

## An Interview with CSAM's New President Dr. Anthony Albanese

**Editor's Note:** In September Dr. Anthony Albanese became CSAM President succeeding Dr. David Kan who just completed a two-year term. We recently sat down with him to ask some questions about his background and interests so the readers of CSAM News can get to know more about him. We learned a lot of interesting things about him and we hope you'll enjoy reading this as much as we enjoyed doing the interview.

### What (or who) originally drew you into CSAM leadership?

I came to CSAM from FSAM (Florida) where I was in a leadership position (FMA representative) in that state chapter. When I first came to California, CSAM seem so big, and well situated, that I didn't think they needed anything I had to offer. It was two of our previous UC Davis psychiatry residents who were on the CSAM Education Committee that got me involved. They heard me teach in our didactic sessions and thought it would be good to have me come and lecture at the 2006 Review Course. I felt so welcomed by everyone, including the CSAM president Dr. David Pating. It felt like I was coming home. I've been an active member since then, and hope that I can do half as good a job as Dr. Pating did in helping newcomers to feel welcome in CSAM.

### You are now serving on the ASAM Board as a Director-at-Large. How did you get involved in ASAM?

I've been an ASAM member since I was a resident and fellow in New York City (yeah, NYSAM!) in 1990. Dr. Anne Geller was the chief of the addiction medicine program at which I worked and she became president of ASAM during the time I was working and learning in the Smithers Program. She encouraged my participation and verified my time so I could take the certification exam. I've felt an affinity to ASAM since my first conference at the Contemporary Hotel in Orlando (in 1991, I believe). I served on the pain committee and the opioid committee when I lived in Florida, but didn't really



ANTHONY ALBANESE, MD AT THE CSAM ANNUAL BUSINESS MEETING ON SEPTEMBER 6, 2019 IN ANAHEIM AFTER BEING ELECTED CSAM PRESIDENT

get involved with leadership in the national organization again until connecting with CSAM. One of CSAM's past presidents Dr. Jeffery Wilkins saw leadership potential in me and supported my participation in ASAM as a representative of CSAM. I am grateful to Dr. Wilkins and consider him a special friend, and leadership example. CSAM has always played a very important role in ASAM, and Jeff helped me find my role in the continuation of that tradition.

### How did the field of Addiction Medicine attract you?

Very few people find themselves in the career that they chose as a child. I believe that's because part of our life's course is due in part to the direction we set, with the other part being more like a river of events and circumstances that we follow as the doors open. The "deep spiritual reason" I chose gastroenterology as a field is that I enjoyed video games as a kid. Endoscopic procedures are like high risk, high reward video games. In a seemingly random event, the director of the St. Luke's-Roosevelt methadone clinic invited me to "moon-light" as an internist in the clinic and offered to teach me about addiction. He was my first mentor in addiction medicine. It was during this time that the first articles about hepatitis C were published. We discovered that a large number of patients in the methadone clinic had HCV antibodies, and this led me to pursue a hepatology fellowship in Miami. Honestly, there's not enough room in this publication to describe all the twists and turns. I've heard it said, that "Luck is God incognito". I believe that.

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## What was it like working in a methadone clinic early in your career?

It was a life-changer! Before I started “moon-lighting” in the methadone clinic, I viewed heroin addicts with the same negativity that my fellow residents and professors did. Empathy and compassion began once I started seeing the patients as more than just their medical illnesses. Similarly, working on the detox unit was immensely impactful. One day while writing detox orders for a famous baseball player, I muttered under my breath that I didn’t understand why someone who had fame and fortune would turn to drugs. A nearby nurse heard me and whispered in my ear “well doctor, it’s because you don’t know anything about addiction”. When I asked her how I could learn, she handed me the “Big Book” of Alcoholics Anonymous and challenged me to read the first 164 pages. That was the beginning of what has been a wonderful career!

## Tell us a bit about your patients.

Over the years I’ve worked with many different patient populations. In New York I worked in both indigent and exclusive addiction treatment programs. Likewise, in Miami I trained and worked in the county facility (Jackson Memorial Medical Center) while also working at the exclusive addiction treatment program on Miami Beach (Mount Sinai). Six years while I was in Florida, I was an evaluator for the Impaired Professionals programs for physicians, nurses, and lawyers.. For the last 18 years I’ve been working predominantly with U.S. veterans in the Veterans Health Administration (VHA).

## You are doing a lot of travel to the East Coast these days, why?

Over my years working in the VHA, I’ve changed positions many times. I’ve gone from being mostly a clinician in Sacramento to being an education leader, facility executive, and now am an Affiliations Officer with the VA Office of Academic Affiliations (OAA). Most recently I’ve taken on the role as Acting Chief of Health Professions Education, overseeing the clinical aspects of educating more than 120,000 learners in 40 health related disciplines at VAs around the country and in Puerto Rico. Although I love this job, I can’t take it permanently because it would necessitate a move to Washington DC, where the OAA office is located. For now, this means traveling two weeks a month to Washington, DC until a new Chief of Health Professions Education is chosen. I still treat patients with liver and addiction problems in clinic during the weeks I’m back in Sacramento and have a great team that carries on the work in my absence.

## What do you consider to be your strengths?

I love working as part of a team and fully believe the quote attributed to John Donne that “no man is an island”. My strengths (according to Don Clifton’s Strengthsfinder 2.0 by Tom Rath) are: Connectedness, Belief, Arranger, Positivity, and Relator. If you

get the book, you’ll understand what that means, AND learn about your own strengths! Basically, it means that I espouse a “servant leadership” model and enjoy getting people to work together and develop consensus.

## What (or who) most inspires you?

Finally, an easy question! The source of my inspiration is the teachings of Jesus. When He was on this earth He spent the majority of His time healing people with physical, emotional, and spiritual disease. He didn’t judge or condemn anyone except those that looked down on other people. He taught that “messing up” is part of being human, and that we’d all be in trouble without grace and forgiveness. He modeled “servant leadership”. I’ve learned that spirituality is about relationships (with God and other people), not rules. I would challenge anyone to read the famous Sermon on the Mount and not be inspired. It will take you 5 minutes and could change your life.

## Tell us about your spiritual life.

I would consider myself a Judeo-Christian. Although I’m not Jewish (ok... 4% Jewish on Ancestry.com and 73% Italian), the root of my faith is based in the Jewish religion with the branches and fruit being what Jesus added when He came 2019 years ago. I don’t generally get hung-up on the religious rules. Jesus summed up all the laws and commandments when He said to love God with all your heart, soul, mind and strength and love your neighbor as yourself (paraphrased). Pretty simple...love God and love people.



DR. ALBANESE AND DAUGHTER NICOLE AT BLUE MAN GROUP



DR. ALBANESE WITH HIS WIFE CAROL AND DAUGHTER NICOLE

## What are you most proud of?

The thing I’m most proud of in my life is my family! I have an awesome wife (for 34 years) and an amazing daughter (age 26).

