



STATE OF THE ART: SNIPS AND TALES OF ADDICTION MEDICINE

Christopher Linden, MD

The nations capital, Washington DC, was the place for the 6th Annual American Society of Addiction Medicine's State of the Art scientific conference. This is arguable the single best conference in the world for an update in the field of addiction medicine.

The first day was anything but routine. Meeting in the venerable rooms of the Capital building we discussed a number of bills coming up for vote, including parity for the treatment of addictive disease. In small groups we trooped off to the offices of Senator Akaka, Inouye, and Representatives



Dr. Paul Greengard, (left) 2000 Nobel Laureate in Medicine, shares a break with HSAM members Dr. Chris Linden, Dr. Gabrielle Batzer and Dr. Kevin Kunz. Dr. Greengard lectured on the neurobiology of addiction at the ASAM State of the Art Conference on October 26, 2005 in Washington D.C.

Abercrombie and Case to argue the importance of understanding the biologic nature of this brain disease and the importance of the current bills on the floor. Just how much we did for the

bills is questionable but the experience was priceless.

Dr. Nora Volkow

The keynote speaker for the conference, Nora Volkow, MD, Director of the
ART ~ continued on pg. 4

2006 ASAM CERTIFICATION EXAM

EXAM DATE: DECEMBER 9, 2006

Physicians who wish to apply for ASAM certification or recertification exam must complete the application and mail it to ASAM.

To request an application, please call Christopher Weirs at 301-656-3920 ext. 106. You can also download an application from the ASAM web site at www.asam.org.

The next Certification and Recertification Examination for physicians in addiction medicine will be offered Saturday, December 9, 2006

in New York, Los Angeles and Atlanta. Physicians who pass the examination become ASAM certified in Addiction Medicine. Since the examinations were first offered in 1986, over 4,000 physicians have passed the examination, including many of the nation's top addiction treatment professionals.

You may visit the ASAM web site for more certification information at www.asam.org. There you will find information about: Suggested Reading Lists,

the Alternate Pathway, the Review Course Study Guide, and how to prepare for the Exam.

If you need more information you may contact the Credentialing Program Director Christopher M. Weirs, MPA
Ph: 301-656-3920 ext. 106
Fax: 301-656-3815
email: cweir@asam.org
Address:
ASAM - Credentialing Dept.
4601 N. Park Ave.,
Upper Arcade #101
Chevy Chase, MD 20815

HSAM MISSION:

THE HAWAII SOCIETY OF ADDICTION MEDICINE (HSAM) IS AN ASSOCIATION OF PHYSICIANS DEDICATED TO IMPROVING THE TREATMENT OF ALCOHOLISM AND OTHER ADDICTIONS, EDUCATING PHYSICIANS AND MEDICAL STUDENTS, PROMOTING RESEARCH AND PREVENTION, AND ENLIGHTENING AND INFORMING THE MEDICAL COMMUNITY AND THE PUBLIC ABOUT THESE ISSUES. THE SOCIETY SERVES ITS MEMBERS BY PROVIDING OPPORTUNITIES FOR EDUCATION AND SHARING OF EXPERIENCES, AND BY PROMOTING THE DEVELOPMENT OF A BODY OF PROFESSIONAL KNOWLEDGE AND LITERATURE TO ENHANCE THE QUALITY AND INCREASE THE AVAILABILITY OF APPROPRIATE HEALTH CARE FOR PEOPLE AFFECTED BY ADDICTIONS.

OFFICERS

President

George Carlson, M.D.

Secretary

Daryl Monceaux, M.D.

Treasurer

David Friar, M.D.

Immediate Past President

Kevin Kunz, M.D.

COMMITTEE CHAIRS

CME

Dr. Christopher Linden

Public Policy/Legislative

Dr. Gerald McKenna

Membership

Dr. Gabrielle Batzer

Contact Information

Administrative Assistant

Liza Lee
808.536.7702 ext. 105

www.hsam.info

Newsletter inquires and/or corrections may be directed to Jacque Martin
PRessence Hawaii
pr_in_paradise@yahoo.com
808.685.2871 or 808.429.3291

FAMILY PHYSICIANS CONFERENCE TO FEATURE ADDICTION MEDICINE CME

HSAM is providing 2 hours of addiction medicine education at the upcoming annual meeting of the Hawaii Academy of Family Physicians. The conference will take place February 17-19, 2006 at the Renaissance Ilikai Resort in Waikiki.

