CSAM NEWS

Newsletter of the California Society of Addiction Medicine Spring 1998 Vol. 25, No. 1

UCSF Center for the Neurobiology of Addiction

UCSF has organized a group of researchers into a coordinated Center for the Neurobiology of Addiction to study the neural and molecular mechanisms by which drugs take command of the brain. UCSF faculty in the neurosciences are linked together with senior scientists at the Ernest Gallo Research Center in San Francisco. The Gallo Center has focused on the study of alcoholism since its formation in 1980. Now, thanks to the efforts of UCSF Chancellor, Haile T. Debas, MD, the scientists at UCSF and at the Gallo Center will get the benefits of greater coordination. "By mobilizing resources, encouraging interaction among creative investigators, and using cutting-edge technologies, the Center will develop a more sophisticated understanding of the biological mechanisms underlying addiction."

For more information about the Center call 415/476-7878. Website: www.ucsf.edu/cnba/ □

"Hell of a Loss for the Program"

Chet Pelton is Retiring

The Manager of California's Diversion Program for Physicians, Chet Pelton, has announced his retirement, effective July 15, 1998. He has been manager of the Diversion Program since 1985, when he transferred to the Medical Board from the Office of Statewide Health Planning and Development, taking over the position first held by Jerry Becker.

"This man fought for long term treatment and rehabilitation over discipline when a physician has a disease," said Max Schneider, MD, Chair of the Orange County Medical Association Committee on Physician Health and former member of a Diversion Evaluation Committee. "He has been the subject of controversy directed at him and at the Program, but he has kept the focus of the Program on an even keel, giving equal attention to public safety and the Program's humane and clinically appropriate approach to impaired physicians."

"We are very grateful for his contributions," said Doctor Schneider. □

Another MBC Review of the Diversion Program

California's Diversion Program for Physicians is undergoing a new round of review and scrutiny which began with the Joint Legislative Sunset Review Committee in the fall of 1997 and continues now with a Task Force appointed in May by the Medical Board of California (MBC) Division of Medical Quality. Concerns expressed by the Center for Public Interest Law (CPIL) are expected to play a prominent role in the Task Force hearings.

The Task Force met for the first time on June 3, 1998 in San Diego to identify the issues it will discuss at its future meetings. According to the notice of the meeting, the focus will be on:

- the objectives and necessity for having a Diversion Program
- the guiding policy principle upon which the Diversion Program will be based
- the operational procedures for carrying out the current day-to-day activities of the Diversion Program
- the appropriate organizational body to oversee the Diversion Program

The Center for Public Interest Law (CPIL) maintains a special interest in the Medical Board of California and its Diversion Program. Information from CPIL describes it as "an academic center of research, teaching, learning and advocacy in regulatory and public interest law. ... CPIL's goal is to make the regulatory functions of state government more efficient, visible,

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and accountable by serving as a public monitor of state administrative agencies."

In a document addressed to the Legislature's Sunset Review Committee, in November, 1997, CPIL listed several areas which represent "structural and other problems" of the Diversion Program. In response, CSAM and CMA together submitted a letter to the Sunset Review Committee correcting some of the outdated or erroneous information cited in the CPIL document and saying that they find the Diversion Program to be designed and operated with high clinical standards in a manner which protects the public. (Copies of the CPIL document and the CMA/CSAM letter are available from the CSAM office.)

The Chair of the MBC Diversion Task Force is Karen McElliott, a public member of the Medical Board from San Diego. Members are Robert del Junco, MD, from Los Angeles; Philip Pace, from Montebello; Kip Skidmore, from Sacramento; and Alan Shumacher, MD, from San Diego. At its meeting on May 27, 1998, the Liaison Committee to Diversion requested that one or two members of Diversion Evaluation Committees and/or the Liaison Committee to Diversion be appointed as members of the Task Force.

The Task Force is expected to meet several times and to prepare a report to the Division of Medical Quality (DMQ). All meetings are open to the public. Representatives of both the California Society and the California Medical Association will take part in the meetings and report back to their relevant committees and to the CMA/CSAM/DMQ Liaison Committee to Diversion. The Chair of the Liaison Committee to Diversion, and Chair of the CSAM Committee on the Chemically Dependent Physician, is William Brostoff, MD; the Chair of the CMA Committee on the Well-being of Physicians is Leland Whitson, MD.

