. (incumbent Alternate)

REGION III *(CT, MA, ME, NH, RI, VT)*

John P. Femino, M.D., FASAM (incumbent)

Kenneth I. Freedman, M.D., FASAM (incumbent Alternate)

REGION IV *(NJ, OH, PA)*

John J. Verdon, Jr., M.D., FASAM (incumbent)

Jeffrey A. Berman, MS, M.D., FASAM (incumbent Alternate)

REGION V *(DC, DE, GA, M.D., NC, SC, VA, WV)*

J. Ramsey Farah, M.D., M.P.H., FAAP

Gary D. Helmbrecht, M.D.

REGION VI *(IL, IN, IA, MI, MN, WI)*

Dora D. Dixie, M.D.

Herbert L. Malinoff, M.D., FACP, FASAM (incumbent Alternate)

REGION VII *(AR, KS, LA, MO, NE, OK, TX)*

Howard C. Wetsman, M.D. (incumbent)

John P. Epling, Jr., M.D., FASAM (incumbent Alternate)

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

William F. Haning, III, M.D., FASAM

Marvin D. Seppala, M.D. (incumbent)

REGION IX *(Canada and International)*

Raju Hajela, M.D., MPH, FASAM (incumbent)

David C. Marsh, M.D., CCSAM

REGION X *(AL, FL, KY, MS, TN, Puerto Rico, Virgin Islands)*

C. Chapman Sledge, M.D., FASAM (incumbent)

Bernd A. Wollschlaeger, M.D., FAAFP

New Policies Approved by the ASAM Board of Directors

Policy: Before the names of candidates for Officer/Regional Director positions are submitted to the Board for approval, candidates must complete and sign a conflict-of-interest form entitled "ASAM Disclosure of Interests and Affiliations."

Policy: Once the balloting is completed, all votes tabulated, and all candidates notified by telephone and letter, the vote results will be made available to the membership in the newsletter and any other forum ASAM deems appropriate. Candidates will be notified of this change in procedure before they stand for office.

TREATING ADDICTION AS A CHRONIC DISEASE

In a newly published meta-analysis, researchers Michael Dennis, Ph.D., and C.K. Scott, Ph.D., used data from multiple studies to make the case that, despite decades of citing a chronic disease metaphor for alcoholism and, more recently, drug addiction, we continue to provide treatment based on an acute model of care. They ask: Is it time to shift to a true chronic care approach similar to disease management models?

To explore the question, Drs. Dennis and Scott, of Chestnut Health Systems in Bloomington, Illinois, analyzed data from multiple treatment outcome studies and found that:

- More than half of patients who resolve drug problems following treatment receive multiple episodes of care, usually over several years.
- Data from publicly funded treatment programs show that, in 2003, two-thirds of patients were readmitted to treatment and one in five had more than four treatment episodes.
- In a study of 448 persons following treatment, four out of five transitioned at least once between relapse, treatment re-entry, incarceration, and periods of abstinence over a two-year period.

In a striking contrast to these results, the researchers examined another study that used data from 23 states, and found that fewer than one person in five who was discharged from intensive treatment was transitioned to continuing outpatient care. Based on these findings, Drs. Dennis and Scott argue that substantial system changes are needed across all components of the addiction treatment system if a chronic care model is to be achieved.

Source: Dennis M & Scott CK (2007). Managing addiction as a chronic condition. Addiction Science and Clinical Practice 4(1):45-55.

New Reimbursement Codes Change the Landscape of Substance Use Screening

Eric N. Goplerud, Ph.D., Ensuring Solutions to Alcohol Problems

Several recent developments related to new reimbursement codes for alcohol and substance use assessment and brief intervention promise to help physicians, other primary care providers, trauma professionals, and counselors more readily establish alcohol and drug screening as routine practice. The combined efforts of many individuals, private sector organizations, and federal agencies led to the development of new Healthcare Common Procedure Coding System (HCPCS) codes for obtaining reimbursement for these services.

The HCPCS system is divided into separate code sets and subsystems designed to offer a standardized coding system to ensure that health insurance claims are processed in an orderly and consistent manner. The codes are used by the Centers for Medicare & Medicaid Services (CMS) to track the delivery of services and supplies in medical settings. Many HCPCS codes correspond to relative value units (RVUs), which are used to establish the reimbursable costs of medical services provided to Medicare and Medicaid patients. Private health insurers also use the RVUs to establish their own payment amounts.

Over the past two years, multiple organizations have collaborated to ensure that screening and intervention codes and reimbursement are available to physicians and other health care providers. These include the White House Office of National Drug Control Policy, the group Physicians and Lawyers for National Drug Policy, and the SAMHSA Center for Substance Abuse Treatment. Ensuring Solutions to Alcohol Problems and staff of the VA and DoD also played a pivotal role.