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# Low Barrier Buprenorphine for Opioid Use Disorder: A Feasible Strategy to Save Lives and Livelihoods

BY JOSEPH MEGA, MD, MPH (MEDICAL DIRECTOR, HEALTH CARE FOR THE HOMELESS, CONTRA COSTA COUNTY) AND BARRY ZEVIN, MD, MPH (MEDICAL DIRECTOR, STREET MEDICINE AND SHELTER HEALTH, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH)

**T**he opioid epidemic has had catastrophic effects in California and across the United States and has not peaked. Without aggressive intervention, widespread opioid use disorder (OUD) and high rates of overdose deaths will continue to be a major problem. Medication Assisted Treatment (MAT) with buprenorphine is a highly effective treatment for OUD. Unfortunately, most individuals with this disease are not currently being treated due to poor access, inadequate number of prescribers, onerous program requirements and provider fears.<sup>(1-4)</sup> In order to offer any hope of adequately addressing the opioid epidemic, it must be easier to obtain buprenorphine than synthetic opioids or heroin. The adoption of large-scale low barrier MAT models could dramatically increase the number of individuals receiving lifesaving treatment.

Models of care that lower barriers to treatment have shown remarkable success in Europe and parts of the United States. Deregulation of buprenorphine across France in 1995 was associated with a 79% reduction in opioid overdose deaths over the subsequent four years.<sup>(5)</sup> One study that followed a low barrier buprenorphine program in a New York City public hospital system over 7 years showed a median treatment retention of 38-weeks with no documented overdose deaths or other serious adverse events.<sup>(6)</sup> In San Francisco, a Buprenorphine pilot for patients experiencing homelessness showed over 50% of patients retained in care at 6 months.<sup>(7)</sup>

Diagnosing OUD is straightforward in most cases since most individuals who use opioids more than on a very occasional basis will meet DSM-5 criteria for moderate to severe OUD. The consequence of missing a diagnosis of OUD and delaying treatment may be fatal. The consequences of prescribing to a patient whose only intent is to divert, on the other hand, might be troublesome, but will readily become evident with electronic records, drug testing and prescription monitoring programs. Care should always be exercised with clear documentation of history, indications for treatment and planned monitoring.

Buprenorphine is uniquely suited for low-barrier OUD treatment. Most importantly, buprenorphine is effective in reducing illicit opioid use, reducing mortality and supporting complete abstinence in many patients. Each dose of buprenorphine taken is one less possible instance of overdose, infectious disease transmission, or other adverse effect of illicit opioid use. While buprenorphine diversion occurs, it is most often diverted for “clinical” rather than recreational reasons. It has been observed that availability of buprenorphine in a community of opioid users increases the acceptability of medically prescribed medication.<sup>(8-11)</sup>

Due to its partial agonist quality and ceiling effect, when buprenorphine is used with the intent of “getting high” the risk of fatal overdose is much lower than with any full agonist. Far fewer overdose deaths involving buprenorphine have been reported in proportion to its prescribing than with any other prescribed opioid. Buprenorphine has a long half-life and very high mu receptor affinity. Intermittent use is common among some patients, but despite this practice of skipping dosing and instead using illicit opioids, buprenorphine is still present at levels that protect against a fatal overdose.<sup>(12)</sup>

Safe buprenorphine prescribing does, however, still require education for providers and patients, but it is teachable. Buprenorphine initiated too soon after use of full agonists can cause uncomfortable precipitated withdrawal. Ultra-potent synthetic opioids can overcome the receptor blockade effect of buprenorphine and result in overdose even when individuals have been adherent or partially adherent. Opioid tolerance levels naturally drop on buprenorphine and relapse to prior opioid use can result in overdose. Despite these limitations, evidence favors continued treatment even when individuals may be intermittently adherent, demonstrating that access to buprenorphine may reduce high risk behaviors in opioid users.<sup>(13)</sup>

Barriers to OUD treatment are multifactorial, including issues specific to MAT programs, patients or prescribers, but these issues vary by community. It is necessary to engage with community members including providers, community health workers, harm reduction agencies, patients, and opioid users who are not currently in treatment to identify barriers to care. Often this group can recognize local issues related to transportation, stigma or myths within the community; they may have ideas for more accessible MAT locations, such as needle exchanges and emergency departments. Ideally, low barrier MAT means offering patients with OUD the opportunity to start buprenorphine that same day at any point of interaction with the medical system.

By increasing available prescribers, educating providers and ultimately lowering barriers to treatment, we can increase the amount of buprenorphine available to treat OUD, and in turn, save lives and livelihoods in our communities. ■

## REFERENCES:

1. Jones C, et al. National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. *American Journal of Public Health* 105, no. 8 (August 1, 2015): pp. e55-e63.
2. Beetham T et al. Access to Office-Based Buprenorphine Treatment in Areas with High Rates of Opioid-Related Mortality: An Audit Study. *Ann Intern Med*. 171:1-9

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# CSAM Addiction Medicine Review Course and Board Exam Preparation Track 2019



OVER 600 ATTENDED THE CSAM REVIEW COURSE IN ANAHEIM, SEPTEMBER 4-6, 2019. 96% RATED IT AS EXCELLENT OR VERY GOOD.



CONFERENCE CHAIR DR. TAUHEED ZAMAN DESIGNED THE CONFERENCE WITH THE THEME: "EDUCATORS AND ADVOCATES" AND HE ALSO INCORPORATED A FOCUS ON INCLUSIVITY.



ASAM'S PRESIDENT-ELECT DR. BILL HANEY (LEFT) WAS A CONFERENCE SPEAKER. SHOWN HERE WITH DR. MURTUZA GHADIALI (ASAM REGION II REPRESENTATIVE), DR. DAVID KAN, DR. TONY ALBANESE, AND ASAM CEO PENNY MILLS.



THE CONFERENCE PLANNERS GATHERED AT THE CONCLUSION OF THE CONFERENCE TO SHARE IMPRESSIONS AND IDEAS FOR NEXT YEAR.

# CSAM Addiction Medicine Review Course and Board Exam Preparation Track 2019



THE EXPANDED CLASS OF SCHOLARS WHO PARTICIPATED IN THE MENTORED LEARNING PROVIDED BY THE MEDICAL EDUCATION & RESEARCH FOUNDATION (MERF). MERF IS SUPPORTED BY PRIVATE DONATIONS AND SOME SCHOLARS WERE FUNDED THROUGH A SAMSHA STATE OPIOID RESPONSE (SOR) GRANT CSAM RECEIVED.



THE YOUNGEST CONFERENCE ATTENDEE STUDYING THE CONFERENCE SYLLABUS, ATTENDING WITH HER MOM DR. TRISHA SCHIMEK.



A MOBILE APP WAS USED DURING THE CONFERENCE TO ASK QUESTIONS OF SPEAKERS, DOWNLOAD OR EMAIL THE SLIDES, TAKE NOTES ON THE PRESENTATIONS, AND CONNECT WITH OTHER ATTENDEES AND PRESENTERS.



