CSAM NEWS

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INSIDE

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The California Society is a specialty society of physicians founded in 1973. Since 1989, it has been a State Chapter of the American Society of Addiction Medicine.

An Encounter with Russian Narcology

by Timmen L. Cermak, MD

Would you travel to Russia to help teach the bio-psycho-social-spiritual model of chemical dependence to a group of Russian physicians and psychologists? And can you leave four weeks from today? I was asked the same questions, and I will forever thank myself for jumping at the opportunity.

I was approached in mid-August by Salus International Health Institute (the Medical Director is CSAM member Barry Rosen, MD and the Executive Director is Mary Kay Wright) with an offer to join a training team for a week in Nizhny Tagil. I said yes. Then I asked where Nizhny Tagil is. It is on the very western edge of Siberia, an industrial town of nearly 500,000 people located 2500 kilometers east of Moscow in a mining section of the Ural mountains. It is a few miles east of the division between Europe and Asia.

Until three years ago, Nizhny Tagil had been closed to foreigners. Peristroika and glasnost are still strangers there. Walking down the streets felt like being on a ill-maintained movie set from the mid-1940s. First I was told the city had been closed because of its mining/smelting/steel industry. Later I was told that it was a major center for the manufacture of tanks. It was not until my very last day that I learned there used to be 13 prisons in Nizhny Tagil, with inmates being sent from around the country. I presume that I had been in a Gulag site -- a place of internal exile.

Salus sent me to Nizhny Tagil as part of the second phase of their USAID-funded training project in Russia. The first phase conducted basic training for the medical profession in Moscow and other cities on American addiction medicine's perspective on the disease concept, the biology and psychology of addiction, recovery through Twelve Step Programs, treatment, family dynamics, children of alcoholics/addicts and cultural issues. While this is basic information for practitioners of addiction medicine in the U.S., it represents revolutionary perspectives for most narcologists in Russia.

The positive response to the initial basic training led to the current effort to take similar seminars to other regions of Russia, outside the main cities. Participants in one of the Moscow conferences, Alexandre Shestakov and his wife, Olga, worked effectively to host a training among their colleagues in Nizhny Tagil. And so Salus brought our group to Nizhny Tagil. We were a team headed by Dori Dysland, who is living temporarily in Moscow in order to direct the grant's activities until Russian trainers are ready to take over the project. With me on the team were David Jones, (an African American from Portland who spoke on

cultural issues and was repeatedly told he was the first black person to visit Nizhny Tagil) and three Russians - Yuri Holkin, recovering for 5 years through AA in Moscow, Marina Buligina who has been instrumental in nurturing Al-Anon in its Russian infancy, and Angela Islamova, a very capable translator who acted as my ears and voice during much of the week. Yuri and Marina both work as chemical dependence counselors.

What we see as chemical dependence the Russians see as a habit that can be modified by retraining techniques. Excessive drinking can be "cured," producing socially-approved moderate drinking.

Before describing the seminar, I should explain the different educational avenues that lead people to being narcologists, a title which is used relatively loosely to refer to people with a wide range of training who treat alcoholics and drug addicts. In Russia, there are two routes for people to become physicians. The first route begins after the ninth grade, when you can enter "medical school," which is technical training to become a nurse (2 years) or a physician's assistant (3 years). Those who do particularly well can then proceed to the Medical Institute. The second route begins after eleventh grade, when people can enter directly into the Medical Institute, where physicians are trained for 7 years. The first 6 years are general, with different tracks (e.g., general practice, gynecology, surgery), and the last year is for specialization. Physician narcologists receive a year of training in chemical dependence after their basic medical education.

The first day of the Nizhny Tagil seminar began with my description of the bio-psycho-social-spiritual model of chemical dependence that guides research and clinical efforts in our country. The experience of lecturing to the narcologists was initially difficult and disorienting. To begin with, the audience did not have any reason to trust me, nor did they have even the faintest idea of what lay ahead for them during the next five days. They clearly were taking a "wait and see" attitude. Behind their stolid, unflinching Russian faces, I could barely detect any reactions to my talk. And, since they were reacting only to the serial translation of what I had said, 20 - 30 seconds after I had said it, I could never know with certainty what they were reacting to.

The following day I spoke about the biological aspects of addiction. In particular, I stressed basic science information regarding the ubiquitous role of the mesolimbic dopamine reward system in all drugs of abuse. I also covered information primarily regarding the effects of chronic alcohol ingestion. Other topics during these first two days included the psychological aspects of addiction and the concept of recovery.

In any setting that brings together such wildly different cultural perspectives, it is fun to ferret out the bases of those differences. Russian narcologists are taught that chemical dependence is curable. It is not seen as a chronic disease. In fact it is not seen as a disease at all, but rather as a disgusting habit that is amenable to being reconditioned. The birth of psychological theory in Russia lay in the stimulus-response paradigm associated with Pavlov and his salivating dogs. The political atmosphere never permitted free exploration of the deep interior within each individual. Instead, "big brother" believed in social engineering beyond the wildest dream of any American behaviorist. Psychiatry simply stood on this foundation of behaviorism and added pharmacological adjuncts. The dark shadow stalking Russian psychiatry, of course, is its history of unethically catering to the needs of political leaders by bending their profession into an arm of the state, for the purposes of controlling dissident citizens.

As a result, what we see as chemical dependence the Russians see as a habit that can be modified by retraining techniques. Excessive drinking can be "cured," producing socially approved moderate drinking. Abstinence is not seen as a goal, for many of the reasons alcoholics in denial resist it - their fear of being branded as weak. Narcologists are taught a technique called "coding" to help excessive drinkers return to normal drinking. And, in Russia, drinking is seen as normal; abstinence is an admission of abnormality.

