

## President's Message CSAM's Voice for Treatment is Being Heard



DAVID KAN, MD

"I worry more about the patients I don't see than the patients I do." I spoke those words almost two years ago while lobbying Senator Glaser's office to vote for AB-186 (Eggman) that would have allowed the establishment of pilot Safe Injection Facilities/Safe Consumption Sites (SIF/SCS). AB-186 was passed this year by the legislature but vetoed by Governor Brown. Governor Brown's veto was accompanied by this message, "Fundamentally I do not believe that enabling illegal drug use in government sponsored injection centers — with no corresponding requirement that the user undergo treatment — will reduce drug addiction." I can interpret the Governor's veto in many ways. Perhaps he feared a federal government crackdown that was promised by the administration. Perhaps he believed the evidence is not there. What I do know is that another opportunity to help someone who uses drugs was lost.

Earlier in my career, I viewed harm reduction as a fringe approach to serving people who used drugs that stood in opposition to the abstinence model that I was trained in. In other words, I thought being nice to people who use drugs was socially just but not much more than that. I now realize my earlier views are the same views the Governor holds today. I've evolved in my thinking because reality taught me I had to.

I've lost patients to overdose deaths. A few were in my care, but many, many more had left treatment prior to dying from their addiction. As the deaths collected over time, I wondered what could be done differently. I've now embraced harm reduction as a critical piece of the puzzle.

Fundamentally, *harm reduction* is an approach aimed at reducing negative consequences from drug use honoring the fundamental humanity of all people who use drugs. I've

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## California Leads U.S. with Highest Number of Addiction Medicine Fellowships

BY ANDREW DANZO, NATIONAL CENTER FOR PHYSICIAN TRAINING IN ADDICTION MEDICINE

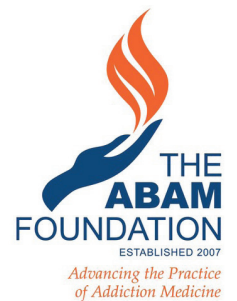
Addiction Medicine entered a new era this year as fellowship training programs continued to grow and began to achieve recognition from the top national organization for graduate medical education. The Addiction Medicine fellowships at Stanford University, the University of California San Francisco, and the Ventura County Medical Center were among the first wave of programs approved this August 2018 through October 2018 by the Accreditation Council for Graduate Medical Education (ACGME).

**Anna Lembke, MD**, director of the five-year-old Stanford fellowship, said the recent ACGME accreditation will help amplify the program's already positive impact. "Our addiction medicine fellowship has legitimized addiction medicine as a field, and created a pipeline for hiring addiction medicine specialists to work at Stanford and in the broader community," she said. "ACGME accreditation provides the gold seal of approval that helps attract more applicants, and makes us eligible for funding and expansion moving forward."

Until this year, fellowship accreditation was only available from The Addiction Medicine Foundation (TAMF). TAMF's accreditation system was modeled on ACGME's as part of a strategy to achieve Addiction Medicine's formal recognition as a subspecialty by the American Board of Medical Specialties. That was achieved in 2015, and as a result ACGME began offering fellowship accreditation this year.

Of the 52 U.S. fellowships accredited by TAMF from 2011 through the end of last year, 26 have now received ACGME accreditation. The remaining TAMF programs (including five in California) are expected to apply to ACGME by 2021. Until then, graduates of TAMF- and ACGME-accredited programs are both eligible to sit for the Addiction Medicine certification exam, but afterward only graduates of ACGME programs will be eligible.

In another major development, TAMF is merging with the Addiction



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## President's Message

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learned abstinence is a form of harm reduction.

CSAM has embraced harm reduction while honoring our roots as the voice for treatment. Again, the two are not mutually exclusive. I'm proud to announce CSAM successfully connected three California harm reduction programs with CSAM physicians to order naloxone for overdose prevention. What's more amazing to me is everyone's willingness to participate. In sending out the inquiries to CSAM physicians, there were more physicians willing to participate than needed. The responses were quick. The response to my call for action was surprising. Because of CSAM physicians, naloxone will be available to those most in need in Chico, Orange County, and the Inland Empire. Thank you to all who volunteered. I think of those patients whom I've lost to addiction, and I take hope that one more family will not lose a loved one to addiction through CSAM's partnership with the harm reduction community.

I'm convinced CSAM members do a great job of treating addiction in traditional treatment settings. Please join me in continuing the work of treating all Californians who use drugs, even if they are not in treatment with us. ■



CSAM MEMBERS ATTENDING THE STATE OF THE ART CONFERENCE TOOK A TOUR OF THE SUPERVISED INJECTION FACILITY (SIF) AT GLIDE MEMORIAL CHURCH WHERE THEY MET SAN FRANCISCO MAYOR LONDON BREED (CENTER). ULTIMATELY, GOVERNOR BROWN VETOED THE BILL THAT WOULD HAVE ALLOWED THIS SITE TO GO LIVE. SEE PAGE 6 FOR INFORMATION ABOUT LEGISLATION.