Hawaii Update 2006: Keeping Families Healthy and Fit, is sponsored by the HAFP Foundation, and offers 18 CME credits in

several clinical areas.

The grouping of three addiction lectures focuses attention on a topic now all too familiar to Hawaii physicians. Particularly, family physicians encounter persons with alcohol and drug addictions daily, and are often the first professionals approached for help, either by the substance user, or their family.

The first two lectures will

be presented Friday from 3:30 –5:00 p.m.:

The History of Opiates in Medicine and Society
State of the Art Addiction Therapies

The third lecture will be presented Sunday the 19th at 9:00 a.m.

The Epidemic of Prescription Drug Abuse – Strategies for Family Physicians

Complete program and registration information is available at the HAFP website (www.hafp.com), which has a link at the HSAM website.

Outer island and mainland attendees can stick around Monday, President's Day – February 20, for the Great Aloha Run, and join 25,000 other endorphin seekers on the 8 mile walk/run (www.greataloharun.com).

GREAT WEB SITES

ONLINE NEUROSCIENCE LECTURES

www.utdallas.edu/~kilgard/lectures.htm

This site has streamed video presentations from

neuroscience experts. Many of these are relevant to addiction medicine. For instance, there is an excellent 45-minute review presentation by Nora Volkow, M.D.: Drug Addiction –Why

the Brain Loses Control.

A seminal lecture given by Nobel Laureates Dr. Greengard, mentioned elsewhere in this newsletter, and Dr. Eric Kandel reviews synaptic transmission in the brain, and includes the perturbations caused by drugs of abuse as well as societal implications.

organization is JTO – Join Together Online – one of the largest sites reviewing and cataloging substance abuse information. The site post 100 new pages each week, and currently features over 40,000 daily news, fundraising articles, action alerts and in-depth feature stories. The documents are fully searchable, and date back to 10 years. There are also links to additional resources. 100,000 people receive the free weekly edition, and a daily edition is also available. If there is something about drugs or addiction in the news, you'll see it here. A link from the HSAM web site is planned for 2006.

JOIN TOGETHER
www.jointogether.org

Join Together was founded in 1991 to support community-based efforts to reduce, prevent, and treat substance abuse. It is funded by The Robert Wood Johnson Foundation and the Boston University School of Public Health. The backbone of the

CALENDAR OF EVENTS

Hawaii Academy of Family Practice

February 2006 Annual Meeting
Honolulu, Hawaii

HSAM being given 21/4 hours of presentation time.

Our HSAM CME Chair Dr. Chris Linden coordinated these presentations. These will be "state of the art" presentations, with practical, applicable information for Hawaii's family physicians.

Friday, February 17th

3:15 - 4:00

The History of Opiates in Medicine and Society
Christopher Linden, M.D.

4:00- 4:45

State of the Art Addiction Therapies
Dr. William Haning (tentative)

Sunday, February 19th

9:45 - 10:30

The Epidemic of Prescription Opiate Abuse: Strategies for Family Physicians
Kevin Kunz, M.D., FASAM

ANNUAL ADVOCATE FOR RECOVERY AWARD

Mayor Harry Kim received the first annual Advocate for Recovery Award in September, 2004. HSAM acknowledged Mayor Kim for his leadership in bringing attention and resources to Hawaii's ice epidemic.

Mayor Kim worked with community-based groups and a bi-partisan political coalition to create a three-pronged initiative: enforcement, treatment and prevention. He organized the first Ice Summit in the state, and secured millions of new dollars for treatment. His "Lets Kick Ice" campaign reached



HSAM past president Dr. Kevin Kunz, left, presents the Advocate for Recovery Award to Mayor Harry Kim in 2004.

every neighborhood in Hawaii County, encouraged and supported grass-roots community organizations, and served as a model

for programs throughout Hawaii. Dr. Kunz notes that Mayor Kim, who was elected as a Republican in 2000, and re-elected as a

nonpartisan in 2004, has been asked by the Hawaii Democratic leadership to run for Governor in the 2006 elections.

WELCOME LIZA LEE

Liza Lee has joined the HSAM team as Administrative Assistant. Liza's "daytime" job is Operations Director at HMA. Through a contract with HMA, she is providing HSAM with the support services needed to keep our chapter going.