Coding consists of hypnotizing a patient, instilling education and self-disgust, and implanting the post-hypnotic suggestion that continued excessive drinking will lead to death. Narcologists carry caseloads of as many as 800 patients. When their use of coding does not work, supervisors accuse the narcologists of not working hard enough or not practicing coding properly. During small discussion groups, most of the seminar participants were able to talk openly about feeling ashamed of their lack of success, frustrated by their patients' inability to return to moderate drinking, and scape-goated by the medical system. To a considerable extent, our goal was to create an atmosphere of

Coding consists of hypnotizing a patient, instilling education and self-disgust, and implanting the post-hypnotic suggestion that continued excessive drinking will lead to death.

sufficient safety and openness that such discussion could be entered into freely.

During the orientation meetings with Salus veterans, I had been told to expect the ice to begin melting on the third day of training. This could not

People who seek coding are acknowledging that their drinking is out of their control. That's similar to a First Step.

come too soon for me, as I had begun feeling isolated and emotionally down by the end of the second day. The language barrier was leaving me with a feeling of being in a bubble as I walked unnoticed through the crowd. Because I was to speak on family and children's issues to begin the third day, I was especially motivated to break through to make a direct heart to heart connection. Within 30 seconds of my beginning to speak, two participants were in tears. Everyone in the room had stories of living with alcoholism, and everyone's family had been affected. From that morning on, people opened their hearts and connected with us and each other in ways that you only see when people are being freed for the first time to talk openly and honestly about the deep secrets and pain that have filled their lives. By the final day, the group had begun to bring guitars, home baked bread, and other tokens of friendship.

In this remote part of the world - virgin territory, as far as the Twelve Step programs were concerned - we were able to spawn both an AA meeting and an Al-Anon meeting by the time we left town. Never before have I experienced service as being so great a privilege as I did that week.

I finished my presentations by reflecting on the Russian practice of coding - from the perspective of our bio-psycho-social-spiritual, recovery oriented model. Rather than making judgements about this practice, I asked myself what it meant that intelligent and compassionate people tried so hard to make coding work. I began to see that people who seek coding are, in effect, acknowledging that their drinking is out of their control, almost as though a disease had overcome them. That's similar to a First Step. Furthermore, people seeking coding believe that there is a force outside themselves that might be able to rescue them from their loss of control. That's similar to a Second Step. And, finally, they are willing to submit their welfare to the hands of a doctor in order to get better. That's getting close to a Third Step.

I concluded that I would agree with someone seeking coding that they *have* lost control and need help from the outside. But I would have to say that *I* do not have the power to cure them. What I can do is to direct them to a group (AA) that has discovered how to find such power. The only place I would have to openly disagree with someone seeking coding involves their belief that alcoholism can be cured. While I do not share this belief, I *am* sure that people do often find freedom from its devastation.

In addition to the sheer adventure of my trip to Russia, I am very grateful for the perspective it gave me on the fundamentals underlying American addiction medicine. I had the opportunity to see the things we take for granted being presented for the first time to a thoughtful, but naive audience. Over the course of the five days, I could see the light bulbs turn on for people. The scientific underpinnings opened up the disease concept in new ways, and I could see the ideas flood into their minds. The concept of recovery took the burden off a suffering profession's shoulders and put it back where it belongs -- directly on the alcoholic's or addict's shoulders. And Twelve Step programs tapped into basic spiritual impulses that many Russians continue to have despite generations of repression. All this reminded me of the immense value of our fundamental beliefs regarding addiction.

My trip to Russia also reminded me that you cannot truly repress the human spirit. It may remain underground, sometimes for generations, but it will re-emerge whenever possible. Not surprisingly, that is the same lesson I learn whenever I have the privilege to participate in the recovery of another alcoholic or other drug addict. □

Salus Internation Health Institute

Mary Kay Wright, MA

Since 1989, Salus International Health Institute has been the lead organization bringing Western approaches in chemical dependency treatment and recovery to the former Soviet Union. Initiated during two trips I took to Moscow and St. Petersburg in 1988-89, Salus (Latin for health) went on to open a 35 bed model inpatient unit in 1991 within Narcology Hospital #17 in Moscow. This was the largest treatment center in the U.S.S.R., with 6,500 patients who were daily sent to factories as manual labor for "work therapy."

The Salus unit was modeled after Sequoia Hospital's Alcohol and Drug Recovery Center in Redwood City, CA, directed by Barry Rosen, MD. The Salus unit was staffed by forty Russian professionals trained by Dr. Rosen, Barrett Levine, MD, and other U.S. specialists. In the next three years the unit treated several hundred men and women from throughout the Soviet Union utilizing a bio-psycho-social-spiritual approach.

In 1992, the Salus unit was dismantled by the new administration of Narcology

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Hospital #17, which emerged after the coup d'etat that resulted in the dissolution of the Soviet Union. Salus International Health Institute joined with Recovery Treatment Center (RTC) in Moscow, the first private, anonymous, AA-based addiction treatment center in Russia, as the American sponsors and providers of training and clinical supervision.

When the first non-profit laws were passed by the new government, Salus became registered as a non-commercial, non-profit, non-governmental organization (NGO) of the Russian Federation in 1993. Salus NGO is directed by Olga Petroukhina, who has worked with Salus since its inception. As part of the "Health Initiatives" round of United States Agency for International Development (USAID) grants, Salus received a two year (1994-96) $650,000 contract to establish the first nationwide professional training in contemporary approaches to addiction.

The project offers a one-week Basic Training, which is a prerequisite for an intensive 3-month long Advanced Training. In addition, a two year Training-of-Trainers is preparing a cadre of 25 Russian treatment specialists to be the next generation of professional trainers in bio-psycho-social-spiritual model chemical dependency treatment.