For more information about the meeting schedule of the MBC Diversion Task Force, call the Medical Board, 916/263-2389. □

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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.

Letter to the Editors

Dear Editors:

I am writing to call attention to the situations in which physicians can and should prescribe methadone for hospitalized methadone maintenance patients. I frequently encounter confusion and a lack of information. For example, I recently received a call from a pediatrician who was anticipating the care of a baby born to a mother on methadone. He said that from his reading of the California Health and Safety Code, it was clear to him that this baby was "an addict" and therefore he couldn't use an opiate to treat the baby for any withdrawal the baby might experience after birth.

The obstetrician in the case drew a similar conclusion about the mother. Since the mother was an addict being maintained on methadone, and since the hospital was not licensed as a methadone program, he felt he could not provide her any methadone while she was in the hospital for the delivery of the baby.

Neither is correct. A methadone maintenance patient in the hospital for treatment of another medical condition can be maintained on methadone during the hospitalization in order to avoid the complications of opiate withdrawal. The mother can and should be given methadone while she is in the hospital for the delivery of her baby. The baby can and should be treated with an opiate if the withdrawal symptoms are of sufficient severity.

Hospital pharmacies have also misinterpreted these laws and regulations and refused to release methadone for the management of maintenance patients who have been hospitalized.

How frequently this happens around the State, I do not know, but it is probable that many patients are denied appropriate management in the hospital based on this misunderstanding.

I suggest that CSAM ask the Medical Board of California to put this clarification in the MBC newsletter. I would appreciate CSAM's intervention on behalf of these patients.

John McCarthy, MD
Medical Director
Bi-Valley Medical Clinic, Sacramento

CSAM Statement

Opioid substitution therapy in a physician's office setting

The CSAM Committee on Treatment of Opioid Dependence agreed on the following statement to reflect the thinking of the Committee members.

The Committee supports and endorses in principle the idea of providing opioid substitution therapy in a physician's office setting. Implementation of opioid substitution therapy in a setting outside the current clinic system should include a process to identify the appropriate relationship and interaction between physician office-based settings and the current clinic system. There should be provisions for determining which patients would be most suitably treated under which treatment system and what specific changes and accommodations each treatment system should make to the other.

There is a specific body of knowledge regarding opioid replacement therapy (opioid maintenance therapy) and physicians who provide that treatment should be familiar with it. Physicians who provide opioid substitution therapy in a physician's office setting should demonstrate mastery of the body of knowledge and should adhere to the standard of practice related to that treatment.

The standard of practice for providing opioid substitution therapy in a physician's office setting should be established by physicians who are recognized for their expertise and experience in opioid substitution therapy.

Achieving consensus on such a standard of practice should be an objective of current pilot projects and other efforts to implement physician office-based opioid substitution therapy. Maintaining adherence to the standard of practice should replace enforcement of regulatory requirements as a way of providing oversight for this mode of treatment.

Physician office-based treatment should be guided, in spirit and in practice, by the NIH consensus statement, "Effective Medical Treatment of Heroin Addiction," November, 1997. □

"Medical Methadone"

Putting Methadone Maintenance in Your Practice

Two pilot projects are underway to study the feasibility of extending opioid maintenance therapy to the private practice of knowledgeable physicians.

Connecticut's state legislature authorized a pilot research project for the prescription of methadone by physicians who are skilled in addiction medicine and associated with a methadone maintenance program.

In New York, a 3-year NIDA-funded study of office-based methadone prescribing is underway through Montefiore and Beth Israel Medical Centers.

In San Francisco, a member of the Board of Supervisors has expressed support for the idea and has asked the Department of Public Health to study the feasibility.

The Center for Substance Abuse Treatment (CSAT) is planning to convene a panel of experts on office-based opioid agonist treatment, according to Alan Trachtenberg, MD of CSAT.

The American Methadone Treatment Association has adopted criteria for maintaining quality treatment in physician office settings. (A copy of the AMTA criteria is available from the CSAM office.)

The National Institutes of Health (NIH) published a consensus statement in November, 1997 which includes the recommendations to reduce unnecessary regulation, to expand the availability, require methadone maintenance treatment as a benefit in public and private insurance programs with parity of coverage for all medical and mental disorders. (A copy of the NIH consensus statement, "Effective Medical Treatment of Heroin Addiction," is available from the CSAM office.)