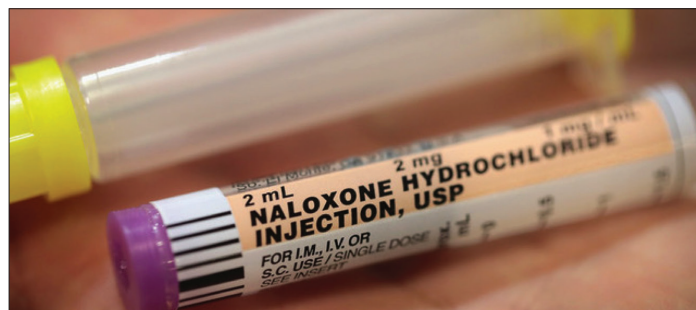


IN THE FALL OF 2018, THE TRUMP ADMINISTRATION WAS PREPARING A REPORT ON WAYS TO INCREASE CHOICE AND COMPETITION IN HEALTHCARE MARKETS PURSUANT TO THE PRESIDENT'S OCTOBER 12, 2017 EXECUTIVE ORDER. CSAM PRESIDENT DR. DAVID KAN WAS INVITED TO REPRESENT ASAM AND CSAM AT A WHITE HOUSE ROUNDTABLE HELD ON SEPTEMBER 14, 2018 FOCUSING ON TELEMEDICINE.

## Interested in Supporting Harm Reduction Efforts?

**C**SAM is working with harm reduction advocates across the state to ensure that Opioid Overdose Education & Naloxone Distribution (OEND) Programs are created to reduce harm and and mitigate the risk of opioid-related overdose and deaths. According to CSAM president David Kan, MD, "One of the greatest priorities of my CSAM Presidency is to expand CSAM's reach into harm reduction efforts."

This past year Dr. Kan assisted the California Department of Public Health (CDPH) with the issuance of a state standing order for naloxone. With order in place, the state now needs prescribers willing to assist with these harm reduction efforts. To implement the standing order, one prescriber is needed in each county. Some counties are already covered. CSAM member physicians have stepped up in Los Angeles County, Chico/Butte



County, as well as Inland Empire recently to assist with ordering of Naloxone. The work is as simple as signing one piece of paper with no liability to the physician who volunteers.

To volunteer to assist, please contact CSAM's Executive Director Kerry Parker at: [kparker@csam-asam.org](mailto:kparker@csam-asam.org) ■

# End Discrimination Against Healthcare Providers with Substance Use Disorders

MATTHEW GOLDENBERG D.O.



DR. GOLDENBERG

**C**olleagues and fellow Californians, It is with grave concern and utmost urgency that I write to regretfully inform you about a new law that was recently passed in California.

I write to you both as a fellow citizen and as a Psychiatrist, Board Certified in both general and addiction psychiatry. Much of my clinical work involves evaluating professionals with suspected impairment and those who work in safety sensitive positions. I also provide treatment to those who are diagnosed with mental health and substance use disorders, assisting them to return to work safely. I am HIMS trained, providing evaluations of pilots for the Federal Aviation Administration (FAA). This work involves carefully balancing help for the patient and their families, while at all times protecting the public.

You are likely aware that we are currently in the midst of an opioid epidemic, during which few citizens have been spared the ravages that addiction and overdose can have on our friends, families and communities.

There is also another hidden epidemic occurring involving physician suicide. It is estimated from various sources that hundreds of physicians die by suicide annually. One can only estimate the hundreds of thousands of patients affected by this loss. We know that fear and stigma are two of the largest barriers that keep physicians from getting help when they suffer from mental health conditions and addiction. Untreated mental health conditions are one of the largest causes of suicide among physicians.

Early detection and access to quality care not only saves physicians' lives but also keeps patients from unnecessarily losing their doctors, nurses, pharmacists and other healthcare providers.

Unfortunately, a new California law likely makes the situation much worse for both healthcare providers and public safety. With the supportive testimony from, among others, patient-victims of USA Gymnastics' Larry Nassar and former USC gynecologist George Tyndall, California Governor Jerry Brown just signed Senate Bill 1448 into law, the "Patient's Right to Know Act", on September 19, 2018.

Under this law, starting on July 1, 2019, healthcare providers who are under probation by the Medical Board of California, Osteopathic Medical Board of California, California Board of Podiatric Medicine, the Naturopathic Medicine Committee, the State Board of Chiropractic Examiners, and the Acupuncture

Board will be required to obtain a signed disclosure from their patients, outlining details of the probation, before the patient's first visit after initiation of probationary status for any of the following circumstances:

- Sexual abuse, misconduct, or relations with a patient
- Drug or alcohol abuse resulting in harm to patients or to the extent that such use impairs the ability to practice safely
- A criminal conviction involving harm to patients
- Inappropriate prescribing resulting in patient harm and a probationary period of five years or more

There is no disputing that some healthcare providers, like Larry Nassar, have engaged in unconscionable criminal behavior with patients and from whom the public needs protection. Any time a patient is harmed, for any reason, it is an opportunity for action.

However, this new California law essentially treats addiction in healthcare providers as criminal behavior. Addiction is categorized and handled in the same context as sexual abuse.

As psychiatrists and addiction medicine specialists, we know that drug and alcohol use are often either symptoms of psychosocial stressors or a substance use disorder that is a treatable chronic medical condition.

