

CSAM Introduces New Forum for Dialogues in Addiction Medicine

Perspectives on Hythiam's Prometa Treatment for Addiction

BY TIMMEN CERMAK, MD, EDITOR

As the new editor of CSAM's Newsletter, I am excited to introduce the FORUM. Each newsletter, I will choose an issue that would benefit from being elevated to the surface, where open discussion of different perspectives can advance our understanding of the issue, and of each other. Views will be presented not in a Pro-Con, Point-Counterpoint framework, but rather as examples of differing perspectives. Dialogue will be the most important goal for each FORUM.

FORUM COMMENTARY

There are two important themes threading through the two perspectives on Hythiam's Prometa that possess particular relevance for addiction medicine, both in terms of their impact on the practice of treating addiction and the special expertise practitioners in our field can bring to an understanding of these themes. Both themes are far larger than the issues presented by Hythiam's Prometa; but the perspectives expressed by Smith/Torrington and Rawson/McLellan, on pages 2-3 of this newsletter, clearly illustrate the two themes.

The first theme involves the question of what standards of evidence need to be met for a treatment to achieve "evidence-based" status. By submitting itself to the rigors of evidence-based medicine, the addiction field has substantially increased its credibility. The more clarity we develop regarding the different standards of evidence required for a potential treatment to warrant further investigation, clinical trials, widespread adoption as an available treatment, or being recognized as the standard of care, the easier task we will have evaluating Hythiam's claims for Prometa's safety and efficacy. Even Prometa's advocates support the need for more rigorous, double-blind and properly controlled studies. As with all new and potentially helpful treatments, we can hope that the results of these studies will be positive while simultaneously evaluating them through a highly critical, even skeptical lens.

The second theme involves the role of marketing new therapies, especially direct marketing to the consumer,

and most especially when the treatment has not yet met the most rigorous tests for safety and efficacy. This issue transcends addiction medicine, pervading the whole of medicine. We will not resolve it on our

own without a resolution that involves the entire pharmaceutical industry's relationship to medicine. However, where we feel the best interests of those suffering from addictive disease are being impacted, we have an obligation to identify and debate that impact. The issues here are complex. In a free society, it is often difficult to distinguish between brave and innovative approaches being championed by a few and treatments that are being prematurely promoted for financial gain or out of unrealistic enthusiasm. We have two effective, though often slow, mechanisms for making this distinction: scientific research and our collective clinical judgment, arrived at through open dialogue. Thus - the CSAM Addiction Medicine FORUM.

ABOUT PROMETA

The Prometa treatment for addiction (based on flumazenil, gabapentin, and hydroxyzine) was empirically developed by Dr. Legarda in Madrid about 6 years ago. Hythiam is a publicly traded healthcare management and services corporation formed about 3 years ago that promotes and provides Prometa treatment. To date, more than 700 patients have undergone the treatment in the US and more than 2000 worldwide.

Important questions and strong opinions about Prometa and Hythiam, in a spectrum from positive to negative, have been circulating without producing much constructive dialogue. The following FORUM is designed to raise whatever issues exist to the level of productive debate.



continued on pages 2 and 3





Biologic Intervention is Warranted

By DAVID SMITH, MD AND MATT TORRINGTON, MD

The National Institute on Drug Abuse has championed the medical model of substance dependence: Addiction is a Brain Disease. The American Society of Addiction Medicine stresses that this illness has biologic, psychological and social elements and needs corresponding biologic, psychological and social treatment interventions. If this model is to be embraced in the United States, scientific and medical inquiry should follow the approach used with other chronic, relapsing and potentially fatal illnesses.

The Prometa treatment protocol for the treatment of alcoholism and psychostimulant addiction is based on a clinically derived theory from Spain and involves multiple FDA-approved medications administered in a unique combination with nutritional support and psychosocial interventions. The Prometa Protocol embraces “best practices” in addiction medicine treatment by emphasizing the need for biologic, psychological and social interventions. Thus far clinical results for patients suffering from alcohol, cocaine and methamphetamine dependence have been overwhelmingly positive.

“We are only on the surface of completely understanding how and why this intervention is so helpful to our patients.”

For patients who have relapsed following multiple episodes of traditional treatment and for those with severe psychostimulant addiction, for which there is no approved pharmacotherapy, the benefit of the treatment has been especially striking.

How does Prometa work? The hypothesized mechanism of action of the biologic aspect of the Prometa treatment is focused on the GABA A alpha subunit. Preclinical data suggests that prolonged exposure to alcohol and psychostimulants can cause changes in GABA A alpha subunits. Specifically, these subunits change from “functional” GABA A alpha 1 subunits to “dysfunctional” GABA A alpha 4 subunits.

Preclinical data has illustrated the ability of the protocol to reverse this change in the GABA receptors. Clearly the dysfunction of the GABA system to inhibit limbic desire to continue to use drugs is at the heart of the problem in substance dependence. Although the restoration of GABAergic function does not explain the dramatic reduction or elimination of limbically mediated craving for alcohol, cocaine and methamphetamine that patients report, it is what we understand thus far.