CSAM physicians who have participated in the Basic and Advanced Trainings in 1995 include Salus Medical Director Barry Rosen, MD, and Barrett Levine, MD in Moscow, Tim Cermak, MD in Nizhny Tagil, and Dale Dallas, MD in Novosibirsk, Siberia. Garrett O'Connor, MD is scheduled to go to Azov in Southern Russia in February, 1996 where Dori Dysland is Director of Training.

The next stage for Salus will be to implement Employee Assistance Programs (EAP) in Russia. Patricia Crigler, PhD (Capt., Ret.), former Director of Chemical Dependency Treatment and Prevention for the US Navy and Marine Corp, is spearheading the implementation of EAP services for Western Expatriates working in Russia, and the development of EAP mental health and chemical dependency treatment programs for Russian industry and business. □

Mary Kay Wright is the founder and Executive Director of Salus International Health Institute. For more information contact Salus, 172 Lancaster Road, Walnut Creek, CA 94595, phone: (510) 946-9238, fax: (510) 946-1522, E-mail: salus@well.com

Arnett v. Dal Cielo

Medical Board Access to Hospital Medical Staff Peer Review Records

The California Supreme Court will rule later this year on whether the Medical Board of Califoria can have access to hospital medical staff committee peer review records, traditionally considered confidential and, in fact, protected in California by Evidence Code Section 1157. The Medical Board is arguing that its investigators should have access to the records when they may be relevant to an investigation. (*CSAM NEWS*, Summer, 1995, Vol 22, No. 2.) Briefs from opposing points of view will be submitted to the court by the Medical Board and by the California Medical Association. The case is *Arnett v. Dal Cielo*: Dixon Arnett, then Executive Director of the Medical Board v. William J. Dal Cielo, CEO of the hospital. The following description is quoted from *Action Report,* the quarterly publication of the Medical Board.

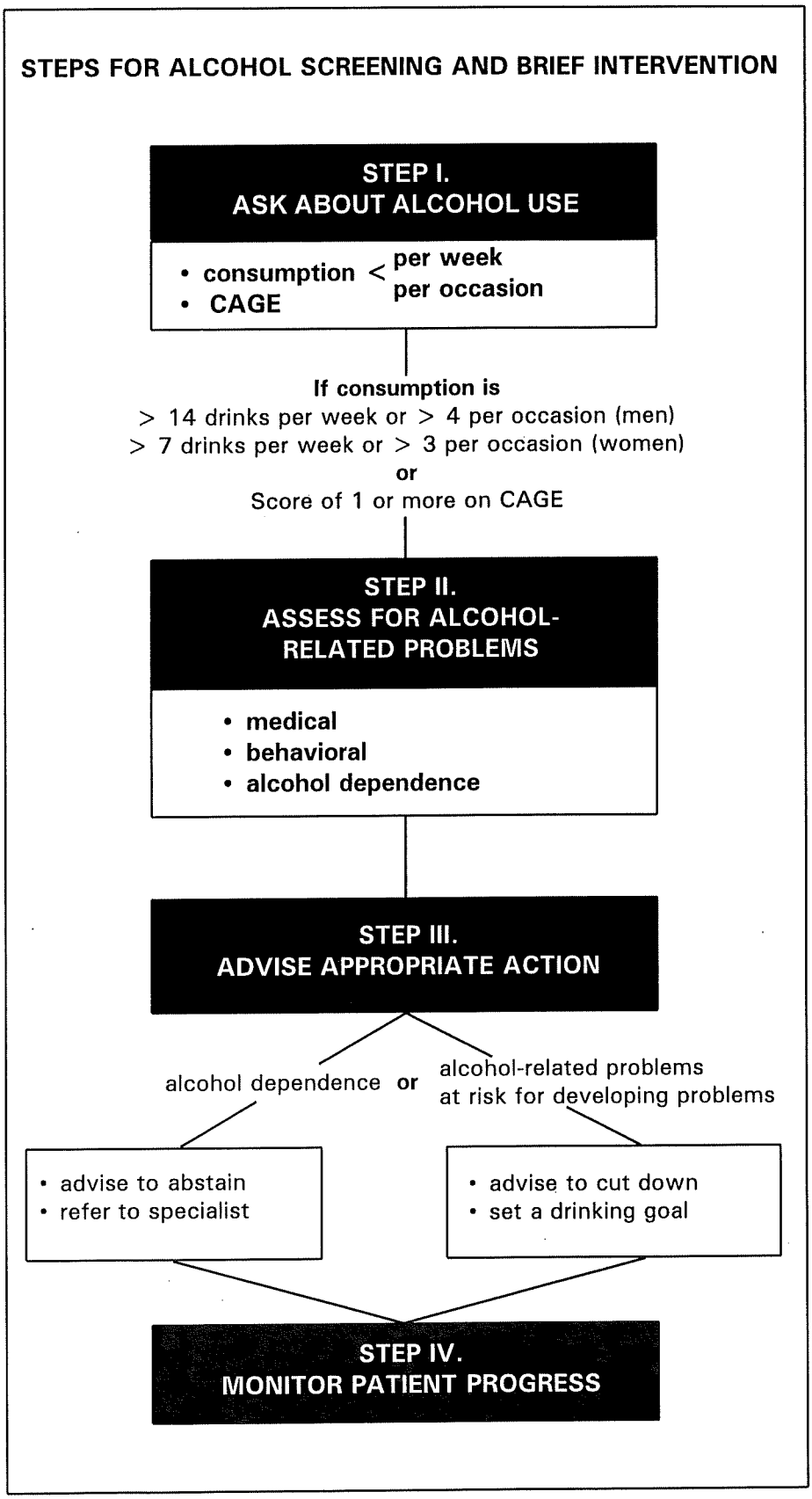
> The case ... arose from a complaint filed with the board by a confidential informant in 1992. The informant alleged that an anesthesiologist practicing at Alameda Hospital had a narcotic drug habit, was using narcotics from the hospital pharmacy while on call, and was administering anesthesia to patients in surgery while himself under the influence of controlled substances. The board's investigation corroborated some of these allegations and further established that, at the end of 1992, the physician took a three-month leave of absence from the hospital to undergo inpatient drug rehabilitation.
>
> In January, 1993, the hospital restored the physician's hospital privileges provided that he practice under certain supervisory conditions. Though clearly required to do so under Business and Professions Code section 805, the hospital never filed a report regarding this physician's condition with the board.
>
> After responding to a direct inquiry with the information summarized above, the hospital refused to allow the board's investigator to review any complaints or records made by hospital staff regarding the physician's behavior or any documentary evidence collected during or after the hospital's own internal investigation into this matter. The physician, too, refused to cooperate with the board's investigation, declining even to participate in an interview with the board's physician consultant. As a result, it was impossible to ascertain the duration or severity of the physician's drug problem and the existence or extent of any impairment of his ability to practice medicine. [From *Action Report*, Vol. 55, Oct. 1995.]