As a result, CMS has updated its HCPCS codes for screening and brief intervention, and the AMA has approved two CPT (Current Procedural Terminology) codes to document alcohol and/or drug abuse assessment and brief intervention. As of January 2008, CMS will allow Medicare providers to use the fee-based G-codes when offering alcohol and drug use assessment and intervention.

The estimated Medicare payment for screening and brief intervention varies by length of service and type of medical setting. The national payment average for a 15- to 30-minute session of screening and brief intervention in a hospital, ambulatory surgery center or skilled nursing facility is $27.80. In the same settings, for a session lasting longer than 30 minutes, the average payment is $55.99. In all other settings, the national payment average for one alcohol and drug assessment and intervention session of 15 to 30 minutes is $29.33. For a session lasting 30 minutes or longer the payment average is $57.51.

The Medicare codes are significant because most insurance and managed health companies base private insurance reimbursement rates on Medicare rates. This latest set of codes thus pave the way for insurance companies to back screening and brief intervention efforts with real monetary support, which may encourage physicians to incorporate alcohol and drug screening and brief intervention into their standard practices.

Online resources for more information about the new reimbursement codes.

- **CMS HCPCS General Information**: *Contains links, forms, instructions, and a host of general information and applications for the HCPCS coding system (**www.cms.hhs.govMedHCPCSGenInfo**).*
- **CPT/RVU Search**: *Perform searches and obtain information about Medicare's relative value payment amount associated with the CPT codes (**catalog.ama-assn. org/Catalog/cpt/cpt_ search.jsp**?).*
- **AMA CPT Page**: *Links and information for practitioners and practice managers on CPT codes, news, and products and services (**www.ama-assn.org/ama/pub/category/3113.html**).*
- **CPT/HCPSC Information**: *This resource from Ensuring Solutions features detailed information about coding (**www.ensuringsolutions.org/moreresources/moreresources_show.htm?doc_id=385559&doc_parent_id=385233&cat_id=964**).*
- **ICD9Data.Com**: *Free 2008 ICD-9-CM database includes a list of all 2008 HCPCS codes (**www.icd9data.com**).*

Deadline Nears to Register for ASAM Certification Exam

The 2008 ASAM Certification/Recertification Examination will be given as a computer exam on December 6, 2008, and will be administered at more than 300 National and 100 International Prometric Test Centers.

Physicians who pass the examination become ASAM certified in Addiction Medicine. ASAM certification is recognized throughout the world as signifying excellence in the practice of Addiction Medicine because it demonstrates that a physician has met rigorous standards through intensive study, assessment, and evaluation.

Since the examination was first offered in 1986, more than 4000 physicians have successfully taken the examination and become certified in Addiction Medicine. Certification is designed to assure patients and the public that a medical specialist has successfully completed an approved educational program and an evaluation, including a secure examination designed to assess the knowledge, experience, and skills requisite to the provision of high quality patient care.

Visit ASAM's website (**WWW.ASAM.ORG**) for more information on registering for the exam.

Fentanyl Patches Recalled

Transdermal patches containing fentanyl were recalled by the manufacturer in February because of a flaw that could cause patients or caregivers to overdose on the potent drug inside. Sold in the United States under the brand name Duragesic by PriCara and as a generic drug by Sandoz Inc., the recall includes all 25-microgram-per-hour patches with expiration dates on or before December 2009. PriCara estimates that two patches out of every million included in the recall have the defect that causes the leak.

Some of the patches may have a cut in the lining of the internal reservoir where the drug is stored in gel form. If the fentanyl gel leaks into the drug's packaging, it could cause a patient or caregiver to come into direct contact with the opioid active ingredient, resulting in difficulty breathing and even a potentially fatal overdose.

If the reservoir is cut, it can be seen when the foil pouch containing an individual patch is opened. PriCara advised that damaged patches should be flushed down the toilet and not handled *(Ed. note: See, however, government advice on safe disposal of prescription medications, page11).* Skin that has been exposed to the gel should be thoroughly rinsed with water, but not washed with soap.

For details on Duragesic patches sold by PriCara, phone **1-800/547-6446**. For information on generic fentanyl patches sold by Sandoz, phone **1-800/901-7236**.

The recalled patches were sold in Canada under the Duragesic brand by Janssen-Ortho Inc. and generically by Ranbaxy Laboratories Ltd. All of the patches were manufactured by PriCara affiliate ALZA Corp. PriCara is a division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.

