# ASAM News

Volume 26, Number 1; 2011

Newsletter of The American Society of Addiction Medicine

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**Find additional coverage in the supplement to the emailed edition of *ASAM News***

WWW.ASAM.ORG

## ASAM's Med-Sci Conference, Legislative Day Set for April 13-17th

Clinicians, researchers and educators with a commitment to addiction medicine will gather in Washington, DC, from April 14-17th for ASAM's 42nd Annual Medical-Scientific Conference. The conference welcomes ASAM members as well as non-member physicians, nurses, psychologists, counselors, students and residents. It features three full days of clinical and scientific offerings, as well as ASAM's annual Business Meeting on Friday morning, April 15th. Preceding the conference, ASAM's 7th Annual Legislative Day, featuring visits to members of Congress, has been scheduled for Wednesday, April 13th.

The Ruth Fox Course for Physicians and ASAM's course on Pain and Addiction: Common Threads are scheduled for Thursday, April 14th. Conference activities conclude on Sunday, April 17th. All conference events take place at the Washington Hilton Hotel, located near DC's DuPont Circle.

For additional information, visit the ASAM website at WWW.ASAM.ORG or contact ASAM's Department of Conferences & Meetings at 301-656-3920, ext. 113. An overview of the Med-Sci program appears on pages 7-9 of this issue of ***ASAM News***. For more information on Legislative Day, see page 5.

## ASAM Members Elect New Officers, Members of the Board of Directors

ASAM members have chosen the Society's next President-Elect, Secretary, and Treasurer, as well as a full slate of Directors at Large. In balloting completed December 1st, Stuart Gitlow, M.D., M.P.H., M.B.A., FAPA, was chosen President-Elect; Herbert L. Malinoff, M.D., FACP, FASAM, was elected Secretary; and Lori D. Karan, M.D., FACP, FASAM, was named Treasurer. The newly elected officers will serve from 2011 through 2013.

Those elected Directors are Paul H. Earley, M.D., FASAM; Mark L. Kraus, M.D., FASAM; Petros Levounis, M.D., M.A., FASAM; Judith A. Martin, M.D.; A. Kenison Roy III, M.D., FASAM, DFAPA; and John C. Tanner, D.O., FASAM. The term of office for Directors at Large is 2011 through 2115.

The newly elected officers and Directors will be installed at the Annual Business Meeting, scheduled for Friday morning, April 15th, during the Society's 2011 Medical-Scientific Conference in Washington, DC. At that time, Donald J. Kurth, M.D., M.B.A., FASAM, will assume the Presidency of ASAM and Louis E. Baxter, Sr., M.D., FASAM, will become Immediate Past President.

Profiles of the new officers and directors are available on ASAM's website (www.asam.org) and in the emailed edition of this issue of ***ASAM News***.

Penny S. Mills, M.B.A.

# Exciting New Benefits Offered to ASAM Members

*Penny S. Mills, M.B.A.*

ASAM's leadership and staff continually search for ways to make membership in the Society more rewarding for you, our members. The goal is to offer benefits that enrich members' professional lives and increase their career success and satisfaction. The coming months will bring several exciting new member benefits:

- ***ASAM Weekly***: ASAM has contracted with Multiview Media to produce an electronic newsletter that will be emailed to ASAM members every week, beginning in February. ***ASAM Weekly*** will incorporate news of ASAM activities, as well as succinct summaries of external developments in government and science. ***ASAM Weekly*** replaces ***ASAM e-News***. Print issues of ***ASAM News*** will continue to be published four times a year.
- **ASAM Career Center**: ASAM's new online Career Center, constructed in partnership with Boxwood Technologies, is a place where members can post their resumes and employers can post positions available to addiction specialists. ASAM members seeking jobs will be provided free and confidential resume posting and automated weekly email notification of new job listings, with the ability to save jobs for later review. The Career Center will launch in February and will be available in the Member Center section of ASAM's website. *(See page 15 for more information.)*
- **Med-Sci Daily News**: ASAM has arranged for an onsite daily newspaper and an electronic companion to be produced each day of the Med-Sci Conference, to keep those attending the conference and those unable to attend informed about happenings at Med-Sci.
- **ASAM Live Learning Center:** To be launched at the Med-Sci Conference, ASAM's new Live Learning Center is an online portal where members and others can access online CME courses. For example, following the Med-Sci Conference, the Live Learning Center will offer audio and PowerPoints from conference presentations, which can be studied for additional CME credits. Med-Sci attendees will receive access to the Live Learning Center as part of their registration for the meeting. The Live Learning Center is being constructed in partnership with Content Management Corporation, a leading provider of online learning.

I will continue to report to you on these and other developments. As always, your comments and suggestions are welcomed — you can reach me at pmills@asam.org.


## ASAM Member-Get-A-Member Campaign

**Through April 1, 2011**

***Earn One Free Registration to ASAM's Med-Sci Conference and Other Valued Rewards****

Share your ASAM experience with a peer and invite him or her to ***join ASAM today!*** When you are meeting or on the phone with colleagues, ask them to consider joining ASAM. Not only will you be doing a big favor for yourself by strengthening your Society, but also your contemporaries will be thanking you for inviting them. Each new member you recruit moves you closer to receiving one of the following:

1. One free registration to the 2012 Med-Sci Conference (valued up to $725)
2. One free membership renewal for 2012 (valued up to $645)
3. One free copy of *Principles of Addiction Medicine, 4th Edition* (valued up to $199)

In addition to inviting newcomers to ASAM, you may want to consider contacting former ASAM members as candidates for membership. Contact the National ASAM office at 301-656-3920 for a list of former ASAM members in your area and visit ASAM's website at www.asam.org for membership application forms.

**A drawing will be held in the event of a tie. This offer excludes recruitment of medical students.*

**AMERICAN SOCIETY OF ADDICTION MEDICINE**
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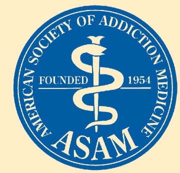



**American Society of Addiction Medicine**
4601 North Park Ave., Suite 101
Chevy Chase, MD 20815

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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**ASAM News**
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Advertising rates and schedules are available on request. Please direct inquiries to the Editor at 410-770-4866 or email ASAMNEWS1@AOL.COM.

**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).

# Addiction-Related Elements of Health Reform Gain Support

In March of 2010, President Obama signed into law the *Patient Protection and Affordable Care Act* and the *Health Care and Education Reconciliation Act of 2010*, together referred to as the Affordable Care Act (ACA). When fully implemented, the ACA is projected to expand coverage to an estimated 32 million currently uninsured Americans, meaning about 95% of the legal population would be covered (U.S. Government, 2010). Also, benefits for those who currently have coverage will be expanded.

While the House of Representatives voted in January to rescind the entire health reform act and legal issue continue, it appears unlikely the entire act will be overturned. The new Congress may alter certain of its provisions, but surveys show that the following benefits — all of which are relevant to addiction prevention, diagnosis and treatment — appear to have substantial support from the public (1):

**PROVISION: Insurers are prohibited from denying coverage to persons with preexisting conditions, charging higher premiums based on health status, placing lifetime or annual caps on coverage, and dropping patients from plans because of medical expenses (known as "rescission").** These protections are critically important to persons in recovery, many of whom already have been denied benefits because of preexisting conditions.

**PROVISION: The Wellstone/Domenici Parity Act, combined with specific components of health reform legislation, creates a situation in which parity requirements can be applied to all payers.** At present, the provisions only apply only to firms with 50+ employees. However, the health reform act holds the potential to extend those mandates to Medicaid benefits and individual and small group policies through the new state "Health Insurance Exchanges." Parity in Medicare coverage is being phased in under the Medicare Improvements Act (MIPPA) and the Medicare Modernization Act of 2003.

**PROVISION: By 2014, States will be required to create "insurance exchanges" through which individuals and small business can obtain coverage. All plans offered through such exchanges must cover essential or "benchmark" benefits, including mental health and addiction services, at parity.** The States will have considerable latitude in establishing the scope of "benchmark" benefits, so vigilance will be needed to ensure that addiction and mental health services are included.

**PROVISION: Strategies to enhance mental health and addiction prevention are included in the ACA's chronic disease initiatives.** For example, the ACA removes copayments and other forms of cost-sharing for services such as screening for drug and alcohol misuse or depression, as well as for smoking cessation efforts. A new Prevention and Public Health Fund will support evidence-based programs that foster health, such as those for smoking cessation.

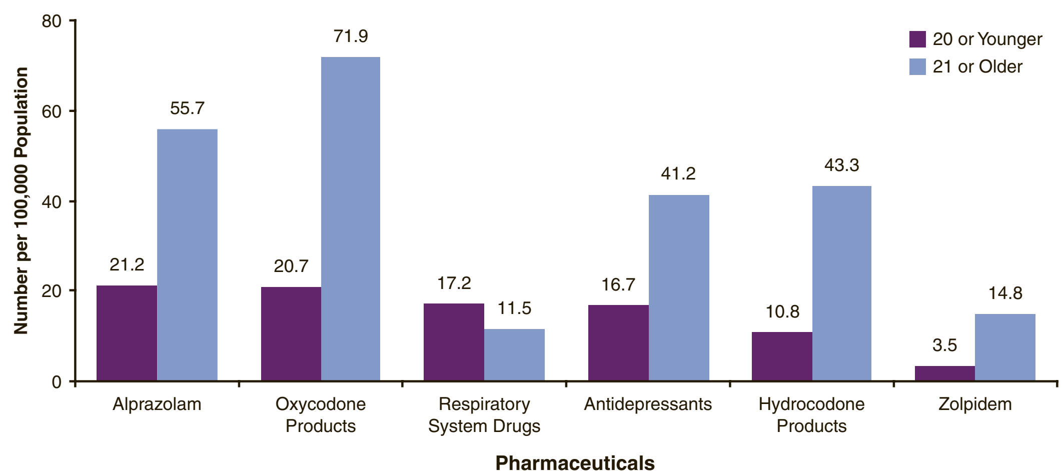
**PROVISION: Increasing the health care workforce is a high priority in the bill's National Workforce Strategy section.** While this provision holds the potential to support more and better training of physicians in the diagnosis and treatment of addiction, it also could be used to extend the role of nonphysicians, so it is another area in which vigilance is necessary.

Additional information about these and other provisions is available on Congressional websites and from the American Medical Association (2). Information specific to addiction benefits and services is available from ASAM's Department of Government Affairs by contacting Alexis Geier-Horan at ageier@asam.org.


1. McIntosh L (2011). Healthcare Reform and Behavioral Health, Part 1: A Sea Change, *Addiction Messenger* (published by the Northeast Addiction Technology Transfer Center, Boston), January 5.
2. For more information, visit http://www.ama-assn.org/ama/pub/health-system-reform/resources/affordable-care-act-improvements.shtml.


# New DAWN Data Show Ongoing Increase in ED Visits Related to Prescription Drugs

In 2009, nearly 4.6 million visits to hospital emergency departments (EDs) were related to misuse or abuse of drugs, adverse reactions to drugs, or other drug-related problems, according to data collected through the Drug Abuse Warning Network. DAWN is supported by the Office of Applied Studies at the Substance Abuse and Mental Health Services Administration. Highlights of the recently released data are shown in the Table. The DAWN report, dated December 28, 2010, can be accessed at http://DAWNinfo.samhsa.gov/.




Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

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

# ASAM Leadership in 2010

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

ASAM is a vibrant national organization of more than 3,000 members — physicians who are dedicated to the belief that the treatment of addiction should be granted parity with the treatment of any other chronic medical disorder, that all physicians should receive education in addiction medicine, and that physicians who wish to do so should be trained and board-certified in addiction medicine. But it's not enough to be a strong organization: ASAM also has the potential to be — indeed, has a moral obligation to be — a leader within the house of medicine.