The CSAM Committee on Treatment of Opioid Dependence supports office-based methadone treatment in principle and defined the elements which Committee members believe are central to appropriate care for the patient and appropriate protection for public safety. The full text of the Committee's statement appears in this issue. The potential for a non-tolerant person to ingest the medication by mistake and the potential for diversion of the medication into the illegal drug traffic are the public safety issues. □

18 Cases Reported in First Year

Section 821.5: Hospital Medical Staff Reporting to the MBC Diversion Program

Eighteen investigations were reported to Diversion during the first year after section 821.5 was added to California's Business and Professions Code. Section 821.5 requires that hospitals report any formal investigation of a physician who may be suffering from a disabling mental or physical condition that poses a threat to patient care. The requirement, created by AB 1974 in 1996, obligates the Medical Executive Committee of a hospital medical staff (or other comparable medical organizations) to send a report to the MBC Diversion Program for Physicians when the Medical Executive Committee takes a formal action to investigate concerns or allegations related to the physician's physical or mental health which may pose a threat to safe patient care. The report form asks for the name and medical license number of the physician, a brief description of the reason for the investigation, the date the investigation was begun, and other information about the hospital. Copies of the forms were in *CSAM NEWS*, Spring 1997.

The Diversion Program Manager must monitor the progress of the medical staff's investigation and report the situation to the Chief of MBC Enforcement if the case drags on without a decision.

According the Chet Pelton, the Manager of the Diversion Program, 18 reports were received in the first 12 months. They included situations involving possible alcohol/drug dependence (5), possible mental illness (5), possible physical health problem (5), and possible disruptive behavior (3). Each was concluded within the time schedule specified in the statute.

- In four cases, the physician was referred to the Diversion Program and voluntarily applied for entrance. In three of these cases 805 reports were subsequently filed.
- In two cases, the physician was referred by Enforcement to the Diversion Program. One of the physicians was referred by virtue of having signed a Statement of Understanding and the other by way of an MBC Probationary Order. The hospital also filed an 805 on the physician who signed the Statement of Understanding.
- In one case, the hospital terminated the physician's privileges and filed an 805 report with the Medical Board.
- In ten cases, the physician was evaluated and determined safe to practice medicine. In seven of these cases appropriate monitoring was required.
- One case is still under investigation by the hospital.

At a workshop on this subject, sponsored by CSAM and the law firm of Latham & Watkins' San Francisco Healthcare Practice Group, several points were emphasized.

Section 821.5 applies to "peer review bodies" (not only to hospital medical staffs). It applies to ambulatory surgery centers that have medical/professional staffs, to health plans, to specialty societies with peer review activities, to quality review committees of practice groups with more than 25 members.

"Formal investigation" is one which has been ordered by the Medical Executive Committee. "Formal investigation" does not include the ongoing quality assurance/quality improvement activities of a medical staff. It does not include the usual activities of a well-being committee. It does not include initial inquiries or deliberations of the medical executive committee.

The medical staff has a specified time (either 30 or 75 days, depending on the facts of the case) to complete the investigation and report the findings and disposition to the Diversion Program. If progress is not made in a timely manner, the Diversion Program Administrator must report to the Medical Board's Enforcement Division. □

Confidential Assistance Line

The California Medical Associations's 24-hour phone service provides completely confidential assistance. Physicians volunteering their services will return your call within two hours.

Northern California
415/756-7787

Southern California
213/383-2691

These numbers may be used by asyone who is concerned about a physician or a physician's spose who may have a problem.

CSAM Fundraising Gala Honors Max Schneider, Carol and Nancy O'Connor

CSAM's first Fundraising Gala paid tribute to Carroll and Nancy O'Connor for their efforts to raise public awareness about alcohol and drug use. In his remarks, Mr. O'Connor emphasized the need for a variety of responses to the alcohol-and drug-related problems in our culture: including creative approaches to law enforcement as well as education, treatment and research.

Master of Ceremonies Garrett O'Connor "barbecued" Max Schneider, highlighting his well-known and well-loved characteristics, including his long-time clandestine, and suspect, association with rabbits. A life-sized bunny rabbit who came to present Max with a token of appreciation at the end of the evening seemed to alleviate concern, however.