CONGRESS ACTS ON FEDERAL PARITY LEGISLATION

Chapters Council Chair Richard Soper, M.D., J.D., has circulated the following report to colleagues in the Council and in the ASAM. Dr. Soper has been joined by Ken Roy, M.D., FASAM, in urging ASAM members to call their members of Congress to ask for a "yes" vote on HB 1424, and a "no" vote for the Senate substitute measure.

In a major victory for addiction treatment, the U.S. House of Representatives has passed a bill that would mandate that insurers cover addiction and mental illness at parity with other medical disorders. "We've waited 12 long years for this historic day," said Rep. Jim Ramstad (R-Minn.), co-chair of the Congressional Addiction, Treatment and Recovery Caucus with Rep. Patrick Kennedy (D-RI). "I am grateful that the House has taken this important step to end the discrimination against people who need treatment for mental illness and chemical addiction." Congressman Ramstad, who is retiring from the House, cosponsored the parity bill with Congressman Kennedy, who said he hoped passage of the legislation "will help to erase the stigma associated with mental illness and substance abuse."

The House voted 268 to 148 in favor of HR 1424, the *Paul Wellstone Mental Health and Addiction Equity Act*, rebuffing attempts to substitute a version of parity legislation *previously approved* by the Senate (the Senate version is widely considered to be weaker than the House legislation). The House bill received critical support from Speaker Nancy Pelosi (D-CA), who appeared at a pre-vote rally on the steps of the Capitol and spoke in favor of the measure during the floor debate on March 5th. Speaker Pelosi said that ensuring that Americans have equal access to addiction and mental-health treatment has economic benefits and also would benefit returning veterans. "Illness of the brain must be treated like illness anywhere else in the body," she added, calling the Wellstone Act "a comprehensive bill to help end discrimination against those who seek treatment for mental illness."

Parity supporters sought and received a strong bipartisan vote in favor of the bill to back their case for adoption of the House legislation in negotiations with the Senate, which passed the *Mental Health Parity Act of 2007* by unanimous consent on Sept. 18, 2007. Enactment of the Senate version followed more than a year of negotiations between insurance and business associations, issue advocates and key senators. The House bill is widely considered the stronger measure. For example, unlike the Senate bill, the House legislation requires that out-of-plan addiction and mental-health treatment be covered by insurers if plans do so for other illnesses, and that insurers include coverage of all illnesses listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), which is the same standard used in the Federal Employees Health Benefits Plan.

House and Senate committee members must reach a compromise on parity if the legislation is to move swiftly toward a vote in a legislative calendar shortened by the Presidential election season. "The Paul Wellstone Mental Health and Addiction Equity Act of 2007 is the right solution to ending insurance discrimination facing people with alcohol and drug problems and their families," said Merlyn Karst, chair of the Faces & Voices of Recovery Board of Directors, who urged the Congress to "hammer out the differences" between the two measures.

"I think we may have some Senate Democrats who had supported the Senate bill come out in support of the House bill," said Dave Wellstone, son of the late senator from Minnesota and a parity advocate for the group Wellstone Action. Mr. Wellstone predicted that Congress would reach a compromise on parity that "looks a little more like the House bill" than the current Senate legislation. "There are better patient protections in the House bill and the costs are the same, so there's no need, in my mind, to pass a weaker bill just because that's what insurers want," he said.

The Bush administration, the U.S. Chamber of Commerce, and some health insurers are among the opponents of the House legislation, although the President has not threatened to veto the measure. The trade group America's Health Insurance Plans (AHIP) has supported the Senate bill, sponsored by Sens. Edward Kennedy (D-MA) and Pete Dominici (R-NM), but not the House bill. The American Medical Association supports both the House and Senate versions.

To follow further developments with the legislation, visit ASAM's website at ***WWW.ASAM.ORG.***

POLICY PLENARY TO FOCUS ON PARITY

A MED-SCI plenary session organized by ASAM's Public Policy Committee will feature an address by Bertha K. Madras, Ph.D., Deputy Director of the Office of National Drug Control Policy, as well as a town-hall style panel on the potential for grassroots advocacy during the 2008 Presidential campaign. The plenary, to be moderated by commitee co-chairs Mark L. Kraus, M.D., FASAM, and Petros Levounis, M.D., M.A., meets on Saturday, April 12th, from 8:00 to 9:30 a.m.

Same Genetic Variant Linked to Both Nicotine Addiction and Lung Cancer

Scientists have identified a genetic variant that not only makes smokers more susceptible to nicotine addiction but also increases their risk of developing lung cancer and peripheral arterial disease. The variant is closely linked to two of the known subunits of nicotine receptors — the sites on the surface of many cells in the brain and body that can be bound by nicotine. When nicotine attaches to these receptors in the brain, there are changes in cell activity that results in its addictive effects.