How can a group of 3,000 physicians lead a profession whose practitioners number in the hundreds of thousands? ASAM can do so by helping to shape the awareness, knowledge, and practices of the larger group as they relate to the disease of addiction, the evidence base for addiction treatment, and the clinical specialty of addiction medicine. Indeed, ASAM has been committed to this type of leadership for many years. The dimensions of our success (and the challenges that still confront us) were evident in many of your Society's activities and accomplishments in 2010.

For example, consider the fact that in 1954 — the year a small group of pioneers laid the groundwork for ASAM — there was no textbook of addiction medicine. By contrast, your Society recently published the Fourth Edition of its comprehensive textbook, *Principles of Addiction Medicine*, which in 1,570 pages reflects the vast body of scientific knowledge that now enriches our field. Given the scope and complexity of this task, work on the Fifth edition of *Principles* is already under way.

Your Society also recognizes that knowledge about addiction has multiplied so rapidly over the past few years that it is difficult to ascertain which information is clinically essential. To address this dilemma, 2010 marked the completion of a new ASAM reference work, *Essentials of Addiction Medicine*. The editors of *Essentials* served as "translators" by selecting and condensing information from *Principles* so as to make it accessible to primary care physicians and other caregivers who wish to identify, manage and appropriately refer patients suffering from addictive disorders. (*Essentials* will be published in 2011.)

With *Principles* and *Essentials*, ASAM and its members have forged yet another link in the partnership that binds us to our primary care colleagues. In fact, addiction and its treatment have become topics of great interest within mainstream medicine, as well as to government agencies. As a result, 2010 saw ASAM take its rightful "place at the table" in consultations with government leaders, as exemplified by our meetings with officials of the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), the White House Office of National Drug Control Policy (ONDCP), and the Health Resources and Services Administration (HRSA). These agencies see in ASAM a proactive group that can help them reach out to a defined constituency of addiction medicine specialists, as well as to mainstream medicine. ASAM's leaders also engaged in very productive meetings with the leaders of other medical specialty societies in 2010, and will continue to assign high priority to such outreach in 2011.

The benefit to ASAM in these collaborations is evident in all of our activities. For example, ASAM's 2010 Review Course in Addiction Medicine saw 700 physicians gather for three days of intensive review and instruction. The 2010 course was noteworthy not only because attendance surpassed that of all previous courses, but also because it marked the transition of the Certification / Recertification Examination from ASAM (which pioneered the exam in 1986) to the new American Board of Addiction Medicine.

The year 2010 also saw ASAM engage with the implications and implementation of health care reform, as well as relatively new concepts in health care delivery such as the "patient-centered medical home." PCMH is an approach to providing comprehensive care to adults, young people and children. As such, it is expected to broaden access to primary care while enhancing care coordination between primary caregivers and specialists, such as those of us who specialize in addiction medicine.

None of these accomplishments came easily. Each required the concerted effort of ASAM's officers, staff and members. But they have been worthy of our efforts, and the results we have achieved by working together in 2010 have improved the lives of our members, as well as those of countless patients and their families.

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# NEW CONGRESS PRESENTS NEW OPPORTUNITIES

*Donald J. Kurth, M.D., M.B.A., M.P.A., FASAM*

When the 112th Congress convened in January, 16 new Senators and 96 new members of the House of Representatives joined that august body. These new faces present new opportunities to create allies for addiction medicine.

In the Senate, 13 of the new members are Republicans and three are Democrats. One of the new members is a former U.S. Senator; two were Governors; six were Members of the House of Representatives; two were State Attorneys General; one was speaker of a State legislature; one was a county executive; and three had not previously held elected office.

***Donald J. Kurth, M.D., M.B.A., M.P.A., FASAM***

The House of Representatives welcomed 96 new members: 88 Republicans (for a current total of 243 Republicans) and 8 Democrats (for a current total of 189 Democrats). Five of the new members previously served in the House; one served as secretary of state in State government; one was a Lieutenant Governor; one was a sheriff; five were mayors; two were members of city councils; one was a U.S. Attorney; 41 served in State legislatures; and 32 never before held elected office.

Three Senators and 16 members of the House are physicians — a 27% increase over 2009 (* indicates a new member):

Sen. John Barasso, M.D. (R, Wyoming), Orthopedic Surgeon
*Rep. Daniel J. Benishek, M.D. (R, Michigan), General Surgeon
Rep. John Boustany, M.D. ( R, Louisiana), Cardiovascular Surgeon
Rep. Paul Brown, M.D. (R, Georgia), Family Physician
*Rep. Larry D, Bucshon, M.D. (R, Indiana), Thoracic Surgeon
Rep. Michael Burgess, M.D. (R, Texas), Ob-Gyn
Rep. Bill Cassidy, M.D. (R, Louisiana), Gastroenterologist
Sen. Tom Coburn, M.D. (R, Oklahoma), Family Physician & Ob-Gyn
*Rep. Scott DesJarlais, M.D. (R, Tennessee), Family Physician
Rep. John Fleming, M.D. (R, Louisiana), Family Physician
Rep. Phil Gingrey, M.D. (R, Georgia), Ob-Gyn
*Rep. Andy Harris, M.D. (R, Maryland), Anesthesiologist
*Rep. Nan Hayworth, M.D. (R, New York), Ophthalmologist
*Rep. Joe Heck, D.O. (R, Nevada), Emergency Physician
Rep. Jim McDermott, M.D. (D, Washington State), Psychiatrist
*Sen. Rand Paul, M.D. (R, Kentucky), Opthalmologist
Rep. Ron Paul, M.D. (R, Texas), Ob-Gyn
Rep. Tom Price, M.D. (R, Georgia), Orthopedic Surgeon
Rep. David "Phil" Roe, M.D. (R, Tennessee), Ob-Gyn

You can enhance your effectiveness as an advocate for addiction medicine by developing a cordial relationship with your legislators and/or members of their staffs. The key is to introduce yourself when you're not asking for anything. The goal is to reach a point where the legislator or staff know you, so that when an addiction-related issue comes along, they are more likely to think of you and perhaps to ask your advice. Getting to this point does not guarantee that the legislator will do what you ask, but it makes it much more likely that your voice will be heard and your opinions considered.

There are simple steps you can take to build good relationships with your legislators:

- Attend "town meetings" and other forums sponsored by your legislators. Introduce yourself and let your legislator know what you do. Thank him or her for their efforts and ask for the name of a staff member you can contact if you want to talk about an addiction-related issue in the future. This builds a relationship so that when you do need help, you'll be more likely to get it.
- Invite a legislator to address a meeting of your State society or chapter. Be flexible about the topic of the talk, suggesting general issues like health, or even how physicians can work more effectively with their legislators. A legislator may not be comfortable addressing issues that are highly specific to addiction because they do not have enough information to make a good presentation. That's fine: just get them there — you can educate them later.
- Invite a legislator to visit a treatment program where you are on staff. Legislators like to learn what's going on in their districts. If it is appropriate and would not be disruptive or compromise patient privacy, invite a legislator to visit and learn more about a program and the patients it helps.

Visit https://writerep.house.gov/writerep/welcome.shtml for a list of all of the members of the U.S. House of Representatives, with their addresses and phone numbers. You also can call the Capitol Switchboard at 202-224-3121 and ask for the office of your Representative. For help in crafting your message, contact Alexis Geier-Horan, ASAM's Director of Government Affairs, at ageier@asam.org or phone 301-656-3920.

*Dr. Kurth will assume the Presidency of ASAM during the Annual Business Meeting on Friday, April 15th, in Washington, DC.*

## Attend ASAM's 7th Annual Legislative Day

Are you planning to attend ASAM's Annual Medical-Scientific Conference, April 14-17th in Washington, DC? By arriving one day early, you can meet with your member of Congress. Addiction policies are hot topics these days on Capitol Hill! Take advantage of your proximity to Capitol Hill and schedule a short visit with your Senators or Representative. Share your concerns and your expertise as they relate to Federal alcohol, drug and addiction treatment policies.

ASAM's staff will arrange the visits for you. Staff also will provide a teleconference advocacy training session the week before you arrive in Washington. The training will include an overview of timely issues and legislation, talking points for your Hill appointments, and general tips and techniques for grassroots advocacy.

Here's the agenda for ASAM's Legislative Day:

| | |
|---|---|
| 7:30 a.m. | Breakfast/Orientation (Capitol Hill) |
| 9:00 a.m.–5:00 p.m. | Appointments with Legislators (House and Senate Office Buildings) |
| 6:00 p.m. | Legislative Day Debriefing (Washington Hilton Hotel) |

To register for Legislative Day, email Alexis Geier-Horan at ageier@asam.org or phone 301-656-3920.

## IN MEMORIAM: Dr. David Dodd

David Tennyson Dodd, M.D., age 83, of Murfreesboro, Tennessee, died December 18, 2010. He is survived by his wife, Nancy Sugg Dodd, four children, and eight grandchildren.

Dr. Dodd is widely regarded as one of the most influential leaders in the physician health movement. Noted ASAM Chapters Council chair Richard G. Soper, M.D., J.D., M.S., FASAM: "A giant amongst our community is no longer physically with us, [but] his great spirit lives on with many of us. Indeed, he will be missed, but his recovery efforts carry on with many of us…. He was one of the major forces in our country to develop the Physicians Health Program network, founding director of Tennessee Physician's Health Program, and first president of our Tennessee Society of Addiction Medicine."

Dr. Dodd graduated from Middle Tennessee State University and the University of Tennessee Medical School. He was a captain in the United States Air Force, serving with the Strategic Air Command in North Africa.

After beginning his medical practice in Murfreesboro in 1961, Dr. Dodd served the people of Rutherford County until he was named Director of the Tennessee Medical Foundation Impaired Physicians Program in 1983. He also was an Associate Professor in the Department of Psychiatry at Vanderbilt University.

Memorial contributions may be made to the Rutherford County Drug Court or the Dr. David T. Dodd Memorial Fund at the Tennessee Medical Foundation, 216 Centerview Dr. Suite 304, Brentwood, TN 37027-3226 (www.e-tmf.org).

## *North Carolina's Spring Conference Set for April 29–30*

The North Carolina Society of Addiction Medicine is collaborating with the NC Governor's Institute on Substance Abuse to offer *Addiction Medicine 2011: Meeting Tomorrow's Challenges Today*. Co-chaired by NCSAM President James W. Finch, M.D. and Sara McEwen, M.D., M.P.H., Executive Director of the Governor's Institute, the conference is set for April 29-30th at the Hilton Ashville Biltmore Park Hotel in Asheville.

The conference opens with a plenary presentation on how to respond to the current opioid abuse epidemic and closes with a plenary on effectively intervening with adolescents. In between, sessions will feature skills-based seminars, such as a six-hour session on "Basic and Advanced Addiction Medicine, a forum for medical staff of Opioid Treatment Programs, and a seminar on "Addiction Issues in Pregnancy." ASAM will offer a NIDA-funded course on "Opioid Dependence Treatment Targeting Under-served and Rural Areas: Advanced Clinical Education for Waivered and Non-Prescribing Physicians." For additional information or to register, visit http://addictionmedicine.sa4docs.org.

## MASAM Program Focuses on Pregnancy and Addiction

*Kenneth R. Freedman, M.D., M.B.A., FACP, FASAM*

A wide range of health and human service professionals participated in the Massachusetts Society of Addiction Medicine's Fall program on *Pregnancy and Addiction*, held at the Massachusetts Medical Society's offices in Waltham, Massachusetts.

The 55 participants began the evening with a light dinner reception and exhibits by two corporate sponsors. After dinner, speaker Jacquelyn Starer, M.D., FACOG, FASAM (MASAM Treasurer and Coordinator of the CSAC Division of Opioid Dependent Pregnant Patients, and Associate Attending Physician at Faulkner Hospital in Boston) lectured on identification of the pregnant alcoholic/addict, reviewed the risks and benefits of medication use during pregnancy, and discussed detoxification during pregnancy, with recommendations relevant to opiates, alcohol, and benzodiazepines.

Dr. Starer's lecture was followed by a lively Q&A session moderated by Alan Wartenberg, M.D., FASAM (MASAM President-Elect and Associate Medical Director of the Opioid Treatment Program at the VA Hospital in Providence, Rhode Island).

