



American Medical Society on Alcoholism & Other Drug Dependencies, inc.

NEWSLETTER

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MEMBERSHIP APPROVES CONSTITUTION, BYLAWS

Members recently ratified changes in AMSAODD's constitution and bylaws. Of the 897 ballots received by Nov. 30, 1987, all but six voted yes to the changes, the first since 1985.

SOME RULES FOR NEW CHAPTERS

--a majority of AMSAODD members in a state must be in favor of developing a chapter;

--a majority of chapter members must be current active AMSAODD members when the chapter is chartered.

Why state chapters? According to executive director Manny Steindler, state chapters "can enlarge upon local efforts to encourage AMSAODD membership, sponsor conferences, engage in legislative activities, and relate to other state medical organizations. I've had several calls already from people about applying for state chapterhood," he said in mid-December.

At least ten AMSAODD members are needed to start a chapter. There will be no chapter representation on the AMSAODD board, but chairpeople will be welcome to attend board meetings--as are state chairs, and in fact any AMSAODD member.

CHAPTER APPLICATIONS NOW AVAILABLE

Applications for charter as a chapter of AMSAODD are now available from the Chicago office: Suite 204, 6525 West North Ave, Oak Park, IL 60302. Phone: (312)848-6050.

COMPOSITION OF REGIONS

The purpose of regions is to elect regional board members.

--the minimum for a region (50) stays the same. The minimum for a state to become a region by itself has been increased from 150 to 200 members.

--if a region's members fall below 50, they will be reassigned.

--two adjacent states with more than 200 members can be designated a region.

--any region with more than 400 members can be divided into two regions.

MEMBERSHIP

New categories: --certified members (have passed AMSAODD's certification exam in chemical dependency, or have otherwise been certified by the society);

--house officer members (intern, resident or fellow).

ELECTING DIRECTORS

--regional directors will be elected every four years: in 1989, 1993, 1997, etc.

--directors-at-large will also be elected every four years, but alternate years to regional directors, e.g. in 1991, 1995, 1999, etc.

--the nominating process will be more democratic: for officers and for directors-at-large--by petition of 25 AMSAODD members; for regional directors--by state chairs or groups (of 10 or more members) from the region.

--two nominations will now be needed for each regional director or director-at-large to be elected.

FLORIDA TO APPLY FOR
AMSAODD CHAPTER CHARTER

Over 40 physicians attended the Florida 'chapter's' statewide educational program Jan. 16 in Tampa, for 7 Category I CME's.

Speakers included Jess Bromley, MD, secretary of the AMSAODD board of directors, who told Floridians about "The California Experience" (history of the California Society for the Treatment of Alcoholism and Other Drug Dependencies: its review course, certification exam, impact on AMSAODD's certification program and on alcohol and drug treatment policy). A former AMSAODD president, LeClair Bissell, MD, spoke on AMSAODD's history and ethics in AIDS and other areas.

"We will apply soon to AMSAODD for charter as a state chapter," Richard Tyson, MD, told AMSAODD Newsletter. If approved by AMSAODD's board, this could be the first state chapter. Dr. Tyson is president-elect of the organization, called FMSAODD, and editor of its newsletter. David Myers, MD, is president.

Aims and goals of FMSAODD for 1988:

- obtain specialty status in addictionology from FMA (Florida Medical Association);
- become a chapter of AMSAODD;
- impact on state legislation;
- reach more physicians with CME programs through a standing educational committee;
- expand membership;
- improve quality of newsletter (new editor will be Fred W. Frick, MD);
- print/maintain state membership list.

FMSAODD's executive committee voted Jan. 16 to raise annual dues from \$25 to \$50. "Over half of Florida's AMSAODD members must agree to our chartering as a chapter, and be members of our new chapter," said Dr. Tyson. "We want to keep FMSAODD dues at a realistic yet viable level."

FMSAODD will hold a state meeting in Washington, DC, on Apr. 21. As in 1987, the Florida 'chapter' has reserved a table at the Ruth Fox Course for Physicians luncheon. (The AMSAODD medical-scientific conference runs from Apr. 21-24). FMSAODD board member Lynn Hankes, MD, is director of the Ruth Fox Course.