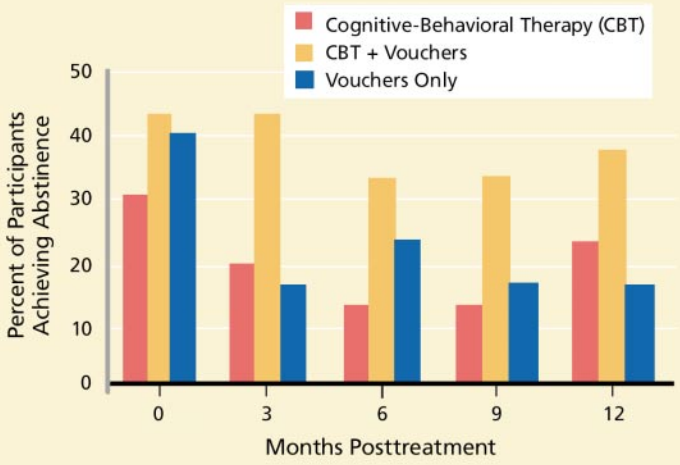
The study, published in the April 3, 2008 issue of the journal *Nature*, highlights the advances that are being made in genetics research, which can now identify many gene variants that increase the risk of complex bio-behavioral disorders. Carriers of this genetic variant are more likely than noncarriers to be heavy smokers, dependent on nicotine, and less likely to quit smoking. While the variant does not increase the likelihood that a person will start smoking, but it does it increase the likelihood of addiction for those who do smoke. The study was carried out by deCODE Genetics, a biopharmaceutical company based in Reykjavik, Iceland.

"These results suggest for the first time that a single genetic variant not only can predispose to nicotine addiction but may also increase sensitivity to extremely serious smoking-related diseases," explained NIDA Director Dr. Nora Volkow. "Additionally, it points to potential targets for new smoking-cessation medications that may be more effective at helping smokers to quit."

The same variant was identified as one that increased risk for lung cancer in two articles appearing in the April 3rd, 2008, issues of *Nature* and *Nature Genetics*, and partially funded by the National Cancer Institute and the National Human Genome Research Institute.

COMBINED TREATMENT HELPS MAINTAIN ABSTINENCE

Over 12 months following treatment, abstinence levels for all treatment conditions tended to decline, but levels for the combined treatment remained consistently higher than those for CBT or vouchers only.



Combination Treatment Extends Marijuana Abstinence

Treatment that combines vouchers and cognitive-behavioral therapy (CBT) may be more effective in keeping marijuana abusers abstinent in the longer term than vouchers-only and CBT-only programs. In a study by Dr. Alan Budney and colleagues at the University of Vermont, vouchers alone generated the longest periods of abstinence during 14 weeks of treatment, while vouchers and CBT in combination yielded superior abstinence during a 12-month post-treatment period.

"This is our second study demonstrating that an abstinence-based voucher program can increase positive outcomes for folks seeking treatment for marijuana dependence," said Dr. Budney, who is now at the University of Arkansas for Medical Sciences. "It provides evidence that vouchers used as adjuncts to traditional behavioral therapy can improve outcomes," he added.

The current study extended the earlier one by including post-treatment assessments. Vouchers provided a strong incentive for abstinence during treatment, as they did in the earlier study, but the effect of vouchers alone did not hold up as well as the combined treatment once the program ended. The higher post-treatment abstinence rates for the combined treatment suggest that the behavioral therapy helped to maintain the effect of the vouchers, said Dr. Budney, who attributed the maintenance effect to the coping skills and motivational training provided by CBT. Overall, however, fewer than half of the participants in Dr. Budney's study had positive outcomes, indicating that more effective treatments are needed for marijuana dependence.

Source: Budney AJ et al. (2006). Clinical trial of abstinence-based vouchers and cognitive-behavioral therapy for cannabis dependence. Journal of Consulting and Clinical Psychology 74(2):307-316, 2006.

NIAAA: *Journal Issue Focuses on Alcohol Use in Adolescent Development*

A special supplement to the journal *Pediatrics,* sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), provides pediatricians and other physicians with a collection of articles focused on research into the biological, behavioral, and environmental changes during childhood and adolescence that foster the initiation, maintenance, and acceleration of illegal use of alcohol by underage youth.

"These papers comprehensively address the complex relationship between development and underage drinking," noted Vivian B. Faden, Ph.D. deputy director of NIAAA's Division of Epidemiology and Prevention Research and co-editor of the *Pediatrics* supplement.

"We now recognize that underage drinking must be addressed, not as an isolated phenomenon, but as one fully embedded in the context of child and adolescent development," said NIAAA Director Ting-Kai Li, M.D., who added: "From birth through adolescence, a complex cascade of biological, psychological and social development interacts with dynamic environmental influences, leading to behavior that may either move individuals toward or away from underage drinking."