### This is Discrimination

Alcohol and substance use disorders are conditions that relapse and remit similar to many other chronic diseases that respond to treatment. Substance use disorders, like other chronic illnesses such as diabetes and multiple sclerosis, can lead to impairment and inadvertent harm to patients, but they can also be adequately diagnosed and treated to keep symptoms controlled and work safe.

Addiction also has very comparable relapse rates to other chronic medical conditions such as diabetes, hyperlipidemia, and hypertension—from which many physicians suffer—with similar challenges in adherence that could lead to complications affecting patients as mentioned above; however, addiction will now be the only medical condition that physicians in California are mandated to report to their patients. It is unclear that reporting will actually protect patients, but it is clear that it will dissuade providers from seeking help for any substance use issues, and produce long-lasting consequences to healthcare careers and access to care because providers will be ostracized for carrying an addiction diagnosis.

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# MERF Hosts Record-Breaking Number of Scholars and Mentors at CSAM's Annual Conference



CSAM AND MERF HOSTED 83 SCHOLARS AND MENTORS, THE HIGHEST NUMBER EVER, DUE TO FUNDING FROM STATE TARGETED RESPONSE (STR) GRANT FUNDING TO FACILITATE MAT EXPANSION AND A CALIFORNIA HUB & SPOKE SYSTEM. TRADITIONAL MERF SCHOLARS TYPICALLY FROM PRIMARY CARE RESIDENCY PROGRAMS ARE SUPPORTED BY GENEROUS DONATIONS FROM INDIVIDUALS AND GRANT FUNDING.

**T**he Medical Education and Research Foundation for the Treatment of Addiction (MERF) was established in 1981 as a sister organization to the California Society of Addiction Medicine (CSAM). MERF's volunteer leaders work to increase and improve the education of physicians on all aspects of addiction, including harmful drinking and drug use, medical consequences, family impact, and recovery.

Eighty-three scholars and mentors, the largest cohort to date, attended the CSAM 2018 State of the Art in Addiction Medicine Conference in San Francisco, August 29 - September 1. The experience began before the Conference, with all participants submitting a challenging case, a few of which were chosen for case-based facilitated discussions during the Conference.

At the Conference, MERF participants attended the "Motivational Interviewing for Busy Clinicians" pre-conference workshop, as well as plenary sessions, and breakout luncheon sessions designed specifically for the MERF group. Throughout the week, mentors engaged participants in lively discussions.

MERF's program received positive feedback from the participants.

Here are a few comments:

*"This group is excellent and inspiring. It is 'take action' mentoring while providing evidence-based education. I would like to learn more about a good toolkit for alcohol withdrawal as well. It will be nice to continue with journal club and maintain our connections."*

*"This conference has actually made me realize that I should be practicing addiction medicine instead of just family practice. I am currently making changes in my employment."*

*"Without the scholarship, I would not have considered coming to the conference. The networking and exposure to a larger network of folks in addiction medicine was wonderful. The mentored piece*

*really has helped me feel more confident in my knowledge of buprenorphine administration. Keep doing what y'all are doing, it was a stellar conference. Thank you!"*

As a non-profit organization led by professionals with a commitment to addiction education, MERF depends on the support of grants and individuals. Dr. Ken Saffier is MERF's President and the organization is governed by a board of leaders who are committed to medical education in the treatment of addiction. CSAM's 2018 Conference attendees donated \$9,536 that will be matched by an anonymous donor. In total, MERF received \$19,072 this year to fund another group of scholars to participate in next year's conference in Anaheim, CA.

Thank you to everyone who pledged support for MERF to continue providing educational opportunities for the treatment of addiction. For information on MERF, including how to get involved, check out the website [www.merfweb.org](http://www.merfweb.org). ■



THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES PROVIDED STATE TARGETED RESPONSE (STR) GRANT FUNDING FOR 48 MEDICATION ASSISTED TREATMENT EXPANSION SCHOLARS (MATES) AND 8 MENTORS, TO PARTICIPATE IN A STRUCTURED MENTORED LEARNING EXPERIENCE (MLE) AT THE CSAM 2018 STATE OF THE ART CONFERENCE IN SAN FRANCISCO IN AUGUST.



# CSAM State of the Art Conference in San Francisco

August 29 - September 1, 2018



CYNTHIA CHATTERJEE, MD, MA, FASAM PRESENTING A PLENARY SESSION ON INTEGRATING ADDICTION CARE ACROSS SYSTEMS



THE CSAM CONFERENCE OFFERS ROUNDTABLES WHERE ATTENDEES HAVE THE OPPORTUNITY TO DISCUSS CASES AND SHARE INSIGHTS WITH ONE ANOTHER.



MASON TURNER, MD (LEFT) AND JOHN TSUANG, MD, ENGAGING IN A LIVELY DISCUSSION DURING A CONFERENCE WORKSHOP.