VERMONT 'CHAPTER' MEETINGS

For the past year, Vermont and New Hampshire 'chapters' of AMSAODD have met every other month to "share dutch-treat dinner, matters of professional regional concern, and a 30- to 60-minute presentation by a group member" on a "subject of particular interest and individual expertise," writes Allan W. Graham, MD, of St. Johnsbury, VT. Usual attendance: 10 to 15. "We maintain a mailing list of 50 physicians, and send reminder postcards one month before each meeting. I encourage other 'chapters' to venture into such meetings, as the fellowship and opportunities to share knowledge are invaluable."

ATTENTION NAVY PHYSICIANS

Are there any other Navy physicians in AMSAODD who would be interested in setting up a contact network in the addictions field? I am a flight surgeon at Whidbey Island Naval Air Station and would welcome hearing from them.

Nora Wilcox, MD
LCDR, MC, USN,
Naval Hospital, Oak Harbor, WA 98278

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KAISER PERMANENTE
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The very first SECAD in 1976 had a couple of hundred registrants and no exhibits. This year, SECAD 1987 (Southeastern Conference on Alcohol and Drug Abuse) drew about 1300 registrants (over 100 physicians) and 155 exhibitors to Atlanta Dec. 2-6. The faculty included 17 physicians.

SECAD is sponsored annually by Charter Medical Corp. and co-sponsored by AMSAODD: 23 CME's were offered in Category I of the Physicians Recognition Award of the AMA.

Presentations by AMSAODD members included LeClair Bissell, MD, on ethics, plus a special evening workshop on AIDS with questions and answers from the audience; Martin Buxton, MD, on the DSM-III co-dependency gap; Anne Geller, MD, on long term withdrawal effects of abused drugs; James Halikas, MD, on adolescent alcohol and drug abuse; Larry R. Hart, MD, conference chairperson, on treating the impaired professional; Paul King, MD, on spirituality in adolescents; James E. Fugedy, MD, on neuropharmacology of cocaine; William J. McKenzie, Jr, MD, on emotions and compulsions; Lewis "Luke" Reed, MD, with his traditional "Early Bird Meeting;" Michael Rehmar, MD, on EAPs; Anne Marie Riether, MD, on addicted women; Max A. Schneider, MD, on smoking in recovery.

Fellowship meetings in the late evenings included AA, NA, ACoA, OA (Overeaters Anonymous), Al-Anon, CA (Cocaine Anonymous), and a "12 Step Meeting for Incest Survivors." There was also an Al-Anon/Alateen breakfast.

Maxwell N. Weisman, MD, former AMSAODD president, won the SECAD Award this year for outstanding contributions in the field of chemical dependency. Dr. Weisman has been a SECAD speaker since the beginning. This year he was on the conference committee with Drs. Hart, S. Reaves Lee, Lonnie Scarborough, and Verner Stillner.

The award took Dr. Weisman totally by surprise. Characteristically a sharp dresser, that morning he was wearing blue jeans and a casual shirt. When he bounded to the front of the auditorium to accept the award, he said, "I've never been known to be speechless, but I am on this occasion!" Then he added, "Except I want to thank everybody involved."

AMSAODD is still accepting registrations for its Second Annual Forum on AIDS and Chemical Dependency Feb. 18-20 in Phoenix, AZ.

A faculty of 25 experts will offer the most comprehensive examination to date of the interface between these two disease states. Topics will include HIV testing; methadone's role in AIDS prevention and treatment; teaching safer sex and safer drug use; female addicts with AIDS, and their children; diagnosing and treating addiction in AIDS patients.

Registration fee for AMSAODD members is \$175; for a companion or medical student, \$100. Checks payable to AMSAODD can be sent directly to: AMSAODD Conference Information (AIDS), PO Box 81691, Atlanta, GA 30366.

Phone: (404) 458-3382.

For hotel reservation, phone the Hyatt Regency hotel in Phoenix: (602) 252-1234. Conference rate: \$89, single or double.

ADDICTIONOLOGIST

Charter Hospital of Columbia, a 96-bed psychiatric hospital, has an immediate opening for a board certified or board eligible psychiatrist or internist to assume the duties of Medical Director of Adult Chemical Dependency Program, while establishing a private practice.

The Director will provide medical supervision to a multi-disciplinary team, using a 12-Step Treatment model.