DR. ROMANA ZVEREVA DURING A BREAK AT THE CONFERENCE.



DR. JOE CHUDY AT ONE OF THE FACILITATED CASE DISCUSSIONS.

# Timmen Cermak, MD Receives Vernelle Fox Award

**T**immen Cermak, MD was presented with the 2019 Vernelle Fox award at the 2019 CSAM Addiction Medicine Review Course in Anaheim, CA on Thursday, September 5 during a dessert reception at the conference. Nominating Committee Chair **Monika Koch, MD** presented the award beside CSAM President **David Kan, MD**.

He is the 37th recipient of the award following presentation to CSAM's second President (1974-1976), Vernelle Fox, MD, who was honored in 1983 at the 10th Annual Meeting.

Recipients selected are judged to have the qualities Vernelle Fox herself exhibited: an inquiring mind, contributions to the understanding of the field, courage, resolution, tenacity, enthusiasm, and energy for the positive.

Dr. Cermak has been involved as a CSAM Committee member and Committee chair, a board member of CSAM, and President of CSAM from 2009-2011. He has been actively involved in CSAM's Public Policy activities and has written many CSAM policy statements over the span of two decades. He has often testified on key legislation in Sacramento, including recently CSAM's sponsored bill focused on Youth Treatment (SB-445). He authored numerous CSAM publications including Standards of Care for Adolescent Substance Abuse and the CSAM Youth First Report, published in 2011 prior to the legalization and regulation of marijuana. The report strongly influenced ASAM's future direction, and was designed to reduce the harm to young Californians from marijuana use, from ineffective and punitive regulations, and to address the serious treatment needs of those adolescents who become harmfully involved with marijuana. He served on Governor Gavin Newsom's Blue Ribbon Commission, which established the priority of treating youth substance abuse and Prop 64 guaranteed funding to accomplish this goal.

He was recently nominated by CSAM and appointed to the Proposition 64 Advisory Group within the Department of Health Care Services (DHCS). CSAM member **Seth Ammerman, MD** was also appointed to this Advisory Group. This is an exciting opportunity to bring new tax-funded resources to youth and communities of color most impacted by the War on Drugs. The state Department of Health Care Services (DHCS) is in charge of distributing a Youth Fund (Youth Education, Prevention, Early Intervention and Treatment Account) to support substance abuse prevention, intervention and treatment services for youth. The Fund is estimated to be around \$119M this year and is expected to grow to \$400-\$500 million annually. DHCS is responsible for distributing roughly \$21.5 million in the upcoming year (2020) for youth programs.

Dr. Cermak is also the author of new book about the science of marijuana for clinicians scheduled for release in early 2020 by Cambridge University Press. He has been working on this book for the past three years. ■



CONGRATULATING DR. CERMAK AFTER RECEIVING THE AWARD WERE (FROM LEFT) ANGIE CHEN, MD, MONIKA KOCH, MD, TIM'S WIFE MARY, STEVE EICKELBERG, MD, GAIL JARA, DAVID KAN, MD, ANITA RENZETTI, KERRY PARKER, AND JEAN MARSTERS, MD.

## CSAM's Membership Now Tops 700!

This past year, CSAM hit a milestone reaching 700 members, and nearly doubling the number of members it had in 2010. Similarly, the American Society of Addiction Medicine (ASAM) has more than doubled from less than 3,000 in 2010 to over 6,500 in 2019.

With this growing membership combined with the specialty of Addiction Medicine becoming an ABMS board-recognized sub-specialty in the American Board of Preventive Medicine, CSAM is eligible to earn a seat in the Specialty Society Delegation of the California Medical Association (CMA). To earn the seat, 35% of CSAM's voting members must also hold membership in CMA. We need your support achieving this goal — CSAM needs just 40 more of its members to join CMA and your County Society.

To join, contact the CMA Member Resource Center at: 800-786-4262 or go to:

<https://www.cmadoes.org/join>

# CSAM Community Service Award Goes to David Lisonbee, CEO of Twin Town Treatment Centers

**T**he CSAM Community Service Award is presented to a non-physician who has made outstanding contributions to the community. This year's recipient, David Lisonbee, has for many years given help to those with substance use disorders. Mr. Lisonbee is President and Chief Executive Officer of Twin Town Treatment Centers, which operates a network of six Los Angeles and Orange County based outpatient addiction treatment programs. The programs he has established take outstanding care of a wide range of patients across Los Angeles.

There are several additional reasons he merited CSAM's recognition. Mr. Lisonbee has always been committed to quality—he has promoted quality within his programs and has advocated for it across Los Angeles at large. He has always had an unequivocal commitment to maintaining access to patients who are disenfranchised. Through enormous ups and downs in the regulatory, policy, and financial environment over the decades, he has designed and refined his programs to maximize access for patients with limited means.

In a field dominated by a recovery orientation that sometimes regards medical interventions, particularly medications, with weariness and suspicion, Mr. Lisonbee was an early adopter of medication treatments for opioid and alcohol use disorders. He read the literature, and he got behind the science from the outset. Mr. Lisonbee has had a fundamental commitment to promote adoption of evidenced based interventions. He has expressed this commitment not only by ensuring that his programs



MONIKA KOCH, MD, CHAIR OF THE CSAM AWARDS COMMITTEE, AND DAVID KAN, MD, PRESENT THE CSAM COMMUNITY SERVICE AWARD TO DAVID LISONBEE.

follow best practices, but also by partnering with academic physicians to formally study and evaluate the impact of interventions on patient outcomes.

Having both personal and professional investment in addiction recovery, Mr. Lisonbee is an advocate for the addiction treatment profession, which includes fostering consumer, regulatory and political initiatives. Through his personal commitment, intelligence, persistence, and ingenuity, he has served as a model for advancing high quality care. His work has impacted the lives of countless individuals and families with addiction, and he has raised the standard of care in our community. CSAM thanks Mr. Lisonbee for these important achievements. ■

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Great families don't just happen, they are grown with great care, wise choices, and lots of effort. When I look at my wife (who is a PM&R physician and professor at UC Davis) and daughter (who just finished her MPH at Columbia University), I'm simultaneously filled with pride and gratitude.

### What are your hobbies?

I love to travel! My wife and I have been to 6 of the 7 continents (Antarctica here we come) and done medical work in several of them. I love music and play bass guitar as many of you know from previous CSAM retreats (still play in church many weeks). We've enjoyed hiking, scuba diving and skiing over the years, but some of these things are diminishing as we get older. We love to eat! When we travel, we look up places from "Diners, Drive-Ins and Dives" or "The Best Thing I Ever Ate".

### What do you read?

I like books on leadership, improving relationships, and recovery. One of my favorite books ever is a novel, "The Shack" by William Paul Young. It's a mind-bending book that portrays God as an

African-American woman. Professionally, I keep up with a few journals regularly including *JAMA*, *JAM*, *Hepatology*, and *Liver Transplantation*, and do a lot of "just in time" learning with PubMed, Google Scholar, and Up-to-Date.