How is this being studied? Hal Urshel presented an open label controlled study of Prometa for the treatment of methamphetamine dependence at the annual College on Problems of Drug Dependence meeting in June. His high quality study illustrated safety in the outpatient model, high adherence to the protocol and a dramatic reduction in methamphetamine use confirmed by urine drug screening, in a trial conducted without a specific drug abuse counseling element. Randomized double blind clinical trials, funded by unrestricted grants are currently underway. A multicenter randomized double

blind clinical trial of Prometa for the treatment of methamphetamine dependence is being conducted by **Walter Ling, MD** at UCLA and a randomized double blind clinical trial of Prometa for the treatment of alcohol dependence is being conducted by **Raymond Anton, MD** at the University of South Carolina. Moreover at Cedars Sinai in Los Angeles, CA, **Jeff Wilkins, MD** is comparing the efficacy of Prometa to that of acamprosate and long acting depot naltrexone. In addition to these studies there are pilot projects looking into the benefit of adding the Prometa treatment protocol to existing psychosocial models in the criminal justice system. Pilot studies in Geary Indiana drug court and in Pierce County, Washington, were so overwhelmingly positive that both programs adopted the Prometa protocol.

Clearly, more study of this biologic intervention is warranted. We are only on the surface of completely understanding how and why this intervention is so helpful to our patients. Unfortunately, the real message of the Prometa treatment protocols has been lost in the current debate. We cannot change the fact that market forces influence every aspect of the field of medicine. We can not change the fact that many of the treatments we use today (i.e. residential treatment, nutraceuticals, etc.) are not yet evidence based. We can however, continue to do what we can to help those who suffer so much.

As data continues to accumulate, more and more patients hopefully will gain access to biologic interventions with such robust effects on craving.

For the sake of our patients, we hope we can move the debate in the addiction field beyond ideologies about market forces to a patient-centric, scientific level. ■

David E. Smith, MD, Founder, Haight Ashbury Free Clinics, San Francisco and Sr. Vice President, Medical Director, Hythiam

Matthew A. Torrington, MD, is in private practice specializing in patients with substance use disorders and is a medical director of the Prometa Center in Santa Monica.

Editor’s note: Drs. Smith and Torrington are investors in Hythiam and have opened a new medical practice that operates an outpatient facility in Los Angeles managed by Hythiam.

Introducing CSAM’s FORUM Blog

As an experiment, CSAM will be hosting a moderated blog to provide members an avenue to register their own comments, questions, and perspectives related to the above Forum. If you wish to enter the dialogue, e-mail your contribution to csam@compuserve.com or visit www.csam-asam.org and click on “CSAM BLOG”. If you would like to send a letter to the editor address it to: **CSAM attn: CSAM News Editor, 575 Market Street, Suite 2125, San Francisco, CA 94105.**

The Communications Committee will review and post all perspectives that advance the dialogue opened by this FORUM. When enough perspectives are posted to generate a substantial discussion, we will send an email alert to members with instructions on how to access the blog.



Insufficient Scientific Evidence for Prometa

By RICHARD RAWSON, PhD AND A. THOMAS McLELLAN, PhD

When asked at a House Subcommittee hearing (June 28, 2006) if she supported use of the Prometa Protocol, **Nora Volkow, MD** Director of NIDA, said "...it has become extraordinarily important for us to provide objective evidence of the effectiveness of treatment interventions.... to my knowledge, and I've looked into the literature, there is no randomized study that has proven the effectiveness of Prometa..." She noted that pilot studies showing positive results (offered as evidence by Hythiam) are open trials in which "the placebo effect is likely to compound the results.... Do I support the utilization of treatments that are not evidence-based? No, I do not." The response of Dr. Volkow recommending against the use of procedures without evidence of scientific support directly applies to Prometa.

While not perfect, the approval process for new medications, medical interventions and medical devices under the direction of the Food and Drug Administration (FDA) is the most thorough in the world. There are comparatively few health problems from medications, medical devices or medical interventions that have received approval by the FDA. This is because the agency has developed and employed a very long and rigorous five-stage process of testing for safety and efficacy involving animal testing, clinical laboratory tests, clinical efficacy and effectiveness testing and finally post marketing testing for rare complications.

The studies conducted on new medications involve thousands of volunteer research participants who receive the medication or medical intervention under "double-blind, placebo controlled conditions." This means that under this type of testing neither the participant nor the doctor administering the drug are aware of whether the drug being administered is the actual medication or a placebo. Thus, when a new medication or device or intervention shows the ability to relieve symptoms or improve function under these conditions it is safe to conclude that it is a true effect, not caused by experimenter or patient bias – since all parties are "blind" to what was actually being administered. These "double-blind, placebo controlled studies are essential to prove both the safety and efficacy of a new medication.

While buprenorphine, naltrexone and acamprosate have undergone this FDA approval process, a number of experimental medical procedures or "protocols" (e.g., "ultra-rapid opiate detoxification, or "UROD" and Prometa) have also appeared via billboard and other media advertising campaigns as new scientific breakthroughs for the treatment of sub-

stance use disorders. Because these procedures or protocols do not involve new medications or medical interventions, just procedures or combination of drugs that have been approved for uses other than addiction, these procedures have not been required to undergo full testing by the FDA or any other monitoring authority.

