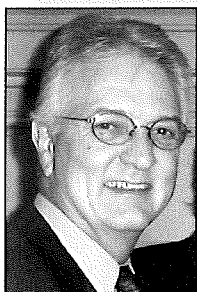


THE STATE OF THE SOCIETY

CSAM is Thriving Due to Intense Volunteer Efforts

by Gary A. Jaeger, MD, FASAM,
CSAM President



GARY A. JAEGER,
MD, FASAM

AS WE BEGIN THE YEAR, CSAM is a vibrant society in transition. Our committee activities have attracted new members who show potential as future leaders of CSAM. The Council has approved

plans to put the Vernelle Fox Award and the Community Service Award out to the members for nominations. For the first time, your Executive Council seated members who were nominated and elected in a membership-wide election process. **Drs. Steven Ey and Norm Reynolds** were elected to join the Council. Both carry additional society responsibilities. Steve is a member of the Committee on Education and Chair of the 2002 Review Course. Norm is a member of both the Committee on Physician Well-Being and the Liaison Committee to the Medical Board of California's Diversion Program.

CSAM's Committee on Education has long been the heart and soul of the Society and the primary incubator for new leaders and innovative programs. This year, under **Dr. David**

Continued on page three

California Drug Courts Denying Methadone

In recent years, nearly 50% of the patients admitted to publicly funded drug treatment programs were addicted to heroin. CSAM now finds that many courts in California – particularly the “treatment” courts which oversee drug offenders as part of PC 1000 (deferred entry of judgment), Proposition 36, and the Drug Courts – are denying heroin-dependent offenders access to the most effective and proven form of treatment for heroin addiction: opioid agonist replacement therapy, including methadone treatment.

Judge David Sotelo of East Los Angeles recently refused to permit a criminal offender who would benefit from opioid agonist replacement therapy, to obtain such treatment. This is not an isolated case. In fact, many drug courts in California prohibit offenders from participating in or continuing with methadone treatment while part of the Drug Court program. For example, none of the drug courts in Los Angeles County, the state's most populous county, permit offenders to begin or remain on methadone treatment. Similarly, notwithstanding the clear language and intent of Proposition 36, we have heard of certain courts requiring methadone patients sentenced under this new law to wean themselves from methadone as a condition either of participating in Prop 36 or successfully

completing their Proposition 36 treatment.

CSAM wrote Judge Soletto and members of the CA Association of Drug Court Professionals emphasizing that denial of opioid agonist replacement therapy should not be countenanced as a matter of medicine, public health, or public safety. CSAM's position is that Methadone maintenance must be a medical option for all heroin-dependent persons who could benefit from such treatment, regardless of whether they are part of the criminal justice system. In order to meet the needs of heroin-dependent offenders

CSAM's position is that Methadone maintenance must be a medical option for all heroin-dependent persons who could benefit from such treatment, regardless of whether they are part of the criminal justice system.

California's specialized treatment courts must adhere to evidence-based models for providing substance abuse treatment. Policies or practices that inhibit access to methadone treatment run counter to the advancement of public health.

In light of methadone's proven efficacy, and the unfortunate but widespread reluctance

of California's Drug Courts and many jurists adjudicating sentencing under Prop. 36 to offer methadone treatment, CSAM stands ready and willing to work with California's judiciary to increase their understanding and acceptance of methadone treatment as a critical tool in the arsenal of substance abuse treatment.

Members: Help us in this effort to educate California's judiciary about proper treatment modalities. To participate, contact CSAM's Committee on the Treatment of Opioid Dependence: Judith Martin, MD, Chair, 510/533-0800.

Legislation Introduced to End Artificial Methadone/LAAM Dose Limits

On February 15, 2002, new legislation (SB 1447) was introduced by Senator Wesley Chesbro to eliminate the current artificial dose limits for methadone and LAAM. The current limits are 180 milligrams for methadone, and 200 milligrams for LAAM. These dose limits are written into the Narcotic Treatment Program regulations, Title 9 of 1998, section 10355, which in turn cites the Health and Safety Code, Division 10, sections 11218 and 11219.

CSAM strongly supports this bill and is working to increase access to appropriate treatment for opiate addiction.

Although most patients on methadone or LAAM maintenance treatment do not require a dose above the current limit, there are clinical situations where a higher dose may be indicated. Some patients are shown to metabolize their medication at a more rapid rate than others. For those patients, even a dose of 180 milligrams might wear off too soon, and they would be in withdrawal before their next scheduled dose. In particular, patients who are being treated for AIDS may need higher doses of methadone or LAAM because of interaction with their antiviral medication. Physicians attempting to provide adequate care to these patients by prescribing doses exceeding the legal limits would be practicing in violation of the law; the regulations thus become a serious obstacle to good medical care.

CSAM's position is that the patient's dose should be an individual medical decision, based on the standard of medical care, not set by law. There should be no dose limit written into regulation or law.

Visit www.csam-asam.org for more information on this topic and to download the following articles:

National Institutes of Health Consensus Statement on the Effective Medical Treatment of Opiate Addiction

ASAM Statement on Methadone Treatment

Take-Home Meds Work for Some Heroin Addicts

New research suggests that some long-abstinent opiate dependent patients can manage more of their care at home.

Methadone is a synthetic opiate that blocks heroin's effects and reduces addicts' craving for the drug. For about 30 years in the US, certified clinics have used methadone maintenance to help heroin users stay off the drug. To be effective, methadone must be taken every day, and patients have traditionally had to make frequent clinic visits to get the medication.