## CONFERENCE PLANNING COMMITTEE:

PAULA LUM, MD, MPH, FASAM (CONFERENCE CHAIR)

ANTHONY ALBANESE, MD, DFASAM  
(CONFERENCE VICE CHAIR)

SHARONE ABRAMOWITZ, MD, FASAM, FAIHM

ANGELLA BARR, MD; ANUSHA CHANDRAKANTHAN, MD

CYNTHIA CHATTERJEE, MD, MA, FASAM; PY DRISCOLL, MD

BRIAN HURLEY, MD, MBA, DFASAM; ANNA LEMBKE, MD, FASAM

RICARDO RESTREPO-GUZMAN, MD, MPH; SCOTT STEIGER, MD

DAVID TIAN, MD, MPP; TAUHEED ZAMAN, MD

## MERF REPRESENTATIVE

KENNETH SAFFIER, MD, FASAM

## BOARD EXAM PREPARATION

MASON TURNER, MD, FASAM (CO-CHAIR)

CHWEN-YUEN ANGIE CHEN, MD, FACP, FASAM (CO-CHAIR)

RANDOLPH HOLMES, MD, FASAM

THOMAS MEEKS, MD; CHINYERE OGBONNA, MD, MPH

RACHEL SUSSMAN, MD; JOHN TSUANG, MD, MS



KEYNOTE SPEAKER U.S. SURGEON GENERAL JEROME ADAMS, MD  
ADDRESSED OVER 700 ATTENDEES.

# Swath of Bills Signed Into Law by Governor Brown

In the final year of his final term, Governor Jerry Brown signed into law several wide-ranging bills of interest to the treatment community. One such bill, was **SB-823** by Senator Jerry Hill (D-San Mateo) to now require use of the ASAM Criteria to set standards for adult SUD treatment in California. It requires the Department of Health Care Services to adopt the American Society of Addiction Medicine (ASAM) treatment criteria as the minimum standard of care for licensed alcohol or drug use disorder recovery treatment facilities (this does not cover adolescent treatment, see below for vetoed SB-275). Licensed treatment facilities vary in their level of service provided. Currently there are two levels of licensure/certification provided to these facilities in California and neither require evidence-based treatment unless they are a part of the Organized Delivery System — which is part of the 1115 Waiver program. By requiring the nationally recognized evidence-based ASAM criteria as a requirement of licensure, CSAM seeks to assure that these patients will receive the best care available and will not be subject to expensive anecdotal treatment.

Below is a summary of other bills signed by the Governor that CSAM was engaged with over the past year. CSAM conducted an active campaign writing to legislators, presenting testimony at hearings, and advocating through its members and its lobbyist Robert Harris:

**AB-349** by Assemblymember Kevin McCarty (D-Sacramento) – Drug Medi-Cal Treatment Program: rate-setting process.

**AB-505** by Assemblymember Anna Caballero (D-Salinas) – Medical Board of California: adjudication: expert testimony.

**AB-1751** by Assemblymember Evan Low (D-Campbell) – Controlled substances: CURES database.

**AB-1753** by Assemblymember Evan Low (D-Campbell) – Controlled substances: CURES database.

**AB-2315** by Assembly member Sharon Quirk-Silva (D-Fullerton) – Pupil health: mental and behavioral health services: telehealth technology: guidelines.

**AB-2402** by Assemblymember Evan Low (D-Campbell) – Cannabis: personal information.

**AB-2721** by Assemblymember Bill Quirk (D-Hayward) – Cannabis: testing laboratories.

**AB-2760** by Assemblymember Jim Wood (D-Healdsburg) – Prescription drugs: prescribers: naloxone hydrochloride and other FDA-approved drugs.

**AB-2783** by Assemblymember Patrick O'Donnell (D-Long Beach) – Controlled substances: hydrocodone combination products: schedules.

**AB-2487** by Assemblymember Kevin McCarty (D-Sacramento) – Physicians and surgeons: continuing education: opiate-dependent patient treatment and management. This bill creates a new education (CME) requirement for physicians.

**AB-2861** by Assemblymember Rudy Salas (D-Bakersfield) – Medi-Cal: telehealth: alcohol and drug use treatment.

**AB-3261** by Assemblymember Evan Low (D-Campbell) – Cannabis.

**AB-3162** by Assemblymember Laura Friedman (D-Glendale) – Alcoholism or drug abuse treatment facilities.

**SB-311** by Senator Richard Pan (D-Sacramento) – Commercial cannabis activity: licensed distributors.

**SB-992** by Senator Ed Hernandez (D-Azusa) – Alcoholism or drug abuse recovery or treatment facilities.

**SB-1004** by Senator Scott Wiener (D-San Francisco) – Mental Health Services Act: prevention and early intervention.

**SB-1109** by Senator Patricia Bates (R-Laguna Niguel) – Controlled substances: Schedule II drugs: opioids.

**SB-1228** by Senator Ricardo Lara (D-Bell Gardens) – Alcoholism or drug abuse recovery and treatment services: referrals.

**SB-1408** by Senator Richard Pan (D-Sacramento) – Cigarettes: seizure.

**SCR 115** (McGuire-D) Opioid crisis. This measure recognizes the impact of opioid-related deaths on California communities and supports groups and organizations working in California to combat the epidemic.

CSAM opposed **SB-1448** by Senator Jerry Hill (D-San Mateo) – Healing arts licensees: probation status: disclosure. This measure was signed into law by the Governor.