NIDA: *Blending Conference Focuses on Evidence-Based Practices*

The National Institute on Drug Abuse will hold its annual conference on "Blending Addiction Science and Treatment" June 2-3 in Cincinnati, Ohio. This year, the conference focuses on the impact of evidence-based practices on individuals, families and communities.

The Blending Conferences have won wide praise as a platform for discussion about how the latest research results can be used to improve clinical practice. This year's conference is cosponsored by the Ohio Department of Alcohol and Drug Addiction Services, the Western Psychiatric Institute, regional ATTCs and Single State Agency directors, and other field organizations.

The conference has been approved for up to 14 Category 1 CME credits. The registration fee is $99 ($39 for students). To register, go to **WWW.NIDABLENDINGCONFERENCE.INFO**.

SAMHSA: *Dispose of Unused Medications Safely*

In light of recent press reports about residues of prescription medications being detected in some municipal water supply systems, SAMHSA has launched a campaign to remind the public how important it is to dispose of unused medications in ways that reduce the risks of drug diversion and environmental harm. The agency has been providing this safety information through a pilot point-of-purchase program it initiated in October 2007 as well as a website (**HTTP://WWW.SAMHSA.GOV/RXSAFETY/**) that includes advice on how to safely and effectively dispose of unused prescription drugs. More than 5 million Americans have received this information to date.

Based on advice from leading public health and environmental safety experts, SAMHSA advises consumers to check any patient information accompanying the product to determine whether it contains specific directions for disposing of unused medication. Alternatively, unused medications may be donated to authorized community prescription drug take-back programs. Another option is to mix the unused medication with an undesirable substance (such as old coffee grounds or used kitty litter), seal the mixture in a container, and place it in the trash. For additional information on the campaign, contact SAMHSA at **HTTP://WWW.SAMHSA.GOV**.

Nora D. Volkow, M.D.

…all genes are not created equal; only some genes are "expressed"

Epigenetics: A New Era in Addiction Research

Nora D. Volkow, M.D., Director National Institute on Drug Abuse

Recently, scientists have developed a more sophisticated understanding of the ways in which genetics influences a person's health. The complement of genes a person inherits at birth is, of course, essential. But all genes are not created equal; only some genes are "expressed" — that is, actively participate in protein production. Today, a new field of scientific inquiry, called epigenetics, investigates the cellular mechanisms that control gene expression and its impacts on health and behavior.

Epigenetic processes allow experience to influence cellular processes. For example, epigenetic alterations that accumulate during a person's lifetime can contribute to aging, the development of cancer, obesity, and other health conditions.

NIDA is funding studies to learn how epigenetic mechanisms figure in the neurobiology of drug abuse and addiction. In a dozen projects, researchers are elucidating the links between exposure to drugs of abuse, epigenetic processes, gene function, and neurobiological and behavioral changes in animal models of addiction. A recent study, for example, showed that cocaine triggers an epigenetic process called chromatin remodeling and that this contributes to rats' behavioral responses to the drug *("Gene Experiment Confirms a Suspected Cocaine Action")*. Cocaine-induced epigenetic changes may increase the number of neural connections between the reward pathway and other brain regions that regulate emotions and memories to drive craving. We see every reason to hope that increased understanding of drugs' effects on epigenetic processes in the brain will open the door to analogous new addiction therapies.

NIH Director Dr. Elias Zerhouni has charged NIDA with a key role in developing a program within the NIH Roadmap Initiative on epigenomics — the analysis of epigenetic changes across a species' entire genetic blueprint. This agency-wide effort aims to provide researchers with standard tools and technologies to develop comprehensive epigenome maps that potentially will point the way to more effective responses to a wide range of health problems. To learn more about the Roadmap Epigenomics Program, visit **NIHROADMAP.NIH.GOV/EPIGENOMICS/INDEX.ASP**.

Source: NIDA Notes, Volume 21, Number 5, March 2008.

Genes and Environment Have Different Influences on Transitions in Drinking Behavior

It is well-established that alcohol dependence is influenced by both genetic and environmental factors, and that its development involves "transitioning" through multiple stages of drinking behaviors. A unique twin study has found that both genetic and environmental influences are evident in all transitions, but that environmental factors are evident primarily in the transition from non-use to first alcohol use.