These proprietary procedures may ultimately be shown to be effective someday following full testing. However, claims of effectiveness not substantiated with FDA-style testing results are inconclusive at best, misleading at worst. At present, none of the Prometa "studies" cited on the Hythiam website has any form of comparison or control group. Open trials are highly susceptible to placebo effects.

As decisions are made by policy makers to pay for new treatments with taxpayer dollars, it is important to understand whether the new "treatments" have completed an

"As decisions are made by policy makers to pay for new treatments with taxpayer dollars, it is important to know if the new "treatments" have completed an adequate process of evaluation."

adequate process of evaluation. Given that there are already approved medications and other interventions that have passed full testing, it may be considered inadvisable to allow public reimbursement for experimental procedures which have not been proven safe, or effective. It would be unfortunate if the limited public funds available for substance abuse treatment were to be squandered on untested experimental techniques which ultimately prove to be unsafe or ineffective. Before approving new addiction "treatments" for reimbursement with taxpayer dollars, those in policy making positions should become knowledgeable about the nature of the evidence to support these new medications/procedures.

In this regard, Dr. Volkow's verbatim testimony is important:

In the field of drug addiction, it has been very, very difficult to change the culture to accept drug addiction as a disease and as you know, we are treated differently in that private insurances do not cover the treatment. Why? Because they say drug addiction treatment does not work.

And so it has become extraordinarily important for us to provide objective evidence of the effectiveness of treatment interventions. And it is harmful to the field to promote any treatment without that evidence, because it serves to... propagate the sense that treatment does not work. ■

Richard A. Rawson, PhD, Associate Director, UCLA Integrated Substance Abuse Programs and Professor, UCLA Department of Psychiatry and Biobehavioral Sciences

A. Thomas McLellan, PhD, Chief Executive Officer, Treatment Research Institute, a not-for-profit research and development organization based in Philadelphia

***IMPORTANT DISCLAIMER:** CSAM takes absolutely no responsibility for the opinions expressed by FORUM participants. Readers must evaluate each contribution for accuracy, bias, and integrity of scientific analysis. Inclusion of a perspective in the FORUM implies no endorsement of the author's opinions by CSAM.*

CSAM Opposes Prop 36 Changes - Lawsuit Filed

Last month, CSAM signed on as a plaintiff opposing a bill Governor Schwarzenegger signed (SB 1137) into law modifying Proposition 36 - the voter-approved initiative that offers treatment rather than jail time for California drug offenders. The bill, part of the overall budget deal between Schwarzenegger and legislators, makes a series of changes to what was approved by voters as Proposition 36 in 2000. CSAM's motion is designed to block SB 1137 from taking affect. The legislation makes a number of changes to the way drug crimes are handled. But its most controversial language allows judges the discretion to briefly throw some offenders behind bars, a process often referred to



ASSEMBLY MEMBER MARK LENO (D-SAN FRANCISCO) SUPPORTED CSAM'S EFFORTS TO BLOCK CHANGES TO PROP 36 THAT INCLUDED INCARCERATION SANCTIONS. SHOWN HERE ADDRESSING THIS ISSUE AT CSAM'S LEGISLATIVE DAY IN SACRAMENTO IN FEBRUARY

as "flash incarceration." The Prop 36 revisions violate the initiative, thus the reason for CSAM's move to block the new law's implementation.

Addiction medicine physicians in California - along with most Californians - strongly supported the passage of proposition 36 back in 2000. Proposition 36 marks a clear break from punitive policies, sometimes called "war on drugs", that have for decades failed to address the disease of addiction. Since its inception, roughly 35,000 persons have been treated each year under this law. These are persons who have severe addiction problems, and who otherwise would have spent years incarcerated with no help for their disease. The effects of proposition 36, also known as

SACPA, or Substance Abuse and Crime Prevention Act of 2000, were evaluated scientifically by researchers at UCLA, showing successful treatment was carried out for tens of thousands of individuals. This report was done yearly, and is posted by the Department of Alcohol and Drug Programs at (http://www.adp.cahwnet.gov/sacpa/P36_Reports.shtml). Those studies show that Proposition 36 works well, and reaches many more addicted persons than the current other court-treatment programs. It also made treatment available to persons who had never before sought treatment, or to whom treatment had not been offered. Half of the persons who qualified under proposition 36 had NEVER been in treatment! We as physicians know that our patients respond to this opportunity. They are thankful to the voters of California for having offered them the treatment they needed. Many of them have set out on the long path of recovery from addiction, and are living better lives among us.

CSAM is attempting to stop a misguided law. Please help us spread the message: Jail sanctions are not a recognized part of any medically accepted approach for the treatment of alcohol or drug addiction. ■

From Center for Substance Abuse Treatment (CSAT)

Advisory on Deaths from Fentanyl

A combination of street drugs– taken together – is having a lethal effect in a number of communities across the country. The root cause of these deaths appears to be the addition of fentanyl – a powerful narcotic analgesic – to heroin or cocaine being sold on the street. Fentanyl, prescribed most often by physicians to treat patients with severe or chronic pain, is 50-100 times more powerful than morphine.