MASAM is planning a Spring program on Infectious Diseases and Addiction. For information, visit www.masam.org or contact the MASAM office at llayer@mms.org.

*Dr. Freedman is Chief of Medicine at Lemuel Shattuck Hospital, a Massachusetts Department of Health Hospital.*

## PAIN & ADDICTION: COMMON THREADS XII – SAFETY FIRST: BEST PRACTICES

**Thursday, April 14, 2011, 8:00 a.m. to 5:30 p.m. • Washington Hilton Hotel, Washington, DC**

### GOALS AND OBJECTIVES

- ★ The impact of opioids and benzodiazepines on sleep architecture will be analyzed. Attendees will be able to assess the potential for adverse events in their patients.
- ★ Attendees will be able to manage sedative-hypnotic dependence clinical issues, including withdrawal management and alternative treatment modalities.
- ★ Attendees will be able to integrate basic neurobiological GABA receptor physiology into their treatment paradigms.
- ★ Current Federal and State regulations and guidelines concerning opioids will be analyzed and summarized. Attendees will be able to incorporate the information to enhance safe and appropriate prescribing of opioids.

### PROGRAM

- **Clinical Aspects of Sedative Dependence in Pain & Addiction** (Edward Covington, M.D.)
- **Non-Benzodiazepine Sedative-Hypnotics That Cause Clinical Problems** (Michael M. Miller, M.D., FASAM, FAPA)
- **Pain and Addiction: Sleep** |(Lynn Webster, M.D.)
- **Case Presentation and Discussion** (Course Co-Chairs Herbert L. Malinoff, M.D., FACP, FASAM and Edwin A. Salsitz, M.D., FASAM)
- **Clinical Implications of Opioid and Sedative Use/Misuse in Patients with Addiction and Chronic Pain** (Mark A. Weiner, M.D.)
- **Pain and Addiction: All in the Family** (Claudia Black, Ph.D. and Melvin I. Pohl, M.D., FASAM)
- **Finding Balance in Policy: Emerging Federal and State Initiatives on Pain and Prescription Drug Misuse** (Seddon R. Savage, M.D.)
- **Case Presentation and Discussion** (Herbert L. Malinoff, M.D., FACP, FASAM and Edwin A. Salsitz, M.D., FASAM)

*This program is supported by an unrestricted continuing medical education grant from Covidien.*

# ASAM's 42nd Med-Sci Conference to Meet in DC

ASAM's Officers, Board members and staff hope you will join your colleagues at ASAM's 42nd Annual Medical-Scientific Conference, where addiction experts from around the world gather for a program rich in scientific symposia, clinical courses and workshops, and research papers and poster sessions. The conference welcomes ASAM members as well as non-member researchers, educators, and clinicians.

**Ruth Fox Course for Physicians.** Preceding the Med-Sci Conference is the 30th annual Ruth Fox Course, which will meet from 8:00 a.m. to 5:30 p.m. on Thursday, April 14th. Co-chaired by Margaret A.E. Jarvis, M.D., FASAM and John C. Tanner, D.O., FASAM, the course is dedicated to providing physicians with information on current trends in addiction practice.

**Pain & Addiction: Common Threads.** Also on Thursday from 8:00 a.m. to 5:30 p.m. is the annual course on Pain & Addiction: Common Threads. Focused on "Safety First, Best Practices." the 2011 course is co-chaired by Herb Malinoff, M.D., FACP, FASAM, and Edwin A. Salsitz, M.D., FASAM.

**Business Meeting**. The Annual Business Meeting and Breakfast will be gaveled to order at 7:30 a.m. Friday, April 15th, by ASAM President Louis E. Baxter, Sr., M.D., FASAM. Early risers will be rewarded with a buffet breakfast, to be served from 7:15 a.m., courtesy of The Christopher D. Smithers Foundation. Incoming President Donald J. Kurth, M.D., M.B.A., M.P.H., FASAM, will take the oath of office during the meeting. Open to ASAM members only, the meeting also affords an opportunity for members to offer their views on ASAM's needs and priorities.

**Opening Session.** The official opening session of the Conference at 9:00 a.m. Friday features an address by George E. Vaillant, M.D., who is the 2011 recipient of the R. Brinkley Smithers Distinguished Scientist Award. Dr. Vaillant will deliver the award lecture on "Using Occam's Razor on Dual Diagnosis."

**Policy Plenary.** On Saturday, the day begins with a Public Policy plenary session at 8:00 a.m., which will focus on "Health Reform and Parity: Implications for Addiction Medicine." The special guest speaker (invited) is Vice President Joe Biden.

**Awards Luncheon**. Also on Saturday, the ASAM Awards Luncheon, set for 12:15 to 2:00 p.m., honors outstanding individuals who have made notable contributions to the Society and to addiction medicine. A traditional highlight of the luncheon is the John P. McGovern Award 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 addiction researcher and educator A. Thomas McLellan, Ph.D., former Deputy Director of the Office of National Drug Control Policy and founder of the Treatment Research Institute at the University of Pennsylvania. (The Awards Luncheon is an extra fee event; business attire is requested.)

## CONFERENCE REGISTRATION

The Registration Desk for the Med-Sci Conference will be open from 5:00 to 7:00 p.m. on Wednesday, April 13th, from 7:00 a.m. to 8:00 p.m. on Thursday, April 14th, and from 7:00 a.m. to 5:00 p.m. on Friday and Saturday, April 15th–16th. The Registration Desk will open at 7:00 a.m. and close at 12 noon on Sunday, April 17th.

## Special Sessions Open ASAM Meeting

*The following social and educational events on Thursday evening, April 14th, lead off ASAM's 42nd Annual Medical-Scientific Conference:*

**Thursday, 5:00 - 6:00 p.m.**
**New Members' Welcome Reception**

**Thursday, 6:00 - 8:00 p.m.**
**Welcoming Reception and Opening of the ASAM Exhibit Hall:**
Sponsored by the American Society of Addiction Medicine and Alkermes, Inc.

**Thursday, 7:00 - 9:00 p.m.**
**Chapters Council Meeting:**
In addition to the general Chapters Council meeting, individual chapters will meet throughout the Med-Sci Conference. See the ASAM Registration Desk for times and locations.

**Thursday, 8:00 - 10:00 pm**
**Component Sessions.**
Component sessions are open meetings in which members of ASAM's Councils, Committees or Workgroups report on their activities and their concerns and obtain feedback from the ASAM membership.

## CONFERENCE HOTEL

All Med-Sci events will take place at the Washington Hilton Hotel, a contemporary urban retreat near Dupont Circle in the heart of the Nation's capital. To obtain the special conference rate of $245 single or $245 double, reserve by March 18th. Phone Hilton Reservations at 1-800-445-8667 or 202-483-3000 or use the ASAM-Hilton webpage: http://www.hilton.com/en/hi/groups/personalized/D/DCAWHHH-ASAM-20110408/index.jhtml?WT.mc_id=POG.

For further information about the conference, contact Lisa Watson, ASAM's Director of Conferences and Meertings, by email at lwatson@asam.org or by phone at 301-656-3920, ext. 113. *The deadline for early conference registration is March 21, 2011.*

# Conference Overview

THURSDAY

**8:00 a.m. - 5:30 p.m.**

**Ruth Fox Course for Physicians: Special Focus on Sex Addiction and Sexual Disorders** *Speakers:* Margaret A.E. Jarvis, M.D., FASAM (Co-Chair); John C. Tanner, DO, FASAM (Co-Chair); H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM; Anthony H. Dekker, D.O., FASAM; Stanley E. Gitlow, M.D., FASAM; Darrin R. Mangiacarne, D.O.; James "Jes" C. Montgomery, M.D.; William R. Morrone, D.O., M.S.; Norman Wetterau, M.D., FAAFP, FASAM; and Stephen A. Wyatt, D.O.

**Pain & Addiction: Common Threads: *Safety First, Best Practices*.** *Speakers:* Herbert L. Malinoff, M.D., FACP, FASAM (Co-Chair); Edwin A. Salsitz, M.D., FASAM (Co-Chair); Claudia Black, M.S.W., Ph.D.; Edward Covington, M.D.; Michael M. Miller, M.D., FASAM, FAPA; Melvin I. Pohl, M.D., FASAM; Seddon Savage, M.D., M.S.; Lynn Webster, M.D.; and Mark A. Weiner, M.D.

**5:00 - 6:00 p.m.**

**New Members' Welcome Reception**

**6:00 - 8:00 p.m.**

**Welcoming Reception and Opening of the Exhibit Hall**

**7:00 - 9:00 p.m.**

**Chapters Council Meeting**

**8:00 – 10:00 p.m.**

**Component Sessions**

**Session I: Opioid Agonist Treatment Updates.** *Speakers:* Daniel P. Alford, M.D., M.P.H. (Co-Chair); Judith Martin, M.D. (Co-Chair); Julia H. Arnsten, M.D., M.P.H.; Theresa Kim, M.D.; Yngvild Olsen, M.D.; M.P.H.; Andrew J. Saxon, M.D.; and Karol Kaltenbach, Ph.D.

**Session II: AA and the Addiction Physician** (sponsored by the Twelve-Step Recovery Workgroup). *Speakers* Donald J. Kurth, M.D., M.B.A., M.P.A., FASAM (Co-Chair); Marc Galanter, M.D., FASAM (Co-Chair); Dick McKinley, M.D.; Herbert L. Malinoff, M.D., FACP, FASAM; and Lynn Kleiman Malinoff, Ed.D.

**Session III: The Future of Addiction Medicine – Students, Residents & Fellows (scheduled for 8:00 - 10:00 a.m. Sunday, April 17th).**

**Session IV: The American Board of Addiction Medicine (ABAM), and the Recognition of Addiction Medicine as a Medical Specialty by the American Board of Medical Specialties (ABMS).** *Speakers:* Kevin B. Kunz., M.D., M.P.H.; Richard D. Blondell, M.D.; Michael M. Miller, M.D., FASAM, FAPA; Robert J. Sokol, M.D., FACOG; Jeffrey H. Samet, M.D., M.A.; Gavin Bart, M.D.; Michael F. Weaver, M.D.; Christopher M. Weirs, M.P.A.; and Terri A. Silver, M.A.

**Session V: Addiction Medicine and Primary Care: Recent Positive Developments**. *Speakers:* Norman Wetterau, M.D.; Anthony Cloy, M.D.; and Jay Slobodan, M.D.

**Session VI: What is Quality, Essential Care for the Patient With Addiction or Unhealthy Substance Use?** *Speaker:* Michael M. Miller, M.D., FASAM, FAPA.

**Session VII: Parity and Health Care Reform: Changing the Way Addiction Treatment Providers Do Business**. *Speakers:* A. Kenison Roy III, M.D., FASAM, DFAPA; and John Femino, M.D., FASAM.

FRIDAY

**7:30 - 9:00 a.m.**

**Annual Business Meeting and Breakfast.**
(ASAM members only.) Sponsored by the Christopher D. Smithers Foundation. Breakfast service begins at 7:15 a.m.

**9:00 - 10:30 a.m.**

**Opening Scientific Plenary and Distinguished Scientist Lecture Award.**
Award recipient George E. Vaillant, M.D., lectures on "Using Occam's Razor on Dual Diagnosis."

**10:30 - 11:00 a.m.**

**Refreshment Break**
(Exhibit Hall)

**11:00 a.m. - 1:00 p.m.**

**Symposium 1: Naltrexone: New Formulations and Indications** (sponsored by the National Institute on Drug Abuse). *Organizer.* Ivan Montoya, M.D., M.P.H. *Speakers:* Charles O'Brien, M.D., Ph.D.; Phil Skolnick, Ph.D., D.Sc.; Richard Hawks, Ph.D.; Sandra Comer, Ph.D.; David Gastfriend, M.D.; Andrea King, Ph.D.; Margaret Haney, Ph.D.; Paolo Mannelli, M.D.; Reese Jones, M.D.; George Woody, M.D.; Patrick O'Connor, M.D.; Elliot Ehrich, M.D.; and Nora Volkow, M.D.