A roving magician, Mark Sadoff, performed table-side sleights of hand and Richard Castle played old favorites on the piano during the reception and silent auction. Prizes from the silent auction were varied.

Steve and Veva Eickelberg won the prize donated by David Smith: an invitation to attent a concert with him and other members of the Rock Medicine team.

Margaret and Eugene Yates won the private showing of the film *Some Mother's Son* hosted by one of the films' stars, Fionnula Flanagan.

Gail Shultz won the putter donated by President Gerald Ford.

Ihor Galarnyk won two travel presentations: one by Don Gragg about his trek in Nepal and Pakistan and one by Barry Rosen on bringing addiction medicine and 12-step programs to Russia.

Mickey Ask won a complimentary registration to the ASAM Medical-Scientific Conference in New Orleans, donated by ASAM.

Nancy O'Connor won a week at the Yates' cabin at Fallen Leaf Lake, a copy of the Schneider film on co-dependence, and a complimentary registration to the ASAM Nicotine Conference in Marina del Rey.

Bruce Walker, DDS won a dinner at Morton's Restaurant.

John Harsany won a copy of the Schneider film on tobacco, and an copy of *Betty: A Glad Awakening* autographed by Betty Ford, and a copy of *I Think I'm Outta Here* by Carroll O'Connor.

In acknowledgment
of your great courage,
and in recognition
of your willingness
to share your personal experience of
family tragedy with parents
and children everywhere,
the California Society
of Addiction Medicine
congratulates you
on the success of your efforts
to educate the nation
about the dangers
of alcohol and other drugs.

Presented to

Carroll O'Connor

and

Nancy O'Connor

on the 28th of February, 1998 in Costa Mesa

Gary and Connie Jaeger won a sightseeing airplane ride over Los Angeles and Malibu in Garrett O'Connor's plane.

Fionnula Flanagan won an afternoon's sail in Rich Sandor's sailboat in the LA Harbor.

The planners for the event, Gail Shultz and Garrett O'Connor ended the evening with special thanks to Rancho L'Abri, the Betty Ford Center, and the Chemical Dependency Center at Hoag Hospital who were sponsors of the event. □

Methamphetamine Research Initiative

by Walter Ling, MD and Steve Shoptaw, PhD

California physicians have long recognized methamphetamine abuse as endemic to certain populations of Californians. Within the past two to three years, however, methamphetamine-related medical and law enforcement problems have begun to spread across the country and suddenly the problem has emerged with national scope. Because patterns of methamphetamine use and abuse had taken hold in California before they spread eastward, California clinicians and researchers have seen more methamphetamine-related neurotoxicity and witnessed a more rapidly rising demand for effective treatment than is seen in other states. There is a large potential patient population and several clinicians who are experienced with methamphetamine use here on the West Coast. Recognizing those facts, the White House Office of National Drug Control Policy (ONDCP) and the National Institute on Drug Abuse (NIDA) supported a methamphetamine research initiative spearheaded by the Los Angeles Addiction Research Consortium (LAARC).

This initiative encompasses studies ranging from basic neurochemistry to animal and human neuroimaging to controlled clinical studies. One project explores the differential effects of methamphetamine on the vesicular versus synaptic dopamine transporters. Findings could shed light on whether chronic methamphetamine abuse causes neuronal dysfunction rather than destruction of synaptic terminals.

Other projects investigate effects of chronic methamphetamine abuse on the dopamine transport system using positron emission tomography (PET) in newly abstinent chronic methamphetamine abusers. These studies are designed to detect deficits in the function of selected regions of the brain as reflected by their glucose utilization rates. Serial studies in these patients will focus on potential recovery in the brain regions thought to be affected. Groundbreaking imaging studies using a labeled WIN compound will explore the destruction and recovery of the dopamine transport system in animals and humans.

At the clinical level, LAARC researchers are examining the differences in outcome that result from varying levels of psychosocial interventions. Cognitive scientists are studying short and long-term neurocognitive deficits and recovery. Longitudinal studies will address the incidence and time course of subacute and chronic methamphetamine-related psychosis. Other studies will evaluate pharmacotherapies with agents such as amantadine, a compound that has shown promise for treatment for cocaine dependence. □

Fellowships in Addiction Psychiatry

Twenty-four training programs in addiction psychiatry have been accredited by the Accreditation Council for Graduate Medical Education (ACGME). Two are in the west: at the University of Washington and the University of Colorado.