Her duties include the scheduling and logistics of meetings, correspondence, bookkeeping, membership

promotion, and a range of other duties. She participates in a monthly conference call with the ASAM national office, and with Administrative Assistants from other states.

Recently she attended a two day ASAM chapter development meeting in Washington D.C., certainly an indication of her dedication to promoting addiction medicine in Hawaii.

Liza is well known for her professionalism, attention to detail, upbeat positive attitude, and most importantly, her ability to get along with even the busiest and grumpiest of physicians. She is a real asset to HSAM. She can be reached by email or by phone. If you're in the HMA offices, stop by and say Hello (and Mahalo for a job well done!).



Ms. Liza Lee, HSAM Administrative Assistant, briefly toured several Washington landmarks while attending a 2 day ASAM chapter leadership meeting held after the State of the Art Conference.

STATE OF THE ART

continued from pg. 1

National Institute on Drug Abuse (NIDA), expanded on the biology of the "brain disease" concept asking the genetic question: "To what extent does the addicted individual have a choice in choosing his fate?"

Dr Volkow is somewhat of a pocket Hercules, having written some 275 scientific articles and more than 50 book chapters in the field of medicine. She was raised in Mexico. Her father was a scientist of Russian origin and was the grandson of Leon Trotsky; the famous revolutionary assassinated by the long arm of terrorist Russian politics.

Her real accomplishments in addiction medicine have been in imaging. But her theme was distinctly genetic. The ready availability of drugs of abuse is an important factor and is well documented. Beyond this a sense of curiosity to take the drug, and a personality, and gene set that tends more to risky behavior and/or vulnerability must intersect with the ubiquitous availability.

She summarized the prolific data showing adolescents to be at higher risk for addiction than those who begin drug use later. This is well established. She showed data to suggest the immaturity of nerve connections between the amygdala and prefrontal cortex (one of the last areas of the brain to develop)

was associated with an adolescent's inability to concentrate during periods of emotional distractions. This neostriatal theme

concerning the actual mechanism of action of drugs of abuse at the cellular and molecular level. Dr Greengard brought no less

phosphorylation, or the inhibition of it, determine the go-no-go electrical event of the postsynaptic nerve. It is on the receptor that a biochemical cascade involves a second messenger of cyclic AMP and cyclic GMP for the most part. These second messengers are then coupled to the activation of protein kinases. Any interruption of this process is bound to have major consequences.

Virtually all drugs that are useful in the treatment of schizophrenia work by blocking the ability of dopamine to activate a subclass of dopamine receptors. ADHD is treated with methylphenidate, an amphetamine like compound that promotes dopaminergic signaling; all known drugs of abuse work through this dopamine-signaling pathway. And it is the charging and recharging of a phosphate carrier protein in the second messenger system called DARPP-32 - an acronym for dopamine and cyclic AMP regulated phosphoprotein - that has become the Rosetta stone for studying the interaction of dopamine signaling. The nerves containing these critical peptides are called medium spiny neurons based upon their morphology. These cells project from the neostriatal (caudate nucleus and the putamen) to the substantia nigra and nucleus accumbens integrating all the information coming into the neostriatum from other parts of the brain. So



with its interaction to the nucleus accumbens was a persistent issue throughout the conference and has become the anatomical focus in addiction medicine. This period of vulnerability she then coupled with the known, variably deficient numbers of D2 dopamine receptors in limbic structures. These data begin to show a picture of genetic and neuro-biologic vulnerability that might be exploited in future research.

Nobel Laureate Paul Greengard
Paul Greengard, Ph.D. summarized a withering amount of biochemistry

then a lifetime of work on the nature of neurological transmission and drugs of abuse. His work on slow synaptic transmission and its chemical nature has involved more than one hundred chemical transmitters.

We were reminded of the electrical nature of the nerve impulse until it reaches the presynaptic membrane where that energy is converted to a chemical event with the release of a neurotransmitter. At the postsynaptic membrane the transmitter binds to a specific receptor where a specific protein

there are a whole bunch of nerve cells with deferent neurotransmitters that all converge on the DARPP-32 containing neurons, and these are the only neurons that can send information out of the neostriatum. That is, the only efferent pathway. So the function of these cells is to integrate a huge amount of incoming information and then send it back out.