Starting in May 2001, US regulations allowed clinics to offer take-home methadone doses of up to one month – although some state laws, including California, still do not. In other states, clinics are starting to dispense monthly take-homes to highly stable patients.

Some people have voiced concerns that allowing people on methadone to take home substantial amounts could lead to misuse – such as patients taking dangerously high doses or dispensing the drug to others.

But others argue that it is too restrictive to require long-abstinent patients to visit a methadone clinic every week to get their medication. Many physicians argue that it is important to allow “well-rehabilitated” patients to spend as much time as possible with family and at work.

A study, published in the January issue of *Drug and Alcohol Dependence*, compared monthly methadone “take-homes” with standard therapy among 78 patients at two Baltimore clinics. All had been on methadone without heroin relapses for at least a year and had full-time jobs.

Patients were randomly assigned to one of three groups: one that continued routine treatment, going to the clinic once or twice a week; one that got a 28-day supply of methadone from the clinic; and one that got a 28-day supply from a doctor's office.

To help ensure compliance, those who got the month's supply of methadone had to occasionally bring their unused medication to the clinic or office to be counted. Throughout the study, all patients provided urine samples to monitor their drug use, and all had monthly counseling sessions.

In addition, anyone who failed a urine test or had problems with their medication compliance had a short-term “intensification” in their monitoring and counseling.

After 6 months, there had been relatively few problems with methadone compliance, with no differences among the three groups. Only about 1% of urine samples had turned up positive for drugs.

Patients who got the 28-day doses “continued to do extremely well in treatment despite a dramatic reduction in the intensity of their care,” the researchers write.

— Source: Reuters Health

CSAM is Thriving Due to Intense Volunteer Efforts

Continued from page one

Pating's leadership, the Committee will be refining its presentations on impaired physicians and exploring educational courses on pain management to meet the new state law (AB 487) requiring 12 hours of CME for all physicians on "pain management and the treatment of terminally ill and dying patients."

The Committee on Education has agreed to assist in developing "Special Interest Groups" that have been proposed by CSAM members. These are research groups that will focus on areas where the Society has not previously had formal programs or committees. Five Special Interest Groups have been proposed by members:

Adolescents:	Ihor Galarnyk, MD and Trisha Roth, MD
Spirituality:	Garrett O'Connor, MD
Women:	Evelyn Edelmuth, MD
Ethics:	Michael Meyers, MD
Criminal Justice:	Ernest Vasti, MD

The Committee on Education will provide support to members in exploring the development of these topics and others that are proposed by CSAM members.

Dr. Don Kurth joined the Executive Council as President-elect, chair of the Committee on Public Policy and a member of the Finance Committee. He has been a key player in CSAM's public policy efforts over the past two years. With Don as its chair, the Committee will continue to focus on two primary objectives: seeking parity for treatment for chemical dependence and seeking increased access to clinically appropriate pharmacologic management of opiate dependence.

A parity bill, SB 599, has passed the California Senate and the committees of the Assembly. CSAM is now in negotiations with Governor Davis' office to attempt to reach agreement on a bill the governor will sign. With the leadership of **Dr. Jack McCarthy**, a bill providing for Office-Based Opiate Treatment was passed and signed in 2000. This year, the Committee will be working with Senator Wesley Chesbro on a bill to eliminate arbitrary dosage caps for methadone treatment. **Dr. Denise Green**, a new member of the committee, will be working with CAADAC to develop legislation to bring standards and training requirements to drug counselors.

The Committee on Education has long been the primary proving ground for new society leaders. The inclusion of so many new faces in the important activities of the Committee on Public Policy bodes well for the future leadership of CSAM.

Another committee that is doing some exciting new work is the Committee for the Treatment of Opioid Dependence, now chaired by **Dr. Judith Martin**. The Committee has been active in the buprenorphine trainings. They also developed curriculum for the San

Francisco Public Health Department's pilot project to expand methadone treatment to the office setting and are proposing ways to certify and audit office-based physicians in an attempt to supplant the cumbersome current methadone clinic regulations. The preliminary phase of this project has been approved by the Executive Council. Dr. Martin also represents CSAM on the California Dept. of Alcohol & Drug Program's (DADP) Narcotic Treatment Program Advisory Committee.

I want to thank **Dr. Walter Ling** for his past chairmanship of the Committee on Opioid Dependence. He now passes the position of Chair to Dr. Judith Martin. Her bright and energetic leadership promise great things to come in our efforts related to the treatment of Opioid dependence.

I haven't even begun to mention all the physicians who have served on committees this past year – they number nearly 30! As I take on a two-year term as the Society's new President, I look forward to working with such a vibrant group of physicians who truly care about their profession and their patients.

Gary Jaeger, MD
23621 South Main Street
Carson, CA 90745
310/816-5496 (office)
jaegerga@aol.com

Janis Thibault Leaves Medical Board's Diversion Program



JANIS THIBAUT, MFT, who has served as Program Manager for the California Medical Board's Physician Diversion Program, recently resigned her post to accept a position with the California State Bar's Attorney Diversion Program. The new attorney diversion program was the result of SB 479, a bill that was signed by Governor Gray Davis in 2001.

JANIS THIBAUT, MFT A search is now underway to identify Thibault's replacement. Medical Board of California's Executive Director Ron Joseph said that filling the vacancy is a top priority of the Board, despite the State's current hiring freeze. He is appealing to the Governor's office for an urgency exemption for filling this position and hopes to have it filled within the next six months. For information, contact Ron Joseph at: rjoseph@medbd.ca.gov or 916/263-2389.