## Two CSAM-Sponsored Treatment Bills Vetoed by Governor

CSAM is concerned about the health of all people who use drugs, and this concern led CSAM to sign on as a co-sponsor of **AB-186** by Senator Eggman (D-Stockton). This bill represented an advance in the health and safety of all people who use drugs. **AB-186** would have allowed access to healthcare for the most vulnerable and underserved residents of California. It would have allowed for the creation of a supervised injection facility pilot program for San Francisco. CSAM members attending the State of the Art Conference in San Francisco in August 2018 toured a pilot site at Glide Memorial in San Francisco. Governor Brown's

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# Swath of Bills Signed Into Law by Governor Brown

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language in his veto reinforces stigma and a regressive view of people who use drugs. The Governor's opinions are inconsistent with the medical evidence supporting the safety and efficacy of supervised consumption sites. CSAM is hopeful this or a different bill will move forward and align the laws with the evidence supporting SIF/SCS.

Also sponsored by CSAM and vetoed was **SB-275** by Senator Portantino (D-La Cañada Flintridge). This bill was written to require that standards of care for adolescents be based in the medical evidence. **SB-275** would have provided protection for our most vulnerable patients, our youth. CSAM will continue to work to ensure that the care provided to our youth maintains the highest standards. California's youth deserve nothing less.

## Other Bills of Interest to CSAM That Were Vetoed

**AB-11** by Assemblymember Kevin McCarty (D-Sacramento) – Early and Periodic Screening, Diagnosis, and Treatment Program: screening services.

**AB-180** by Assemblymember Jim Wood (D-Healdsburg) – stakeholder process.

**AB-2058** by Assemblymember Ed Chau (D-Arcadia) – Vehicles: driving under the influence: cannabis.

**AB-2384** by Assemblymember Joaquin Arambula (D-Fresno) – Medication-assisted treatment. This bill was sponsored by the California Medical Association (CMA).

**SB-968** by Senator Richard Pan (D-Sacramento) – Postsecondary education: mental health counselors.

For details on each Senate or Assembly bill, please visit the website <http://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml> ■

## CSAM Committee on Public Policy

Many thanks to the CSAM Committee on Public Policy for its diligent work throughout the past year:

Randy Holmes, MD (Chair)  
Angella Barr, MD  
Tim Cermak, MD  
Itai Danovitch, MD  
Deirdre Habermehl, MD  
David Kan, MD  
Monika Koch, MD  
Anna Lembke, MD  
Cathy McDonald, MD  
Nichole Quick, MD  
Carol Rogala, MD  
David Sack, MD  
Kenneth Saffier, MD  
Mario San Bartolome, MD  
Lee Snook, MD  
Candy Stockton-Jorettag, MD  
Christy Waters, MD

Visit [www.csam-asam.org](http://www.csam-asam.org) to learn more about CSAM's public policy efforts. To volunteer to participate in supporting policy activities, contact CSAM Executive Director Kerry Parker at: [kparker@csam-asam.org](mailto:kparker@csam-asam.org) or CSAM Policy Advisor Robert Harris at: [Robert@harrisandwenbourne.com](mailto:Robert@harrisandwenbourne.com)

CSAM appreciates the ongoing support and collaboration it receives from the **Drug Policy Alliance** toward its efforts to raise awareness and educate policy makers and the public on sound drug policy.

## CSAM Seeks a Seat in the House of Medicine

**C**SAM participated as an invited guest in the Specialties Delegation at the 147th Annual California Medical Association (CMA) House of Delegates meeting in Sacramento October 12-14, 2018. CSAM was represented at the meeting by a member of CSAM's Committee on Public Policy, **Angella Barr, MD**. Dr. Barr was invited by Dr. C. Y. Angie Chen, MD, FACP, FASAM, a CSAM Board member who serves as Treasurer of the Specialty Delegation representing the American College of Physicians as delegation chair.

For decades CSAM has been actively participating with CMA on a host of issues including the creation of a Physician Health Program, and a host of various legislative and regulatory measures to promote public health and access to addiction treatment.

CSAM has met one requirement necessary to earn a seat: all specialties in the delegation must be ABMS-recognized. This hurdle has now been cleared with the acceptance of Addiction Medicine into the American Board of Medical Specialties (ABMS) that happened two years ago. Now a final hurdle remains: 35% of CSAM's members must also be members of the CA Medical Association (CMA).

**CSAM therefore encourages members to join CMA through their local county medical society or through their large hospital groups that may sponsor membership. We also encourage Residents and Medical Student to become involved at the CMA. This will help CSAM clear the final hurdle to gain a seat on the Specialty Delegation of the CMA. ■**

# CSAM Awards Recognize Outstanding Achievement and Service

Three inspirational individuals were honored at a dessert reception and awards ceremony hosted at CSAM's annual conference in San Francisco on August 30, 2018. Monika Koch, MD, Chair of the CSAM Awards Committee, presented the CSAM Vernelle Fox and Community Service awards, and Penny Mills, Executive Vice President/CEO, American Society of Addiction Medicine (ASAM), presented an Honorary Membership. Below is an overview of each award:



## VERNELLE FOX AWARD – Jean Marsters, MD

Each year CSAM recognizes a physician who has made noteworthy and lasting contributions in line with the mission of the Society: contributions that improve the quality of health care services, increase communication and education among providers of care and add to the research upon which the understanding of the field is based and on which the health care services are built.