### What do you want CSAM to look like when you complete your term as president?

We recently revised our CSAM Mission and Vision Statements, published at [www.csam-asam.org](http://www.csam-asam.org). My goal is to serve our organization by making those statements happen. With the conversion of ADM certification going to fellowship-based training rather than practice-based training, CSAM is going to get leaner. We need to learn how to expand our influence with less income from the usual sources (conferences). We need to attract and engage ADM fellows and all practitioners interested in learning more about Addiction Medicine. We need to continue to innovate and be the voice of evidence-based prevention and treatment as we advocate for our members and patients. My goal is to enact our mission, vision, and the items approved by the CSAM Board on the current and future Strategic Plans. ■



medical **education** and research foundation  
for the treatment of addiction

## MERF Provides 54 Scholarships to 2019 Addiction Medicine Review Course in Anaheim

BY KEN SAFFIER, MD, FASAM, PRESIDENT, THE MEDICAL EDUCATION AND RESEARCH FOUNDATION (MERF) FOR THE TREATMENT FOR ADDICTION

### What is MERF?

MERF was established in 1981 “to increase and improve the education of physicians about alcoholism and other drug dependencies” — specifically about the evidence, the science, and how to apply it to patients. We particularly stress the clinical continuum of diagnosis, treatment and recovery for the patient and their family members. This year, MERF accepted applications from 21 residents, fellows and faculty to attend the CSAM Addiction Medicine Review Course in Anaheim, Sept 4-7, and participate in an intensive and interactive learning experience led by addiction medicine specialists designed to improve the education of these physicians about all aspects of addiction, including harmful drinking or drug use, medical sequelae, family impact, as well as recovery and how to support it. This group of scholars was funded by the generous donations from CSAM members and the community.

In addition, MERF also accepted applications from 33 practicing clinicians funded by the CA Department of Health Care Services (DHCS) through a SAMHSA State Opioid Response (SOR) grant for the purpose of expanding the use of Medication Assisted Treatment (MAT) in California. For this year’s group of scholars (MERF MATES) we provided “mentored learning experiences” (MLEs), with addiction medicine specialists, conference registration, a Motivational Interviewing pre-conference workshop, and a stipend toward travel and lodging. A mentored learning experience included facilitated small table discussions, sharing common MAT questions and approaches to exploring primary care solutions.

Additionally, Residency Programs describing their academic and clinical work submitted ten research posters. These were displayed in the Exhibit Hall and were judged by a panel of CSAM members led by **Ingeborg Schafhalter, MD**.

### How does an “MLE” enhance learning during the conference?

To enhance the educational value for residents, fellows and faculty, as well as the practicing clinicians most whom work in FQHC (federally qualified health centers), MERF began the experience with an orientation session by one of its Board members, **Julie Nyquist, PhD**, Professor of Medical Education, USC Keck School

of Medicine, to review and promote MERF’s goals as well as individuals’ learning goals. This was followed by a workshop on Motivational Interviewing led by **Catalina Triana, MD**, and me, to officially begin their immersion in addiction medicine (ADM). We encouraged networking among the scholars by region and by their clinical needs and interests which they expressed before the conference by submitting challenging cases as part of their application process. These were then addressed in our morning case discussions, held before the conference plenary sessions, and led by our MERF table and education facilitators. Also, scholars engaged in a vibrant case discussion with two of the plenary speakers, **Soraya Azari, MD**, and **Andrea Rubinstein, MD**, about pain management in the context of an opioid use disorder.

Also, for the first time, MERF matched participants with CSAM members to extend their learning with clinical ADM experts. This matching is to help scholars get acquainted with ADM specialists so that future opportunities for mentoring or networking might take place. This matching of scholars with CSAM members will be continued in future years.

### How Does the Mentoring Continue?

With this year’s conference over, and all of us left inspired to expand our ADM curricula and clinical practices, this is only the beginning, rather than the end of our MERF educational enhancement. We will continue developing mentoring relationships by holding quarterly journal club meetings online where we: continue our networking and reporting on our clinical and educational goals and, have a first author of a relevant journal article make a 10-minute presentation before a 20-30-minute discussion.

MERF has been fortunate to receive another year of funding from DHCS for 2020 to help us continue to offer MERF MATE scholarships. At this year’s conference MERF received \$10,160 in private donations to fund scholarships for residents, fellows, and faculty to attend. We continue to rely on private donations to continue this important work, so we encourage all CSAM members and former MERF Scholars to make tax-deductible contributions to keep our progress and education moving forward! To make a donation or for questions or suggestions, please email us at: [MERFadmin@gmail.com](mailto:MERFadmin@gmail.com). ■



THE EXPANDED CLASS OF SCHOLARS WHO PARTICIPATED IN THE MENTORED LEARNING PROVIDED BY THE MEDICAL EDUCATION & RESEARCH FOUNDATION (MERF). MERF IS SUPPORTED BY PRIVATE DONATIONS AND SOME SCHOLARS WERE FUNDED THROUGH A SAMSHA STATE OPIOID RESPONSE (SOR) GRANT.

## 2019 CLASS OF TRADITIONAL MERF SCHOLARS

*(funded by private donations)*

Angelo Asheh, DO, PA, MS - La Jolla, CA  
 Stephanie Castillo, MD - San Diego, CA  
 Albert Cheng, MD - Las Vegas, NV  
 Grace Gu, MD - Las Vegas, NV  
 Rachael Harlos, MD - Martinez, CA  
 Anna Haynes, MD - Harbor City, CA  
 Mariel Janowsky, MD, MPH - San Diego, CA  
 Tatjana Josic, MD - Los Angeles, CA  
 Kanwardeep Kaleka, MD, PhD - San Diego, CA  
 Mariya Masyukova, MD, MS - Bronx, NY  
 Tatiana Mefford, MD - Stanford, CA  
 Matthew Meyers, MD, MPH - San Francisco, CA  
 Alexander Phan, DO - Modesto, CA  
 Darren Rahaman, MD - Las Vegas, NV  
 Akbar Rahman, MD, MPH - San Diego, CA  
 Janelle Rodriguez, MD, MS, MPH - Los Angeles, CA  
 Andrea Silva, MD - Modesto, CA  
 April Soto, MD - Los Angeles, CA  
 Meg Tabaka, MD, MPH - San Jose, CA  
 Laura Ucik, MD - Bronx, NY  
 Regina Wang, MD - San Diego, CA

## 2019 MERF MENTORS

Steve Eickelberg, MD - Tucson, AZ  
 Anna Lembke, MD - Stanford University, Palo Alto, CA  
 Lisa Netherland, MD - Lifelong Medical Care, Berkeley, CA  
 Lisa Rodelo, MD - Contra Costa Regional Medical Center, Martinez, CA  
 Gloria Sanchez, MD - Harbor-UCLA Medical Center, Harbor City, CA  
 Hannah Snyder, MD - UCSF, Berkeley, CA  
 Candy Stockton-Joretteg, MD - Humboldt IPA, Eureka, CA  
 Maureen Strohm, MD - Sunrise Health GME Consortium Family Medicine Residency, Las Vegas, NV