The hospital is located on I-70, two hours from both St. Louis and Kansas City, in a city known as a regional center for medicine and education. Columbia has the University of Missouri and its medical school, six hospitals, and two colleges. The area provides a nationally recognized public school system, cultural events, exceptional recreational opportunities, and a high standard of living at a comparatively low cost.

The position offers an attractive salary, relocation package, income guarantees and support.

Send Vita to: Administrator
Charter Hospital of Columbia
200, Portland, Columbia, MO 65201
Phone: (314) 876-8000

Dear Editor:

I would like to suggest that AMSAODD become a resource for students considering both medicine and the field of chemical dependency. I am a 1984 medical school graduate (Mayo) and am currently a CD fellow at the University of Minnesota. I plan to take the AMSAODD certification exam in 1988.

Could AMSAODD offer advice to students in such areas as admissions procedures, honesty about personal recovery, choice of

field, and what options are available in the field? Career guidance in chemical dependency seems lacking unless we are fortunate enough to go to a national CD conference and get introduced to physicians who are in the field, as I have done.

When I applied to medical school and for my residency, I had few resources to help me with these questions. A service to offer advice to students could also attract more people to the field.

Marvin D. Seppala, MD
Minneapolis, MN

MEDICAL DIRECTORS/STAFF PSYCHIATRISTS/PRIMARY CARE PHYS.: StarMed Staffing Corporation offers ongoing opportunities nationwide with psychiatric and chemical dependency facilities. Our 10 years of expertise in the behavioral health field will enhance your success in locating the best opportunity. Send CV to: Joyce Adams, Director, Behavioral Health Division, StarMed Staffing Corp, 3421 W. Cypress, Tampa, FL 33607, or call 1-800-STARMED. No fee or obligat.

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MEDICAL DIRECTOR for 500-bed gen'l hospital w. 30-bed adult inpat. CD prog. Work P/T as medical director while operatg a private practice. Direct patient care, clinical supervision, program planning, marketing, PR, prof'l training. Bd. certified in specialty required, addictionology certification desirable. Recovering physicians encouraged. Write/call David Schwemer, Director, Substance Abuse Center, Memorial Hospital, 142 S. Main St, Danville, VA 24541; 804-799-4423.

STAFF PHYSICIAN fulltime needed at Turning Point, a 54-bed specialty hospital dedicated to the treatment of addictive diseases. Physician will work closely with our medical director in providing direct patient care while developing new program. Personal recovery preferred, AMSAODD certification desirable. Guarantee plus percentage and full benefit package. Send resume to: Gary Boulkin, Managing Dir., Turning Point, PO Box 1177, Moultrie, GA 31776

P/T PSYCHIATRIC DIRECTOR for adolescent C.D. program in NJ, near NYC. Board certif./eligible psychiatry, NJ license. 4-8 hours per week. Box REG 412, 12th floor
360 Lexington Avenue
New York, NY 10017

PSYCHIATRIST HALF TIME
Smithers Center-St. Luke's Roosevelt Hospital. Coordinate in-hosp consultation team and provide psych.assessments for patients in rehab unit. Resume to: Anne Geller, MD, Smithers, 428 W.59, New York, NY 10019

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The Mediplex Group, Inc.
15 Walnut Street
Wellesley, MA 02181
(617) 446-6900

Phone:
Toll free (outside Mass.)
1-800-633-4759

REGION III GETS TOGETHER

With all of our busy schedules and the scores of conferences offered, is it really worth putting on a conference to get an AMSAODD region's members together? Forty from the New England states voted "yes" with their feet. We met on the outskirts of Boston (Framingham) on Nov. 21, 1987, from 9:00 A.M. to 3:00 P.M.

Our goals: a conference with topics of regional interest and concern; a participatory meeting, not a series of passive lectures. Also, the state chairs saw this as a way for members to network; to discover local resources; to decrease professional isolation; to enjoy some time with kindred spirits (the non-alcoholic variety!).

Presentations covered: the range of cost issues in inpatient vs. outpatient care; relapse prevention and need for more recovery homes; developing media presentations for public and medical audiences, specifically videos. We even had two "State of the Society" addresses from the president and the treasurer of AMSAODD (Drs. Margaret Bean-Bayog and Bill Hawthorne). Region III has its share of power and money!