CSAM State of the Art 2001 Conference

CSAM's State of the Art Conference took place October 17-20, 2001 at the Marina Beach Marriott. The conference, which drew 300 participants, including nearly 90 faculty, highlighted the new emerging climate for drug addiction treatment in the US and the challenges this poses to clinicians. Also featured were state of the art workshops on many topics including, Treatment in the Criminal Justice System, Women and Addiction, Adolescents, New Evidence on 12-step Programs, Ecstasy, Spirituality, Office-Based Opiate Treatment, Neurobiology, Hepatitis C, Faith-Based Treatment, and Medical Uses of Palm Devices. Three full day workshops were offered, on Practical Applications of Spirituality in Addiction Treatment, an Introduction to Addiction Medicine for Primary Care Physicians and a Training on Use of Buprenorphine in Office-Based Treatment.



IN-COMING ASAM PRESIDENT LARRY BROWN, M.D. (CENTER) IS GREETED BY CSAM LEADERS (FROM LEFT): GARY JAEGER, M.D., CSAM PRESIDENT, PETER BANYS, M.D., IMMEDIATE PAST PRESIDENT, DON KURTH, M.D., PRESIDENT-ELECT, AND DAVID PATING, M.D., CHAIR, CSAM COMMITTEE ON EDUCATION.



BARRY ROSEN, M.D., GARRETT O'CONNOR, M.D., TRISHA ROTH, M.D., AND IHOR GALARNYK, M.D. AT THE CSAM STATE OF THE ART COURSE.



GAIL SHULTZ, M.D. RETIRED FROM HIS POST AT BETTY FORD CENTER THIS YEAR AND COMPLETED AN OUTSTANDING TERM OF SERVICE ON THE CSAM EXECUTIVE COUNCIL. HERE SHOWN RECEIVING A PLAQUE RECOGNIZING HIS LEADERSHIP OF CSAM.



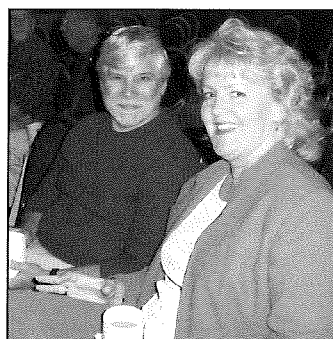
LORI KARAN, M.D. AND DOUG GOURLAY, M.D. ATTENDING A WORKSHOP DURING THE CSAM STATE OF THE ART COURSE. KARAN SERVED AS CO-CHAIR OF THE CONFERENCE WITH DAVID PATING, M.D.



KATHY JETT, DIRECTOR, CA DEPT. OF ALCOHOL AND DRUG PROGRAMS SPEAKS WITH CSAM EXECUTIVE DIRECTOR, KERRY PARKER, CAE. AMONG HER RESPONSIBILITIES AT DADP, JETT IS RESPONSIBLE FOR IMPLEMENTATION OF PROPOSITION 36 PROVIDING COUNTIES WITH STATE FUNDS TO BE USED FOR TREATMENT.



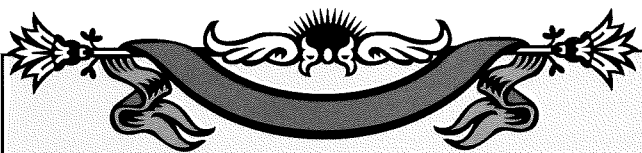
PETER BANYS, M.D. AND DAVID PATING, M.D. CONFER DURING THE CSAM STATE OF THE ART CONFERENCE.



TIMMEN CERMACK, M.D. AND JANIS THIBAUT, MFT, DIVERSION PROGRAM MANAGER. THIBAUT RECENTLY ANNOUNCED HER RESIGNATION FROM THE PHYSICIAN'S DIVERSION PROGRAM TO ACCEPT A POSITION WITH THE STATE'S NEW ATTORNEY DIVERSION PROGRAM.

2001 CSAM Awards

Congratulations!



The California Society of Addiction Medicine presents The Vernelle Fox Award to Linda Hyder Ferry, MD, MPH

In recognition of her dedication to the treatment of nicotine dependency, an international peril and our nation's foremost preventable public health problem.

In appreciation of her landmark discovery of bupropion, the first effective nonnicotine pharmacologic treatment for tobacco cessation.

In acknowledgement of her attentive mentorship of individual preventive medicine residents at the Loma Linda University School of Medicine.

In awe of her inspirational teachings through the perfected art of public speaking.

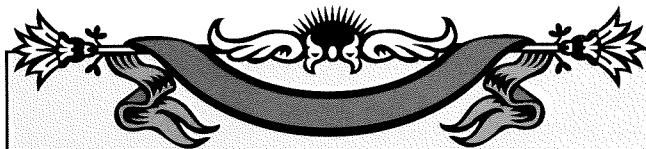
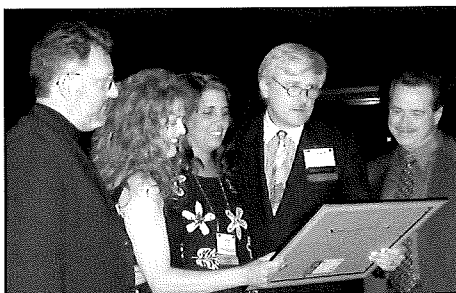
In gratitude for her work ensuring that each and every medical school in the United States includes nicotine and tobacco in its curriculum.

In admiration of her innovations in web-based communication.

In honor of her leadership caring for patients under God's guidance.