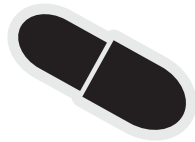
The importance of this work cannot be understated, nor did its significance pass by the Nobel committee. All drugs of abuse have been demonstrated to work through this ubiquitous molecule DARPP-32 and it's phosphorylation. In tune with the theory, DARPP-32 knockout mice demonstrate complete loss of response to dopamine at the D2 receptor. In line with this is the failure of cells to respond to drugs of abuse, as they fail to act through the DARPP-32 carrier system. If not easy to understand in detail, it is important to understand in conception. Dr. Greengard stated that there are 4 known diseases of dopamine deficiency: Parkinson's Disease, schizophrenia, ADHA, and drug addiction.

More Brain Studies

During the next session Peter Kalivas, Ph.D. showed rat data strongly supporting cellular adaptations in prefrontal glutamatergic innervations of the nucleus accumbens promoting

the compulsive character of drug seeking in addicts by decreasing the value of natural rewards, diminishing cognitive control (choice), and enhancing glutamatergic drive in response to drug-associated stimuli.

The session also reviewed developmental aspects of



addiction. Again, functional imaging played important rolls in speculating on the mechanism of injury in children with prenatal cocaine exposure. Behnke and her group in Gainesville Florida have demonstrated abnormalities in diffusion tensor imaging of MRI scans in 11 year old children exposed to prenatal cocaine, suggesting micro-structural alterations in frontal white matter. These effects correlate with poorer performance in the executive function, defined as cognitive planning, impulse control and organization.

Topiramate & Acamprostate

Session 3 was about topiramate, naltrexone and other agents that modify neurochemical events in the striatum and related structures. Topiramate has been used off label for the treatment of alcoholism. Though not yet approved for use, it was discussed at length. This agent probably works through the

potentiation of inhibitory GABA(A) receptors and antagonizes excitatory glutamatergic afferents to the corticomesolimbic dopaminergic system. It would appear that it works through the very neurological anatomic system discussed in Dr Greengard's lecture. This implies that this agent may have potential in treating both alcohol and cocaine dependence. It would not only serve to decrease the acute reinforcing effects of alcohol and possibly of cocaine, but might decrease the rate of recidivism by decreasing neuronal sensitivity in these critical areas of the brain. The upshot of these lectures was the notion that it might well work in both alcohol and cocaine abuse. It was clear from Dr Johnson's discussion that this mechanistic



argument supported a large multi-center study as soon as possible. Indeed, he seemed to encourage it's continued off label use if for no other reason than it's known safety and efficacy record.

Growing acceptability of both naltrexone and acamprostate used as single agents lead to a proposal that both agents be used together. Naltrexone is an

opiate receptor antagonist that initially was approved in 1984 for the treatment of opiate dependence. In 1994, the FDA approved a 50 mg oral tablet for the treatment of alcohol dependence. Published in the Journal of Studies on Alcohol is a review of the similarities and differences between acamprostate and naltrexone and a call for a large-scale multi-site trial, with evaluation of potential predictors of response to each drug alone and in combination. Of note is the increase in blood levels of acamprostate when treatment with naltrexone in combination. A long acting, deep i.m. injection of naltrexone (400 mg monthly) has been determined to be safe and effective and also awaits large multi-center trials. The FDA may approve this formulation by the end of the year.

Endocannabinoid System

In addition to direct stimulation of dopamine release in the brain's reward center, chronic nicotine use hyper-stimulates the endocannabinoid system (ECS). This recently identified system is an important modulator of nicotine reinforcement, food intake and energy balance. The first selective antagonist of the type 1 cannabinoid or CB1 receptor has been identified. Rimonabant has been found in clinical

STATE OF THE ART

continued from pg. 5

trials to augment smoking cessation, prevent relapse to smoking, and markedly reduce post-cessation weight gain.