**Paper Session I** (refer to the final Conference Program for a list of papers and first authors)

**Symposium 2: Treatment of the Returning Military Veteran.** *Organizers:* Richard A. Denisco, M.D., M.P.H., and Joan E. Zweben, Ph.D. *Speakers*: John Allen, Ph.D., M.P.A.; Maj. Jeffrey Thomas, Ph.D.; Barbara Rothbaum, Ph.D.; Michael E. Kilpatrick, M.D., FACP; Wilson Compton, M.D., M.P.E.; and Susan Storti, Ph.D.

**Course 1: Poor Nutrition, Poor Health: The Impact of Nutrition and Food Security in Drug Users.** *Speakers:* Christine Wanke, M.D.; Kimberly Dong; M.S., R.D.; and Alice Tang, Ph.D.

**Workshop A: Addiction Consultation Service in a General Hospital: Developing an Effective Clinical and Training Program**. *Speakers:* Merrill Herman, M.D.; Stephen Nicolson, M.D.; Brenda Chabon, Ph.D.; and Mojabeng Phoofolo, M.D.

**Workshop B: Perianesthetic and Perioperative Considerations in Patients Treated with Buprenorphine.** *Speaker:* Charles Morgan, M.D., FASAM, FAAFP, ABAM

**1:30 – 2:30 p.m.**

**Refreshment Break (Exhibit Hall)**

**Poster Session** (refer to the final Conference Program for a list of posters and first authors)

**3:00 – 5:00 p.m.**

**Paper Session II** (refer to the final Conference Program for a list of papers and first authors)

**Symposium 1** *(continued):* **Naltrexone: New Formulations and Indications** (sponsored by the National Institute on Drug Abuse).

**Symposium 3: Prescription Drug Abuse.** *Organizers:* Michael Fingerhood, M.D., FACP, and Mel Pohl, M.D., FASAM; *Speakers:* Herbert Malinoff, M.D., FACP, FASAM; Joshua Sharfstein, M.D.; and ONDCP Representative – to be announced

**Course 2: Special Considerations in Treating Adolescents**. *Speaker:* Steven C. Matson, M.D.

**3:00 – 6:00 p.m.**

**Symposium 4: Innovative Models of Addiction Treatment from the International Context** (co-sponsored by the International Society of Addiction Medicine and the National Institute on Drug Abuse). *Organizers:* Marc Galanter, M.D.; Jag H. Khalsa, Ph.D., and Petros Levounis, M.D. *Speakers:* Hannu Alho, M.D., Ph.D.; Steven Gust, Ph.D.; Analice Gigliotti, M.D., Ph.D.; Wim van den Brink, M.D.; Nikhil Patel, M.D., D.P.M.; and Gabrielle Welle-Strand, M.D.

**Course 3: Trafficking and Distributing Illegal Drugs: Money, Status, Intimidation, and Terror** *Speakers:* Lori Karan, M.D., FACP, FASAM; Carnell Cooper, M.D., FACS; ONDCP Representative (invited); FBI Representative (invited); Gang Drop-out (invited)

**6:00 – 8:30 p.m.**

**Ruth Fox Endowment Reception (by invitation only)**
*(Sponsored by Dr. & Mrs. Joseph E. Dorsey and Dr. Tommie F. Lauer)*

**9:30 p.m.**

**ASAM Dessert and Coffee Reception**

SATURDAY

**7:00 – 8:00 a.m.**

**Continental Breakfast**

**8:00 – 9:30 a.m.**

**Policy Plenary: Health Reform and Parity Implications for Addiction Medicine** (sponsored by the ASAM Public Policy Council). *Speakers*: Louis E. Baxter, Sr., MD, FASAM; Mark L. Kraus, MD, FASAM; Petros Levounis, MD, FASAM; and A. Kenison Roy, MD, FASAM. *Special Guest Speaker (invited)*: Vice President Joseph Biden

**10:00 a.m. - 12:00 noon**

**Symposium 5: Emerging Technologies: Translating Interventions Across a Spectrum of Risk for Alcohol Use Disorders** (sponsored by National Institute on Alcohol Abuse and Alcoholism). *Organizer:* Robert Huebner, Ph.D. *Speakers:* Reid K. Hester, Ph.D.; Paul Grossberg, M.D.; Patrick S. Bordnick, M.P.H., Ph.D.; and David H. Gustafson, Ph.D.

**Symposium 6: Marijuana and the Public: Now Where Does ASAM Stand?** *Organizer:* Gregory Bunt, M.D. *Speakers:* Steven W. Gust, Ph.D.; Eliot Gardner, Ph.D.; Andrea Barthwell, M.D., FASAM; Timmen Cermak, M.D.; and Herbert Kleber, M.D.

**Symposium 7: Addressing Tobacco Use Among Persons With Substance Use Disorders** (sponsored by the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration). *Organizers*: Christina M. Delos Reyes, M.D., and Suzan Swanton, LCSW-C. *Speakers:* Steven Kipnis, M.D., FACP, FASAM; Jill M. Williams, M.D.; and Shadi Nahvi, M.D., M.S.

SATURDAY

**Symposium 8: Town Hall: Method & Rationale – DSM-5 Substance Abuse.** *Speakers*: Charles S. O'Brien, M.D., Ph.D.; Deborah S. Hasin, Ph.D.; and Wilson S. Compton, M.D., M.P.E. *The speakers are members of the working group for Substance Related Disorders in DSM-V. They will provide an insider's overview of their process and the evidence guiding it. There will be an opportunity for audience participation in the discussion.*

**Course 4: Sleep Problems in Dual Disorders: A Protocol for Assessment and Comprehensive Management.** *Speakers*: Mark D. Green, M.D., and Lisa Williams, N.P.

**Workshop C: How to Establish and Integrate Addiction Medicine into an Existing or New Family Care, Internal Medicine Practice.** *Speaker:* Barry Schecter, Ph.D., M.S.W.

**Course 5: Alcohol Testing: Leveraging an Exploding Technology.** *Speakers:* Robert L. Dupont, M.D.; Gregory E. Skipper, M.D.; and Douglas Lewis, D.Sc.

**12:15 – 2:00 p.m.**
**ASAM Awards & ABAM Certification Recognition Luncheon**

**2:00 – 4:00 p.m.**
**Symposium 5** *(continued):* **Emerging Technologies: Translating Interventions Across a Spectrum of Risk for Alcohol Use Disorders** (sponsored by National Institute on Alcohol Abuse and Alcoholism).

**Symposium 9: Sleep and Addiction: Understanding the Problem and the Need to Act.** *Organizers:* Gavin Bart, M.D., FASAM, and Jeffrey Goldsmith, M.D. *Speakers:* Conrad Iber, M.D.; Michael Varenbut, M.D., FASAM; and Jeff Daiter, M.D., FAASM.

**Symposium 10: Addressing Substance Use Disorders in Primary Care and the Patient-Centered Medical Home.** *Organizer*: Norman Wetterau, M.D., FAAFP, FASAM. *Speakers:* Laura Galbreath, M.P.P.; Constance Weisner, Dr.P.H., LCSW; Jaye Swoboda, M.D.; Richard Blondell, M.D.; and Edwina Rogers.

**Workshop D: The ECHO Model for Expanding Access to Addiction Treatment: How to Design and Implement a Successful Program in Your Own State.** *Speakers*: Miriam Komaromy, M.D.; Leslie Hayes, M.D.; and Ray Stewart, M.A.

**2:00 – 6:00 p.m.**
**Workshop E: The Interface of Electronic Health Records and Addiction Medicine: What You Should Know and How It Will Affect Your Practice.** *Speakers:* Trusandra Taylor, M.D., M.P.H.; Richard N. Rosenthal, M.D.; John P. Femino, M.D., FASAM, MRO; A.Thomas McLellan, Ph.D. *(invited)*; Nora D. Volkow, M.D. *(invited)*; Betty Tai, Ph.D.; Robert W. Lindblad, M.D.; Robert Gore-Langton.

**4:00 - 6:00 p.m.**
**Workshop F: Addressing Sedative Use in Both Addiction and Chronic Pain Patients.** *Speakers:* Mark Weiner, M.D.; Herbert Malinoff, M.D., FACP, FASAM; and Mel Pohl, M.D., FASAM.

**4:15 p.m.**
**Exhibit Hall Closes**

SUNDAY

**7:00 – 8:00 a.m.**
**Continental Breakfast**

**8:00 - 10:00 a.m.**
**Component Session III: The Future of Addiction Medicine — Students, Residents & Fellows.** *Speaker:* **Brian Hurley, M.D., M.B.A.**

**Workshop G: An Addiction-Recovery Model of Nicotine and Tobacco Dependence.** *Speakers*: **Terry Rustin, M.D., FASAM.**

**Course 6: Antagonist Treatment for Opioid Dependence: The Naltrexone Story.** *Speakers:* Adam Bisaga, M.D.; Maria A. Sullivan, M.D., Ph.D.; Joshua D. Lee, M.D., M.Sc.; Marc Fishman, M.D.; and Edward V. Nunes, M.D.

**Symposium 11: Advances in HIV Screening and Management in Substance Use Disorders** (sponsored by the National Institute on Drug Abuse). *Organizers:* Geetha Subramaniam, M.D., and Raul N. Madler, M.D. *Speakers:* Lisa Metsch, Ph.D.; Bruce R. Schackman, Ph.D.; Gregory Lucas, M.D.; Louise Haynes, M.S.W.; Lawrence Brown, Jr., M.D., M.P.H., FASAM; David A. Fiellin, M.D.; and Zunyou Wu, M.D., Ph.D.

**Symposium 12: Addiction in Professional Sports.** *Organizer:* Richard N. Rosenthal, M.D. *Speakers:* Richard N. Rosenthal, M.D.; Stephen M. Taylor, M.D., M.P.H.; Laurence M. Westreich, M.D.; J. Richard Spatafora, M.D.; and Deborah L Haller, Ph.D., ABPP.

**Workshop H : Project REMOTE and Providing Addiction Services to Rural America.** *Speakers:* S. Hughes Melton, M.D., FAAFP, and Mary G. McMasters, M.D., FASAM.

SUNDAY

**10:00 a.m. – 12:00 Noon**
**Symposium 13: Innovative Models of Care for Addiction Treatment.** *Organizer:* Adam J. Gordon, M.D., M.P.H., FASAM. *Speakers:* Lauren Matukaitis Broyles, Ph.D., R.N.; Peter D. Friedmann, M.D., M.P.H., FASAM, and Erik Gunderson, M.D.

**Workshop I: The Development and Evaluation of Addiction Education in Residency Training Programs.** *Speakers:* Jeffrey Hsu, M.D.; Darius A. Rastegar, M.D.; Amina Chaudhry, M.D., M.P.H.; and Edith M. Vargo, M.D.

**Workshop J: Cannabis as Medicine.** *Speakers*: Paul Casola, M.D., M.P.H., FASAM; R. Jeffrey Goldsmith, M.D., FASAM; Robert L. DuPont, M.D., and Mark Ware, M.D., MRCP, M.Sc.

**12:00 Noon**
**Conference Ends**

## CONTINUING EDUCATION CREDITS

**Accreditation Council for Continuing Medical Education (ACCME).** The American Society of Addiction Medicine (ASAM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

**The American Society of Addiction Medicine (ASAM)** designates this live activity for a maximum of 22 *AMA PRA Category 1 Credits (s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**American Psychological Association (APA).** The American Society of Addiction Medicine (ASAM)'s Continuing Medical Education (CME) has 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 (NAADAC).** ASAM has been approved as a National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Education Provider, #152. All applying for NAADAC credit should report their hours directly to NAADAC.

**Continuing Education Credits (CEUs).** Non-physician participants will receive a certificate of attendance upon completion of the activity and an on-line evaluation confirming their participation. Participants should submit his/her certificate of attendance to their professional organization/institute.