So, was it really worth the effort? Even though the budget was miniscule, the "brochure" humble (one mailing of a typed notice), and the planning done by telephone and late at that?

Evaluations rated the time excellent or good in all but two cases. Judging from the vigor of discussion and the hum of interaction and net

working, the evaluations are accurate. Perhaps the real vote will be next year's Region III meeting. This year, one in six members came to the conference. (One in four if we exclude New Jersey; which is part of Region III more in name than in realistic geography.) Next year? Stay tuned.

David Mee-Lee, MD
Regional Director
Region III

LECLAIR BISSELL SURGERY

LeClair Bissell, MD, a founder of AMSAODD and chair of the membership committee, is recovering from surgical intervention for Cushing's syndrome at Roosevelt Hospital in New York City. We are delighted with her recovery and wish her a speedy return to our ranks.

PSYCHIATRY MEDICAL DIRECTOR OF CHEMICAL DEPENDENCY SERVICES Southeast Wisconsin

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This beautiful community offers a progressive, culturally rich lifestyle within a rural environment. Located in Vermont ski country, both downhill and cross country skiing are popular. There are five excellent colleges within a one hour drive. Both the local public and private school systems are well regarded. The area is very stable economically, containing primarily service oriented industries. This is an excellent area to develop all aspects of your life.

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Patricia Kassel
Psychiatric Placement Specialist
VHA Physician Placement Services
1600 Embassy Square Blvd., Suite 1605
Louisville, KY 40299
Call toll free 1-800-626-1857
In Kentucky 1-800-292-1856

BOOK REVIEWS

ETHICS FOR ADDICTION PROFESSIONALS by LeClair Bissell, MD, CAC and James E. Royce, SJ, PhD. (Hazelden, 1987, ppb, \$6.95)

This book tackles some of the toughest questions in the addiction field. A set of ethical behaviors is always difficult to define, but especially so in a field which is relatively new, expanding rapidly, and potentially subject to much commercial influence. Drs. Bissell and Royce organize their subject into seven well-defined chapters. A very wide range of issues is addressed, including many critical areas such as the level of competency of workers in the field, dealing with relapsed therapists, accurate reporting of treatment center success, AIDS testing, kickbacks to referral sources, therapist contact with former patients, and confidentiality issues.

The approach is bold and the questions which we have all battled with are set out in black and white. The authors make thoughtful suggestions and lay down fundamental ground rules of ethical behavior. The book concludes with a wonderful thirteen-point code of ethics. There follows an appendix with ten case studies in ethical decisions to stimulate our thinking. The book is neither aloof in approach nor overly philosophical in outlook; it is a practical "hands on" approach to sticky issues which confront us in our daily work. It is comprehensive in scope and very well written; it should be required reading for anyone working in the field.

Anton M. Krone, MD
Tampa, Florida

DUAL DISORDERS by Dennis C. Daley, MSW; Howard Moss, MD; Frances Campbell, MSN (Hazelden, 1987, ppb, \$7.95)

Too often, the patient who is chemically dependent and--at the same time--suffering from a psychiatric disorder, is misunderstood, misdiagnosed, and mistreated. Even worse, that patient may be rejected by or shuttled back and forth between numerous treatment centers in both fields.

This short paperback (136 pages) is an excellent and self-admitted "beginning step" in the process of managing such patients. While obviously addressed to counselors and necessarily a rather limited overview, the material presented is extremely well organized and should prove useful even to physicians certified by AMSAODD, the psychiatric board, OR both!

Obviously not all DSM-III diagnoses can be covered. One chapter mentions the most prominent characteristics of the three major groups of personality disorders, then goes into greater depth with one case history of a man with antisocial personality, and one of a woman diagnosed as a borderline personality disorder. Another chapter is devoted to affective disorders; its cases are a woman with major depression and a man with bi-polar disorder. The chapter on anxiety disorders focuses on a woman with panic attacks and agoraphobia, and a man who was a Vietnam War veteran with PTSD. The book is rounded out with chapters on schizophrenia and on organic brain syndromes that include case histories.

In each instance a diagnosis of alcoholism is skillfully interdigitated. Every illness includes discussion of assessment criteria, assessment issues, counseling issues, and the use of halfway houses, outpatient care, AA, and NA. Specific issues are remarkably well handled: the role of the family, the use of medication, evaluation of suicidal risk, attitudes toward "mental patients," and whether alcoholism or the psychiatric illness should be treated first.