Pharmacogenomics

Pharmacogenomics was a complete session in itself and introduced a number

of topics on the horizon for clinicians, who may find some trouble on the application of this esoteric subject. The science itself is most easily defined as the merging of pharmacology and genetics. Now that the genome is known there is increasing interest in the small areas of DNA that are different. Single nucleotide polymorphisms, SNPs or "snips" as they are called, provide for genetic difference in individuals that may be exploitable. By looking at small areas of variations called SNPs there is mounting evidence that these areas give rise to differences in phenotypic drug response. That assumes one knows something about these various alleles. Bankole Johnson, Ph.D. from the University of Virginia pointed out that not all alcoholics are the same. The genetic basis for this deference is exploitable. It is well known, for example, that early onset alcoholics show a clear difference in their response to the mu blocking drug naltrexone than late onset alcoholics. Johnson brought up the unexpected results that early



onset alcoholics actually got worse when treated with SSRI's where as late onset alcoholics did not. Follow up work with the Asn40Asp gene variant demonstrated that men with this genetic pattern demonstrated a similar pattern when alcoholics from both groups were treated with naltrexone. This has served to explain the variability of success in alcoholics. There are many agents not discussed here that are in the pike. This is really an exciting area and one that deserves our attention. Unifying theories of the microanatomy and biochemistry of the central nervous system will provide the framework needed for the many new tools we clinicians will require to treat this chronic, relapsing and all too often fatal disease.

and violates the well-established consensus in the medical community that such prosecution is irrational, ineffective, and counterproductive to maternal, fetal and newborn health.

and violates the well-established consensus in the medical community that such prosecution is irrational, ineffective, and counterproductive to maternal, fetal and newborn health.

ASAM ASKS HAWAII SUPREME COURT TO REVERSE ICE DEATH CONVICTION

In June 2004, Tayshea Aiwohi pleaded no-contest to manslaughter in the death of her two-day-old son. The child, born 4 weeks premature, died from methamphetamine toxicity, and Ms. Aiwohi, a 31 year-old Native Hawaiian, had testified that she smoked ice three days before, and on the day of, her son's birth. Her conviction is now on appeal to the Hawaii Supreme Court, which heard oral arguments in October, 2005. The American Society of Addiction Medicine joined sixty other national organizations and individuals in an amicus (friend of the court) brief asking that the conviction be overturned.

Ms. Aiwohi is the first woman in Hawaii to be charged and convicted of manslaughter based on the theory that pregnant women can be held criminally liable for the outcomes of their pregnancies. ASAM and others argue that this conviction is not authorized by Hawaii law

and violates the well-established consensus in the medical community that such prosecution is irrational, ineffective, and counterproductive to maternal, fetal and newborn health.

"Punishing women for failing to have healthy pregnancy outcomes undermines health care for both pregnant women and their future children by frightening women away from that health care," said Leslie Hartley Gise, MD, Clinical Professor of Psychiatry, John A. Burns School of Medicine, University Of Hawaii. Dr. Gise added that, "Suggesting that a pregnant woman who is struggling with a drug dependency problem is no different from a man who attacks her, reflects a terrible disregard for pregnant women and a profound misunderstanding of the nature of drug dependency."

ASAM and the other Amici explain in the brief that the problems posed by drug use in



pregnancy are serious public health issues but condemn the arrest and prosecution of pregnant women because drug dependency is a disease not a crime; because such prosecutions are likely to deter pregnant women from seeking prenatal care and treatment for drug and alcohol addiction that is beneficial to them and their children; and because such punitive approaches have no proven benefits for the health of children.

Other organizations signing onto the Amicus brief included ACOG, APA, National Advocates for Pregnant Women, and the Hawaii Chapter of the National Association of Social Workers. In addition to Dr. Gise, three other Hawaii individuals joined the brief: Jennifer Frank, MD, University of Hawaii; Kathleen Irwin, PhD, Department of Sociology, University of Hawaii; and Mona Bomgaars, MD, Hawaii Academy of Family Physicians.

HSAM CO-SPONSORS PHYSICIANS HEALTH CONFERENCE

Dr. Gerald McKenna, an HSAM founding member and Chair of the Legislative/Public Policy Committee, co-chaired the Western Regional Conference of State Physician Health Programs

in October at the Turtle Bay Hotel in Kahuku, Oahu. The conference was co-sponsored by the HMA, HSAM and the Montana Physicians Health Program.

Several local physicians attended the two-

day event, which was considered by the attendees an overwhelming success. Approximately 40 mainland physicians attended, and seemed to enjoy the venue – which fortunately had its usual perfect weather.