In a similar case, lower courts ruled that Evidence Code Section 1157 does not protect peer review committee records "when such documents appear relevant to investigations regarding physician misconduct." (quote from *Action Report,* Vol. 56, Jan. 1996) *Arnett v. Pearce* arose from the investigation of a physician with privileges at a hospital in the San Jose area. That hospital is also seeking a review by the California Supreme Court.

These rulings will be of primary importance to hospital medical staff committees on physician health, well-being and impairment. The activities of such committees are peer review activites, and the records of such committees are protected by Evidence Code 1157. □

From NIAAA

The Physicians' Guide to Helping Patients with Alcohol Problems



NIAAA has just published an evidence-based clinical protocol for screening and brief intervention which outlines four steps for primary care physicians to employ as a routine part of their practice. The four steps are ask, assess, advise and monitor. The protocol is outlined in an easy-to-use 12-page booklet which lists specific indicators, initial assessment procedures clinical notes and tips.

The clinical recommendations are based on the findings of more than a decade of research on the effectiveness of screening for alcohol problems and applying brief intervention methods. Selected references are given.

In the foreword, Enoch Gordis, MD, Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) said, "Your patients look to you for advice about the risks and benefits associated with drinking." The Guide points out that "light to moderate drinking is associated with lower rates of coronary heart disease in certain populations (e.g., men over 45, postmenopausal women). Infrequent or nondrinkers are not advised to begin a regimen of light to moderate drinking to reduce the risk of coronary heart disease because vulnerability to alcohol-related problems cannot always be predicted. Similar protective effects can likely be achieved through proper diet and exercise."

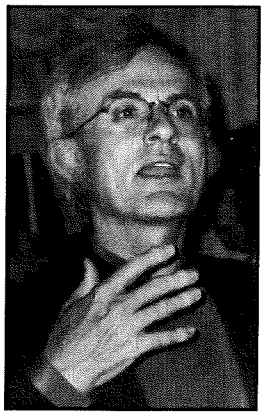
Clinical notes and tips are inserted frequently throughout. Example: "Women and the elderly have smaller amounts of body water than men; therefore, they achieve a higher blood alcohol concentration than men after drinking the same amount of alcohol." Copies of the booklet, NIH Publication No. 95-3769, are available from the CSAM office. □

1995 Annual Meeting

Vernelle Fox Award

I am honored and humbled at receiving an award in Vikki's name because Vernelle Fox was my mentor and friend. As with any teacher who enriches your soul, there are many stories. I'd like to share a few. Vikki had an inquisitive and questioning mind housed in a caring soul. Her thoughts and actions as they related to patient care are etched in the souls of all of us who were trained by her.

During the first week of my time with her, doing a consult in the hospital, we met the referring physician at the door of the patient's room. He said to us, "Frank's on the sauce again. I told him it will kill him. Don't see much hope for him". All this was spoken within the patient's earshot. When Vikki finished the consult, she told me, "Anyone can be petty and get angry with alcoholics or addicts. Try and search for their humanity and in so doing you might become a better person and maybe even a better doctor." That's one example of why Vikki is the architect of my passion for caring for addicted patients -- along with Max Schneider. These two people helped nurture my rather lifeless medical training into something in which I take great pride.



Once, during one of our inter-professional meetings, I quizzed one of the nurses about the half-life of a certain drug, then proceeded to enlighten her with my knowledge on the subject. Vikki quickly changed the subject to another case without looking at me. Later she said, "You seem to be interested in half lives of drugs. I'm trying to learn some more about the half life of Valium. You interested in collaborating on a project with me?" Then she gestured with her hand while looking straight ahead. "Don't ever embarrass any of my staff with your brilliance again. Teams are like family and as an invited member of this family you don't insult your cousins." I learned one of Vikki's "clinical guidelines:" She said that the best prime therapist for an alcoholic is an interdisciplinary team.

Vikki had strong concerns that younger physicians did not seem to want to talk with or listen to alcoholics or addicts. Because of my youth I'd often take longer to interview a patient than she would, and I'd usually learn about one half of what she already knew. But I never heard "you ask too many questions" or "you took too long." Not once, not ever. I learned that she ran her medical practice around caring - not time.

Knowing that the world she knew was changing, that her values were considered outdated, and that the program she had developed had to be closed did not break her. "Don't feel sorry for me; I'm not a fossil; my brain's not dead. I can learn and change." And she did -- until a stroke silenced that brain.