When used illegally, particularly in combination with a drug such as heroin or cocaine, or when used in excessive amounts, fentanyl can result in irregular heart beat, the inability to breathe, and death. In some cases, heroin or cocaine users are aware they are purchasing this dangerous combination of drugs; in other cases, the buyer is not aware that he or she is purchasing this potentially lethal drug combination. The current situation highlights the need to be vigilant in your community for the possible introduction of this potent drug mixture into circulation on the street, and to help educate individuals with whom you come in contact.

SAMHSA can provide additional information to you on this emerging area of substance abuse concern. Please contact Kenneth Hoffman, M.D, M.P.H., at 240-276-2701 or Kenneth.Hoffman@samhsa.hhs.gov. Let us know what you are doing in your community. Together, we can reduce the danger associated with this new, often lethal street drug cocktail.

H. Westley Clark, MD, JD, MPH, CAS, FASAM
Director Center for Substance Abuse Treatment

CALL FOR VOLUNTEERS - DIVERSION PROGRAM

The California Medical Board/Diversion Program needs assistance in Northern California to fill voluntary Diversion Evaluation Committee positions. The program is looking for MD's specializing in Psychiatry, and Addiction Medicine. If you wish to volunteer, please send a letter of interest with attached curriculum vitae to the Diversion Program, 1420 Howe Avenue, #14, Sacramento, California 95825 .

ATTN: Frank Valine, Program Administrator
Diversion Program - Medical Board of California
phone: (916) 263-2600 • fvaline@medbd.ca.gov

CSAM Releases Recommendations to California

To Address the Methamphetamine Epidemic

On May 6, CSAM formally released a 20 page white paper, "Recommendations for Responding to Methamphetamine in California" at a press conference in San Diego called by Senator Jackie Speier. Four television stations picked up on the story and it was widely reported in the local press.



AUTHOR OF CSAM'S RECOMMENDATIONS TO THE STATE OF CALIFORNIA ON METHAMPHETAMINE, DR. TIMMEN CERMAK ADDRESSES THE MEDIA AT A PRESS CONFERENCE ON MAY 5, 2006 WHILE SENATOR JACKIE SPEIER LOOKS ON. METH MANUFACTURING EQUIPMENT IS SHOWN IN THE FOREGROUND.

"The magnitude of methamphetamine's impact on California is pervasive," according to Tim Cermak, author of the CSAM report, which cited some specific examples:

- There are an estimated 500,000 methamphetamine users in California, evenly split between men and women, unlike the 2:1 ratio of men to women with other drugs of abuse.
- Among 11th graders, 7.6% have used methamphetamine.
- Methamphetamine has become the most common primary drug of abuse in California among those seeking treatment, surpassing alcohol and heroin.
- Over 33% of arrestees test positive for methamphetamine in some California cities. Fifty-three percent of Prop 36 participants list methamphetamine as their primary drug, and half of these are experiencing treatment for the first time.
- Violence is clearly associated with methamphetamine. Physical abuse is reported by 67-85% of women and 35-70% of men using methamphetamine. Among women using methamphetamine, 33-58% report sexual abuse and 28% report attempted suicide.
- From 30-50% of those with newly identified HIV-infection use methamphetamine.

The public health model combines concern for both the health of individuals and the safety of the general public. Good medical practice and society's right to be protected from the illness or excesses of a few have guided public

health departments in their treatment of infectious disease (e.g., TB, syphilis, and HIV) and their pursuit of public sanitation. CSAM strongly supports a public health approach to California's methamphetamine problem.

The success of a public health approach, as embodied in Prop 36, has now been clearly demonstrated. In June 2000, prior to Prop 36, 28% of the California prison population were drug prisoners, for a total of 45,439. By June 2003, the number had declined to 35,540, or 22% of the total. An April 2006 UCLA cost analysis estimates that Prop 36 saves \$2.50 dollars for every dollar spent for those entering Prop 36 and \$4.00 for every dollar spent for treatment completers.

"CSAM's recommendations are guided by a public health framework designed not to replace the law enforcement approach taken in the past, but rather to augment it with solid, evidence-based medical principles," said Cermak, "Our recommendations are evidence-based and show documented superiority in cost-effectiveness," said Cermak. See CSAM's recommendations on page 6.

At the beginning of the year, CSAM was invited by State Senator Jackie Speier to be part of developing legislation to address the problem of Methamphetamine addiction in the state. In response CSAM's Executive Council has formed a Task Force on Methamphetamine Addiction to examine the scientific evidence on methamphetamine addiction and to recommend policies.



THE METHAMPHETAMINE TASK FORCE MEMBERS INCLUDED: TIM CERMAK, MD, DENISE GREENE, MD, MONIKA KOCH, MD, DAVID PATING, MD, AND CHRISTY WATERS, MD

An initial step CSAM took toward developing the recommendations involved convening a conference "Meeting the Methamphetamine Challenge" at UC San Francisco in January, 2006. CME was provided free of charge to over 350 participants. Speakers at the conference included, Richard Rawson, PhD, Alex H. Kral, PhD, Andrew Saxon, MD, Honorable Peggy Hora, Jackie Long, Igor Koutsenok, MD. Based on the proceedings from that conference, the recommendations were developed and published in May, 2006. Copies are available upon request by contacting: csam@compuserve.com or can be downloaded at www.csam-asam.org.