The American Board of Psychiatry and Neurology requires that a minimum number of accredited training programs be available within five years of instituting a Certificate of Added Qualifications (CAQ). The first CAQ in Addiction Psychiatry was issued in 1993 – before any training programs had been established and accredited. The ensuing five years saw the development of programs in the following universities:

Albert Einstein College at Beth Israel
Albert Einstein College of Medicine/Bronx Lebanon
Boston University
Creighton University/University of Nebraska
Dartmouth/Hitchcock Medical Center
Institute of Living/University of Connecticut
McGaw Medical Center/Northwestern University
New York University
North Shore University Hospital/NYU School of Medicine
Saint Francis Medical Center/University of Pittsburgh
Tulane University
University of Cincinnati
University of Colorado
University of Illinois at Chicago
University of Kentucky at Lexington
University of Maryland
University of Michigan
University of Minnesota
University of Pennsylvania
University of South Carolina
University of Texas Health Science Center at San Antonio
University of Washington
Vanderbilt University Medical Center
Yale University

News About Members

Mel Blaustein is now Medical Director of St. Francis Memorial Hospital in San Francisco. For California Psychiatric Association, he serves as liaison to ASAM.

Linda Grissino Evans is the Director of Research and Program Development for the Foundation for innovations in Nicotine Dependence at Loma Linda.

James Gagne is now the Physician in Charge of the Department of Addiction Medicine at Kaiser in Reseda.

Donald Kurth is now the Medical Director of the Chemical Dependency Unit of the Behavioral Medicine Center at Loma Linda.

Stephanie Lafayette has left Redgate Memorial Recovery Center in Long Beach; Sina Radparvar is there now.

Catherine McDonald is the Project Director of Alameda County Alcohol, Tobacco and Other Drugs Provider Network.

John Chappel was inducted as a Fellow into the American College of Psychiatrists at the 1998 meeting in Puerto Rico.

Al Rothman has replaced Don Wesson as the Medical Director of the Chemical Dependency Program at Merritt Peralta Institute in Oakland. Doctor Rothman is also Medical Director at the Chemical Dependency Unit at Walnut Creek Hospital.

Nicholas Rosenlicht is now in the Department of Psychiatry at the SFVA.

Douglas Tucker is a Fellow in Forensic Psychiatry at Rush Presbyterian/St. Luke's Hospital in Chicago.

H. Westley Clark, Gail Shultz and Donal Sweeney were named Fellows by ASAM in 1997.

New Members

As ASAM notifies us of new members, we ask each one for information to put in the newsletter.

Alan A. Abrams, from San Diego, is Chief Psychiatrist at Centinela State Prison in Imperial County.

Carl L. Bauer from Deer Park, is Medical Director of St. Helena Hospital, Alcohol and Chemical Recovery Program.

Rafael E. Cuellar is an internist in private practice in Visalia.

Alison L. Jacobi is an internist and Associate to Chemical Dependency Services with Kaiser Walnut Creek

You Can Write For

California Medical Association Guidelines for Physician Well-being Committees, November, 1977

The 1997 edition of CMA Guidelines for Well-being Committees of hospital medical staffs is available from CMA. This edition takes into consideration two recent developments. The first is the California Supreme Court ruling, in Arnett v. Dal Cielo, that peer review records may be subpoenaed by the Medical Board. The second is the requirement that when the medical executive committee orders a formal investigation of a physician "based on information that the physician may be suffering from a disabling mental or physical condition that poses a threat to patient care," a report must be sent to the Diversion Programs within 15 days. (Section 821.5 of the Business and Professions Code, which became effective January 1, 1977.) Copies are available from CMA for $25 for CMA members or hospitals ($50 for non-members), plus $4.25 for shipping and handling. Phone credit card orders to 800/822-1CMA or fax to 415/882-5195.

28th Annual Report of the Research Advisory Panel, 1977

This 50-page booklet lists each research project in California which involves a Schedule I or II controlled substance in which there are human subjects. The report shows currently approved investigators and their studies as well as a description of the mandate and the workings of the Panel. For copies, contact Robert R. Quandt, Jr., PharmD, 50 Fremont Street, Suite 300, San Francisco, CA 94105-2239. 415/356-6212.