Because the Society designated its second President (1974-1976) Vernelle Fox, MD as the model against which future recipients are measured, the criteria for selection of this award recipient reflects the contributions and qualities for which Vernelle Fox was honored in 1983 at the Society's Tenth Annual Meeting: an inquiring mind, courage, and enthusiasm.

This year's recipient served as a CSAM committee member, a CSAM committee chair, and a board member of CSAM for nearly two decades since her residency at UCSF. Throughout this time, she walked and often ran in the same path as one of CSAM's luminaries: Dr. John Chappel, who was known for his methodology of "teaching through interaction", which became a cornerstone of CSAM's medical education and training methodology. CSAM's Continuing Medical Education (CME) program earned it the Samuel Sherman Award for Excellence from the California Medical Association, and re-accreditation with commendation from the Institute for Medical Quality which also awarded Dr. Marsters with "CME Provider of the Year Award".

In recognition of her much-appreciated "obsession" for evidence-based education and learning that has ultimately influenced the thinking and practices of thousands of physicians in California and across the country, and for her vision, tireless efforts, and leadership as a teacher and mentor to physicians and others in the field of addiction medicine, CSAM presented Dr. Jean Marsters with the 2018 Vernelle Fox Award.



## COMMUNITY SERVICE AWARD – Pauli Gray

The Community Service award recognizes a non-physician who made outstanding contributions to the community. This CSAM award is presented based on merit and since 1985, it has been awarded to a wide variety of legislators, activists, community leaders, etc., all with one thing in common: they have improved the lives of those suffering from the disease of addiction, and by doing so have contributed a valuable service to the community.

This year's recipient, Pauli Gray, was selected for his outstanding work as a tireless harm reduction advocate over the past two decades. Pauli has assisted individuals with substance use disorders, thus reducing harm and aiding in recovery. As an educator and visionary, he demonstrated extraordinary and unrelenting determination as a "Harm Reduction Warrior."

*"There should be no judgement. All people deserve to be cured of this terrible disease and all people should be treated with care and respect." — Pauli Gray*

Mr. Gray conducts lectures and trainings in hepatitis C virus (HCV) counseling and treatment access, needle exchanges, harm reduction and Hepatitis C groups, trainings in overdose prevention and Narcan, and individual counseling. He was cured of HCV after 30+ years in 2015 and continues to fight for drug users, the disadvantaged and their communities. For years, he advocated for treating HCV in persons who inject drugs at the needle exchange's harm reduction center, and this year he and a nurse practitioner succeeded in making it happen.

Pauli is visionary in his commitment to serving the community of persons who inject drugs, and with this award, CSAM members thank him for his tireless and dedicated community service efforts.

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# End Discrimination Against Healthcare Providers with Substance Use Disorders

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## **This Could Lead to More Preventable Suicides in Healthcare Providers**

We know that 10% to 12% of physicians will suffer from addiction in their lifetime. That is the same prevalence rate as the general population. We also know that rehabilitation rates for physicians are much higher than the general population, between 78% and 86%.

This new law does nothing but further stigmatize addiction and increase fear among all healthcare providers who might be thinking about reaching out for help. Physicians with substance use disorders often rely on self-treatment, fearing that reaching out for help will destroy their career.

Untreated mental health conditions and a reliance on self-treatment are the two major contributors of physician suicide.

## **This Law Also Makes the Public Less Safe**

When healthcare providers in other states become impaired, they have access to Physician Health Programs that exist to provide easy access to professional interventions, evaluations, treatment and monitoring. The services and oversight provided by Physician Health Programs have been extremely effective. With a simple phone call to a confidential clinically-based program, physicians are immediately connected to the help that they need. Within hours, a physician who is suffering from addiction and a potential harm to patients, can have an intervention and begin the steps needed to get into treatment and long-term recovery.

Most physicians who are monitored by a Physician Health Program are under a contingency monitoring agreement for five years. The Physician Health Programs oversee physicians' progress and ability to return to work and continue to safely practice.

Therefore, it should surprise you to learn that California is one of the few states in the country that does not have a Physician Health Program. In other states with a Physician Health Program, a physician suffering from addiction can get help almost immediately. By contrast, in California, where we do not have a statewide Physician Health Program, there is only discipline (i.e. licensing and legal repercussions) available to physicians who need help.

This is what makes the public less safe. Because there is not a Physician Health Program in California, if a physician is potentially impaired due to addiction, it takes an allegation made to the licensing board, a subsequent investigation, legal hearings and court proceeding before that physician will be placed on probation. This entire administrative process can take one to two years. This is in contrast to other states with Physician Health Programs, where intervention for suspected impairment is almost immediate.

This law worsens public safety as probation is currently a common outcome of the disciplinary process. Physicians often settle early in a case against them, accepting probation even if they are not guilty of the charges levied against them. This is because a trial can not only be costly, but may take years to conclude. However, by criminalizing probation of substance use disorders, fewer physicians will take an early settlement (as probation requires them to notify their patients that they are a criminal) and it will likely be an even longer time period than the current one to two years for the full disciplinary process to conclude.

Therefore, if California is really interested in protecting the public, we need a Physician Health Program that all healthcare providers can turn to for an immediate intervention, not one that takes the disciplinary/legal process several years to conclude.