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CSAM Releases Recommendations

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NOTE: CSAM wishes to thank the New York-based JEHT Foundation for its generous support and funding of CSAM's Methamphetamine initiative.

CSAM's Recommendations for Improving California's Response to Methamphetamine

CSAM's recommendations stem from a public health model. Our goal is to avoid incarceration, prolonged suffering, and the burdens on families and society caused by methamphetamine use by expanding early intervention and improving diversion from prison for non-violent drug-offenders.

1. EARLY INTERVENTION: ADDICTION MEDICINE – EMERGENCY MEDICINE COLLABORATIVE METHAMPHETAMINE RESPONSE

- Repeal the Uniform Accident and Sickness Policy Provision Law (UPPL) to remove insurance non-payment barriers to toxicology screening and encourage all physicians to use toxicology screening to help diagnose substance dependence.
- Require emergency physicians to order drug and alcohol screens for specific presenting problems.
- Methamphetamine-involved patients seeking emergency care should be referred to treatment.
- Clinical outreach contacts by professionals trained in brief intervention with substance abusers should be made as a follow-up to referral and should be tabulated in order to assess the aggregate level of response to clinical referrals.

Confidentiality of test results must be guaranteed and should not prejudice insurance coverage or law enforcement action. Patterned after the public health response to infectious diseases, follow-up will offer non-punitive contact with the healthcare system while demonstrating a compassionate response to patients' suffering.

2. IMPROVING PROP 36

- Increase funding to \$209 million to account for inflation and to meet current needs.
- Increase access to opiate agonist treatment (buprenorphine and methadone maintenance).
- Stratification of courts and treatment providers:
 - Introduce case outreach for no-shows and drop-outs from care.
 - Introduce clinical case management of high utilizers, most especially psychotic individuals.
 - Rely on drug courts for more intensive super-

vision of repeat Prop 36 failures and chronic criminal recidivists, identified by UCLA as 1.6% of Prop 36 arrestees.

- Remove barriers to funding treatment and prescription medications for dual diagnosis participants.
- Urine toxicology testing should be directly funded by Prop 36.
- Prop 36 funds should be withdrawn from parole-based treatment. Parolees should be funded from existing Department of Corrections and parole funding sources.
- Improve central data collection and analysis. Prop 36 should fund a full-time data analyst at DADP and continuing university-based outcomes studies.

3. REMOVING BARRIERS TO DUAL-DIAGNOSIS TREATMENT

Current regulations restrict the use of mental health funding within substance abuse treatment programs. As a result, methamphetamine treatment programs are frequently unable to access the psychiatric services and medications required for treatment to be effective. A portion of Prop 63 funds should be earmarked to provide psychiatric assessments, management and medications to methamphetamine users in substance abuse treatment when psychosis or suicidal depression are present.

4. EDUCATION: AWARENESS AND PREVENTION CAMPAIGNS DIRECTED TOWARD HIGH RISK POPULATIONS

- Physicians and other healthcare professionals require education about methamphetamine and the special populations involved with its use.
- Education is often the first phase of treatment, especially when substance abusers are still in denial. To be effective, public information campaigns need to be developed and delivered in ways that are meaningful to at-risk sub-populations, including
 - Women
 - Adolescents
 - MSM (men who have sex with men)
 - Heterosexual males exhibiting high-risk sexual behavior
- School-based drug education programs should be reviewed and updated with guidelines for methamphetamine-specific information geared to different grade levels.

5. IMPROVING TREATMENT COVERAGE: INSURANCE COVERAGE FOR EXTENDED TREATMENT

- Up to 12 months for methamphetamine users

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CSAM Releases Recommendations

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- covered by CALPERS
- Up to 12 months for adolescents covered by Medi-Cal
- Medi-Cal should also be modified to cover residential treatment for adolescent methamphetamine users when clinically indicated.

6. CSAM BLUEPRINT FOR THE FUTURE: THE PUBLIC HEALTH MODEL

CSAM views methamphetamine as the currently popular drug that has provoked a wave of fear in the general public. Yet methamphetamine is only one of a number of drugs that present a significant public health concern. Both CSAM and the AMA view all substance dependence as a primary disease. Consistent with this view, the Little Hoover Commission 2003 Report on Addiction concludes that the best approach to reducing addiction is to provide treatment to anyone requesting treatment.

CSAM is committed to advancing evidence-based treatment approaches that promote public health solutions to both the suffering of individuals and the social problems created by addictive disease. We strongly encourage all state efforts addressing substance abuse to be consistent with basic public health principles. ■



When you join Kaiser Permanente Southern California, you'll have a lot more reasons to smile. That's because we'll be taking care of your administrative concerns (**smile**)...and offering you a balanced call and work schedule (**big smile**)...which means you can enjoy all that sunny Southern California has to offer (**even bigger smile**). Most importantly, we'll give you the support, resources and autonomy you need to give your patients the exceptional care they deserve (**the biggest smile of all**).

Addiction Medicine
Los Angeles

Cross-specialty collaboration and a comprehensive network of support are just a few of the advantages that make working with us so enjoyable. We also offer a highly competitive compensation and benefits package plus a location that's known the world over for its amazing climate and natural attractions.