## *NEW IN 2011!*
### ASAM's Live Learning Center

Access educational sessions 24 hours a day from the comfort of your home or office! ASAM will launch its Live Learning Center at the conclusion of the 2011 Medical-Scientific Conference. Register for the full ASAM 42nd Annual Medical-Scientific Conference and receive online access to all of the recorded sessions and synchronized presentations for up to six months!

Earn up to 51 CME credits for the sessions you were unable to attend during the Conference. All educational sessions will be accessible within three weeks after the conference.

ASAM full conference attendees will receive online access to the recorded session *AT NO CHARGE*!

Herbert L. Malinoff, M.D., FACP, FASAM

# "Doctor, they took my Darvocet off the market! Now what should I take for pain?"

Herbert L. Malinoff, M.D., FACP, FASAM

I am an ABAM-certified addiction specialist practicing in Ann Arbor, Michigan. I treat many patients suffering from chronic pain. When the Food and Drug Administration (FDA) banned products containing propoxyphene (e.g., Darvon, Darvocet), I received phone calls from several patients currently taking the medication, as well as from physician colleagues asking for advice about alternative medications.

Propoxyphene, which was approved for sale in the U.S. in 1957, is an opioid analgesic used to treat mild to moderate pain. It is a Schedule III drug under the Federal Controlled Substances Act. Acting this past Fall, an FDA advisory panel recommended that drugs containing propoxyphene be removed from the market, based on its weak analgesic effect, addictive potential, and association with drug deaths and possible heart problems, including arrhythmia.

While arrhythmias long had been linked to propoxyphene use, FDA experts believed they occurred primarily when doses exceeded the recommended daily dose. However, post-marketing surveillance by Darvon's manufacturer (undertaken at the request of FDA) found evidence that cardiac arrhythmias occur even at recommended doses.

## Propoxyphene Withdrawn

Acting on the new information, the FDA issued a directive November 19, 2010, that all propoxyphene-containing products should be withdrawn from the U.S. market. Its announcement explained, "New proof of heart side effects, in studies of healthy people taking normal doses of the drug, prompted the FDA to act. An estimated 10 million Americans are taking Darvocet and other propoxyphene painkillers. They should NOT immediately stop taking the drugs, as there is danger of serious withdrawal symptoms."[1]

When drugs that have been on the market for decades are suddenly unavailable, patient reactions usually are swift and emotional. But in the case of Darvon and other propoxyphene-containing medications, the response has been more muted. On one hand, many studies over the years have shown that propoxyphene has no better analgesic effect than non-prescription agents such as acetaminophen (e.g., Tylenol), and many physicians stopped prescribing it long ago. In fact, a recent survey of physicians by *MedPage Today* and ABC News found almost unanimous agreement that patients should seldom if ever be given propoxyphene products.

On the other hand, judging by blog posts and reader comments appended to online news stories about the FDA's action, some patients claim that propoxyphene worked for them when nothing else would. In fact, several comments posted at *MedPage Today* partner ABCNews.com sounded positively desperate, such as the blogger who wrote, "This just makes me sick. I am disabled and have pain 24/7 and now don't know what I'll do."

So what is a physician to do (or advise a colleague to do)? At its most positive, the withdrawal of Darvon and similar products may

### Table 1. Nonpharmacologic Approaches to Chronic Pain

| Physical | Psychological | Interventional |
|---|---|---|
| ***Self-administered therapies*** | Attention control exercises | Bracing |
| Bandage wraps | Biofeedback | Injection and radiation therapy |
| Corsets | Cognitive-behavioral therapy | Nerve blocks |
| Counterirritant creams | Desensitization | Neurodestructive surgical techniques |
| Exercise | Distraction | Transcutaneous electrical nerve stimulation |
| Heat or cold application | Goal-setting and pacing strategies | Vertebroplasty |
| Limitation of activities | Guided imagery | |
| Postural changes | Hypnosis | |
| ***Physical medicine*** | Patient education | |
| Deconditioning | Psychotherapy for comorbid conditions, such as depression and anxiety | |
| Hydrotherapy | Relaxation training | |
| Massage therapy | | |
| Mechanical devices (e.g., splints) | | |
| Physical and occupational therapy | | |
| Range-of-motion programs | | |

*Source: Passik SD. Issues in long-term opioid therapy: Unmet needs, risks, and solutions (Review). Mayo Clinic Proceedings, 2009 July: 84(7):593-601.*

represent a "teachable moment" when patients can be re-evaluated to determine their level of function and re-educated about the purpose of analgesics and the need for more than a medication-based approach to pain management (Table 1).[2]

In fact, experience shows that physicians are in a unique position not only to prescribe needed medications in an optimal fashion, but also to encourage patients to use their medications appropriately, to identify problems as they arise, and to help patients recognize their problems and adopt strategies to address them. [3]

## Selecting a Replacement Drug

An appropriately detailed assessment of the patient is critical to the development of an alternative treatment plan.[4] The work-up should include a history, systems review and physical examination, as well as pertinent laboratory tests.[5] When treatment involves opioid analgesics (or any drug with abuse potential), special attention should be given to the patient's previous therapies and concomitant illnesses, especially the presence of a past or current substance use disorder. In patients found to be at significant risk for an alcohol or drug problem, treatment plans can be adjusted on a patient-by-patient basis. For all such patients, there must be a balance between safety and risk of drug misuse on the one hand, and patient convenience and drug effectiveness on the other.[5]

With patients experiencing moderate pain, a partial mu agonist such as tramadol (an agonist-antagonist opioid) or a weak opioid-acetaminophen/aspirin combination (such as acetominophen or aspirin with codeine, hydrocodone or oxycodone) often is appropriate. If the pain is constant, the drug should be given at scheduled and pharmacologically appropriate intervals to maintain analgesic blood levels. If the pain is intermittent, the drug can be given on an as-needed basis.

Where the patient is experiencing constant pain at a moderate level of intensity and an opioid is indicated, a relatively low dose of a long-acting pure mu agonist (such as methadone or a controlled release preparation of morphine, oxycodone or other opioid) may be appropriate. This might be indicated if significant breakthrough pain occurs with short-acting medications, or where dose requirements result in toxic doses of acetominophen or aspirin.

For severe pain, a pure mu agonist that can be titrated (that is, not mixed with limiting doses of acetaminophen or other drugs and not having a ceiling of effectiveness) usually is indicated. If the pain is continuous, either patient-controlled analgesia, a continuous parenteral infusion, or long-acting oral or transdermal medications are appropriate.

In every case, care needs to be taken in selecting the initial dose when transitioning the patient to a new medication (Table 2).

## Table 2. Starting Doses of Selected Opioid Analgesics

| Drug | Dose (mg) | Frequency (hours) | Duration (hours) | Half-Life (hours) |
|---|---|---|---|---|
| ***Reference: Propoxyphene (Darvon®)*** | ***65-100*** | ***4*** | ***4-6*** | ***6-12*** |
| Codeine (with acetaminophen = Tylenol® #2, 3, 4) | 15-60 | 3-6 | 4-6 | 3 |
| Fentanyl (Duragesic®) | 25-100 microgram (patch) | 48-72 hours | 0.5-1 (IV), 72 (TD) | 3.7 |
| Hydrocodone (with acetaminophen = Vicodin®) | 2.5-10 | 3-6 | 4-8 | 2.5-4 |
| Hydromorphone (Dilaudid®) | 5-10 | 6-8 | 4-6 | 24 |
| Methadone (Dolophine®) | 5-10 | 6-8 | 4-6 | 24 |
| Morphine | 15-30 (IR) | 3-4 (IR) | 3-6 | 2-3.5 |
| Oxycodone (OxyContin®; with acetaminophen = Endocet®; with aspirin = Percodan®) | 5-10 (IR), 10 (CR) | 3-6 (IR), 12 (CR) | 3-4 (IR), 8-12 (CR) | 2.5-3 |
| Oxymorphone (Numorphan®) | 10 (IR) 5-10 (ER) | 3-6 (IR), 12 (ER) | 3-6 | 7-9.5 |
| Tramadol | 50-100 (IR) 100 (ER) | 4-6 (IR), 24 (ER) | 4-6 (IR), 24 (ER) | 5-7 |

IR = immediate release; ER = extended release; CR = controlled release; IV = intravenous; TD = transdermal

*Source: Argoff CE, Silvershein DI. A comparison of long- and short-acting opioids for the treatment of chronic noncancer pain: Tailoring therapy to meet patient needs. Mayo Clinic Proceedings, 2009 July: 84(7):606-612.*

## Educating the Patient

Whenever controlled drugs are prescribed, the patient should be cautioned to follow the directions exactly, particularly with regard to the frequency of doses and avoiding changes in other prescribed medications. He or she should be warned to avoid concurrent use of alcohol or over-the-counter products.[2]

Patients also should be cautioned about potential sedation or impairment of psychomotor function during the induction and stabilization phase.[3] The likelihood of physical dependence and the possibility of developing true addiction — no matter how small — should be discussed.

Asking the patient to keep a log of signs and symptoms affords him or her a sense of participation in the treatment program and enhances the physician's ability to monitor therapeutic progress and adverse events.

Finally, because many controlled drugs can be fatal if used by an individual who is naïve to such use (such as a child or other family member), proper and secure storage of the medication must be discussed. The subject of safe storage and use should be revisited periodically during the course of treatment, with the discussions documented in the patient record.[2]

## Monitoring the Patient

The patient should be seen more frequently while the treatment plan is being established and adjusted (Table 3). As the regimen becomes stable, follow-up visits every two to three months may be sufficient. However, if a Schedule II drug is prescribed, arrangements must be made for the patient to obtain a new prescription every 30 days.[1]

Monitoring should include both subjective and objective data, including the patient's report of symptom response and side effects, assessment of signs of intoxication or abuse, as well as body weight, pulse rate, temperature, blood pressure, and urine or serum drug levels. Signs of therapeutic failure or unacceptable adverse drug reactions require alteration of therapy.

Drug testing is the single most useful laboratory test to monitor patients who are prescribed long-term analgesics. Such testing is useful in establishing compliance and in detecting the use of other, non-prescribed controlled substances. In addition, the presence of unusually low serum drug levels indicates noncompliance and raises the possibility that a patient is diverting his or her prescription to others for sale.

"Medication monitoring visits" are billable and can be performed by a nurse. They should be carefully documented in the same manner as a visit with the physician. Careful adherence to boundaries is essential components of a safe treatment program. Patients should be encouraged to use one pharmacy to fill all their prescriptions. This can aid in identifying possible drug interactions and in tracking the amount of medication being consumed.[2]

*Dr. Malinoff is Medical Director of Pain Recovery Solutions, Inc., in Ann Arbor, MI. He also is a member of the faculty in the Department of Anesthesia at the University of Michigan Medical Center. Dr. Malinoff co-chairs ASAM's annual course, Pain & Addiction: Common Threads, and represents Region VI (IA, IL, IN, MI, MN, WI) on the ASAM Board of Directors. He can be reached at DoctorHLM@aol.com*

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### Table 3. Universal Precautions With Chronic Noncancer Pain

- ★ Careful diagnosis with an appropriate differential
- ★ Psychological assessment, including risk of addictive disorders
- ★ Informed consent
- ★ Treatment agreement
- ★ Preintervention and postintervention assessment of pain level and function
- ★ Appropriate trial of opioid therapy with or without adjunctive medications
- ★ Reassessment of pain level and function
- ★ Regular assessment of the 4 *A*s (***A*nalgesia**: Is the patient's pain being controlled? ***A*ctivities of daily living**: Have the patient's functional abilities increased? ***A*dverse effects**: What adverse effects are present and are the consequences outweighing the beneficial effects of therapy? ***A*berrant behavior**: Is the patient exhibiting any behaviors indicative of possible misuse or abuse?)
- ★ Periodic review of the pain diagnosis and comorbid disorders, including addictive disorders
- ★ Documentation

*Source: Gourlay DL, Heit HA, Almahrezi A. Universal precautions in pain medicine: A rational approach to the treatment of chronic pain. Pain Medicine 2005; 6:107.*

David R. Gastfriend, M.D.