Presented on this 19th day of October, 2001
in Marina del Rey

LINDA FERRY
ACCEPTS THE
VERNELLE FOX
AWARD. PICTURED
FROM LEFT:
MICKEY ASK, MD,
LINDA FERRY, MD,
LORI KARAN, MD,
PETER BANYS,
MD, DONALD
KURTH, MD



The California Society of Addiction Medicine presents The Community Service Award to Father Terry Richie

For his work as a Roman Catholic priest who has worked and practiced his vocation in the Archdiocese of Los Angeles for more than twenty years.

For his extraordinary charisma, humility and dedication – he is a true pioneer in our field of addiction.

For his work to change an ecclesiastical environment that routinely dealt with suffering alcoholic priests and nuns through cover-up, abandonment and shameful expulsion into one that has become a national model for the compassionate management of chemical dependency (and other psychiatric disorders) in working clergy at all levels of the Church hierarchy.

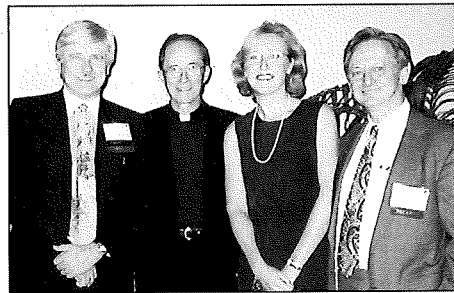
For his work in the secular community through workshops and seminars that he conducts alone and with colleagues.

For his work as a spiritual advisor and consultant to many treatment programs in the Southern California area, and as a widely sought as a speaker at AA Conventions as well as at secular community events.

For his work as Director of a Half-way House for "Clergy in Transition" located in downtown Los Angeles.

For his significant influence on church and lay perception of addiction as a disease here and abroad – even we hear, as far away as Rome.

Presented on the 19th day of October, 2001
in Marina del Rey, CA



FATHER TERRY
RICHIE ACCEPTS THE
COMMUNITY SERVICE
AWARD. PICTURED
FROM LEFT:
PETER BANYS, MD,
FATHER TERRY
RICHIE, KERRY
PARKER, CAE
AND GARRETT
O'CONNOR, MD

NOMINATIONS SOUGHT FOR 2002 VERNELLE FOX AND COMMUNITY SERVICE AWARDS

CSAM's Executive Council is soliciting nominations from its members for the Vernelle Fox and Community Service Awards. **The Vernelle Fox Award** was established by the Executive Council in 1982 to recognize "achievement in clinical, research, education, prevention, or legislation/ administration areas of chemical dependence."

The Community Service Award began in 1985 as the Achievement Award or the Merit Award to be awarded to "someone outside the health professions." In order to involve CSAM members in the selection of candidates for these awards, the Executive Council voted, at its January 2002 meeting, to actively solicit nominations from the membership. Previously, the awards were selected by the Executive Council exclusively. To submit a nominee for either of these two prestigious awards, return the nomination form that is being sent to you along with this newsletter.

REPORT FROM ASAM DELEGATE

CSAM Seen as a National Leader

by Lori Karan, MD, Senior Research Scientist,
Stanford University School of Medicine



LORI KARAN, MD

AS CSAM'S REGIONAL DELEGATE

to ASAM, I sit on the boards of both organizations. During the ASAM board meetings, I am especially proud to represent CSAM, the original, largest, and most active of the state chapters. Other ASAM members marvel at us. What is the key to our success? What inspires us? How do we keep on the cutting-edge? The answer is simple...CSAM has a vast number of

dedicated members who truly care about the Society and put their time, energy, and resources into it.

The synergy and esprit de corps felt within CSAM is exciting. At the last ASAM board meeting, I described our progress...aggressive public policy efforts, cutting-edge CME programs, top faculty, a united voice inside state offices and regulatory agencies, infusion of new leaders into CSAM's governance structure, and clear communications and strategic direction. How fortunate we are to be a national leader and a strong society.

ASAM

ASAM is strong and undergoing changes of leadership. Dr. James Callahan, ASAM's Executive Vice President and Chief Executive Officer since 1989, is retiring in April 2002. A search for his successor is now underway, and Gary Jaeger, MD, CSAM President, is an important member of the search committee.

Dr. Andrea Barthwell, was confirmed on 1/20/02 as Deputy Director for Demand Reduction of the Office of National Drug Control Policy ONDCP, directly under the new "Drug Czar," Dr. John P. Walters. Andrea will have an influential position. Although she cannot show overt allegiance, she is sure to represent ASAM and CSAM's heartfelt interests. Dr. Larry Brown, ASAM President-elect, has stepped into Andrea's shoes and begun his Presidency early. He will extend his term until 2005. The leadership of ASAM has been meeting with John P. Walters, Directors of the Office of National Drug Control Policy (ONDCP) and Charles G. Curie, MA, ASCW, Administrator of SAMHSA to provide input into the federal agenda.

CSAM President-Elect, Donald Kurth, MD, has been appointed to the Editorial Board of the Journal of Addictive Diseases and as Chair of the ASAM Membership Committee.

Recipients of the Ruth Fox Memorial Endowment Scholarships who currently live in California include Dean Michael DeCrisce, MD of Venice, James M. Adams MD of Los Angeles, and Nancy Wu MD of San Francisco. They

will receive a scholarship to attend ASAM's Medical-Scientific Conference, April 25-28, 2002. On the administrative side, Louisa and Ian Macpherson, who have successfully managed the ASAM Annual Med-Sci Conference for 20 years are retiring. Ms. Mary Magnini, of Meetings Management in Alexandria, Virginia, will be responsible for the direct day-to-day management of the Conference beginning in 2003. Ms. Sandy Metcalfe has returned to ASAM as Acting Director of Meetings and Conferences.