For consideration, please forward your CV to: Kaiser Permanente, Professional Recruitment, 393 East Walnut Street, Pasadena, CA 91188-8013. Phone: (800) 541-7946. Email: Joan.X.Little@kp.org. We are an AAP/EEO employer. <http://physiciancareers.kp.org>.

KAISER PERMANENTE thrive
Southern California Permanente Medical Group

Welcome New Members!

All members are invited to a special "welcome reception" at the CSAM Review Course on Addiction Medicine in San Francisco on Friday, October 6 from 5:30-7 p.m. at the Parc 55 Hotel. Join us to get acquainted with our new members and visit with long-time colleagues. And afterwards, join us at Yerba Buena Bowling Alley for a fun evening out on the town!

Steven Leo Balt, MD - Mountain View

Joseph W. Cassady, DO - Marysville

Gary Ross Cohan, MD - Beverly Hills

Stephen Scott Dominy, MD - Novato

Ashraf El Mashat, MD - Aliso Viejo

Mary Eno, MD, MPH - Venice

Gilles Fleury, MD - Los Angeles

Richard I. Gracer, MD - San Ramon

Deborah Reynolds Greene, MD, MPH - Alameda

Wade Grindle, MD - Rancho Mirage

Mark R. Honzel, MD - Beverly Hills

Kristopher Dane Howalt, MD - San Luis Obispo

Maria G. Juarez-Reyes, MD, PhD - San Jose

Arif A. Karim, DO - Santa Monica

Francis P. Lagattuta, MD - Santa Maria

Dagmar Inez Liepa, MD - Woodland Hills

Darrin Richard Mangiacarne, DO - Coachella

David J. Manno, MD - Pacoima

Manuj Nangia, MD - La Habra

Nicole Poliquin, MD - Los Angeles

Lisa Anne Pratt, MD - San Francisco

Jonathan Ezra Reitman, MD - Beverly Hills

Homayoun Saeid, MD - Encino

Srinath Samudrala, MD - Pasadena

Graham C. Scanlon - Sacramento

Robert Keith Simpson, DO, DPH - Desert Hot Springs

Suma C. Singh, MD - Sunnyvale

Eva Marie Smith, MD, MPH - Hoopa

Barbara A. Smith, MD - Fullerton

Mounir Soliman, MD - Del Mar

Jeffrey A. Solinas, MD - Santa Cruz

Willard G. Spiegelman, MD - San Bruno

CSAM Calendar of Events

Upcoming CME Courses

PRE-CONFERENCE WORKSHOPS

PROBLEMATIC MEDICATION USE

Three hours Category 1 CME

Wednesday, October 4, 9 - 12 noon

Park 55 Hotel, San Francisco

CSAM Member Fee: \$100

THE FAMILY IN THE DISEASE OF ADDICTION

Three hours Category 1 CME

Wednesday, October 4, 9 - 12 noon

Park 55 Hotel, San Francisco

CSAM Member Fee: \$100

CURRENT CONTROVERSIES IN ADDICTION MEDICINE

Three hours Category 1 CME

Wednesday, October 4, 1:30 - 4:30 p.m.

Park 55 Hotel, San Francisco

CSAM Member Fee: \$100

ADOLESCENT SUBSTANCE ABUSE

Three hours Category 1 CME

Wednesday, October 4, 1:30 - 4:30 p.m.

Park 55 Hotel, San Francisco

CSAM Member Fee: \$100

PAIN AND ADDICTION

Seven hours Category 1 CME

Wednesday, October 4, 9 - 5 p.m.

Park 55 Hotel, San Francisco

CSAM Member Fee: \$200

MEDICAL MANAGEMENT OF PATIENTS ON METHADONE

Seven hours Category 1 CME

Wednesday, October 4, 8:30 - 5 p.m.

Park 55 Hotel, San Francisco

CSAM Member Fee: \$200

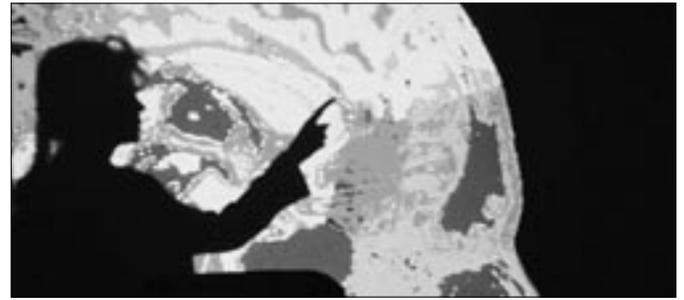
CSAM ADDICTION MEDICINE REVIEW COURSE & CERTIFICATION EXAM PREPARATION TRACK

31 hours Category 1 CME

October 4-7, 2006

Park 55 Hotel, San Francisco

CSAM Member Fee: \$495-\$645



ADDICTION MEDICINE REVIEW COURSE 2006 FEATURED TOPICS:

Advances in Drug Abuse and Addiction from NIDA

NIDA Deputy Director Timothy Condon, PhD

The Genetic Basis for Vulnerability to

Substance Abuse - *George Uhl, MD, PhD*

The Treatment of Nicotine Addiction

Steven Schroeder, MD & Judith Prochaska, PhD, MPH

Medications Development

 - *Francis Vocci, PhD*

Understanding Benzodiazepines

Steve Juergens, MD

The Critical Role of 12-Step Programs

John Chappel, MD

Stimulants

 - *Richard Rawson, PhD*

PREPARING FOR THE ASAM CERTIFICATION EXAM?