HSAM MEMBERS VISIT CONGRESS

Three HSAM members took to Capitol Hill on October 26, 2005, to educate Hawaii's Congressional representatives about both the value of addiction medicine in treating substance use disorders and HSAM's mission to expand access to treatment. Drs. Batzer, Kunz and Linden met directly with Representative Neil Abercrombie, and with staff members of Senator Inouye, Senator Akaka, and Representative Ed Case.

The Hawaii physicians began the day with a briefing from Dr. Nora Volkow, Director of NIDA and renowned leader in addiction research. Later, they were indoctrinated to Capitol Hill etiquette by Ms. Carol McDaid, Principal of Capitol Decisions, a legislative consultant firm.

When visiting the Congressional offices, the trio first offered an overview of the disease concept of addiction and the effectiveness of

treatment, reviewed the role of addiction physicians in providing treatment in Hawaii. The key issue addressed was support of parity for addiction treatment. HSAM and ASAM are asking for support for two pieces of parity legislation: the HEART Act (S.803) and the TREAT America Act (HR. 1258). Both acts provide parity in health insurance coverage for substance abuse treatment. Specifically, they prohibit group health plans from imposing discriminatory annual/lifetime dollar limits, copays and deductibles, or day and visit limits unless similar limitations or requirements are imposed for other medical and surgical benefits. More details on these bills, progress thru Congress, and ways you can support them can be found on the ASAM Advocacy & Government Relations website (www.asam.org/advocacy/Advocacy.htm).

One notable outcome of the visit was an invitation to provide testimony to the Senate Committee on Veterans Affairs in January. Included in the planned testimony will be a review of the need for more substance abuse services and personnel in Hawaii, particularly on the neighbor islands. Interested physicians should contact Dr. Kunz.

The only glitch in the visits happened mid-day, after the visit to Senator Inouye's office. One of the Senator's staffers inadvertently left the meeting with all of Dr. Batzer's paperwork – briefing documents as well as the day's schedule! In a scene reminiscent of the Wizard of Oz, the three Hawaii physicians stood perplexed and bewildered in the large atrium of the Senate Office Building, getting re-oriented and planning the next move in a strange land.

ASAM American Society of Addiction Medicine NEW MEMBERSHIP APPLICATION

Name: _____ Degree: _____
 Position: _____
 Organization: _____
 License # (Active members must submit required license certification): _____
 Street Address: _____ P.O. Box: _____
 City: _____ State/Province: _____
 Zip + 4: _____ Country: _____
 Phone: (____) _____ Fax: (____) _____
 E-mail: _____

Other Memberships (Check all that apply)

AMA AOA State Medical Society County Medical Society

For identification purposes only

Date of Birth: ___/___/___ Social Security #: _____ - _____ - _____ Gender: M F

How did you hear about ASAM? _____

Did an ASAM member tell you about the Society? YES NO
If so, please provide the member's:

Name _____

Organization _____

Primary Specialty _____

Secondary Specialty _____

Length of Residency _____ Year Completed _____

Board Certified (Name) _____

Check the appropriate box to request that your contact information be **EXCLUDED** from 2005 Approved Mailing List Rentals Members Only Directory
 On-line Directory available to the public

Professional Interests: (please check up to two areas of interest):

<input type="checkbox"/> Addiction Medicine in the Criminal Justice System	<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Policy Development Guidelines
<input type="checkbox"/> Child and Adolescent Addictions	<input type="checkbox"/> Legislative Advocacy	<input type="checkbox"/> Practice Guidelines
<input type="checkbox"/> Cross Cultural Clinical Concerns	<input type="checkbox"/> Medical Review Officer	<input type="checkbox"/> Screening and Brief Intervention
<input type="checkbox"/> Developing Residencies and Fellowships	<input type="checkbox"/> Nicotine Dependence	<input type="checkbox"/> Therapeutic Communities
<input type="checkbox"/> Family & Generational Issues	<input type="checkbox"/> Pain and Addiction	<input type="checkbox"/> Treatment Criteria (Treatment Outcome & Clinical Performance Measures)
<input type="checkbox"/> Forensic Medicine	<input type="checkbox"/> Pharmacological Issues (Opioid Agonist Therapies, Buprenorphine Training, Medications Development)	

Check type of membership that applies to you and refer to chapter dues structure for total membership dues.