On another occasion I had to present a case to her for rounds. I explained how the patient had been through detox at least 6 times and nothing anybody said had worked. Knowing that Vikki would ask me what my treatment plan was, I prepared an exhaustive program of daily AA meetings, spiritual awakening exercises, urine screens, daily check-ins with staff, jogging, and on and on. "Well that's interesting. Let's present this to Bill." She allowed me to repeat my exhaustive regimen to the patient who nodded eagerly with each suggestion. I sat there while Vikki stared at the patient intently. She was able to completely ignore

CSAM

The California Society of Addiction Medicine
presents the
Vernelle Fox Award
to
Anthony B. Radcliffe, MD

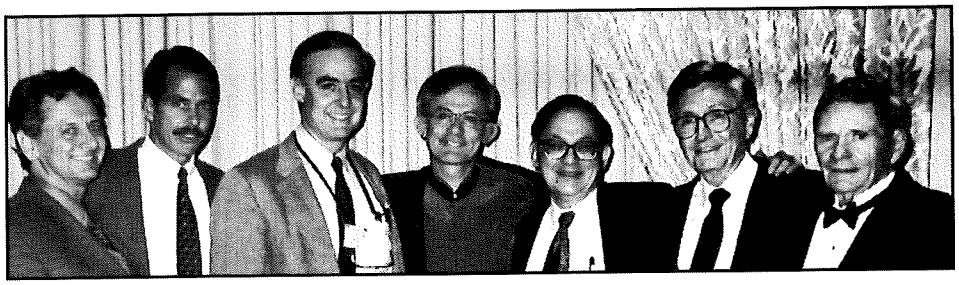
in grateful acknowledgment of the leadership and the achievements which have marked his years of dedicated and devoted service to the field of addiction medicine,

in appreciation of the fact that, having received his training in addiction medicine with Vernelle Fox, he perpetuates her teaching and principles among his residents and Fellows, his colleagues and co-workers,

in recognition of the creation and development of an outpatient detoxification and recovery program which serves as a model for patient care throughout the field.

Presented the third day of November, 1995
in Marina del Rey

everyone in the room except the patient. The longer she stared, the more Bill and I perspired. Finally, she said, "Bill, we've tried every treatment there is. It's time we got out of your way." The patient's demeanor suddenly changed from that happy nodding face to a rather sad, hurt expression. "You don't care, you're throwing me out," he stammered. "No" she said, "I love you but we need to get our of your way and let you do the work. You write up a treatment plan that you can do and give it to the staff." And with that she got up, gave the patient a hug, and we left. I learned something about boundaries and responsibilities and how to get out of a patient's way.



Contributing historical anecdotes and accolades to Tony Radcliffe at the 1995 Awards Ceremony were, from left to right, Garrett O'Connor, Steve Eickelberg, Joe Frawley, (Tony Radcliffe), Dick Merrick, Gail Shultz and John Lanier.

If I have been able to teach someone how to listen better, help fit treatment to a patient's needs, learn how to get out of a patient's way so he can do the work necessary to get into recovery, become a better team player, or not to discriminate against chemically dependent patients, then I've finally learned to practice and pass on what Vikki taught me. That's why receiving the Vernelle Fox award means so much to me. My challenge is to keep her dreams alive by continuing to share my observations and thoughts with any of you who are willing to listen and of course with those who are not. □

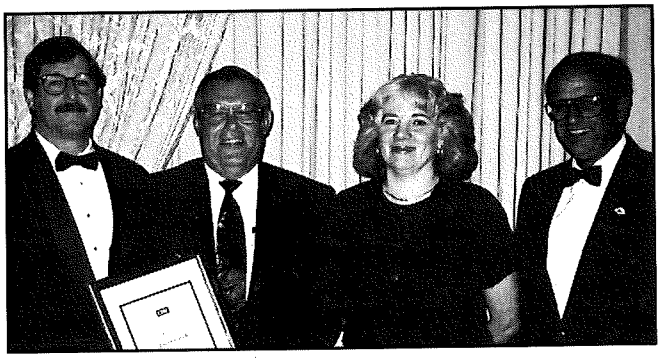
Treatment for chemical dependency must become a seamless part of primary care

Successful chemical dependence treatment programs of the future will have an economic emphasis and a treatment emphasis in outpatient care; they will utilize outpatient detox and day treatment programs, and they will learn to cope with patients who come back seeking treatment over and over again. They will utilize well-developed critical pathways to make health care decisions. They will have to adapt prevention aspects into the daily care of addicted patients and their families. They will have to learn how to effectively manage the behavioral aspects of chronic disease. And no matter who provides that care, it must become a seamless part of primary care. In other words, health care organizations will have to become virtually integrated not just vertically or horizontally integrated. Successful healthcare organizations will provide coverage for the continuum of a disease rather than covering episodes of illness. They will have to spend what their subscribers pay them wisely, or patients will simply choose another system. They will need to wed treating the continuum of a disease to cost efficiency. This could lead to improving the outcome of treatment for chemical dependency for the least cost per person. Those health care organizations that solve how to care for people from womb to tomb at the most efficient price will survive.

There are two constants for me through all these years: change and taking care of patients. I still believe that we need to change from being technicians to being healers and we need to train others to take our place in the future.

Community Service Award

Lawrence Gentile received the 1995 Community Service Award in recognition of his untiring efforts to provide addiction treatment services to residents of Los Angeles County, his exemplary leadership of the community-based, non-profit agency, Behavioral Health Sciences, for over 20 years, and his continued advocacy for bringing help to the most needy among us.



Richard Sandor, MD; Laurence Gentile, recipient of CSAM's 1995 Community Service Award; Elizabeth Stanley; and Robert Warrell posed for this photo after the Awards Ceremony.

Where is the Passion Now?

William S. Brostoff, MD

As a new President of CSAM, I follow a series of distinguished leaders. The founders and the early leaders of the Society came to this work with a passion for advocacy for the suffering alcoholic and addict and the recovering alcoholic and addict. They translated their passion into action along two pathways. One was to insure that the Society was rooted in a sound, scientific basis for the treatment of alcoholism and drug dependence. The other, equally and in some ways more important, was to act with a deep empathy and concern, professionally and personally, for alcoholics and addicts. These were patients and people who had been badly neglected or badly treated by the rest of medicine. The California Society of Addiction Medicine and the American Society of Addiction Medicine remain a group of physicians dedicated to providing the very best care for these patients.