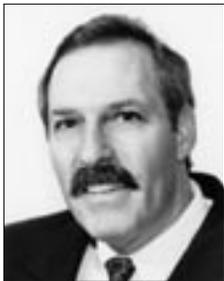
We are offering a **Special Certification Exam Preparation Track** for those taking the ASAM certification exam. During the conference plenary, participants in the certification track will sit at a table with other exam takers and a facilitator who will help identify the key material for the exam and answer questions. In all, this option provides 7 hours devoted to test taking strategies, sample questions, exam content, and tips on how to prepare for the exam. Participants in the exam preparation track will receive an additional CD-ROM with study materials and resources that will complement the Review Course material. CSAM will facilitate post conference exam preparations through a moderated email discussion group.

CSAM Honors Two Outstanding Leaders

At the CSAM Addiction Medicine Review Course in San Francisco, October 4-7, 2006, two outstanding individuals will be recognized for their contributions to the field of Addiction Medicine.

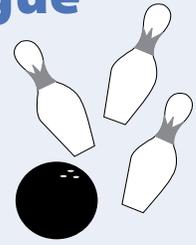


California State **Senator Wesley Chesbro** will be recognized with the **Community Service Award** for his role in advocating for sound public policy that supports solid, evidence-based addiction treatment.



The **Vernelle Fox Award** was established to recognize achievement in clinical research, education, prevention, or legislation/administration areas of chemical dependence. This year, CSAM will recognize **Frank Vocci, MD** with this prestigious award.

CSAM is in a League All Its Own:



Let's Go Bowling at the Review Course in San Francisco! (\$35 per person)

Plan to take a well-deserved break from the grueling 25 hours of CME. Join us for BOWLING! That's right, Friday October 6th from 8:00 pm -10:00 pm, CSAM is stepping out with an all-new, fun way to unwind. Just a short walk from the conference hotel, join us at Yerba Buena Gardens bowling alley where you'll bowl to the sounds of disco music under neon lights. You'll enjoy all-you-can-eat hot dogs, hamburgers, soda, etc. Wear your favorite bowling shirt or buy one of our CSAM commemorative bowling league shirts. Bowling shoes are provided. Family and friends are welcome to attend.

If you haven't been bowling in years, now is your chance to bring back those great memories and make a few new ones. We'll team you up with other members and guests into our own "CSAM bowling leagues" and prizes will be awarded to the best teams and individual scorers. So let loose and let the good times roll...

Seeking Addiction Medicine Physician?

You'll find job listings such as this when you visit the new career center located at CSAM's website: www.csam-asam.org. Whether you are seeking a position or interested in posting an opening, this is the place to go. Here is a sample of one opportunity currently posted:

MEDICAL DIRECTOR

POSTED: Jun 30, 2006

Salary: Open

Location: The Coleman Institute, LLC
Employer: The Coleman Institute, LLC

Type: Contract - Experienced
Category: Physician (Addiction Medicine)

Description:

The Coleman Institute, LLC Advanced Center for Addiction Treatment

- Looking for a Medical Director to provide addiction treatment in the Southern and Northern California area.
- The medical director will be responsible for treating and detoxing opiate addicted patients. The medical

director will also be responsible for administering Naltrexone therapy (in the form of an implant, injection, as well as oral medication) for all patients.

- The medical director will be responsible for helping with other satellite locations with proper back-up and on-call coverage when necessary.
- Great compensation package and bonus system for the qualified candidate.

Requirements:

- Qualified candidate should have an existing practice that can be shared with The Coleman Institute.
- Certification in Addiction Medicine and ASAM membership is required.

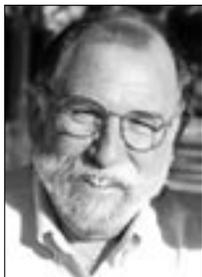
Employer Information:

Advanced Center for Addiction Treatment

In Memory of Two Beloved Addiction Medicine Colleagues

In Memory of “Dr. Bob” MacFarlane

By DONALD J. KURTH, MD, FASAM



Robert MacFarlane, MD, FASAM passed away of natural causes, June 29, 2006, in his office in San Diego. Dr. Bob, as he was affectionately known by his friends and patients, has been a pillar of sobriety in the San Diego area and throughout the world for almost a quarter century. He has had a very busy office practice for over twenty years and pioneered the

practice of home detoxification.

Clean and sober for twenty-four years last October, Dr. Bob is known throughout the world for his chapter, “I Was Unique,” in the Narcotic Anonymous Basic Text. He was active in Narcotics Anonymous World Service and traveled to China to carry a message of recovery to the addicts who live there. He was selfless in his dedication to bring humane treatment to all those who suffer from addiction and to educate the public and his peers about the disease of addiction.

You may remember Dr. Bob from his role in staffing the Narcotics Anonymous booth at countless CSAM meetings and ASAM Med Sci Conferences over the past twenty years. The CSAM Regional Meetings were organized by Dr. Bob in the San Diego region. In addition, he also organized the Mutual Help meetings at CSAM conferences and carried a message of hope to many physicians new to recovery.