Chapter Development

California, Illinois, and Florida are strong state chapters in ASAM. A grant is being written to provide administrative support to get additional state chapters 'off-the-ground.' Six chapters have been chosen to lead this effort based upon their answers to a telephone survey about their number of members, achievements, commitment, and geography. ASAM wishes to further develop strong focal points from which to grow.

Computerized PPC

Drs. Paul Earley and David Gastfriend of ASAM are completing the computerization of the Patient Placement Criteria-Version 2 Revised (PPC-R2). Clinicians who utilize this software will enter quick responses to a list of questions. This will produce a detailed substance abuse narrative with treatment plan recommendations justifiable to third-party payers. Utilizing this standardized tool, research can also be performed to further assess dimensions of illness, intensity of treatment provided, and associated outcomes of care. The alpha version is scheduled for release in early 2002, and the beta release is scheduled five months later. Production of the computerized PPC-2R should begin in 2003.

"Principles" New Edition

The fourth edition of the ASAM textbook, Principles of Addiction Medicine is scheduled for publication this spring. This should be just in time for those studying for the 2002 ASAM Certification and Re-Certification exams. The purpose of the text has been to establish the core content of our field, and to coalesce and update our rapidly evolving knowledge of these topics. Dr. David Pating and I have enjoyed contributing to and editing the book's Pharmacology section.

Strategic Plan

ASAM's Strategic Plan should be completed by the Medical-Scientific Conference in April 2002. The Goals, Objectives, and Strategies set out in this document will form ASAM's future vision and road-map. An implementation committee will then work to put the plan into action.

Passages

ASAM and CSAM mourn the loss of Manny Steindler, Jasper Chen See, MD, and John Slade, MD. Manny was a previous Executive Vice-President of ASAM, who was instrumental in incorporating our voice into the AMA.

Continued on page seven

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Jasper was a founding member and Past-President of ASAM, who focused on the financial stability and growth of our organization. John founded and chaired the ASAM Nicotine Dependency Committee. John was instrumental in FDA's endeavor to classify nicotine as a drug, and he motivated many of us to address nicotine addiction during our patients' chemical dependency treatment.

Washington Happenings

The leadership in Washington has undergone some major shifts. Alan Leshner, PhD, Director of NIDA, has resigned to be the new Chief Executive Officer of The American Association for the Advancement of Science (AAAS). Glen R. Hanson, DDS, PhD, former Director of the Division of Neuroscience and Behavioral Research, is now the NIDA's Acting Director. Dr. Hanson is known for his work on the neurotoxic properties of Ecstasy (MDMA) and amphetamines, as well as the role of peptides in the brain. Dr. Enoch Gordis, Director of NIAAA, announced his retirement and is succeeded by acting director, Raynard S. Kington, MD, M.B.A., PhD. Dr. Kington served as NIH Associate Director for Behavioral and Social Sciences Research and Director of the NIH Office of Behavioral and Social Sciences Research since November 2000, positions he will retain while serving as NIAAA Acting Director. Dr. Kington's research has included studies of the role of socioeconomic status in explaining differences in health across populations; the determinants of health care services utilization; the health status and health behaviors of Hispanic populations; and the economic impact of health care expenditures among the elderly. In addition, Richard K. Nakamura, PhD, a neuroscientist, has been appointed Acting Director of the National Institute of Mental Health (NIMH) after Steven E. Hyman, MD resigned to become Provost of Harvard University. The National Cancer Institute has appointed Andrew C. von Eschenbach, MD, a genitourinary surgeon and cancer specialist, as new Director, succeeding Dr. Richard Klausner. The Division of Tobacco Control lies within the National Cancer Institute. The President's 2003 budget requests an 8.6 % increase for NIDA, 8.2% increase for NIAAA, 8.4% increase for NIMH, and a 12.2% increase for N.C.I. However, the 5 year trajectory to double the NIH budget is nearly complete, and future budget increases may not be nearly so generous.

A Personal Note

My closest friends and professional supports are members of ASAM and CSAM. However, it is not membership alone that binds us. Rather, I have found fulfillment by actively becoming involved in projects with persons that share my passion, vision, and goals. While working on a particular task, I appreciate my colleagues' contributions. They give me freedom to try new approaches, and they seem to have a high tolerance for my learning curve and foibles. Because I tend to be self-critical, it constantly amazes me that I am made to feel good about my input. Looking back over the years, I see how history is created. My network of colleagues has become a rich tapestry of persons who I respect, and who have added meaning to my life.

ASAM President Appointed to Key Government Post



ANDREA
BARTHWELL, MD

IN FEBRUARY, the United States Senate confirmed Andrea Grubb Barthwell, MD as the Deputy Director for Demand Reduction of the White House Office of National Drug Control Policy (ONDCP). Dr. Barthwell brings extensive experience in the research, policy, and practice of substance abuse treatment at the federal, state, and local levels. ONDCP Director John P. Walters said, "Dr. Barthwell under-

stands the devastating impact drug abuse inflicts on our communities and the necessity for a balanced drug policy that is rooted in science. Her advocacy of effective drug treatment for the disadvantaged and her innovative approach to leading-edge prevention and care embody the President's philosophy of compassionate, comprehensive drug policy."

Senator Paul Wellstone (D-MN) said in a speech on the Senate floor on December 17th, 2001, "Dr. Barthwell is extraordinarily qualified for this position and the Administration would be fortunate to have her expertise readily available as the lead White House advisor on domestic drug and alcohol treatment and prevention issues." Senator Wellstone urged the Senate to confirm Dr. Barthwell quickly, adding, "Her contributions will be invaluable as the White House implements the President's addiction treatment expansion initiative, one which could go a long way to help our country effectively deal with the serious domestic drug addiction problem that it faces."