## 2019 CLASS OF "MERF MATE" SCHOLARS

*(funded by DHCS)*

Dimitri Bacos, MD - Santa Cruz  
 Nathan Brooks, MD, MPH - Martinez  
 Christopher Contini, FNP-C, RN, PHN, MS - Watsonville  
 Walter Coppenrath, MD - Los Angeles  
 Anastasia Coutinho, MD, MHS - Concord  
 Daniel Cox, MD, MS - Ventura  
 Violeta de Jesus, MD - Riverside  
 Noemi Doohan, MD, PhD - Ukiah  
 Lauren Gaines MSN, FNP - Placerville  
 Joy Hao, MD, PhD - Santa Monica  
 Cynthia Hunt, MD - Watsonville  
 Loni Jay, MD - Placerville  
 Lois Jensen, MD, MPH - Chico  
 Christina Kinnevey, MD - Vallejo  
 Daisy Klith, MSN-FNP - Placerville  
 Xiaomei Lin, MD - Compton  
 Trang Lu, MPAP - Hacienda Heights  
 Tom McBride, MD, MST - Oakland  
 Jane Newhard-Parks, MSN, BSN, FNP - Truckee  
 Paula Pelavin, PA-C - Napa  
 Edward Pillar, DO, FACEP - Colton  
 Trisha Schimek, MD, MSPH - Martinez  
 Rita Starritt, MD - Chula Vista  
 Deborah Stewart, MD - Salinas  
 Edie Stone, MSW-addiction speciality - Livingston  
 Leslie Suen, MD - San Francisco  
 Alisa Takeda, DO, MPH - Oakland  
 Cheryl Thompson, MD - Escondido  
 Brandon Uribe, NP, CARN-AP, MSN - La Puente  
 Veronica Velasquez-Morfin, MD - Cameron Park  
 Yuhuan Xie, MD - Oakland  
 Gillian Zuckerman, MD, PhD - Santa Rosa  
 Zachary Zwolak, DO, FFAFP - Ventura

# Highlights of the CSAM Leadership Development Retreat at Asilomar

**T**he 8th biennial CSAM Leadership Development Retreat was held at Asilomar Hotel & Conference Grounds in Pacific Grove, CA from June 7-9, 2019. The purpose of this invitational weekend retreat is to develop the skills and abilities of the leaders of our organization, to provide an opportunity to meet and work together with each other, to examine important issues in our field, and to brainstorm on our future direction as individuals and as an organization.

CSAM was fortunate to have a wide spectrum of member attendees ranging from current board and committee members, long time and new members, to the newly graduated. Upon arrival, each participant received a booklet that included short bios on everyone attending the retreat. Attendees were asked to include in their bio, something unique to them that no one else would know about them. It was a privilege to hear the sensitive shares of participants; one revealing that they were switched at birth and another living as an undocumented for a time. Each person made unique contributions and the experience was enriching.

The retreat is designed to be a useful blend of skills-building trainings and facilitated discussions about issues affecting our field as well as challenges and opportunities. There was time to relax and reflect, along with a lively discussion about what it takes to be a good leader. Here is a sample of some of the attributes suggested:

- Show up!
- Speak up / contribute ideas
- Do the work
- Collaborate
- Get over your fear
- Follow your passion
- Help the next generation
- Listen / authorize others
- Patiently wait for "those moments"
- Lead by example
- Promote transparency
- Use reflection
- Lead with authority (structural, experiential, charismatic),
- Be visible
- Do a good job and then move on to the next good thing
- Don't worry about getting credit
- Show respect for others



GROUP PHOTO OF PARTICIPANTS OF THE 2019 CSAM LEADERSHIP DEVELOPMENT RETREAT.

The retreat was kicked off on Friday evening with a Fireside Chat entitled: "What's on Our Horizon?" that included an interactive discussion facilitated by Dr. David Kan, Dr. Tony Albanese and Dr. Phillip Coffin. On Saturday morning, a communications coach, Lois Philips, provided us with expert guidance to help develop our communications skills in delivering the perfect elevator pitch on a variety of addiction subjects. Each person will have an opportunity to practice delivering a short pitch to get immediate feedback on delivery style, content, technique, and ability to get the point across in a short span of time. Dr. Randy Holmes shared the ASAM Medical Ethics Policy Statement with the group and there was a lively discussion about ethics.

ASAM President Dr. Paul Earley with Dr. David Kan and Dr. Tony Albanese led a discussion on the opportunities for leadership and how change happens. Next, there were live demonstrations of new technologies relevant to our field presented by Dr. Brian Hurley and Dr. David Kan.

Around the Bonfire on Saturday night we enjoyed hot chocolate and making S'mores. Jim Greiner from Hands-On! Drumming led a drum circle and everyone made amazing music together.

Asilomar was the perfect beachside setting for this retreat. It was comfortable, casual, and rustic. The weather was warmer than usual for the Monterey region. Small groups headed out for beach walks during break times. All meals took place in Asilomar's main dining hall at round tables with Lazy Susan's in the center for family-style sharing.

The final presentation on Sunday morning was on "How to be Effective in Advancing Public Policy" presented by Laura Thomas of the Drug Policy Alliance, and following this was a discussion about the goals of CSAM's Five-Year Strategic Plan and the opportunity for leadership within CSAM and in other settings.

It was hard to pack up and go back home after such a fun and inspirational weekend. Many who attended said they plan to stay in touch with colleagues they met for the first time or got to know better over this amazing weekend together.

CSAM's next Leadership Development retreat will be held during the Summer of 2021. When the dates are announced, consider registering early since space is limited for this popular event. ■



FIRESIDE CHAT ON THE OPENING NIGHT OF THE RETREAT.



DR. RANDY HOLMES PRESENTING THE ASAM MEDICAL ETHICS POLICY.



SCENE FROM THE DRUM CIRCLE AT THE RETREAT.

## CSAM LEADERSHIP DEVELOPMENT RETREAT PARTICIPANTS

Belis Aladag, MD, MPH  
 Anthony Albanese, MD, FACP, DFASAM  
 Cynthia Chatterjee, MD, MA, FASAM  
 Chun Hsien Chiang, MD  
 Joseph Chudy, MD  
 Phillip Coffin, MD  
 Caroline Corriveau, MD  
 Paul Earley, MD, DFASAM  
 Matthew Goldenberg, DO, MRO, FAPA, FASAM  
 Jim Greiner  
 Dawn Harbatkin, MD  
 Robert Harris  
 John Harsany, MD, DFASAM  
 Randolph Holmes, MD, FASAM  
 Brian Hurley, MD, MBA, DFASAM  
 Gail Jara  
 Lois Jensen, MD, MPH  
 David Kan, MD, DFASAM  
 Mitika Kanabar, MD, MPH  
 Lori Karan, MD, DFASAM  
 Monika Koch, MD  
 Karen Miotto, MD, DFASAM  
 Marie Mulligan, MD  
 Chinyere Ogbonna, MD, MPH  
 Kerry Parker, CAE  
 Lois Phillips, PhD  
 Nichole Quick, MD, MPH  
 Carol Rogala, MD  
 Kenneth Saffier, MD, FASAM  
 Ingeborg Schafhalter-Zoppoth, MD  
 Joe Sepulveda, MD  
 Aman Singh, MD  
 Laura Thomas  
 Pamela Vincent, MD, MS  
 Jenny Wu

## Low Barrier Buprenorphine for Opioid Use

continued from page 3

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# CSAM Board of Directors Election Results Announced

CSAM held its Annual Membership Meeting on Friday, September 6, 2019 at 1:00 pm at the Anaheim Marriott, Anaheim, CA. At the meeting the CSAM Board of Directors reported on the activities of the Chapter to the members. Two new officers and a Director at Large were elected by e-ballot vote prior to the Annual Meeting. The results of the election were announced.