In 1987, at one of the biennial retreats of the Executive Council, we spent the weekend reviewing the mission of the Society in the kind of intense and heated discussion which a cloistered retreat setting can foster. The result was a zeal and enthusiasm for the idea that the mission of the California Society was to set the standards for the treatment of the disease of chemical dependence. With Monday-morning skepticism, many Executive Council members questioned themselves, and each other: what does this mean? But as I reflect on that mission statement and on the history and the current activities of the Society, I find that my support for that mission statement has been borne out.

I believe in that mission statement. It has been especially gratifying to me over the years to see the ways in which we all have followed that mission. Since the Society was established, we have been setting the standards of treatment for chemical dependence in a number of different ways. The California Society developed the first certification in addiction medicine. We set standards with our Review Courses and our State of the Art Courses by providing the highest level of education for physicians in chemical dependence. Our workshops for hospital well-being committees have been models for training physicians and hospital administrators in how to develop well-being committees and in the principles for treating impaired physicians. Over the last few years, we have involved ourselves as consultants to the Medical Board of California and the Diversion Program through our Committee on Physician Impairment. The Committee drafted the quality assurance standards which the Medical Board and the Diversion Program adopted and are using today. Through the CMA-CSAM-MBC Liaison Committee to Diversion, we continue to consult to the Medical Board as it exercises its supervision of the Diversion Program.

Outgoing CSAM President Richard S. Sandor, Executive Director Gail B. Jara and new President William S. Brostoff.

In our practices everyday, in our hospitals, in our clinics, in our offices, we are facing issues of survival.

Survival

Where is the passion now? Where does the passion of our members lie today? Certainly the physician impairment issues I've talked about are central to the interest and to the heart of a number of our members. Another area that elicits interest and engages members is the exploration of spirituality and how it relates to medical practice. But when I look for the passion, when I question where it runs most deeply with most of us, I find that it's for ***SURVIVAL***. Almost all of us, in our practices everyday, in our hospitals, in our clinics, in our offices, are facing issues of survival. I can't stress that strongly enough in terms of what really occupies us on an almost-daily basis, in terms of the work that we do, how we go about doing our work, and our outlook for the future. What most of us hope to accomplish these days is to survive. And it is the same for the California Society. This organization would like to survive. Those of us who still feel the kinds of passion that I've talked about want very much to keep the Society healthy.

Two Goals

I was asked earlier, "If you had two goals for the next two years, what would they be?" The first, as I have said, is survival: finding ways to make our Society work more efficiently and more effectively. To continue to provide programs like the State of the Art Course, to publish a useful

newsletter, to maintain our services to our members -- these are of paramount importance to me.
My other goal is to find the key to involving our members in activities of the Society. We are a new generation of physicians. Because our time is more limited, our involvement has to be more time-limited. We need more members to step forward to share the tasks.

I see it as the goal of my presidency to align the passion and the vision of the members with the mission of the Society, to create opportunities for involvement that fit our situation in 1996, to provide the leadership and the encouragement that will take us forward together as a Society. □

Editor's note: Doctor Brostoff gave this address at the time of his inauguration on November 3, 1995, during the State of the Art Conference at the Ritz-Carlton Hotel in Marina del Rey. He is the 11th president of the Society.

CSAM Presidents

1974-77	Charles E. Becker, MD
1977-80	Vernelle Fox, MD
1980-83	David E. Smith, MD
1983-85	Max A. Schneider, MD
1985-86	Jess W. Bromley, MD
1986-88	Anthony B. Radcliffe, MD
1988-89	Garrett O'Connor, MD
1989-91	P. Joseph Frawley, MD
1991-93	Kevin W. Olden, MD
1993-95	Richard S. Sandor, MD
1995-	William S. Brostoff, MD

Changes on the CSAM Executive Council

Garrett O'Connor and **Timmen Cermak** ended four years of service as members-at-large on the Executive Council.

Three new members-at-large were elected to first terms in November:
Amy Khan, MD, Medical Director, Chemical Depencency Recovery Program at Kaiser Permanente Medical Center in Vallejo.
Glenhall Taylor, III, MD, Chief, Alcohol and Drug Abuse Program and Assistant Chief of Psychiatry at Kaiser Permanente Medical Center in Stockton.
Steven Eickelberg, MD, currently a resident in psychiatry at the University of Arizona in Tucson, formerly with the CDRP at Kaiser Fontana. □

You Can Write For

March of Dimes Substance Abuse Curriculum for Obstetricians and Gynecologists

This 250-page loose-leaf binder includes detailed curriculum outlines and supporting materials for six teaching modules including:

- identification and diagnosis of women with alcohol and other drug problems
- intervention and referral: presenting the diagnosis and initiating treatment
- legal and ethical issues

For each module, there are masters for overheads, handouts, and case histories for discussion. Designed for use with OBG residents, this material is also very useful for presentations to CME audiences of practicing physicians. For a complimentary copy, send request to March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605. FAX 914/428-9366.

ACOG Technical Bulletin Number 195 -- July 1994: Substance Abuse in Pregnancy

This 7-page statement from the American College of Obstetrics and Gynecologists reviews the literature (47 references are listed), describes effects of specific drug classes (alcohol, tobacco, marijuana, cocaine, opiates, amphetamine, hallucinogens), and makes recommendations. Request copies from Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923.