This reviewer is entirely in agreement with the authors that every alcoholic presents a different profile, that there can be no cookbook approach, and that the specific treatment needs and goals of each alcoholic will vary. It is in no sense, therefore, a criticism of this book to hope that these authors and others will explore in future volumes the special problems of adolescents, women, the aged, and ethnic groups who are also ill with dual diagnoses. In the meanwhile, DUAL DISORDERS is highly recommended.

Maxwell N. Weisman, MD
Baltimore, Maryland

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1. Doctor of Medicine (MD) degree.
2. Experience w/substance abuse programs.
3. If in recovery, prefer minimum of 5 years sobriety.
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Reply, including c.v., to:

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This symposium will feature 10 nationally known speakers providing their personal perspectives on current and future trends in treatment of chemical dependency.

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Chemical Dependency Program, Modesto Psychiatric Center

CME CREDITS PROVIDED EARLY REGISTRATION FEE: \$150.

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Modesto Psychiatric Center, 1501 Claus Road, Modesto, CA 95355.

Yes, I want to register for "Current Trends In Chemical Dependency."

Enclosed is my check for \$150. Please send more information to:

Name _____
Title _____
Organization _____
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City _____ State _____ Zip _____

Modesto Psychiatric Center is operated by Psychiatric Institute of America, part of the NME Specialty Hospital Group.

Dear Editor:

I enclose a copy of a guest editorial I did for the Binghamton Press-Sun Bulletin December 9, 1987 (after rejection by the New York Times). I think some people in the [CD] treatment profession haven't thought through all the legal implications of the disease concept of alcoholism, so I'd hope it will spark some debate.

"Alcoholism and the Legal System
 Guest Viewpoint
 By Dr. Barbara Chaffee

"...If the criminal justice system adopts a disease model that is strictly analogous to other diseases, it may serve neither the alcoholic nor those who also suffer from the consequences of the drinking.

"Suppose a cardiac patient had a heart attack that caused him to drive across the median strip and hit another car, killing the driver. It would not be appropriate to charge him with manslaughter. If, however, an alcoholic did the same thing while intoxicated, it would be inappropriate not to charge him.

"To allow an alcoholic to plead not guilty to any criminal act on the basis of alcoholism is to enable him to continue to deny the seriousness of his disease and, therefore, to exacerbate the disease. If he is guilty of DWI he should be found guilty, but the sentence should include both the appropriate legal consequences (fine, loss of license, jail time, if appropriate) and a court mandate for treatment.

"Disability questions are even more fraught with hazard. The actively drink

ing alcoholic is indeed disabled, but if he receives long-term disability payments without a mandate for treatment, we will be paying him to get worse. A patient should receive supportive disability payments while in in-patient treatment, but then needs to know that further recovery from his disease involves taking responsibility for his own support, going back to work, paying his bills and fines, and making amends, where possible, for the consequences of his drinking. This has always been part of the Twelve Steps in Alcoholics Anonymous and should not be sabotaged by the legal system.

"It may seem that I am asking too much of the legal system. After all, we allow patients receiving full disability for heart or lung disease to go on smoking; we do not mandate adherence to diets for disabled diabetics. Cardio-respiratory disease and diabetes, however, do not affect the people around the patient in the way alcoholism does. Court mandate for treatment and abstinence can provide the therapeutic coercion the alcoholic needs to get into good recovery.

"Alcoholism is a disease. No one chooses to become an alcoholic. However, recovery is not passive; the patient must take responsibility for the consequences of the disease and become actively involved in treatment. The legal system can be an enabler for the alcoholic and exacerbate the problem if the disease concept is misused, or it can become an effective aid to treatment so that the alcoholic and all of those who suffer along with him or her can get into good recovery."