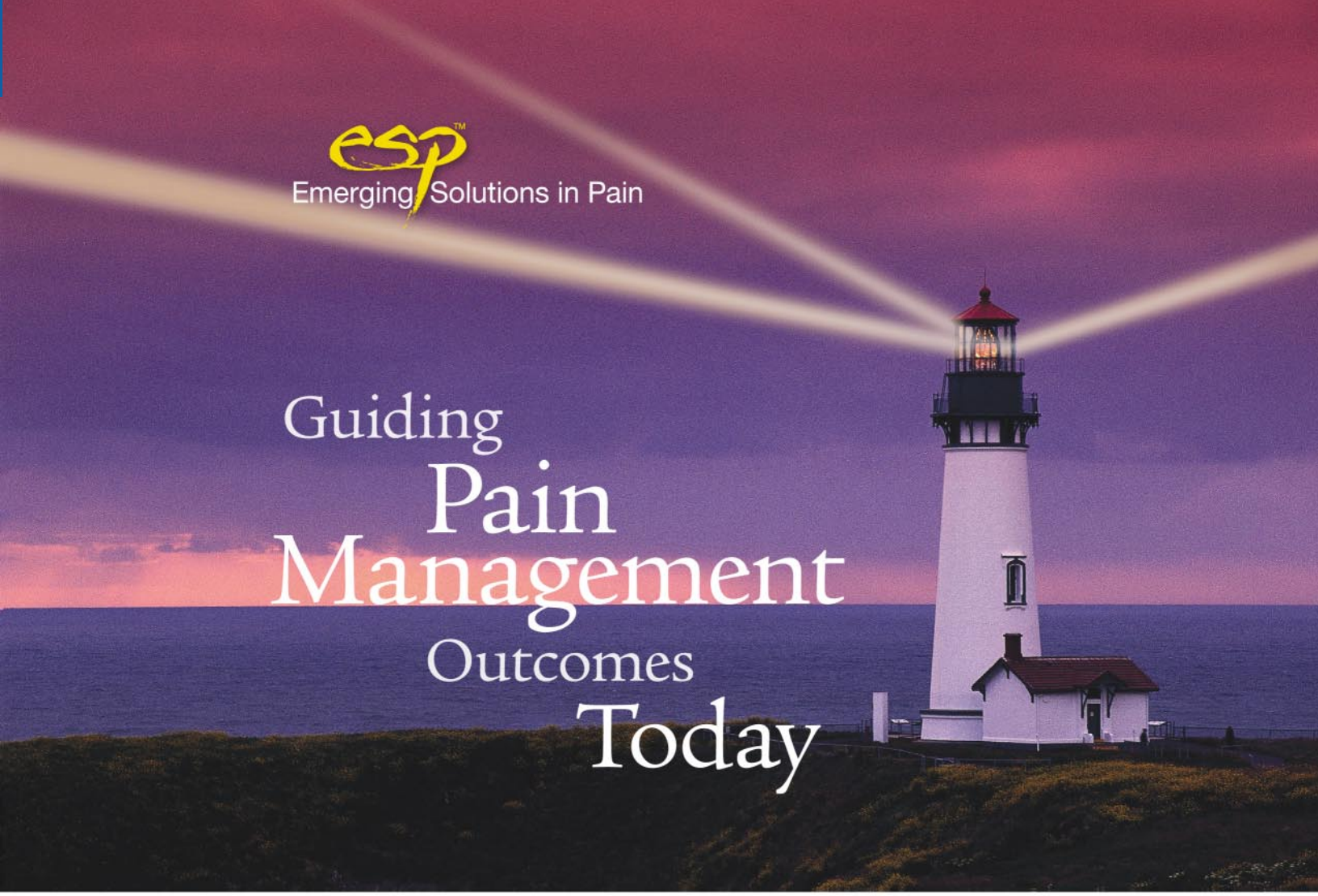
The study, published in the April issue of *Alcoholism: Clinical & Experimental Research*, involved 3,546 female twins, 18 to 29 years of age, who were enrolled in a longitudinal study of alcohol-related problems in female adolescents and young adults. Retrospective reports of alcohol-use histories were collected through telephone interviews and used to determine transition times between drinking milestones; that is, from non-use to initiation, from initiation to onset of first alcohol-related problem, and from first problem to onset of alcohol dependence.

Genetic factors were found to contribute significantly to all three transition times, accounting for 30 to 47 percent of the variance. Environmental factors unique to individuals also contributed significantly to the timing of all three transitions, but environmental factors shared by twins were influential only in the rate of progression from non-use to initiation of use.

Carolyn E. Sartor, Ph.D., postdoctoral research fellow at Washington University School of Medicine and corresponding author for the study, noted: "Our aim is to go beyond predicting who will eventually develop alcohol problems to depicting the pathways that lead there." By examining the development of alcohol dependence in terms of transition points, Dr. Sartor explained, the most potent genetic and environmental influences at each stage along this "pathway of risk" can be identified and interventions tailored accordingly. "For example, we found that environmental factors that make members of a twin pair more similar play a significant role in the age at which girls begin to drink," she said. "This suggests that the most effective strategies for delaying first alcohol use would be those that focus on such environmental factors as parental attitudes toward drinking, friends' alcohol use, and parental monitoring of adolescents' activities."