Due to the appointment Dr. Barthwell will step down from her position of ASAM President and Lawrence Brown, MD, ASAM's President-Elect will fill out the remainder of her term.

In addition to serving as ASAM president, Dr. Barthwell was President of the Encounter Medical Group in Oak Park, Illinois and President and Executive Vice President of two major drug treatment providers in Chicago, the BRASS Foundation and the Human Resources Development Institute. At the state level, Dr. Barthwell served two terms as President of the Illinois Society of Addiction Medicine. Reflecting her commitment to science-based health policy, Dr. Barthwell served on the National Advisory Councils of the National Institute on Drug Abuse and the Center for Substance Abuse Treatment and on the Drug Abuse Advisory Committee of the Food and Drug Administration.

SUBSTANCE ABUSE PARITY.

SB599 • AUTHOR: SENATOR WES CHESBRO



The California Society of Addiction Medicine (CSAM) encourages your vote for providing appropriate substance abuse treatment coverage that is comparable to existing coverage for other medical conditions. The stigma attached to addiction disorders has brought about limits on coverage that are jeopardizing the effectiveness of treatment. Limits on this coverage may cause it to be ineffective in the same way as if a patient took only half the required amount of prescribed antibiotics. Read here to know the myths and understand the evidence - so you know the facts to place an informed vote:

Myth – State will incur increased costs

According to opponents of parity, if this bill is enacted, the cost of health care for the State will increase considerably. CalPERS is estimating the cost to be \$90 million in the first year. Because this mandate will raise the price of health care premiums for employers, opponents argue that there is reason to be concerned that many employers may drop their coverage or pass these increases onto their employees. This would increase the number of working families that would turn to State assistance (Healthy Families and Medical) and would also increase the State's costs

Evidence – State will realize a cost savings

According to the Rand Report of July 2001, the cost increase would be negligible when benefits are increased from the current CalPERS limits to full parity. At the same time, full parity benefits allow treatment to be tailored to the individual needs of each patient. CalPERS already covers 30 days of inpatient care and 20 outpatient visits per year, so there is likely to be minimal further increase in costs for care of substance use disorders in moving to a full parity benefit. And this estimate does not include the savings that the State will reap by reducing the costs of untreated addiction in the crime, health care, unemployment and other areas.

Myth – Substance abuse coverage is not affordable

The California Association of Health Plans argues that health plans clearly recognize the value of substance abuse coverage, most plans offer this coverage with limits on inpatient and outpatient visits and often require higher cost-sharing arrangements than for other services. This current approach makes the benefit more affordable. An expanded benefit could result in unintended consequences of higher uninsured and less overall coverage.

Evidence – Limiting treatment can affect the success

Current benefits are structured to incur much of the front-loaded cost of evaluation and initiation of treatment, while limiting the less expensive follow-up treatment that produces successful outcomes. The current approach to benefits is analogous to covering the high initial cost of evaluating patients for anthrax and then limiting antibiotic treatment to 15 days, when evidence documents the need for 60 days of antibiotic therapy. Current limits do not offer sufficient benefits to reach a therapeutic threshold. They limit covered care to doses that are guaranteed to produce little likelihood of success. The National Institute of Drug Abuse (NIDA) has documented that 90 days of care are necessary to begin to see improvement in achieving successful recovery.

Myth – Prop. 36 patients do not have health insurance

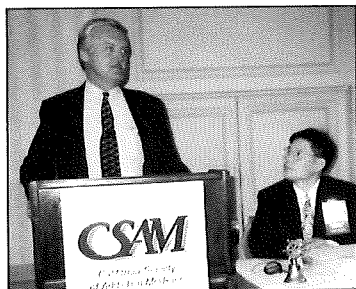
By mandating substance abuse coverage you do not decrease the cost to the State or to the Counties for their Proposition 36 costs. Those who are eligible under Proposition 36 do not have health insurance coverage.

Evidence – Prop. 36 patients do have health insurance

Already, Proposition 36 patients are being treated in the VA system and the Kaiser Permanente system. These systems already have parity for treatment of substance abuse disorders. Expanding parity to all insured is likely to expand availability of treatment resources for Proposition 36 patients. It certainly will not reduce such availability.

CSAM Speaks Out for Parity in Sacramento

A major focus for CSAM in 2002 will continue to be to gain passage of Senate Bill 599 intended to bring about parity for substance abuse treatment that is comparable with what is being paid by insurance companies, PPOs, HMOs, etc. for other the treatment of other medical illnesses.



SENATOR WESLEY CHESBRO ADDRESSED THE CSAM MEMBERSHIP IN OCTOBER. CHESBRO HAS AUTHORED THE SUBSTANCE ABUSE PARITY BILL (SB599) WHICH IS AWAITING GOVERNOR DAVIS' SIGNATURE.

"Proposition 36, passed last year, was the first step for CSAM into the legislative arena and now CSAM is working with its political allies around the state to urge Governor Davis to sign this important legislation," said CSAM executive director, Kerry Parker. This bill, if signed by Governor Davis, would be the next step in bringing about more avail-

able treatment options throughout California. However, it is not yet clear whether the Governor will sign the measure, which passed in the Senate late in 2001.