Treatment for Addiction: Advancing the Common Good, 1998

This 34-page booklet is the report of the Join Together Public Policy Panel on Addiction Treatment and Recovery. It focuses on 6 recommendations of a twelve member group chaired by the past president of the American Medical Association, Robert E. McAfee, MD. In Doctor McAfee's introduction, he said, "This report ... presents several entry points for public conversation and advancing the issue of adequate and appropriate treatment." Along with recommendations from other Join Together National Panels, such as the one on criminal justice, these proposals offer a foundation on which communities can fashion strategies.

Join Together is funded primarily by the Robert Wood Johnson Foundation. For a copy of the booklet, contact Join Together, 441 Stuart Street, 7th floor, Boston, MA 02116. 617/437-1500.

CONTINUING MEDICAL EDUCATION

1998 Annual Scientific Meeting

Research Society on Alcoholism

June 20-25, 1998 / Hyatt Regency, Hilton Head Island, South Carolina
Fees: $375 for RSA members; $475 for non-members; $275 for graduate students
For information call 512/454-0022. RSA Web Site: www.sci.sdsu.edu/RSA/

ASAM MRO Course

The Basics of Being a Medical Review Officer – Friday morning
The Latest on the Science, Rules and Art of Drug Testing and Assessment – Friday 1pm to Sunday noon
July 17-19 in San Diego; November 13-15 in Toronto, Canada
Credit: Up to 19 hours of Category 1 credit
Fees: For *The Basics*, $75 for ASAM members, $100 for nonmembers; for *The Latest*, $500 for ASAM members, $550 for nonmembers. Full Course, $575 for members, $650 for nonmembers
For information: ASAM, 4601 North Park Drive, Suite 101, Chevy Chase, MD 20815. Phone: 301/656-3920.
MRO Certification: The Medical Review Officer Certification Council (MROCC) will be offering the Medical Review Officer Certification Exam immediately following each ASAM course. A separate application /eligibility form must be requested from the MROCC. 9950 West Lawrence Ave., Suite 106A, Schiller Park, IL 60176. 847/671-1829.

49th Annual Meeting

International Doctors in Alcoholics Anonymous

August 5-9, 1998 / Westin Harbor Castle, Toronto Canada
Sponsored by IDAA
Credit: 10 hours of Category 1 Credit for those attending the ASAM-accredited scientific sessions
Fees: $300 for IDAA member; $200 for spouse/significant other; $175 resident/student; $60 Alateen
For information contact Connie Hyde, registrar 606/233-0000. IDAA '98 Meeting Web Site: ww3.sympatico.ca/pmdoc/IDAA.html

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American Society of Addiction Medicine

11th National Conference on Nicotine Dependence

November 5-8, 1998 / Marina Beach Marriott, Marina Del Rey, CA
Credit: Up to 17.5 hours of Category 1 Credit.
For information: ASAM, 4601 North Park Drive, Suite 101, Chevy Chase, MD 20815. Phone: 301/656-3920.

9th Annual Meeting and Symposium

American Academy of Addiction Psychiatry

December 3-6, 1998 / Amelia Island Florida
For information contact AAAP, 913/262-6161; 913/262-4311 (fax); addicpsych@aol.com (e-mail).

1998 Review Course in Addiction Medicine

A Comprehensive Overview of the Diagnosis and Management of Substance Use Disorders

October 7-10, 1998 / Biltmore Hotel, Los Angeles

Preconference workshops *Wednesday, October 7, 1998*

- Role and responsibilities of physicians in narcotoc treatment programs
- Treatment of chronic pain
- Rapid opiate detoxification
- Impaired health care professionals
- Urine testing: Understanding what the laboratory reports to you
- Motivational Enhancement Therapy
- 12-Step Facilitation Therapy
- Psychiatric aspects of substance abuse

Credit: Up to 22 hours of Category 1 Credit for the 3 day Review Course. 7 additional hours of Category 1 Credit for the Wednesday Workshops

Fees: For the three day course, $425 for ASAM and CSAM members. One day registration is available. Additional fees for preconference workshops.