Dr. Sartor and her colleagues are planning to extend their research to the examination of additional stages of drinking behaviors, such as cessation of alcohol use, and to examine genetic and environmental influences on the timing of transitions in the development of other substance-use problems. Future studies will include both men and women so that possible gender differences can be detected.

Source: Sartor CE, Agrawal A, Lynskey MT et al. (2008). Genetic and environmental influences on the rate of progression to alcohol dependence in young women. Alcoholism: Clinical and Experimental Research *32(4): 632–638.*



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Dr. Ruth Fox

Dear Colleague:

At ASAM's Med-Sci Conference, we honor a group of physicians-in-training who have been chosen to receive the 2008 Ruth Fox Scholarships. The scholarships are an important component of ASAM's educational mission. Each year, they allow an outstanding group of physicians-in-training to attend the Medical-Scientific Conference and the Ruth Fox Course for Physicians. The scholarships cover travel, hotel and registration expenses, as well as one year's membership in ASAM.

The scholarships are but one example of the work supported by the Ruth Fox Memorial Endowment Fund, which was established to assure ASAM's continued ability to provide ongoing leadership in newly emerging areas of addiction medicine, to continue its commitment to educating physicians, to increasing access to care and to improving the quality of care.

With your participation and continued support, the Fund will continue to fulfill its mission. If you have not already pledged or donated to the Endowment Fund, please do so now. For information about making a pledge, contribution, bequest, memorial tribute, or to discuss other types of gifts in confidence, please contact Claire Osman by phone at **1-800/257-6776** or **1-718/275-7766**, or email Claire at **ASAMCLAIRE@AOL.COM**. She welcomes your calls. All contributions to the Endowment Fund are tax-deductible to the full extent allowed by law.

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Conference Honors Three Leaders in Addiction Medicine

ASAM's 39th Annual Medical-Scientific Conference was dedicated to the memory of three leaders in Addiction Medicine who died within the past year:

John P. McGovern, M.D., James W. Smith, M.D., FASAM and Richard E. Tremblay, M.D., FASAM.

John P. McGovern, M.D.

James W. Smith, M.D., FASAM

Richard E. Tremblay, M.D., FASAM

John P. "Jack" McGovern, M.D., a noted allergist, scholar, philanthropist, and friend of ASAM, died in Galveston, Texas, on May 31, 2007.

Dr. McGovern first built his reputation in medicine as a leader in treating allergies and asthma, then became even better known for his philanthropy. Texas institutions that bear his name include the John P. McGovern Hall of the Americas in the Museum of Natural Science; the John P. McGovern Building, which houses the Museum of Health and Medical Science and its McGovern Theater; the John P. McGovern Historical Collections and Research Center at the Texas Medical Center Library; and the John P. McGovern Children's Zoo. He also helped establish the John P. McGovern Academy of Oslerian Medicine to recognize medical faculty who exemplify and teach the compassionate, patient-centered art of medicine advocated by Sir William Osler.

ASAM was one of the organizations about which Dr. McGovern cared most deeply. Although best known for ASAM's John P. McGovern Award and Lecture on Addiction and Society, which is a highlight of each year's Medical-Scientific Conference, Dr. McGovern also made generous gifts to the Ruth Fox Endowment Fund; gave a grant to underwrite the cost of sending ASAM's textbook, Principles of Addiction Medicine, to medical school deans, department chairs and librarians; and gave additional gifts to conduct a survey of addiction medicine training programs and to support ASAM's specialty status initiative. Most recently, he made a large gift to support the ASAM State Medical Specialty Society (SMSS) Program. In recognition of his continuing support, ASAM named Dr. McGovern an honorary Fellow of the American Society of Addiction Medicine in 1998.

James W. Smith, M.D., FASAM, died in Seattle, Washington, on November 23, 2007. For many years, Dr. Smith was Chief of Staff of Seattle's Schick Shadel Hospital. He also was responsible for organizing two freestanding addiction treatment hospitals and four addiction specialty units in general hospitals in that city.

In addition to his work at Schick Shadel, Dr. Smith was Clinical Associate Professor of Psychiatry and Behavioral Science at the University of Washington School of Medicine, where he was part of the team that made Addiction Medicine a part of all four years of the curriculum.

Within ASAM, Dr. Smith served as a Board member, chair of the Finance Committee, co-chair of the Resource and Development Committee, member of the Public Policy Committee and the Practice Guidelines Committee, and a member of the Editorial Board of the Journal of Addictive Diseases. He also was the Society's Treasurer, chair of the Operating Fund Committee, and a member of the Certification Committee.