Barbara Chaffee, MD
 Binghamton, NY

[Any comments? We'd love to have them.
 This is your column--Editor]

PHYSICIAN with experience/interest in Chem.Dep. to join progressive group of MD's with expanding full service substance abuse prog. in coop. with local hosp. Services inc. inpt. & outpt. care for alcohol, opiates, etc.; inc. adult, adolescent, and prenatal programs. Group also provides comprehensive Occup.Med.Services inc. EAP. Position avail. full/part-time in Addictionology or in combo with F.P. at Ambulatory Care Center and/or Occup.Med. Located Mass. near Berkshires, 3 hr. NYC, 1-1/2 hr. Boston; 4-season recreational area near colleges and univ. Exc. remuneration. Send CV in confidence to: Medical Director, Community Medical Care, Inc., 260 New Ludlow Rd, Chicopee, MA 01020.

Dear Editor:

I hope this prompt answer to Dr. Barbara Chaffee's letter will not hinder other readers from answering her as well.

Dr. Chaffee has expressed considerable concern regarding the impact of the disease concept of alcoholism upon the criminal justice system. All of us in AMSAODD have great sympathy with her dilemma. We understand the suffering of the alcoholic patient, as well as the likely genetic, familial, and societal predisposition to the illness. We also see its ravages on innocent others, whether they be family, co-workers, or a child crossing the street at just "the wrong moment."

However, I wonder whether we are confused about the issues. In my opinion, we should not discard scientific nomenclature such as "disease concept of alcoholism" simply because there will be social, legislative, or legal difficulties in handling the truth as we see it. In actuality, the criminal justice system does not accept the innocence of felons based simply upon their underlying alcoholism--disease or not. We each bear the ultimate responsibility for our acts, whether or not a clever attorney attempts to "cop a plea" entailing sympathy, illness, etc.

Let's make Dr. Chaffee's illustration a bit more specific: suppose the cardiac whose car went out of control had suffered two previous myocardial infarcts, been warned about driving, and denied this history on a subsequent driver's license application. Any responsibility for the "accidental" death?

The issues of disability are potentially even more contentious. Some years ago one of my patients hurt his back while working for the post office. Alcoholism was neither involved nor an issue. The patient chose to avoid corrective back surgery for

his discogenic disease, despite severe neurologic dysfunction and a demonstrable lesion. Over the next 20 years he became progressively more crippled. He never again held a job. To this day he is supported by workman's compensation. How would this case differ from Dr. Chaffee's fears regarding alcoholism?

Yes, certainly the disease of alcoholism can be misused. Almost anything can. Lifestyle has enormous impact upon most illnesses--hypertension, diabetes, arteriosclerosis, to name but a few. But we do not change scientific nomenclature because of that. Our society spends millions, perhaps even billions, of dollars yearly, caring for illnesses that can be largely prevented. We rarely mandate the preventive care of such patients, and has anyone heard of a movement to rescind the "disease concept" of arteriosclerosis?

We physicians should make an independent scientific decision regarding this issue: that alcoholism is a disease. Disease is a dysfunctional state with characteristic form. That is the best definition I know. It fits all the illnesses about which I have been taught. It satisfactorily separates disease from symptom, and it does not suffer from the 19th Century myopia of perceiving only the gross pathological or the infectious types of illnesses. No illness has any greater "characteristic form" than alcoholism, despite the fact that we lack, as yet, insight into its definitive etiology.

In spite of my sympathy for Dr. Chaffee's concerns, I hope that we in the field of chemical dependency will demand nothing less scientifically accurate than the proper conceptualization of our patients' disease, and the ultimate right to medical care which stems from that.

Stanley E. Gitlow, MD
New York City

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DIRECTOR OF CLINICAL RESEARCH IN SUBSTANCE ABUSE

The Department of Psychiatry of the School of Medicine, University of California, San Francisco and the San Francisco Veterans Administration Medical Center (SFVAMC) are seeking a director of clinical research in substance abuse for the Psychiatry Service at the SFVAMC. The substance abuse services at the SFVAMC include a 20-bed inpatient unit, a 150-patient methadone maintenance clinic, and a 100-patient alcohol outpatient clinic. The incumbent will be responsible for the development and coordination of clinical research activities which are centered on these units. The position will be at either the associate professor or professor level and will be available on July 1, 1988. The incumbent will play a major role in Department of Psychiatry programs in substance abuse at its various sites. Once this position is filled, the incumbent will play a major role in recruitment of a junior colleague at the SFVAMC.

The ideal candidate would be a Board Certified Psychiatrist, with a record of clinical research in the biological aspects of substance abuse; the capacity for skilled clinical and educational leadership of medical students, residents, and fellows; and a demonstrated ability in administering a clinical research program. Eligibility for California licensure is required.
Applications must be received by March 1, 1988.