Elected to positions on the CSAM Board of Directors were the following:

## President-Elect (2019- 2021)

**Karen Miotto, MD, DFASAM**, *Director of UCLA Addiction Medicine Service; Professor, David Geffen School of Medicine, UCLA, Los Angeles*

## Treasurer (2019-2021)

**Mario San Bartolome, Jr, MD, MBA, MRO, QME, FASAM**, *Director, Substance Use Disorders, Molina Healthcare, Los Angeles*

## Director at Large (2019-2023)

**Tauheed Zaman, MD**, *Director, Addiction Consult and Opioid Safety, San Francisco VA Medical Center. Associate Director, UCSF Addiction Psychiatry Fellowship; Assistant Clinical Professor, UCSF Department of Psychiatry*

Continuing terms on the Board of Directors are the following:

## President

**Anthony Albanese, MD, FACP, DFASAM**, *Affiliations Officer, VA Office of Academic Affiliations & Chief of Hepatology, VA Northern California, Sacramento.*

## Immediate Past President

**David Kan, MD, DFASAM**, *Addiction, Forensic, and General Psychiatry, Walnut Creek*

## Secretary

**Dana Harris, MD**, *Psychiatrist in Private Practice, Los Angeles*

## Executive Director (ex-officio)

**Kerry Parker, CAE**, *California Society of Addiction Medicine, San Francisco*

## REPRESENTATIVES:

### American Society of Addiction Medicine (ASAM)

#### Region II Director

**Murtuza Ghadiali, MD, FASAM**, *Assistant Medical Chief, Kaiser Permanente Chemical Dependency Recovery Program, San Francisco; Assistant Physician-in-Chief, Behavioral Health, Kaiser San Francisco Medical Center; Assistant Clinical Professor, UCSF Addiction Psychiatry*

### Medical Education Research Foundation (MERF)

#### Representative

**Kenneth Saffier, MD, FASAM**, *President, Medical Education Research Foundation (MERF)*

## DIRECTOR AT LARGE:

**Director At-Large - Mason Turner, MD, FASAM**, *Hawaii Permanente Medical Group, Wailuku, HI (2017- 2021)*

## COMMITTEE CHAIRS:

*(appointed by the CSAM President)*

### Chair, Committee on Communications / Newsletter Editor

**Chwen-Yuen Angie Chen, MD, FACP, FASAM**, *Clinical Associate Professor, Medical Director, Primary Care Chemical Dependency Clinics, Division of Primary Care and Population Health, Department of Medicine, Stanford University, Palo Alto*

### Chair, Committee on Education

**Jean Marsters, MD, FASAM**, *Staff Psychiatrist, Lifelong Medical Care, Oakland; Consultant, Asian Health Services, Oakland*

### Chair, Committee on Membership

**Martha Wunsch, MD, FAAP, DFASAM**, *Addiction Medicine, Kaiser Permanente Hospital, San Leandro*

### Chair, Committee on Opioids

**David Kan, MD, DFASAM**, *Addiction, Forensic, and General Psychiatry, Walnut Creek*

### Chair, Committee on Physician Well-Being

**Karen Miotto, MD, DFASAM**, *Director of UCLA Addiction Medicine Service; Professor, David Geffen School of Medicine, UCLA, Los Angeles*

### Chair, Committee on Public Policy

**Randolph Holmes, MD, FASAM**, *Family Medicine Physician, PIH Health Physicians, Whittier*

### Chair, Committee on Integration and Access to Systems of Care

**Sharone Abramowitz, MD, FASAM**, *Integrative Psychiatry & Addiction Medicine Practice, SF & Oakland; Faculty, Academy of Integrative Health & Medicine Fellowship; Emeritus Faculty, Internal Medicine Residency, Alameda Health System*

# CSAM Executive Director to Retire in 2020

By ANTHONY ALBANESE, MD, CSAM PRESIDENT



It's with both sadness and gratitude that we announce the retirement of **Kerry Parker, CAE**, and separation from her management team at HollandParlette. Kerry will retire as CSAM's Executive Director in January 2020. We are thankful for the twenty plus years of outstanding leadership service she has provided for our organization. All of us at CSAM will miss her leadership and guidance. She has been a driving

force in CSAM's success over the past two decades. CSAM has grown significantly in size and influence since Kerry took over the role from our first Executive Director Gail Jara. Twenty years ago CSAM had about 350 members and a budget size of \$250,000. Today CSAM has over 700 members and our annual

budget is over \$1M, due in large part to expanded educational activities, innovative projects, and grants Kerry helped bring into CSAM. She has been a strong voice for us as an advocate in Sacramento in our work on public policy issues and physician well-being matters. CSAM's Board of Directors has approved a task force chaired by Immediate Past President David Kan, MD and President-elect Karen Miotto, MD to conduct a search to find a new Executive Director and management team. Kerry will serve as the point person to receive questions and comments that arise during this process. We want to assure you that CSAM is in a solid position with a dedicated Board that is providing effective governance to steer this search process. For the remainder of her tenure, Kerry will focus on the Society's business and strategic priorities and work with the Board to ensure a smooth transition. ■

## Newly Released: Guidelines for Physicians Working in California Opioid Treatment Programs

CSAM recently released an update to its "Guidelines for Physicians Working in California Opioid Treatment Programs (OTPs)". These Guidelines were developed to provide an overview and discussion of clinical care matters that fall under the responsibility of the Opioid Treatment Program (OTP) Medical Director and Program Physicians. The Guidelines were prepared and distributed first in 1998 and updated first in 2004, and again in 2008. The 2019 update was made possible through a SAMHSA Opioid State Targeted Response Grant through the California Department of Health Care Services (DHCS).

The updated Guidelines are a valuable resource for physicians working in California's OTPs. "This update represents what has changed in opioid pharmacotherapy and the uniquely challenging medical environment in which the OTP physician is responding to a diverse array of medical, psychiatric, and social problems, said **Walter Ling, MD**, one of three co-editors who worked with a team of 36 contributors to complete the Guidelines update. "In recent years, OTP physicians are seeing a growing number of patients who are addicted to prescription opioids rather than, or in addition to, heroin. Many of these patients have chronic pain issues as well as Substance Use Disorder (SUD)," said Ling.