## **Making a Bad Situation Worse**

Without a Physician Health Program, this new law will only push our physicians with substance use disorders into hiding. There is not only the void of not having a Physician Health Program, but this new California law is criminalizing alcohol and substance use disorders. This will make it even less likely that a physician will reach out for help.

You can see how suicide could seem like a rational choice for a physician suffering from a disease that has been made akin to criminal behavior, where there is no place to turn for help, and where one is required to receive discipline that is similar to those who are convicted and registered as a sex offender.

## **Enough is Enough**

I call on my colleagues to stand up against this discrimination against physicians and all healthcare providers who suffer substance use disorders. I encourage you to do everything you can to support amending this law to exclude substance use disorders from the list of conditions that mandate notification of patients.

Finally, I want to begin the conversation about why the opponents of Physician Health Programs, and their attorney lobbyists, have spent the last decade shuttering California's Physician Health Program, fighting against new legislation to reinstate a Physician Health Program and have supported laws like SB1448. These actions make the public less safe by discouraging physicians from seeking treatment for substance use disorders due to increased disciplinary and criminal repercussions and decreased access to early clinical interventions widely available in other states.

The lack of a Physician Health Program and laws that criminalize substance use disorders are directly responsible for making the public less safe. In California, physicians with

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# CSAM Awards Recognize Outstanding Achievement and Service

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## ASAM LIFETIME MEMBERSHIP – Gail Jara

Gail Jara was CSAM's first executive director from 1972-2000. She was awarded an Honorary Membership in the American Society of Addiction Medicine (ASAM) by the ASAM Board of Directors. This special recognition was presented by Penny Mills, ASAM Executive Vice President/CEO during the CSAM State of the Art Conference in San Francisco. She worked for the California Medical Association (CMA) from 1972-1987 where she was responsible for initiation, planning and implementation of projects in the areas of physician education about alcoholism and other drug dependencies, prescription drug abuse and prescribing practices, laws and regulations related to prescribing controlled substances, and programs addressing physician health/well-being/impairment, including case finding programs. CSAM was formed with the support of the California Medical Association. In 1972, she initiated and coordinated the formation of what was originally called the "California Society for the Treatment of Alcoholism and Other Drug Dependencies" which later became the California Society of Addiction Medicine through a name change in 1989. In 1985 she worked as a consultant and contractor to the American Society of Addiction Medicine (ASAM) to develop the ASAM certification exam. In 1987, she left CMA to devote her full time to CSAM. Retired since 2000, she has continued working with CSAM as a consultant on policy and projects related to physician health and wellbeing and on opioid addiction treatment. ■



## End Discrimination Against Healthcare Providers with Substance Use Disorders

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potential impairment have lost access to the immediate interventions of a Physician Health Program and the public must now wait for a disciplinary process which can often take 1 to 2 years to intervene and will likely only be longer as fewer physicians will accept probation by taking their case through a lengthy trial process.

Opponents of Physician Health Programs have been very effective by using fear and public pressure on legislators, regulators, and the Medical Board of California to criminalize physicians who face substance use disorders. Whatever their intentions have been, it does not make them any less guilty of making the public less safe and discriminating against those with a diagnosable and treatable medical condition. We are physicians, we are mental health leaders and we need to stand up against discrimination and protect our patients and communities from those who seek to make them less safe.

There are two basic steps that could immediately protect the public:

First, this law must be amended to exclude alcohol and substance use disorders, which are diagnosable and treatable medical conditions.

Second, we need a Physician Health Program in California, which can offer immediate and early interventions, evaluations, treatment and monitoring to physicians. Healthcare provider and physician burnout is a large contributor to medical errors, which are now the third leading cause of death in the United States. A Physician Health Program in California would be ideally placed to not only address substance use disorders, but also to address physician wellness and to decrease physician

burnout, which has been shown to increase patient safety and satisfaction and to decrease medical errors.

### How you can advocate for Healthcare Provider Health and Wellness:

- Please email me if you are interested in getting involved in organized efforts to improve physician health or if you would simply like to receive email updates about issues related to Physician Health.
- Email me your story of recovery, or the story of a colleague, regarding a struggle with addiction, experience receiving treatment and safely returning to work and the positive impact this had on the community and patients.
- If your hospital or medical system has a wellbeing committee, become a member or find out if there is another form of peer-support to assist physicians in your area of practice.

Your colleague and neighbor,

### Matthew Goldenberg D.O.

Board Certified, General and Addiction Psychiatry  
Physician Health and Wellness Advocate and Educator  
Private Practice, Santa Monica, CA  
Chair, California Public Protection and Physician Health (CPPPH)  
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# California Leads U.S. With Highest Number of Addiction Medicine Fellowships

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Medicine Fellowship Directors Association in January. The new American College of Academic Addiction Medicine (ACAAM) will continue TAMF's fellowship development work and combine it with AMFDA's focus on supporting and strengthening the training programs. As such, it will represent the academic arm of the subspecialty.

ACAAM's goal is to have at least 125 fellowships by 2025. The fellowship count is approaching the halfway mark, with 63 U.S. programs that include seven new ACGME fellowships not previously accredited by TAMF.