In November, CSAM leaders met with the Governor's staff to answer questions and ally concerns about the financial impact of the bill. "CSAM is fighting to make certain this bill will be a good one and is not permitting the limiting of treatment to below nationally-recognized standards for effectiveness," said Parker. Much is expected to happen in the coming months and CSAM is asking its members to help spread the word with their legislators urging their support this bill. Letters to Governor Davis are also being encouraged.

Contact CSAM if you would like to lend your support to this public policy effort in 2002: 415/927-5730.

PARITY INFORMATION AVAILABLE AT www.csam-asam.org

- Results of 2001 Rand Corp. Study on Substance Abuse Parity
- The Impact of Substance Abuse on State Budgets (NCASA Study)
- Substance Abuse: The Nation's #1 Health Problem (Report from RWJ Foundation)
- Op-Ed by Donald Kurth, MD, Chair, CSAM Committee on Public Policy
- Parity Fact Sheet
- CSAM Flyer with Replies to Arguments Raised by Parity Opponents
- Email your support to Senator Chesbro

Now available at
www.csam-asam.org

PRESENTATIONS

from the 2001 State of the Art Conference including:

- The State of Drug Addiction Treatment in California
– Kathryn Jett
- Proposition 36 in the Real World
– Peter Banyas, MD
- Parity Update
– Gary Jaeger, MD and Charles Moore, MD
- Risk and Prevention of Adolescent Substance Abuse
- Latest Advances in the Neurobiology of Addiction
- Treatment of Chronic Pain
- Medical Applications Using the Palm Operating System
– Diane Cunningham
- Addressing Substance Abuse in the Clinical Justice System
- Women and Substance Abuse
- Alcoholics Anonymous: New Research Findings
- Clinical Effects of Acute and Chronic MDMA Use
– John Mendelson, MD
- The Challenge of Addiction and Hepatitis C
– Diana Sylvestre, MD
- Introduction to Addiction Medicine for the Primary Care Physician

NEWS UPDATES

- Model Guidelines for the Use of Controlled Substances in the Treatment of Pain by the Federation of State Medical Boards of the United States
- NIDA Research Report: Prescription Drugs Abuse and Addiction
- NIDA Fact Sheet: Pain Medications and Other Prescription Drugs
- Brief Physician Intervention Reduces Alcohol Abuse Over Long Term
- Integrated Services for Dually Diagnosed Can Be Effective, but Are Rarely Offered
- Acupuncture Has Lukewarm Effect in Addiction Study
- Epidemiologic Trends in Drug Abuse: Advance Report, June 2001 (NIDA)
- Integrating Primary Medical Care With Addiction Treatment: A Randomized Controlled Trial

Dr. John Slade:

DISTINGUISHED LEADER IN ADDICTION TREATMENT AND TOBACCO PREVENTION

by Cathy McDonald, MD and Lori Karan, MD

On January 29, 2002, the addiction community lost a tremendous leader in the fight against alcohol, drug and tobacco addiction.

An internist by training who projected the quiet air and compassion of a family doctor, Dr. John Slade had a deep, personal concern for people struggling with addiction, and he devoted his life's work to fighting that public health pandemic.

In the 1985, Dr. Slade wondered how nicotine was similar and different than other drugs of abuse. Cigarette smoking was the number one preventable cause of death, yet at that time, it was largely ignored. Dr. Slade took pictures juxtaposing sexy tobacco ads with promotions of medical services and healthy living. He motivated a group of physicians within ASAM and founded the Nicotine Dependence Committee. Over the years, this committee initiated the first national conference devoted solely to the treatment of nicotine dependency. The conference became an annual event where treatment providers could find education and support for providing improved smoking cessation services. The standard cognitive-behavioral approach became influenced by addiction theory and knowledge. Chemical dependency units began to address smoking as an addiction instead of rewarding patient's good behavior with cigarettes. The field was forever changed. Since 1988, Dr. Slade directed a program in New Jersey to help treatment and addiction programs address tobacco and nicotine addiction that has become a national model.

Dr. Slade provided treatment to patients as Director of the Program for Addictions at the University of Medicine and Dentistry of New Jersey (UMDNJ) School of Public Health, and he worked arduously for global changes in smoking laws. He spoke out vigorously about the advertising and promotion of tobacco products, and his knack for collecting tobacco promotional items—from T-shirts to model cars—led to the creation of one of the largest repositories of its kind, which he dubbed, "Trinkets & Trash." Dr. Slade had a wonderful sense of humor, a penchant for bow ties, and a New Jersey license plate that read, "No Cigs."

Dr. Slade co-edited the first major clinical textbook on nicotine addiction, and has since authored many papers, chapters, and books on this topic. Dr. Slade was a member of the team that conducted the first scholarly analysis of previously secret documents from the Brown and Williamson Tobacco Company, which formed the basis for the film *The Insider*. His analysis led to a landmark series of articles in the *Journal of the American Medical Association* in 1995 as well as the book, *The Cigarette Papers*. Dr. Slade contributed to the Surgeon General's report on smoking and other landmark national reports.



FROM LEFT: JOHN SLADE, ALAN BLUM, ANNE MORROW DONLEY, WAYNE MACLAREN, GREGORY CONNOLLY, AND LORI KARAN AT A 1992 PHILLIP MORRIS STOCKHOLDERS MEETING. WAYNE MACLAREN, A FORMER "MARLBORO MAN" MODEL HAS SINCE PASSED AWAY OF LUNG CANCER.

Dr. Slade's groundbreaking research to prove that cigarettes are nicotine delivery devices helped make it possible for the Food and Drug Administration to claim regulatory authority over tobacco products under then-FDA Commissioner Dr. David Kessler. In his recent book, *A Question of Intent: A Great American Battle with a Deadly Industry*, Kessler credits Dr. Slade with playing a major role in influencing the FDA's fight against tobacco. Dr. Slade has cost the tobacco industry millions of dollars by petitioning against misleading advertising and product developments.