The Guidelines are intended to assist OTP physicians in understanding their role and responsibilities in treatment, including those areas governed by state or federal regulation.

The Guidelines describe the role of the physician in an OTP and the clinical judgment involved in the development of an appropriate treatment plan for the delivery of patient care; describe responsibilities that should be carried out by the physician or the physician's designee; do not prescribe a standard of care, or specific treatment choices. Judgment regarding specific clinical situations must be made on the basis of the clinical information available and on the treatment options available.

The Guidelines provide guidance on general approaches to treating patients. "The physician working in the OTP is often the first medical provider with whom these patients establish a long-term therapeutic relationship so the OTP physician can be an important, even lifesaving, resource for patients enrolled in treatment, identifying the multiple medical problems that characterize chemical dependence and providing treatment or referrals to address these problems," said co-editor **Deborah Stephenson, MD, MPH**. When utilized by OTP physicians, the Guidelines serve to improve community safety and public health.

A copy of the updated Guidelines can be downloaded for free at: <https://csam-asam.org/mpage/guidelines-for-physicians>

Qualified OTP clinicians may request a free print copy of the Guidelines by sending a request to CSAM at: [csam@csam-asam.org](mailto:csam@csam-asam.org) or calling: 415-764-4855. ■

# Welcome New CSAM Members!

The following members joined after January 4, 2019:

Matthew Abinante, MD, *Huntington Beach*  
Amanda Adams, *Novato*  
Irene Ahlstrom, PharmD, *Dublin*  
Fahad Alhuzaimi, *Playa Vista*  
Soroosh Amanat, MD, *Chula Vista*  
Ben Anderson, LCSW, *Ukiah*  
Brian Anderson, *San Francisco*  
Marissa Andres-Kim, MD, *Chatsworth*  
Karen Antwiler, MD, *Rancho Mirage*  
Darinka Aragon, MD, *San Diego*  
Soraya Azari, MD, *San Francisco*  
Damandeep Baidwan, MD, *Modesto*  
Diane Bajada, FNP, *Lakeport*  
Nasrin Bashiri, MD, *San Mateo*  
Gerard Bautista, LMFT, *Rosemead*  
Ori-Michael Benhamou, MD, *Stanford*  
Esther Billingsley, PA, *Elk Grove*  
Jody Birkich, MD, *San Pedro*  
Justin Birnbaum, MD, *Stanford*  
Stephen P. Bradley, MD, *Lakeport*  
Nancy Brockington, MD, *Arcata*  
Kelley Butler, *Los Angeles*  
Leslie Cachola, *Elk Grove*  
Teah Caine, MD, *San Diego*  
Nancy Carballo, MD, *Downey*  
Sarah Carey, MD, *Encinitas*  
Charles Carpenter, MD, *Sacramento*  
Erik Carpio, MD, *Davis*  
Foster Carr, MD, *San Diego*  
Rachel Ceasar, MD, *Torrance*  
Isabel Chen, MD, *Los Angeles*  
Ted Chen, MD, *Santa Clara*  
Rafael Chiquillo Sosa, MD, *San Jose*  
Loretta Contreras, PA, *San Diego*  
Alexis Cooke, PhD, MPH, *San Francisco*  
Daniel Cox, MD, *Ventura*  
Hanumantharao Damerla, MD, *Arcadia*  
Adley Dason, MD, *Loma Linda*  
Mika DeCoster, *Ladera Ranch*  
Udaya DeSilva, MD, *Palmdale*  
Jenna Diggs, MD, *San Diego*  
David Do, *San Martin*  
Gul M. Ebrahim, MD, *Culver City*  
Allison Ellsworth, MD, *San Diego*  
Mehwish Farooqi, DO, *Sacramento*  
Jennifer Farrell, MD, *Costa Mesa*  
Natalie Ferraiolo, MD, *Encinitas*  
Nina Firooz, MA, LMFT, *Sherman Oaks*  
Charles Flores, LPC, *Oakland*  
Alfred Forrest, MD, *Prunedale*  
Amanda Franciscus, *Menlo Park*  
Ariel Franks, MD, *San Francisco*  
Tracey Fremd, NP, *Cameron Park*  
Karrin Genovese, MD, *Mill Valley*  
Tala Ghadimi, MD, *Glendale*  
Kenneth K. Gheysar, MD, *Laguna Hills*  
Brian Gordon, MD, *Los Angeles*  
Anne Goshgarian, MD, *Bishop*

Santos Elena Graham, PhD, *San Diego*  
Niraj P. Gupta, *Lake Elsinore*  
Zhila Hagbin, MD, *El Dorado Hills*  
Alexandra Hamb, MD, *Chula Vista*  
Eric Hargis, MD, *Coto De Caza*  
Brian Harris, MD, *Winnetka*  
T Kyle Harrison, MD, *Palo Alto*  
Sameer Hassamal, MD, *Bakersfield*  
Anna Haynes, *Torrance*  
Carroll-Anne Heins, *Oakland*  
Matin Hemmat, *Redondo Beach*  
David Horner, MD, *Temecula*  
Pam A. Howard, MD, MBA, FACS, *San Clemente*  
Ifeyinwa Igwe, MD, *Duluth*  
Bruce Imbert, MD, MSc, MPH, *Novato*  
Eileen Jandrisevits, *Carmel By The Sea*  
Terilyn Jones-Henderson, PhD, *Inglewood*  
Brandi Jordan, LMFT, *Fresno*  
Karl Kaplan, MD, *West Hills*  
Steven Kaye, MD, *Pacific Palisades*  
Wisam Khader, MD, *Palm Springs*  
Cynthia Kiefer, BA, *Newbury Park*  
Bruce Kinley, MSN, RN, CPHQ, *Gardena*  
Christina Kinnevey, MD, *Benicia*  
Robert A. Kleinman, MD, *Palo Alto*  
Steven Knapik, MD, *Big Bear Lake*  
Kim Kwai, *Sacramento*  
Soe M. Kyaw, MD, *Los Angeles*  
Samuel Leibovici, MD, *Northridge*  
Nathaniel Lepp, *Palo Alto*  
Roneet Lev, MD, *Poway*  
Aisha Van Pratt Levin, *Chula Vista*  
Spencer Liebman, *Los Angeles*  
Glenn Lipton, *Beverly Hills*  
Nicole Lowe, PhD, *San Diego*  
Megan Lung, MD, *Sacramento*  
Erin Lutes, RN, PHN, MS, CNS, *San Francisco*  
Ronit Lyon, MD, *San Diego*  
Elizabeth Marlow, RN, *San Anselmo*  
Joshua Marshall, *Big Bear City*  
Sofia E. Matta, MD, FASAM, *Oceanside*  
Caravella McCuistian, MA, *San Francisco*  
Janak Mehtani, *Sacramento*  
Ann Mendenhall, PA, *Point Reyes Station*  
Raul Meza, MD, *Ventura*  
Mallory Milam, MD, *Los Angeles*  
Stephen Mohaupt, MD, *Manhattan Beach*  
Claudia Mondragon, MD, *Happy Camp*  
Pete J. Muran, MD, *Newport Beach*  
Charles Murphy, *San Francisco*  
Patrick Murphy, MD, *Palm Springs*  
Sheri Mursick, *Big Bear Lake*  
Anthony Musielewicz, *Santa Cruz*  
Kristen Nelson, MD, *Los Angeles*  
Claire Nguyen, *Toronto*  
Michael Nguyen, *San Francisco*  
Nancy Nowlin-Finch, MD, *Los Angeles*  
Edward Outlaw, MD, *Santa Maria*