He is survived by his wife Jeanne, son Andy, daughters Katie and Trayce & son-in-law Alan, and his beloved grandson Justin. ■

In Memory of Vincent Dole, MD

By MARK W. PARRINO, MPA, PRESIDENT, AMERICAN ASSOCIATION FOR THE TREATMENT OF OPIOID DEPENDENCE (AATOD)

Vincent P. Dole, MD, one of the founders of methadone maintenance treatment for opioid addiction passed away on August 1, 2006 at the age of 93 at New York Presbyterian Hospital following a brief hospitalization.

It is unnecessary to detail Dr. Dole’s many accomplishments and the legacy that he left for people in need of addiction treatment.

Suffice it to say, that some people are put on this earth to do remarkable things with their talents. He represented the very best of science and humanity. His lasting contributions have saved hundreds of thousands of lives and have preserved dignity for countless people throughout the world who have found their way into methadone treatment programs. His work relieved suffering and provided hope to people, who were largely disenfranchised.

Richard Lane, a former AATOD Board member from Maryland, put it best. He always remarked that Dr. Dole was a “gentle giant.” No better words could so simply summarize who Dr. Dole was.

I know that you will join the AATOD Board of Directors in offering our condolences to his family and closest friends at this time of great sadness. We are all deeply fortunate to have been touched by his brilliance and his deeply giving nature. He will be very greatly missed but his accomplishments will live on, especially through the people who continue to benefit from his work. ■



NIDA Details Effective Prison Treatment

A new report from the National Institute on Drug Abuse (NIDA) says that locking up people with addictions is no cure, instead advocating the use of effective treatment in criminal-justice settings.

The NIDA report, Principles of Drug Abuse Treatment for Criminal Justice Populations, urges more use of methadone and other addiction medications in prisons and court-ordered treatment programs; the agency also endorsed using pressure tactics to keep offenders in treatment and drug-testing to track treatment progress and prevent relapse. “The criminal-justice system offers an extraordinary opportunity to help people with drug problems,” said NIDA Director Nora Volkow.

“What does not work?” said Volkow. “Putting a person

who is addicted to drugs in jail for five or 10 years and thinking that will cure him with no treatment. The likelihood of that person relapsing is very high.”

Drug-policy reform advocate Maia Szalavitz praised the recommendations, particularly for encouraging use of methadone and not just 12-step programs in prison. “If these guidelines help addicts in the justice system to get more sensitive and appropriate care, they will be highly useful,” said Szalavitz. “But if systems are not put in place to ensure that the system rewards treatment excellence and drops harmful and ineffective methods, they won’t do much.”

The NIDA Report is available on the CSAM website www.csam-asam.org. ■

President's Column

Promoting CSAM's Good Works

BY DAVID PATING, MD, PRESIDENT, CSAM



It has been my great pleasure as CSAM president to speak to our organization's many good works. I am particularly proud of the quality effort we take to educate ourselves as addiction medicine specialists and CSAM's growing recognition as the "Voice of Addiction Treatment" in California.

This year, we crossed a path from education to leadership many times, examples are: 1) the release of our Guidelines for Physicians working in Narcotic Treatment Programs, 2) briefings on Proposition 36 and, of course, 3) our comprehensive Recommendations to Improve California's Response to Methamphetamine, which we presented to our state legislature. I urge you to check our website (www.csam-asam.org) for these documents and briefings. They will keep you vitally informed to speak to issues facing the treatment of our patients.

On a quieter path, we are currently engaged in state-wide conversations about Addiction Treatment benefits. Currently, over 50% of Californians are inadequately insured if they require addiction treatment. Among adolescents, the problem is worse: only 1 of 10 addicted adolescents receive treatment, mostly while in jail. As always, CSAM advocates for evidence-based treatment benefits in order to assure that patients receive the most rational and effective care.

On July 12th, CSAM took the unusual action of joining in a lawsuit against Governor Schwarzenegger over the legality of SB 1187 which introduced "flash incarcerations" into Proposition 36. CSAM opposes the mistaken belief that relapsing addicts should be sent back to jail. Instead, we propose more proven methods to improve compliance. The lawsuit also contends that SB1187 is unconstitutional because it illegally overturns a public initiative (Proposition 36, supported by 61% of voters), which specifically favored treatment rather than incarceration. Look for more details to come and a Forum on the topic.

I hope to see many of you at our CSAM Annual Review Course from October 4-7 in San Francisco. Please join in our conversation on addiction treatment—turn your knowledge into action about "what works"—be part of our voice for addiction treatment. ■

NOTICE OF CSAM ANNUAL BUSINESS MEETING:
In accordance with the bylaws of the California Society of Addiction Medicine, this serves as official notice of the meeting to take place on Friday, October 6, 2006 at 5:30 p.m. the Parc 55 Hotel in San Francisco.

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Join us in San Francisco in 2006!



California Society of Addiction Medicine

Addiction Medicine Review Course



October 4 - 7, 2006

Renaissance Parc 55 Hotel, San Francisco, California

register on-line at csam-asam.org



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