Training About Alcohol and Substance Abuse for All Primary Care Physicians

This book examines a serious deficiency in medical education. It is the proceedings of a "summit meeting" attended by a cross-section of interested groups such as the Presidents of the American Boards of Internal Medicine and Family Practice, representatives of the Residency Review Committees in the primary care specialties, the Medical Directors of large health care organizations, representatives from big business responsible for choosing health insurance for employees, and medical educators. In addition, several original articles were comissioned for the project and are included in the book. Original articles include:

- Is Treatment for Substance Dependence "Worth It?" -- A. Thomas McLellan, MD
- Minimum Competencies for Substance Abuse Training (Clinical Activities of Physicians Who Practice Primary Care Medicine) -- Michael F. Fleming, MD, MPH

Requests for a copy of the 290-page paperback should be directred to the Josiah Macy, Jr. Foundation, 44 East 64th Street, New York, NY 10021. □

Open Letter to the CSAM Committee on Education

Re: Don Gragg, MD

Dear Committee Members:

I understand that Don Gragg has resigned from the membership and Chairmanship of the Committee on Education. Fine. Who needs this guy to hang around? Certainly not me. Oh, I know, for a number of years Don was one of those CSAM members who made the Society worth belonging to. He looked so much like the kind of complete physician that many of us aspire to become some day. He seemed to combine quality clinical care, incisive thinking, and a genuinely kind sense of humor. In those days Don was well worth knowing and learning from. He couldn't play the ukelele (only Garrett can do things like that), but he seemed to epitomize all that was best in our Society. Now that he is abandoning us, I realize I was wrong about all that, and that Don had really taken us all in.

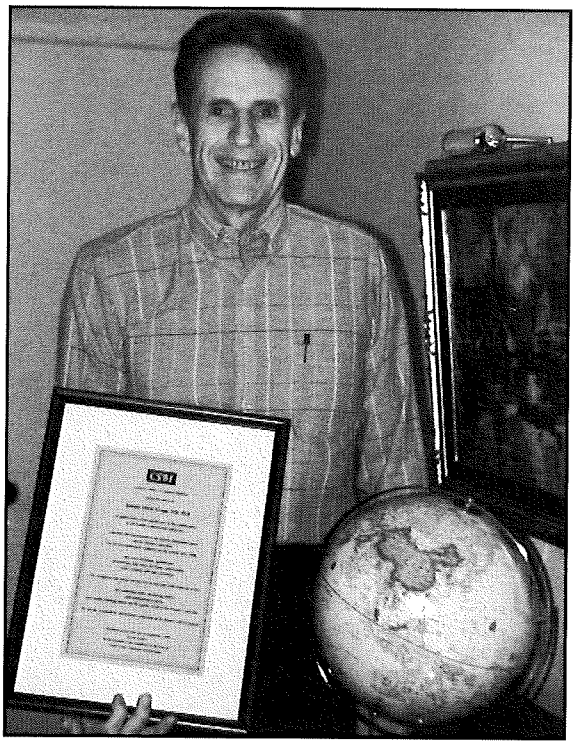
First of all, I consider it an outrage that Don would choose to put his own needs ahead of ours. He took American dollars on a trip to Japan in October where he not only misseed the State of the Art Course, but he personally increased our trade deficit. Did he care enough about us to stay for the conference in November? No. What about the fact that without him, some of us were forced to work at one of our conferences, perhaps for the first time? What will we do when we can no longer say, "Let's let Don handle that?" I am almost fifty years old, and find it hard to have to think for myself.

Who needs a Committee leader with a mind of his own? As Chair, Don showed a remarkable capacity for good judgement and for decisions based on rigorous thinking. Anyone making his way today with managed care will immediately see how wrong-headed this attitude can be. As far as committee work proper, you can see that this makes the rest of us nervous because we count so much on long, wordy expositions to get our way. He did not want to make our conferences a forum for public relations pieces from industry-sponsored individuals. He kept asking what the state of the art issues were in our field, and he just generally kept his eye on the ball. All of his emphasis on state of the art kept me from having my talk, "What I did last summer," from being accepted as the keynote address at this year's conference. Now we are all for science in its place, but surely not at a scientific meeting.

Without Don around, I think we can return to the plan of selling the California Society to a managed care outfit, or perhaps to an offshore conglomerate.

-- Peter Banys, MD

Doctor Banys has been a member of the Committee on Education since 1985. He chaired the Planning Committees for the State of the Art Conferences in 1991 and 1993.



California Society of Addiction Medicine
confers this award on

Donald Merle Gragg, MD, PhD

in appreciation of the significance of his contributions to the Society's educational endeavors,

especially his commitment to the highest educational merit and the flawless operation for all the conferences conducted by the Society since 1988.

His sense of humor, genuineness, generativity and vision for future addictionists make working with him a privilege.

He recognizes and brings out the best in everyone with whom he works.

His leadership skills, mentoring ability and administrative savvy have made a lasting impact on the quality of all of the Society's activities.

He set the standard by which future programs of the Society will be judged.

Presented at the meeting of the Committee on Education on September 22, 1995

NEWS ABOUT MEMBERS

Dan Headrick is now the Medical Director of the Chemical Dependence Unit at Hoag Hospital in Newport Beach.

Merritt Smith is now with the West Oakland Health Council, Incorporated.

Jo Takamine has moved after 35 years in the same office on Wilshire Boulevard in West Los Angeles. He is now the Medical Director of a group practice in Santa Monica which includes family and group counseling.

Nick Rosenlicht left the VA Northern California System and is now the Director of Adult Inpatient Psychiatry at the UMDNJ Community Mental Health Center in Piscataway, New Jersey, and a Professor of Clinical Psychiatry at the UMDNJ-Robert Wood Johnson Medical School.

Jerry Schulz left UCSF where he was the Medical Director of the Family Medicine Practice and is now Coordinator for Addiction Services at East Carolina Medical School in Greenville, NC where he has appointments in Family Medicine and Psychiatry.

Robert Sparks is the first Executive Director of the newly reorganized California Medical Association Foundation where he will direct the Foundation's research, educational and public health programs.