An active church leader in his community, he was on the Vestry of All-Saints Episcopal Church in Princeton and has served as president of the Council of Deacons of Grace Lutheran Church in Trenton.

Dr. Slade, who resided in Skillman, N.J., is survived by his wife, Francis Fowler Slade, music director of Princeton Pro Musica; his parents, Dr. John de R. Slade and Dr. Helen Benedict Slade; two brothers and sisters-in-law: Stephen and Daniela Slade of Atlanta and Michael Slade and Amelia Pryor of San Francisco; and numerous nieces and nephews.

Dr. John Slade's landmark work in addressing tobacco in drug treatment was the catalyst for the Bay Area and Alameda County ATOD Treatment Provider NETWORK which follows his lead in helping alcohol and drug treatment providers to develop comprehensive policies to address tobacco addictions — ideally leading to alcohol, drug and tobacco-free programs.

Although California has led the country in tobacco addiction prevention and exposure to secondhand smoke, there is still an enormous amount of work to be done to provide every individual substance abuser receiving treatment with tobacco addiction treatment as well. You can join this fight in memory of John Slade by:

- Helping someone who is in recovery quit tobacco.
- Helping substance abuse and/or mental health treatment programs to develop comprehensive tobacco policies that will provide for tobacco treatment interventions.
- Advocating for tobacco-free substance abuse and mental health treatment.
- Learning more about tobacco-free substance abuse and mental health treatment.

Other ways to remember Dr. Slade:

- Listen to both friends and foes respectfully.
- Stand up for what you believe in.
- Become active in the fight against tobacco addiction.
- Mentor others in a subject you are passionate about.

Increased Demand for Drug and Alcohol Treatment Since September 11th

Thirteen states and four cities have detected an increased demand for alcohol and drug treatment since September 11th, according to a telephone survey of the individuals who oversee offices of substance abuse services in the states, the District of Columbia and the ten largest U.S. cities conducted by The National Center on Addiction and Substance Abuse (CASA) at Columbia University. Of the 41 states that responded to the survey, 13 detected an increase in demand for treatment since September 11th (Alaska, Florida, Georgia, Illinois, Indiana, Kentucky, Mississippi, Nebraska, New Jersey, New York, Pennsylvania, South Dakota, and Tennessee). Of the eight cities that responded to the survey, four, Washington D.C., New York City, Phoenix and Houston, detected an increased demand for substance abuse treatment. Four states and New York City characterized the increase as substantial. California was not included in the survey because CASA did not receive a report in time for the survey.

"The Americans who are using drugs and alcohol to cope, or have relapsed from sobriety after the national tragedy, are the forgotten victims of September 11th," said Joseph A. Califano, Jr., CASA President and former U.S. Secretary of Health, Education and Welfare. "We must provide substance abuse treatment for those who need it, and be sensitive to the increased likelihood of substance abuse and relapse in the wake of the World Trade Center and Pentagon attacks."

Research demonstrates that exposure to trauma puts an individual at four to five times greater risk of substance abuse, and stress is considered the number one cause of relapse to alcohol and drug abuse and addiction and smoking. Oklahoma experienced a dramatic increase in the need for treatment services in the two years following the bombing. One year after the bombing, three times as many residents of Oklahoma City reported increased drinking as those in a control community (Indianapolis). Rescue workers in Oklahoma City experienced elevated rates of substance abuse, depression and suicide.

"The greater magnitude and more intense national reach of the terrorism of September 11th, combined with the higher base rates of drug abuse in major cities, such as New York and Washington, D.C., suggest that the increase in the need for substance abuse treatment will be much greater than in the wake of Oklahoma City," said Califano.

Preliminary data already document increased substance use and treatment needs. The New York State Office of Alcoholism and Substance Abuse Services

reports that demand for alcohol and drug treatment in New York City increased immediately after the World Trade Center attacks. Preliminary national data from the Drug Evaluation Network System (DENS), developed by CASA and the University of Pennsylvania's Treatment Research Institute, show that treatment admissions have increased 10 to 12 percent nationally, post-disaster clients are older and have more complex needs, and individuals who have been sober for as long as 24 months are relapsing and being admitted into treatment.

"It is imperative that the federal government provide increased funding for drug and alcohol treatment to serve these individuals who have become victims of this September 11th tragedy," said Califano. "It is also critical that we launch a public education campaign to spread the message that stress places individuals at higher risk for alcohol and drug abuse and relapse. In this trying time, everyone, especially physicians, mental health providers and clergy, must be alert to the symptoms of substance abuse, aware that many individuals experiencing trauma and stress may be using alcohol and drugs to self-medicate their distress, and encourage these individuals to seek substance abuse treatment."

— Source: National Center on Addiction and Substance Abuse website

NEW MEMBERS

Nigel Brandstater, MD, Fairfield
Kenneth K. Gheysar, MD, Laguna Beach
George T. Harding, MD, Loma Linda
Carol Havens, MD, Sacramento
Sean Eric Koon, MD, Loma Linda
Paul G. Kreis, MD, Elk Grove
Jane D. McClenahan, MD, Santa Barbara
Carlos X. Montano, MD, Costa Mesa
Ronald Pollack, MD, Ventura
Richard A. Raley, MD, Los Altos
Paul S. Weinberg, MD, Oakland
James Westphal, MD, San Francisco

CSAM news

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For information contact CSAM: 415/927-5730