# Harvard Business School to Help ASAM Develop PPC Software

David R. Gastfriend, M.D.

The Harvard Business School has begun a one-year project to help com- mercialize the *ASAM Patient Placement Cri-teria* (PPC). A team of four students will help ASAM pursue a commercial software developer to take the PPC text and produce an end-user, counselor assessment, software application. Former ASAM Board member David R. Gastfriend, M.D., organized the project after being selected by the Society's Board of Directors to guide the commercialization effort. Dr. Gastfriend previously directed the Harvard research project on the PPC, with funding by NIDA, NIAAA and CSAT.

In describing the project, Dr. Gastfriend noted that "National policy has created a rare moment — the parity law, healthcare reform and the health information technology policy all converge on a need for the PPC to finally be developed as a national standard of care. ASAM's intellectual property is this PPC superb text — the collective clinical wisdom of our field. But it needs to be easy to use and everyone needs to use it the same way. It needs to be implemented in a standardized, counselor-ready, end-user software application. This is the path to establishing a fair, science-based standard of medical necessity, so that insurers will provide fair coverage for patients in need, and programs will be objective brokers of limited, valuable treatment resources."

Through research studies conducted from 1994 through 2006 at the Addiction Research Program of the Massachusetts General Hospital, Dr. Gastfriend's team proved that the PPC text could be converted into mathematical equations and programmed into a computerized counselor interview. In a series of studies, they demonstrated that the PPC could make assessment more reliable and more comprehensive, and to improve patient engagement and treatment outcomes. ASAM now holds the rights and licenses to the full PPC-2R Assessment Software, as well as a "triage" or brief version and related tools for software development. Dr. Gastfriend believes that the computerized PPC can serve a variety of stakeholders, including patients, treatment providers, payers and policymakers.

The Harvard team consists of volunteers who were eager to offer their time to the project. The students believe in the importance of the project as a national public health priority. Although still at the beginning of their business careers, the team's members boast almost two decades of collective experience in health care, business, high-technology and finance. The Harvard connection was facilitated by Dr. Gastfriend's son, Eric Gastfriend (HBS '14), who previously was a consultant to the Washington Circle Group on Performance Measures in Substance Use Disorders. The students have already contacted a number of stakeholders in the field, including software manufacturers, patient advocacy groups, and large treatment systems. Once their market research is completed and they have explored models for licensing and reimbursement, they expect to produce a draft business plan for presentation to leading medical software companies.

For further information about the project, contact Dr. Gastfriend at: Gastfriend@gmail.com.

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Andrew J. Saxon, M.D.

# PCSS-M Offers Support, Guidance on Use of Methadone

Andrew J. Saxon, M.D.

Prescribing of methadone has substantially and appropriately increased in recent years because a growing number of individuals need treatment for either of the indications for which methadone is FDA-approved: opioid addiction and chronic pain. Unfortunately, overdoses with methadone also have increased, at least in part because methadone has a complex pharmacology and few physicians or other health care providers have been trained in its use.

To address this situation, SAMHSA's Center for Substance Abuse Treatment has funded the Physician Clinical Support System for Methadone. The PCSS-M is a free, nationwide program through which health care providers who need information and mentoring on the use of methadone to treat pain or addiction can connect with experts in the field. ASAM coordinates the PCSS-M in conjunction with other leading medical societies and Federal agencies.

Components of the PCSS-M include a national network of trained physician mentors, supported by a medical director and a small group of clinical experts, as well as a telephone "warmline" and website (www.pcssmentor.org) to facilitate communication between mentors and mentees. At present, 24 PCSS-M mentors provide support and education to interested physicians and staff. The mentors are practicing clinicians and educators with experience in the use of methadone. They work in licensed opioid treatment programs, pain clinics, primary care, and other practice settings. Questions can be submitted to them by fax, phone, or email.

Mentoring services are provided at no charge, often within 24 to 48 hours, on topics such as patient selection and assessment, patient induction and stabilization, conversion to methadone from other opioids, dose adjustment and patient monitoring, avoiding drug interactions, cardiac effects of methadone, treatment of multiple drug addiction and comorbid medical or psychiatric disorders, population-specific clinical needs, development of support and referral networks, patient tracking, and office logistics.

Common questions and concerns also are addressed in a series of clinical guidances developed by PCSS-M national experts. Guidances currently are available on "Methadone Dosing for Pain and Equianalagesic Tables," "Methadone Diversion: Minimizing the Risk of Office-Based Practices," "Critically Relevant Drug Interactions," and "Opioid Treatment Program Methadone Induction Dosing." All four clinical guidances can be downloaded at http://www.pcssmethadone.org/pcss/resources_guidelines.php. Additional guidances are in development.

In addition to the clinical guidances, the PCSS-M website (http://www.pcssmethadone.org/pcss/resources.php) contains clinical practice guidelines, consensus statements, peer-reviewed literature, and clinical tools developed by medical societies and Federal agencies

Information about the PCSS-M program, including how to find a PCSS-M mentor, is available at http://www.pcssmentor.org. For more information on the efficacy of PCSS mentoring, see "The Physician Clinical Support System—Buprenorphine (PCSS-B): A Novel Project to Expand/Improve Buprenorphine Treatment" in the September 2010 issue of the *Journal of General Internal Medicine* (http://www.springerlink.com/content/v08468956v57n004/).

*Dr. Saxon, the PCSS-M Medical Director, is a Professor of Psychiatry at the University of Washington School of Medicine, and Director of the Addiction Treatment Center at the VA Puget Sound Health Care System.*

# Ruth Fox Memorial Endowment Fund

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*Dr. Ruth Fox*

Dear Colleague:

At ASAM's 42nd Annual Med-Sci Conferences, we will honor a group of physicians-in-training who have been chosen to receive Ruth Fox Scholarships. These scholarships are an important component of ASAM's educational mission, because 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. This year, the Scholarship Fund has benefitted from the generous support of the National Institute on Drug Abuse (NIDA) and the Christopher D. Smithers Foundation. Recipients of 2011 Ruth Fox Scholarships are:

Timothy J. Cordes, M.D. Ph.D., Madison, Wisconsin
Katherine Grieco, D.O., West Haven, Connecticut
Vanessa Lentz, M.D., MSC, Montreal, Canada
Jennifer Nguyen, M.D., Baltimore, Maryland
Carla M. Reese, M.D., M.S., Baltimore, Maryland
James Yeh, M.D., Cambridge, Massachusetts

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.

*Max A. Schneider, M.D., FASAM*
*Chair, Ruth Fox Memorial Endowment Subcommittee*

*Claire Osman*
*Director of Development*

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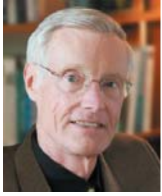

# Mental Health, Marijuana, and the Tucson Tragedy

*Robert L. DuPont, M.D., and Bertha K. Madras, M.D.*

***Robert L. DuPont, M.D*** ***Bertha K. Madras, M.D.***

The mass shooting in Tucson, Arizona, by Jared Lee Loughner…has created a media feeding frenzy over the story's meaning. The initial focus was on possible political motivations for the shootings, while later the focus shifted to Loughner's mental disorder. Overlooked by most commentators is Loughner's history of heavy marijuana and alcohol use (1)….

Schizophrenics are about twice as likely to smoke marijuana as individuals without this mental disorder. Marijuana use not only makes the symptoms of this disease worse, but it reduces the effectiveness of treatments for schizophrenia. Marijuana use predicts an increase in the severity of psychotic symptoms. The marijuana-associated adverse course of psychotic symptoms in schizophrenia persists even after taking into account other clinical, substance use, and demographic issues.(2)

The relationship of schizophrenia to violent behavior is "almost completely determined by drug and alcohol use."(3,4) Research has shown that "schizophrenia and other psychoses are associated with violence but that the association is strongest in people with substance abuse, and most of the excess risk of violence associated with schizophrenia and other psychoses is mediated by substance abuse." (5) In another study, researchers examined national Swedish registers of hospital admissions and criminal convictions for violent offenses from 1973 to 2006, comparing risk of violent crime in patients with schizophrenia to the general population controls. Among patients with schizophrenia, 13.2% had at least one violent offense, compared to 5.3% of the general population controls without schizophrenia. Of the schizophrenic patients with substance use disorders, 27.6% had at least one violent offense…. These researchers concluded that "the association between schizophrenia and violent crime is minimal unless the patient is also diagnosed as having substance abuse comorbidity." (6)….

The combination of serious mental illness and substance abuse worsens both disorders. This combination plays a major role in the violence that is sometimes associated with schizophrenia. Jared Lee Loughner's marijuana use was not an incidental part of this tragic story; it was central to the tragedy in Tucson on January 8, 2011.

*ASAM member and former NIDA Director Robert L. DuPont, M.D., is President of the Institute for Behavior and Health, Bethesda, Maryland. Harvard Professor of Psychobiology Bertha K. Madras, M.D., is former Deputy Director for Demand Reduction of the Office of National Drug Control Policy.*

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# ASAM Conference Calendar

## ASAM EVENTS

**April 14, 2011**
Ruth Fox Course for Physicians
Washington Hilton Hotel,
Washington, DC

**April 14, 2011**
Common Threads:
Pain and Addiction
Washington Hilton Hotel,
Washington, DC

**April 14-17, 2011**
ASAM's 42nd Annual Medical-Scientific Conference
Capitol Hilton Hotel,
Washington, DC

**June 3-5, 2011 and December 2-4, 2011**
Comprehensive MRO: Toxicology Testing and the Physician's Role in the Prevention and Treatment of Substance Abuse
Chicago, Illinois (June 2011)
Washington, DC (December 2011)

**October 27-29, 2011**
ASAM Course on the State of the Art in Addiction Medicine
Washington Hilton Hotel,
Washington, DC

## OTHER EVENTS OF NOTE

**April 29-30, 2011**
Addiction Medicine 2011 Conference
Ashville, North Carolina
Sponsored by the North Carolina Society of Addiction Medicine and the Governor's Institute on Alcohol & Substance Abuse
(Features an ASAM-NIDA course on "Opioid Dependence Treatment Targeting Under-served and Rural Areas: Advanced Clinical Education for Waivered and Non-Prescribing Physicians")
[For more information or to register, go to SA4DOCS.ORG]

**May 19-21, 2011**
8th UK/European Symposium on Addictive Disorders (UKESAD)
Grange City Hotel, 8-14 Cooper's Row, London EC3N 2BQ
Up to 27 International CEUs
To register, visit http://www.ukesad.org/delegateregistration.html

**October 12-15, 2011**
CSAM State of the Art in Addiction Medicine
Hyatt Regency,
Long Beach, California

*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 Upper Arcade, Chevy Chase, MD 20815-4520; phone 301/656-3920; fax 301/656-3815; email EMAIL@ASAM.ORG.*

## *2011 Marks the 30th Anniversary of the Ruth Fox Course for Physicians*

The first Ruth Fox Course was held on May 5, 1980, in Seattle, Washington. Organized by the late Max Weisman, M.D., the course is dedicated to providing physicians with information on current trends in addiction practice. The Co-Directors of the 2011 course are Margaret A.E. Jarvis, M.D., FASAM and John C. Tanner, D.O., FASAM.

In describing the course, Dr. Enoch Gordis, past Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) said: "Dr. Ruth Fox, for whom this course is named, was a giant in the history of 20th century medicine. Born in 1895, she received her medical degree at the University of Chicago, and after early work in biochemistry, began psychiatric practice in New York City.... In a remarkable act of intellectual courage of which few professionally trained people are capable, she discarded the methods in which she had been trained and began to do in her office what today we take for granted. She taught the patient about alcoholism as a disease, explained the value of AA, and prescribed Antabuse, which she herself brought over from Denmark. She…introduced group therapy and psychodrama as well. She was largely responsible for beginning the effort to bring alcoholism into the mainstream of medical concerns. She was a graceful and lucid writer on alcoholism and its treatment, an irresistible lecturer, and an extraordinarily gifted therapist.... She was a principal founder of the New York City Medical Society on Alcoholism, which later became the American Medical Society on Alcoholism and is now ASAM. We are all her heirs, and the continuing education in this course is a fitting tribute to her."