California plays a key role in these efforts. It is not only the state with the most fellowships (eight, compared with six in New York and five in Ohio), but it also has contributed key leadership. Martha Wunsch, MD, Director of the Kaiser Permanente Northern California fellowship, is President-elect of ACAAM, starting in 2020. Dr. Lembke, immediate past president of the Fellowship Directors Association, served on the committees that designed ACAAM and helped draft the ACGME requirements for Addiction Medicine. Paula Lum, MD, MPH, of UCSF currently serves on the committee that has developed ACGME's "Milestones" assessment system for Addiction Medicine training.

For information on starting an addiction medicine fellowship, go to: <https://www.addictionmedicinefoundation.org> ■

## ► UCLA-David Geffen School of Medicine Addiction Medicine Fellowship

**Contact:** Patrick Dowling, MD, MPH

**Email:** [pdowling@mednet.ucla.edu](mailto:pdowling@mednet.ucla.edu) | (310) 319-4700

**Program Director:** Patrick Dowling, MD, MPH

## ► UCSF Primary Care Addiction Medicine Fellowship

**Contact:** Stephen May

**Email:** [Stephen.may@ucsf.edu](mailto:Stephen.may@ucsf.edu) | (415) 476-4082 Ext. 138

**Program Director:** Paula Lum, MD, MPH

## ► Ventura County Medical Center Addiction Medicine Fellowship

**Contact:** Yvette Cortez

**Email:** [Yvette.Cortez@ventura.org](mailto:Yvette.Cortez@ventura.org) | (805) 652-6228

**Program Director:** Tipu Khan, MD, FAAFP

## California's Addiction Psychiatry Fellowships:

### ► University of California, San Fernando Valley Psychiatry Training Program / VA Greater Los Angeles Healthcare System

**Contact:** Nathaniel McFarland

**Email:** [Nathaniel.McFarlandIII@va.gov](mailto:Nathaniel.McFarlandIII@va.gov)

(818) 891-7711 x31225

**Program Director:** Shabnam Balali, MD

### ► University of California, Los Angeles, School of Medicine

**Contact:** Timothy Fong, MD

**Email:** [tfong@mednet.ucla.edu](mailto:tfong@mednet.ucla.edu) | (310) 825-1479

**Program Director:** Timothy Fong, MD

### ► University of California, San Francisco, School of Medicine

**Contact:** Michael Hoefer, MD

**Email:** [michael.hoefer@ucsf.edu](mailto:michael.hoefer@ucsf.edu) | (415) 221-4810 x22823

**Program Director:** Michael Hoefer, MD

### ► University of California, Los Angeles - KERN Psychiatry Program

**Contact:** Deborah Lechtreck-Miller

**Email:** [Deborah.Miller@kernmedical.com](mailto:Deborah.Miller@kernmedical.com) | (661) 326-5411

**Program Director:** David Weinstein, MD

### ► University of California, San Diego - Addiction Psychiatry Fellowship Program

**Contact:** Jeanine Chan

**Email:** [jec182@ucsd.edu](mailto:jec182@ucsd.edu) | (858) 822-2053

**Program Director:** Carla Marienfeld, MD

## California's Addiction Medicine Fellowships:

### ► Betty Ford Center Addiction Medicine Fellowship

**Contact:** Joseph Skrajewski

**Email:** [MPE@hazeldenbettyford.org](mailto:MPE@hazeldenbettyford.org) | (760) 773-4375

**Program Director:** Stanton L. Segal, MD

### ► Kaiser Permanente Northern California Addiction Medicine Fellowship

**Contact:** Carolyn Vincent

**Email:** [Carolyn.D.Vincent@kp.org](mailto:Carolyn.D.Vincent@kp.org) | (510) 675-6719

**Program Director:** Martha Wunsch, MD

### ► Loma Linda University Addiction Medicine Fellowship

**Contact:** Paulina Salcedo

**Email:** [prevmedres@llu.edu](mailto:prevmedres@llu.edu) | (909) 558-4918

**Program Director:** Lori Karan, MD

### ► San Mateo County BHRs Addiction Medicine Fellowship

**Contact:** Cynthia Chatterjee, MD

**Email:** [cchatterjee@smcgov.org](mailto:cchatterjee@smcgov.org) | (650) 301-8770

**Program Director:** Cynthia Chatterjee, MD

### ► Stanford Addiction Medicine Fellowship

**Contact:** Romola Breckenridge

**Email:** [romola@stanford.edu](mailto:romola@stanford.edu) | (650) 736-1743

**Program Director:** Anna Lembke, MD



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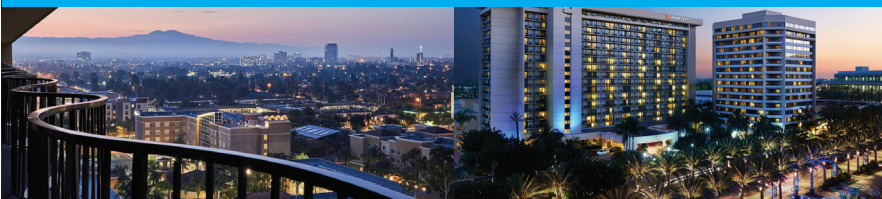
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