Richard E. Tremblay, M.D., FASAM, died in Olympia, Washington, on March 27, 2007. A former Marine, Dr. Tremblay was well-known for his work in Addiction Medicine, both through his private practice and as medical director of public and private-sector inpatient and outpatient treatment programs serving both adult and adolescent patients. He was the founding President of the Washington Society of Addiction Medicine, and worked to build that chapter to reflect the unique character of the region, its medical community and population.

Dr. Tremblay was active in ASAM for almost 20 years, serving as Region VIII's representative to the Board of Directors and on many committees, including the Membership, Chapters, Fellowship, Methadone, Physician's Health, and Constitution & Bylaws Committees. He was particularly proud of his appointment to chair the task force that developed ASAM's first Strategic Plan. Asked about his goals for the Plan, Dr. Tremblay said they were to "improve the quality of life for our members and the quality of care for their patients."

ASAM Conference Calendar

ASAM EVENTS

April 10, 2008
Ruth Fox Course for Physicians
Sheraton Centre Hotel
Toronto, Ontario, Canada
[8 Category 1 CME Credits]

April 10, 2008
Pain and Addiction: Common Threads IX –
Sheraton Centre Hotel
Toronto, Ontario, Canada
[8 Category 1 CME Credits]

April 11-13, 2008
39th Annual Medical-Scientific Conference
Sheraton Centre Hotel
Toronto, Ontario, Canada
[22.5 Category 1 CME Credits]

April 13, 2008
Buprenorphine and Office-Based Treatment of Opioid Addiction
Sheraton Centre Hotel
Toronto, Ontario, Canada
[8 Category 1 CME Credits]

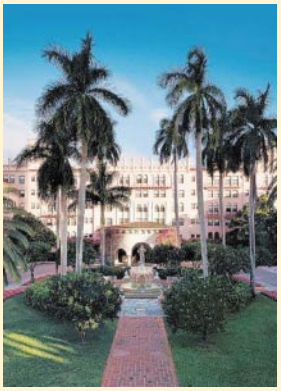
October 26 – 28, 2008
ASAM Review Course in Addiction Medicine
Westin O'Hare Hotel
Chicago, Illinois
[21 Category 1 CME Credits]

OTHER EVENTS OF NOTE

April 4-5, 2008
3rd Annual American Conference on Pain Medicine
Marriott Marquis Times Square
New York City
[Sponsored by the Johns Hopkins University School of Medicine]
For more information or to register, visit http://www.iasmconference.com/pain/2008/agenda.asp

November 6-8, 2008
32nd Annual National Conference of the Association for Medical Education and Research in Substance Abuse (AMERSA)
Hilton Embassy Row Hotel
Washington, DC
For more information or to register, visit http://www.amersa.org

December 4-7, 2008
19th Annual Meeting & Symposium of the American Association for Addiction Psychiatry (AAAP)
Boca Raton Resort & Club
Boca Raton, Florida
For more information or to register, visit http://www.aaap.org



Except where otherwise indicated, additional information is available on the ASAM website (WWW.ASAM.ORG) or from the ASAM Department of Meetings and Conferences at 4601 No. Park Ave., Suite 101, Chevy Chase, MD 20815-4520; phone 301/656-3920; fax 301/656-3815; email EMAIL@ASAM.ORG.

BUPRENORPHINE TRAINING

To view the 2008 ASAM course schedule Visit Clinical Tools, Inc., contact 919/960-8118 or visit http://www.asam.org/conf/Buprenorphineconferences.htm

All courses are approved for 8 Category 1 CME credits.

March 1, 2008
Hartford, Connecticut
Sponsored by ASAM

March 8
Basking Ridge, New Jersey
Sponsored by the American Psychiatric Association

March 14
Phoenix, Arizona
Sponsored by the American Osteopathic Academy of Addiction Medicine (AOAAM)

April 5
Chicago, Illinois
American Academy of Addiction Psychiatry (AAAP)

April 10
Toronto, Canada
American Society of Addiction Medicine (ASAM)

April 12
Dayton, Ohio
American Society of Addiction Medicine (ASAM)

April 13
Toronto, Canada
American Society of Addiction Medicine (ASAM)

April 26
Boston, Massachusetts
American Society of Addiction Medicine (ASAM)

May 10
Lexington, Kentucky
American Society of Addiction Medicine (ASAM)

June 28
Pewaukee, Wisconsin
American Society of Addiction Medicine (ASAM)

To register for any of the buprenorphine courses, go to www.DocOptIn.com or phone 1-888/362-6784.