# MoreASAMNews

Supplement to the Newsletter of The American Society of Addiction Medicine

**Online Supplement to Volume 26, Number 1, 2011**


## More News from ASAM

### ASAM Election Results

The following ASAM members were elected to leadership posts in the just-completed elections and will assume office during the Society's annual Business Meeting on April 15th in Washington, DC.

#### *President-Elect:*

**Stuart Gitlow, M.D., M.P.H., M.B.A., FAPA** (Woonsockett, Rhode Island) is board-certified in General, Addiction, and Forensic Psychiatry. He serves as Associate Clinical Professor of Psychiatry at Mount Sinai School of Medicine in New York City and as adjunct faculty at Dartmouth Medical School. He also leads the Annenberg Physicians Training Program in Addictive Disease.

#### *Secretary:*

**Herbert L. Malinoff, M.D., FACP, FASAM** (Ann Arbor, Michigan) is the Medical Director of Pain Recovery Solutions, a faculty member in the University of Michigan Medical Center's Department of Anesthesiology, and an attending physician at Saint Joseph Mercy Hospital in Ypsilanti, Michigan. He is board- certified in Internal Medicine and Medical Oncology, and also certified by ABAM and the American Academy of Pain Management.

#### *Treasurer:*

**Lori D. Karan, M.D., FACP, FASAM** (San Francisco, California) is Associate Clinical Professor of Medicine at the University of California, San Francisco, and a primary care physician within the California State Department of Corrections and Rehabilitation. She is certified by ABAM the American Board of Internal Medicine, and a Fellow of both ASAM and the American College of Physicians.

#### *Director at Large:*

**Paul H. Earley, M.D., FASAM** (Atlanta, Georgia) is Medical Director of the Talbott Recovery Campus in Atlanta, Georgia. He has worked with patients who have eating disorders and sexual addiction, and has a special interest in the assessment and treatment of health care professionals with substance use disorders, for whom he advocates before regulatory agencies and licensing boards. He also has served as an expert witness across the United States on legal matters regarding health care professionals and addiction.

#### *Director at Large:*

**Mark L. Kraus, M.D., FASAM** (Waterbury, Connecticut) is a general internist who is certified by ASAM and a Diplomate of ABAM. He holds an appointment as Assistant Clinical Professor of Medicine at the Yale University School of Medicine and is a partner in Westside Medical Group in Waterbury, Connecticut. He also serves as Chief Medical Officer of Connecticut Counseling Center in Danbury, Connecticut.

#### *Director at Large:*

**Petros Levounis, M.D., M.A., FASAM** (New York, New York) is Director of The Addiction Institute of New York, Chief of Addiction Psychiatry at St. Luke's and Roosevelt Hospitals, and Associate Clinical Professor of Psychiatry at Columbia University. He is certified by the American Board of Psychiatry and Neurology and the American Board of Addiction Medicine.

#### *Director at Large:*

**Judith A. Martin, M.D.** (San Francisco, California) is affiliated with the 14th Street Clinic and at East Bay Community Recovery Project, a multi-service agency in Oakland, California. The latter includes a residential program for addicted women and their children, Project Pride. She also helps train primary care residents about Addiction Medicine at Highland Hospital in Oakland.

### *Director at Large:*

**A. Kenison Roy III, M.D., FASAM, DFAPA** (Metairie, Louisiana) admits patients to two New Orleans-area hospitals, maintains a private psychiatric practice, and teaches medical students. However, he primary focus is on building Addiction Recovery Resources, Inc., a private sector, medically directed agency that provides ambulatory detoxification, intensive outpatient and residential addiction and dual diagnosis services, and addiction-free pain management.

### *Director at Large Representing Osteopathic Medicine:*

**John C. Tanner, D.O., FASAM** (Jacksonville Beach, Florida) is Vice President of Wekiva Springs Center and River Point Psychiatric Hospitals. He also has performed Phase II clinical research on medications for addiction treatment, directed an eating disorders unit, and has many years' experience with impaired health professionals, including service as Assistant Medical Director of Florida's Professionals Resource Network.

## Lou Shomette Named ASAM Deputy Director

ASAM recently welcomed Louis Shomette (aka Lou) as new Deputy Director of the Society. Lou brings 15 years of association experience, including 10 years with the Association for Psychological Science, where he recently served as Senior Director for Membership and Operations.

Lou's experience spans all areas of association management, including membership, marketing, conventions, information systems, fundraising, human resources, and governance. He also has held positions with the Food and Drug Law Institute and the Mathematical Association of America.

Lou holds a B.S. in Business Administration (with a Marketing Major) from the University of Hartford. He may be reached at lshomette@asam.org.

# Other News

## ONDCP Releases Proposed Drug Control Budget

Concurrent with the release February 14th of the Obama Administration's FY2012 budget request, the Office of National Drug Control Policy released its proposed National Drug Control Budget for the next fiscal year, which begins October 1, 2011.

ONDCP is requesting $26.2 billion for FY2012 to reduce drug use and its consequences, an increase of $322.6 million (1.2%) over the $25.9 billion in funding actually enacted for FY2010 (October 1, 2009 – September 30, 2010). However, direct comparisons are complicated by the fact that ONDCP has "restructured" the budget to include different functions than in the past. ONDCP has promised "a transparent and accurate depiction of Federal funding spent in support of the President's 2011 [National Drug Control] Strategy," which is to be released in the coming weeks.

The Congress must approve the final budget, which is likely to be quite different from the ONDCP request for two reasons. First, of course, is the current pressure to reduce Federal spending. Second, individual members of Congress typically have areas they favor and also are subject to pressure from various advocacy groups. Thus, significant changes from the requested amounts can be expected.

Totals requested for FY 2012 are as follows:

| Request | Change from FY2010 (in billions) | Change (%) |
|---|---|---|
| Treatment | $ 8,982.1 | + 1.1 |
| Prevention | 1,682.8 | + 7.9 |
| Interdiction | 3,901.0 | + 6.6 |
| Domestic Law Enforcement | 9,505.4 | + 3.4 |
| International | 2,138.4 | - 17.6 |
| **Total** | **$26,209.7** | **+ 1.2%** |

ONDCP's descriptions of the funding requests are summarized below.

**Treatment:** The FY 2012 budget proposes $8.9 billion for early intervention and treatment services, an increase of $98.7 million (1%) over the FY 2010 funding level. Funds are allocated to the Departments of Health and Human Services, Veterans Affairs, and Justice to cover health professions training, expansion of addiction treatment, and treatment of drug-involved offenders.

As a result of the budget restructuring, the funds requested for treatment include estimated Federal contributions to payments for addiction treatment through the Medicaid and Medicare programs, as well as care for veterans with substance use disorders and mental illness. Hence, the apparent increase may in fact represent a reduction from current funding levels.

**Prevention:** Prevention funding in the budget would increase by $123 million over the FY2010 enacted level (nearly 8 percent). Prevention funds are spent on grants to assist state and local education agencies for school-based prevention and other youth-oriented programs, including early childhood development activities. They also help cover the cost of student mental health services and support the work of community anti-drug coalitions.


Glenbeigh
ACMC Healthcare System
An affiliate of
Cleveland Clinic

**Career Opportunity**

**Medical Director**

Glenbeigh, a specialty hospital for alcohol and drug addiction, is seeking a full time Medical Director. Preferred candidate will be an ASAM Certified Physician with strong commitment to addiction medicine and quality patient care. Go to Glenbeigh.com to learn more about Glenbeigh.

**If interested, please email
Chris Adelman, M.D.
at chris.adelman@csauh.com**

**Interdiction:** The budget for interdiction totals $3.9 billion in FY 2012, an increase of $243 million over FY 2010 actual funding. Funds are directed primarily to the Departments of Homeland Security and Defense to interrupt the trafficking of illicit drugs into the U.S. and to fight money-laundering. The request proposes a $210 million increase for border security and to guard ports of entry, as through expanded staffing and canine units.

**Domestic Law Enforcement:** Funds requested for drug-related domestic law enforcement total $9.5 billion, an increase of $314.6 million over FY 2010 actual funding. Funds are allocated to the Departments of Justice, Homeland Security, and Treasury, along with the High-Intensity Drug Trafficking Area Task Forces, and to the National Guard and State and local law enforcement agencies. Funds also are used to cover the costs of drug-related prosecutions by U.S. Attorneys and the Federal judiciary, as well as the costs to the Bureau of Prisons and the Office of Federal Detention Trustee to house drug-related offenders.

**International:** The $2.1 billion requested for international activities represents a reduction of $456.6 million from the FY 2010 enacted level. Requested funds are allocated to the Departments of Defense, Justice and State to perform a wide range of drug control activities, primarily (but not exclusively) outside the U.S. ONDCP explains that the reduction is largely due to "the continued transition of counter-narcotics responsibilities from the United States to partner nations such as Colombia, Mexico, and Afghanistan."

## "Bath Salts" Linked to Hospitalizations, Deaths

Alarming numbers of adolescents and others are ending up in emergency rooms after using a powder legally sold as bath salts, but with stimulant effects similar to cocaine. Users snort them, smoke them, or inject them as they would cocaine. Effects include paranoia, chest pains, and irregular heartbeat. Some brands contain methylene-dioxypyrovalerone (MDPV), a central nervous system stimulant that is not approved for medical purposes in the U.S. According to the Drug Enforcement Administration, MPDV can cause "intense panic attacks, psychosis and addiction."

The salts are marketed all over the country, according to the Department of Justice. They are not common brands, but instead specially-made powders that are sold in convenience stores and specialty shops in half-gram bottles for $25 to $30.

The salts have been linked to "dozens of hospital visits" in Florida in the past year and to two suicides. Poison control centers across the U.S. received 232 calls about the "bath salts" in 2010, according to the American Association of Poison Control Centers. Britain banned them in April 2010 when several people died after ingesting it. The DEA is studying it as a drug of concern. Louisiana's governor, Bobby Jindal, issued an order banning MPDV on January 6th. North Dakota's Board of Pharmacy has banned MPDV and related chemicals, and legislation has been put forward in Kentucky to outlaw MPDV.

## FDA Loses Second Court Battle Over e-Cigarettes

The U.S. Food and Drug Administration (FDA) lost another round in its battle to regulate electronic cigarettes as drug-delivery devices rather than as tobacco products. E-cigarettes are battery-powered devices that heat cartridges of liquid containing nicotine to create a mist, which users inhale. The FDA classifies them as drug-delivery devices like nicotine patches and gums — products that it must approve before they can be marketed.

In December, a three-judge appeals panel in the District of Columbia disagreed with the FDA's position. The panel ruled that the FDA could only regulate e-cigarettes as drug delivery devices if purveyors made claims that their products would help people quit smoking or had other benefits.

The FDA appealed the decision, but the U.S. Court of Appeals for the D.C. Circuit sided with the e-cigarette industry. The agency is now considering whether to take the case to the U.S. Supreme Court.

E-cigarette distributors and manufacturers argue that their products are alternatives to cigarettes and should not be subject to pre-approval, as is required of smoking cessation products. They claim that if e-cigarettes are regulated as tobacco, it will be easier to put new devices on the market. Nevertheless, lawmakers in New York State are considering legislation to ban the products.

## Better Data Needed on Drugs Involved in Overdose Deaths, Group Says

In a letter to the director of the CDC's National Center for Health Statistics, Dr. Andrea Barthwell of the Center for Lawful Access and Abuse Deterrence (CLAAD) has requested changes in the way drug overdose deaths are classified, as a step toward improving the usefulness of such data. Dr. Barthwell is a former President of ASAM and served as Deputy Director of the Office of National Drug Control Policy.