Please send resume to Lawrence Tierney, MD, Search Committee Chair, Medical Service (111A), Veterans Administration Medical Center, 4150 Clement Street, San Francisco, CA 94121. UCSF and the SFVAMC are equal opportunity/affirmative action employers. Women and minorities are encouraged to apply.

1988 AMSAODD
CERTIFICATION EXAM

California: to be announced
Reminder: no exam in 1989.

Deadline for applications to take the 1988 exam is Feb. 10. (Applications were mailed to all AMSAODD members the middle of last month.)

Results of 1987 exam will be mailed at the end of February. Special arrangements will be available to anyone who did not pass that exam to re-apply to sit for the 1988 exam.

Next exam date: December 17, 1988.
Location (New Orleans and New York City): same sites as Review Courses.

Review Courses:
New Orleans: Oct. 6-8, 1988
New York City: Nov. 17-19, 1988

For further information, call the AMSAODD New York office: (212) 206-6770.

AMSAODD MEMBERS
JOIN NCA

Between mid-November and mid-January, 242 AMSAODD members joined NCA (National Council on Alcoholism). A contribution of \$50 or more to NCA brings its newsletter, medical/scientific advisories, legislative alerts, and literature catalogue.

NCA and AMSAODD share their annual meetings: The Medical-Scientific Conference and National Alcoholism Forum will be held in Washington, DC, this year April 21-24.

AMSAODD Newsletter Subscription Form

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p. 12 FUTURE MEETINGS

Sponsored or co-sponsored by AMSAODD (one-time listing for co-sponsored conferences).

9th Annual Training Institute on Addictions: Clearwater Beach, FL, Feb. 4-9.

Institute for Integral Development, PO Box 2172, Colorado Springs, CO 80901. (303) 634-7943.

Journey Into Self: Caribbean, aboard the Song of America, Feb. 7-14.

Agency International, 22 Lenox Pointe NE, Atlanta, GA 30324.

1-800-445-0616.

AMSAODD's 2nd Annual Forum on AIDS and Chemical Dependency: Phoenix, AZ, Feb. 18-20.

Conference Information (AIDS), PO Box 81691, Atlanta, GA 30366.

(404) 458-3382.

AMSAODD Board Meeting: Sun. Feb. 21, Phoenix. (212) 206-6770.

SECAD-West - The Western Conference on Addiction: Phoenix, AZ, Mar. 9-13.

Charter Medical Corp, PO Box 209, Ste 701, Macon, GA 31298.

1-800-845-1567.

(912) 742-1161 (in GA).

The Impaired Professional: Dual Diagnosis, Networking and the Medical Family: Lake Charles, LA, Mar. 10.

Impaired Physicians Program, Louisiana State Medical Society, 1700 Josephine St, New Orleans, LA 70113.

2nd Annual Conference on Children of Dysfunctional Families: Santa Fe, NM, Mar. 23-26.

Institute for Integral Development (see above)

Northern California Symposium: Current Trends in Chemical Dependency:

Stockton, CA, Mar. 25-26.

Modesto Psychiatric Center, 1501 Claus Rd, Modesto, CA 95355.

(209) 524-4888, Ext.217

Florida National Conference on Cocaine: Orlando, FL, Apr. 14-16.

US Journal, 1721 Blount Rd, Ste #1, Pompano Beach, FL 33069.

(305) 979-5408.

AMSAODD Medical Scientific Conference: Washington, DC (Hyatt Regency-Crystal City) Apr. 21-24.

AMSAODD Board Meeting: Wed. Apr. 20.

Ruth Fox Course for Physicians: Thu. Apr. 21.

NIAAA/AMSAODD Program: "Recent Advances in Biological Markers of Alcoholism." Sat. (A.M.) Apr. 23

AMSAODD Awards Luncheon: Sat. Apr. 23.

AMSAODD, 12 W. 21 St, New York NY 10010.

(212) 206-6770.

NECAD 88 - Northeastern Conference on Alcoholism and Drug Dependence: Newport, RI, May 1-4.

Jane A. Drury, Conference Coordinator, Ste 407, Beacon Hill Rd, Newport, RI 02840.

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