Charles Moore is now the Subregional Chief of Mental Health and Chemical Dependency Services for Kaiser for the Sacramento Valley. □

Position Wanted

Seeking position in Addiction Medicine upon completion of the Addiction Medicine Fellowship at Loma Linda and Kaiser Permanente Fontana. Available July, 1996. Contact Steven R. Ey, MD, 3750 Hoover Street, Riverside, CA 92504. 909/687-3303.

Position Wanted

Experienced ASAM-certified addictionist, Board certified in Internal Medicine and Cardiology, seeks full time position in Addiction Medicine or Internal Medicine/Addiction Medicine. Contact LaMonte Koop, MD at 1379 Park Western Drive, #333, San Pedro, CA 90732. 310/514-2262.

California Law on the Physician's Duty to Report Lapses of Consciousness

California law and regulation continues to be murky regarding reporting by physicians of cases of lapses of consciousness, Alzheimer's Disease, dementia and related disorders -- including chronic alcoholism. In 1990, a new section was added to the Califonria Health and Safety Code (Section 410) which was intended to strengthen the physician's protection from liability for reporting when complying with the statute. It took three years for the State Department of Health Services to draft proposed regulations to implement this section. During that period, comments were submitted to the regulation-writers from various interested groups, including the California Medical Association and the California Society of Addiction Medicine. (See *CSAM NEWS* Summer 1991, Vol. 18, No. 2.) Problems persisted; in the eyes of clinicians, the regulations were confusing and did not correspond well to clinical circumstances. CMA submitted further comments to highlight the problems.

In September, 1995, the regulations submitted by Department of Health Services were vetoed (disapproved) by the Office of Administrative Law -- the agency which must review and approve all proposed additions or revisions to the California Code of Regulations. A copy of the ruling is available from the CSAM office. □

Medical Director Needed

Santa Clara Valley Health and Hospital System, Department of Alcohol and Drug Services is seeking a Medical Director. Responsibilities include management of medical services for outpatient alcohol/drug treatment including methadone, perinatal, and adolescent services; oversight and coordination of all medical activities and services and supervision of program physicians to ensure compliance with federal, state, and local regulations.

Successful candidate will be a California licensed (or eligible) MD with an internal medicine background and a minimum of 5 years experience in managing medical services in the alcohol and drug services field. Experience working with methadone is highly desired.

Excellent salary (DOE) and benefits package. Submit letter of application and CV to Bruce Copely, DA&DS, 976 Lenzen Ave., 3rd Floor, San Jose, CA 95126

CONTINUING MEDICAL EDUCATION

ASAM MRO Courses

The Basics of Being a Medical Review Officer -- Friday morning, 8:00 am to 11:45 am

The Latest on the Science, Rules and Art of Drug Testing and Assessment -- Friday, 1:00 pm to Sunday noon.
March 1-3 in Washington, DC; July 12-14 in Denver; November 1-3 in Chicago
Sponsored by the American Society of Addiction Medicine
Credit: Up to 19 hours of Category 1 credit
Fees: For "The Basics," $75 for ASAM members, $100 for non-members.
For "The Latest," $500 for ASAM members, $550 for non-members.
For information: ASAM, 4601 North Park Drive, Suite 101, Chevy Chase, MD 20815. Phone 301/656-3920; Fax 301/656-3815.
Certification: The Medical Review Officer Certification Council (MROCC) will offer the MROCC Certification Examination immediately following each ASAM course. A separate application must be requested from MROCC, 55 West Seegers Road, Arlington Heights, IL 60005. Phone 708/228-7476.

Caring for Pregnant Women and Newborns: Effects of Alcohol and Other Drug Use

Friday, March 8, 1996, Founder's Center, Parkview Community Hospital, Riverside
Sponsored by CSAM
Credit: Up to 6.5 hours of category 1 credit
Speakers include Carol Archie, MD; Andrea Barthwell, MD; Marty Jessup, RN, MS
For information: CSAM, 3803 Broadway, Oakland, 94611. 510/4289091.

ASAM's 27th Annual Medical-Scientific Conference

April 18-21, 1996, Atlanta Marriott Marquis
Symposia topics include "Violence, Alcohol and Drugs: Neuropharmacological, Economic-compulsive, and Systemic Dimensions," "The Scientific Basis of Alcohol Policy," "Liability and Efficacy from Long-term Use of Benzodiazepines: Documentation and Interpretation," "Medical Utility and Toxicity of Smoked Marijuana," "Matching Patients to Treatment," "The Impact of 'Managed Care' on Chemical Dependency Treatment."
For information: ASAM, 4601 North Park Drive, Suite 101, Chevy Chase, MD 20815. Phone 301/656-3920; Fax 301/656-3815.

8th Annual Physicians' Well-being Committee Conference

Wednesday, May 8, Founder's Center, Parkview Community Hospital, Riverside
Sponsored by Riverside County Medical Association and CSAM
For information: Nancy Barker at Riverside County Medical Association, 3993 Jurupa Ave, Riverside 92506. 909/686-3342.

58th Annual Scientific Meeting

College on Problems of Drug Dependence

June 22-27, The Caribe Hilton, San Juan, Puerto Rico
Credit: The number of hours of Category 1 credit is determined when the final program is set.
Fees: For members: $325 by 4-20-96; $375 by 6-7; $425 after 6-7. For non-members: $375 by 4-20; $425 by 6-7; $475 after 6-7.
For pre-doctoral students: $215 by 4-20; $170 by 6-7; $195 after 6-7.
For information: Martin Adler, PhD, CPDD, Department of Pharmacology, Temple University School of Medicine, 3420 North Broad Street, Philadelphia, PA 19140-5104

International Doctors in Alcoholics Anonymous

47th Annual IDAA Meeting

July 31 - August 4, Marriott Hotel, Anaheim, CA
For information: IDAA, P.O. Box 199, Augusta, MO 63332. Phone 314/482-4548.