In the letter, Dr. Barthwell wrote that, as a coalition of organizations working to prevent prescription drug diversion, misuse and abuse, CLAAD is asking the CDC to revise the U.S. adaptation of the International Classification of Diseases (ICD). The letter explains that current ICD codes group together drugs and drug classes and do not capture information on individual medications. This makes it difficult or impossible to determine the frequency with which any specific medication is associated with such deaths, so as to "provide more useful information for researchers, which should lead to more effective interventions and fewer deaths."

CLAAD's request echoes the findings of several meetings on methadone-associated deaths that have been convened by SAMHSA's Center for Substance Abuse Treatment. Participants in those meetings agreed that incomplete data and inconsistent data-gathering methods are a significant impediment to development of effectively targeted prevention and intervention strategies. In response, SAMHSA convened a group representing medical examiners, coroners, toxicologists and epidemiologists to draft recommended uniform standards and case definitions for classifying drug-related deaths. The standards are expected to be released in 2011.

# Health Care Reform

## SAMHSA: MH/Addiction Services Account for Only 7 Cents of Every Dollar Spent on Health Care

In a report released February 3rd, the Substance Abuse and Mental Health Services Administration (SAMHSA) released the results of a study that analyzed health care costs from 1986 to 2005 to determine patterns in expenditures for behavioral health services.

According to the report, U.S. spending for mental health and addiction services totaled $135 billion in 2005, or 7.3% of the $1.85 trillion spent on health care (4.8% of private insurers' expenditures and 11.5% of Medicaid expenditures). Other key findings included:

- Unlike overall health spending, the vast majority of spending for mental health and addiction services is publicly funded. In 2005, public payers accounted for 79% of spending on addiction treatment services and 58% of spending on mental health services. In contrast, public payers accounted for less than half of all health care spending.
- The amount spent on anti-addiction medications is increasing but remains relatively small. As a result of the introduction of new medications to treat substance dependence, spending on addiction medications has grown rapidly — from $10 million in 1992 to $141 million in 2005. (Recent data from IMS Health show continued increases, up to $780 million in 2009.) However, such spending remains only a small fraction of the entire amount spent on addiction treatment (0.6% of $22 billion in 2005).
- Private insurers spend about 5% on mental health and addiction services. Spending on mental health and addiction services accounted for 4.8% of private health insurance expenditures in 2005. In contrast, mental health and addiction services accounted for 11.5% of total Medicaid spending in 2005.

The data suggest that the relatively high level of public spending on mental health and addiction services may be related to a lack of private insurance coverage for such services. The study thus provides an important baseline for evaluating the impact of the Mental Health Parity and Addictions Equity Act and the Affordable Care Act.

An article reviewing the findings, "Changes in U.S .Spending on Mental Health and Substance Abuse Treatment, 1986-2005, and Implications for Policy," appeared in the February 2011 issue of *Health Affairs* [http://content.healthaffairs.org/content/30/2/284.full.html].

## Congressional Addiction, Treatment and Recovery Caucus

The Congressional Addiction, Treatment and Recovery Caucus is a forum for raising awareness and educating members of Congress about addiction and recovery, as well as building interest in expanding access to care for persons with addiction and ending discriminatory policies. The bipartisan caucus brings members of the House of Representatives and their staffs together to build support for policies that will support addiction recovery. Representatives John Sullivan (R-OK) and Tim Ryan (D-OH) are the Caucus co-chairs for the 112th Congress.

Addiction field organizations have set a goal of enlisting a third of House members in the Caucus by the end of 2011. Please contact your member of Congress and ask him or her to join the Caucus. Let your Representative know that you and your colleagues are willing to offer your knowledge and expertise to the Caucus.

## NIATx Offers a "Health Reform Readiness Index"

The National Institute on Addiction Treatment (NIATx), based at the University of Wisconsin, has developed a new tool for addiction treatment providers: a self-assessment it calls the "Health Reform Readiness Index." Developed with input from 22 organizations in 12 states that participate in the NIATx Accelerating Reform Initiative, the index is designed to help agency leaders determine their organization's capacity to undertake the changes resulting from health care reform, parity legislation, state budget shortfalls, and increased performance accountability.

The index helps agencies evaluate their readiness for change in 13 areas, such as adoption of evidence-based practices. By defining their agency's progress, leaders are able to determine what improvements need to be made. In each of the 13 categories, agencies receive a rating on a four-level scale, ranging from needing to begin work to being considered "advanced" in that area. According to NIATx, every agency will find areas that need improvement as well as ideas for moving forward. The readiness index can be accessed at http://www.niatx.net/hrri/Instructions.aspx.

# In the Literature

## Advancing Performance Measures for Use of Medications in Substance Abuse Treatment

CP Thomas, DW Garnick, CM Horgan, et al. *Journal of Substance Abuse Treatments*. 2011 Jan; 40(1):35-43. This article reports on a study by the Washington Circle Group designed to test new measures to monitor the use of pharmacotherapies for opioid addiction and alcoholism. The measures are designed to allow treatment providers and health plans to determine whether medications approved by the FDA for treating alcohol and opioid addiction are being prescribed for patients who could benefit from them. The study was led by Dr. Cindy Parks Thomas and funded by the Center for Substance Abuse Treatment and the National Institute on Drug Abuse.

## Acamprosate for Alcohol Dependence

S Rosner, A Hackl-Henwerth, S Leucht, et al. *Cochrane Database of Systematic Reviews*. 2010, Issue 1. In this review, researchers found small but meaningful benefits in the use of acamprosate (combined with non-drug therapies) to reduce the risk of relapse in alcohol-dependent patients. For the study, Dr. Susanne Rösner of the Psychiatric Hospital at the University of Munich, Germany, reviewed 24 randomized controlled trials involving 6,915 patients that measured the effect of acamprosate on alcohol-related outcomes. Acamprosate reduced relapse following detoxification in one in nine patients and increased abstinence by roughly three days per month. Diarrhea was the only side effect of the medication compared with placebo.

ADDICTION MEDICINE FELLOWSHIP

**Marworth Treatment Center, owned and operated by Geisinger Health System,** has an opportunity for a one-year fellowship in addiction medicine at the alcohol and chemical dependency treatment facility. This unique fellowship is open to board certified or board eligible physicians from virtually any specialty. The fellowship will prepare the fellow for the certification exam offered by the American Board of Addiction Medicine. The successful applicant will hold a Pennsylvania medical license and DEA registration prior to the start of the fellowship.

**Marworth is a nationally recognized** addiction treatment program, accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Marworth offers inpatient, outpatient, intensive outpatient and partial hospitalization programs with a strong 12-step orientation. Licensed by the Pennsylvania Department of Health, Marworth is a 91-bed facility (21 detox and 70 rehab), staffed with full time admissions professionals, certified recreation therapists and nutrition/dietary professionals, with 24-hour nursing coverage.

**Marworth, an affiliate of Geisinger Health System,** is located in Waverly; one of the most scenic regions of Pennsylvania. The area offers the best of semi-rural living with affordable homes in safe neighborhoods; excellent schools, colleges and universities; and a wealth of cultural, recreational and entertainment activities. Waverly is also conveniently located just hours from New York City and Philadelphia.

**Geisinger Health System** serves nearly 3 million people in Northeastern and Central Pennsylvania. A mature electronic health record connects a comprehensive network of 2 hospitals, 38 community practice sites and nearly 800 Geisinger Primary and specialty care physicians.

Discover for yourself why Geisinger has earned national recognition as a visionary model of integrated healthcare. Interested candidates please send curriculum vitae, three letters of recommendation and a one-page personal statement to: **David J. Withers, MD, Associate Medical Director, Marworth P.O. Box 36, Lily Lake Road, Waverley, PA 18471 djwithers@marworth.org 800.442.7722. x331**

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## Integrating Addiction Medicine Into Graduate Medical Education in Primary Care: The Time Has Come

PG O'Connor, JG Nyquist, & AT McLellan. *Annals of Internal Medicine*. 2011 Jan 4; 154:56-59. Despite the high prevalence of substance use and its consequences, physicians often do not recognize these conditions and, as a result, provide inadequate patient care. At the center of this failure is insufficient training for physicians about substance use disorders (SUDs). To address this deficit, the Betty Ford Institute convened a meeting of experts, who developed five major recommendations to improve training in SUDs in primary care residency programs in internal medicine and family medicine: (1) integrate SUD competencies into training, (2) assign SUD teaching the same priority as teaching about other chronic diseases, (3) enhance faculty development, (4) create addiction medicine divisions or programs in academic medical centers, and (5) make SUD screening and management part of routine care in new models of primary care practice.

## Integration of Buprenorphine Into HIV Treatment

*Journal of Acquired Immune Deficiency Syndromes*. 2011 Mar 1; 56 (Suppl 1). Buprenorphine is becoming increasingly available worldwide and has been clearly shown to be effective in the treatment of opioid addiction. However, larger population-based studies have been lacking, particularly studies of the utility of buprenorphine treatment of patients who have co-occurring opioid addiction and HIV infection.

To address this deficit, the federal Health Services and Resources Administration (HRSA) organized a project entitled "The Buprenorphine Initiative: An Evaluation of Innovative Methods for Integrating Buprenorphine Opioid Abuse Treatment in HIV Primary Care." Known as BHIVES, the program created a national multisite demonstration project to evaluate integrated buprenorphine and HIV treatment at 10 HIV primary care sites. BHIVES involved more than 300 patients and was supported by an evaluation and technical assistance component.

This supplement to *JAIDS* presents 15 articles describing the results of the BHIVES project. Topics addressed include treatment organization and delivery, patient perceptions, outcomes data, and cost and policy implications. For a table of contents or to download articles for free, go to http://journals.lww.com/jaids/toc/2011/03011.

## The SUMMIT Trial: A Field Comparison of Buprenorphine versus Methadone Maintenance Treatment

H Pinto, V Maskrey, L Swift, D Rumball, A Wagle, R Holland. *Journal of Substance Abuse Treatment*. 2010; 39(4):340-352. This naturalistic description and follow-up study from England compares retention rates between opiate maintenance patients treated with methadone and those treated with buprenorphine. The study involved 361 participants, of whom 227 (63%) chose methadone and 134 (37%) chose the buprenorphine monoproduct (it is important to note that patients were not randomized, but were able to select their treatment, which has been shown in other studies to improve outcomes). The authors report that, although the methadone patients tended to have "more severe substance

abuse and psychiatric and physical problems," their rate of retention in treatment at six months was substantially higher than that for the buprenorphine patients (70% vs. 43%).

# Conference Calendar

## ASAM to Offer Two MRO Courses in 2011

**"Comprehensive MRO: Toxicology Testing and the Physician's Role in the Prevention and Treatment of Substance Abuse"** will be offered June 3-5th in Chicago and December 2-4th in Washington, DC. Through a highly interactive mix of lectures and panel discussions, the course presents up-to-date scientific information, clinical guidelines, and practical insights into MRO practice.

To register for either of the MRO courses, go to www.asam.org. For additional information, contact ASAM at 301-656-3920 or email ASAM's Meetings Director, Lisa Watson, CMP, M.S., at lwatson@asam.org.

## Other Events of Note

**FSAM Annual Conference 2011**, March 3-5, 2011 (Lake Buena Vista, Florida). Sponsored by the Florida Society of Addiction Medicine. For more information or to register, email register@fsamonline.org or phone 863-800-8025.

**Substance Abuse in Older Adults: An Invisible Epidemic** (Sixth Annual University of Maine Geriatric Colloquium), April 1, 2011 (Point Lookout Resort and Conference Center, Northport, Maine). Sponsored by the University of Maine Center on Aging and other organizations. For more information, contact Prudence Searl at 207-262-7925 or email prudence.searl@umit.maine.edu.

**AAOP 35th Scientific Meeting**, April 28-May 1, 2011 (Las Vegas, Nevada). Sponsored by the American Academy of Orofacial Pain. A full-day preconference workshop on April 28th focuses on "Prescribing Opioids for Chronic Pain: Balancing Safety & Efficacy." For more information or to register, go to http://www.aaop.org.

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