Sabrina Owens, MD, *Chula Vista*  
Yelennia Palacios, MD, *Chula Vista*  
Angelika Panova, *Placentia*  
Jennifer Papac, MD, *San Francisco*  
Thomas Parisi, *Los Angeles*  
Francine Park, MD, *Los Angeles*  
Samuel Park, MD, *San Diego*  
Paula Pelavin, *Napa*  
Bryan Pratt, NP, *Gridley*  
Michael Prichard, LAADC, ICAADC, ICADC, *Fresno*  
Sangeetha Raghuraman, MD, *San Jose*  
Christian Ramers, MD, MPH, AAHIVS, *San Diego*  
Anthony Ramynke, LMFT, *Newport Beach*  
Sean Re, MFT, LPCC, *Ukiah*  
Jessica Reddy, *Santa Monica*  
Kamakshi Reddy, *Los Angeles*  
Ellyse Rengstorf, MD, *San Diego*  
Jessica Ristau, MD, *San Francisco*  
Herbert Rivera, LCMC, *San Francisco*  
Allen Rodriguez, MD, *Chula Vista*  
Janelle Rodriguez, MD, *Los Angeles*  
Jason Roley, MD, *Los Altos*  
John Rosenberg, MD, MPH, *Berkeley*  
Michelle Rowe, DO, *Livermore*  
Ramsey Salem, MD, *Los Angeles*  
Natalia Salinas, *Covina*  
Gloria Sanchez, *Laguna Beach*  
Benjamin Seligman, MD, *Los Angeles*  
Amin Shamal, MD, FASAM, *Manteca*  
Katelyn Sharp, *West Sacramento*  
Sarah Sicher, MD, *South Pasadena*  
Depinder Singh, MD, *Los Angeles*  
Daniel Smeester, MD, *San Ramon*  
Andrew Smith, PhD, *Elk Grove*  
April Soto, *Pasadena*  
Robert Spencer, MD, *Burlingame*  
David Sprenger, *Sacramento*  
Christopher Stanwick, CADC, *Sacramento*  
Christopher J. Swanson, MD, *Riverside*  
Brian N. Talleur, MD, CMO, *Lodi*  
Srbui Torosyan, *Van Nuys*  
Andrew Tung, *Los Angeles*  
Brandon Uribe, RN, CNP, *San Dimas*  
Arman Uzunyan, MD, *Bakersfield*  
Gabby Ventura, MD, *Chula Vista*  
Sally Vrana, MD, *San Francisco*  
Alexandra Warrick, *Sacramento*  
Stephani Wicks, RN, CNP, *Sacramento*  
Ariana Wilkinson, MD, *Santa Monica*  
Jennifer Katy Wilson, MD, *Bayside*  
Steven Wirth, *Ukiah*  
Michael Yanuck, MD, *Sacramento*  
Erin Yao-Cohen, *San Francisco*  
Zachary Zwolak, MD, *Ventura*

# CSAM Opposes Changes to Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2)

**O**n September 25 before the closing of the comment period, CSAM opposed proposed changes to Section 2.63(a)(2) in the recent Notice of Proposed Rule Making (NPRM), and asked that SAMHSA not change this section of the current rule. This proposed change is a fundamental and substantive change to privacy regulations that will allow personal health information to be shared outside the healthcare system for criminal justice purposes. For the first time in history, drug trafficking is being specifically included as a serious crime in this proposed rule. The definition of “serious crimes” has historically been limited to violent crimes such as rape and murder. Since dependence on illegal drugs almost by definition involves some form of illegal drug activity, which could easily be classified as drug trafficking, the criminalization of substance use disorders is not the answer to this public health crisis.

Use of records for investigating and prosecuting alleged crimes beyond the patient (e.g., family, friends, associates, treatment providers and researchers) has never been included in the past. The language in section 2.63(a)(2) must remain as stated in

the current rule limiting such court ordered release of records to very serious crimes allegedly committed by the client.

If the proposed language remains in the proposed rule change, the only way that a person can avoid potential investigation and prosecution is to not go into treatment. Twelve-step programs, Oxford Houses, and other self-help programs that operate off the grid would be the only rational option for anyone trying to protect their privacy and seek help.

This proposed change is not in line with the best interests of society or patients seeking treatment for substance use disorders and their families. A change of this nature will deter people in need of treatment from seeking care out of fear of law enforcement involvement, which goes against the fundamental purpose of 42 CFR Part 2. “Part 2” was created to encourage people to seek care without fear of legal repercussions or stigma.

CSAM also asked SAMHSA to extend the comment period. The proposed change, which affects hundreds of thousands of people, is significant. This proposed rule change needed more than 30 days to analyze and respond to the NPRM. ■

## CSAM's Addiction Medicine Review Course is Now Available Online!

If you missed the CSAM Addiction Medicine Review Course and Exam Preparation Track offered in Anaheim, CA on September 4-7, 2019, you now can access the recordings and earn the CME online!



The **CSAM Review Course in Addiction Medicine 2019** provides an in-depth overview of the essentials for treating addiction, from basic epidemiology, pharmacology, and neurobiology to the challenge of identifying dependent or at-risk patients across many different treatment settings, from the emergency room to the intensive care unit and private practice. Participants will come away with practical knowledge that can be applied to real-world situations, as well as help them study for the ABPM Board Exam in Addiction Medicine. Presenters are nationally recognized experts and clinicians with extensive practical experience. The activity consists of 19 recordings of presentations and provides 15 hours CME/CE credit hours. Price: \$595 CSAM/ASAM members; \$795 non-members

The **Board Exam Preparation Track** is designed for those taking the Addiction Medicine Board Exam from the American Board of Preventive Medicine (ABPM). This course helps test-takers focus on high-yield concepts and successful study methods. It's the only Exam Prep with 7 hours of on-demand review of high-yield practice test questions with explanations of the correct answers. It includes 13 Board Exam Prep Track Videos from the Review Course and CSAM's newly updated Interactive Question Bank. This activity provides 15 hours CME/CE credit hours. Price: \$395 CSAM/ASAM members; \$445 non-members.



To access these two new online activities, go to CSAM's Online Education Center at: [www.cme.csam-asam.org](http://www.cme.csam-asam.org)



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