Regular \$290 Licensed to practice allopathic or osteopathic medicine in the US.
 Retired \$125 Completely retired from the practice of medicine or osteopathy.
 Med Student \$20 Enrolled and in good standing in formally accredited allopathic or osteopathic medical schools. Students must submit a certifying letter from their school upon application for membership.
 International \$225 Reside or work outside the US or its territories; must maintain valid medical licenses in their country or province.
 Resident \$75 Interns, residents or fellows serving in an approved hospital or fellowship program. License in localities where that is required or an equivalent certifying document.

Membership valid through Dec. 31, 2006

SAVE \$73
 Join Now and Receive
 15 Months of Membership
 for the Price of 12

National and Chapter dues payments (where applicable) are required. Payment Method (U.S. Dollars Only) TAX Information: EIN#13-3177396 Your ASAM dues may be deductible as a business expense.

All members of the national organization are required to join the chartered state chapter in their state of residence or work, and all members of a state chapter are required to join the national organization. The intent is a unified chapter/national membership.

Chapter Membership Dues:	REGULAR	RETIRED	RESIDENT	STUDENT
Alabama	\$50.00	\$0.00	\$0.00	\$0.00
Arizona	\$50.00	\$25.00	\$25.00	\$10.00
Arkansas	\$25.00	\$25.00	\$25.00	\$10.00
California	\$195.00	\$60.00	\$30.00	\$20.00
Connecticut	\$75.00	\$15.00	\$0.00	\$0.00
Florida	\$75.00	\$25.00	\$15.00	\$15.00
Georgia	\$50.00	\$25.00	\$25.00	\$15.00
Hawaii	\$50.00	\$0.00	\$0.00	\$0.00
Idaho (Northwest Chapter)	\$25.00	\$0.00	\$0.00	\$0.00
Illinois	\$75.00	\$40.00	\$30.00	\$10.00
Iowa*	\$0.00	\$0.00	\$0.00	\$0.00
Kansas (Midwest Chapter)	\$35.00	\$10.00	\$0.00	\$0.00
Kentucky	\$25.00	\$15.00	\$10.00	\$0.00
Louisiana	\$25.00	\$15.00	\$15.00	\$0.00
Maine	\$0.00	\$0.00	\$0.00	\$0.00
Maryland	\$35.00	\$0.00	\$25.00	\$15.00
Massachusetts	\$50.00	\$0.00	\$0.00	\$0.00
Michigan	\$25.00	\$15.00	\$15.00	\$15.00
Mississippi	\$25.00	\$25.00	\$20.00	\$15.00
Missouri (Midwest Chapter)	\$35.00	\$10.00	\$0.00	\$0.00
Montana (Northwest Chapter)	\$25.00	\$0.00	\$0.00	\$0.00
Nebraska (Midwest Chapter)	\$35.00	\$10.00	\$0.00	\$0.00
Nevada*	\$30.00	\$0.00	\$0.00	\$10.00
New Hampshire (Northeast Chapter)	\$0.00	\$0.00	\$0.00	\$0.00
New Jersey	\$30.00	\$0.00	\$15.00	\$15.00
New York	\$75.00	\$40.00	\$25.00	\$20.00
North Carolina	\$60.00	\$0.00	\$0.00	\$0.00
Ohio	\$25.00	\$5.00	\$25.00	\$5.00
Oklahoma	\$50.00	\$0.00	\$0.00	\$0.00
Oregon	\$50.00	\$25.00	\$0.00	\$0.00
Pennsylvania	\$35.00	\$0.00	\$25.00	\$5.00
Rhode Island	\$50.00	\$0.00	\$0.00	\$0.00
South Carolina	\$35.00	\$0.00	\$15.00	\$10.00
Tennessee	\$50.00	\$15.00	\$15.00	\$5.00
Texas	\$30.00	\$30.00	\$30.00	\$10.00
Utah*	\$0.00	\$0.00	\$0.00	\$0.00
Vermont	\$0.00	\$0.00	\$0.00	\$0.00
Virginia	\$60.00	\$30.00	\$25.00	\$25.00
Washington	\$35.00	\$35.00	\$35.00	\$0.00
Wisconsin	\$30.00	\$0.00	\$0.00	\$0.00
Wyoming (Northwest Chapter)	\$25.00	\$0.00	\$0.00	\$0.00
Panama	\$50.00	\$0.00	\$0.00	\$0.00
Mexico	\$50.00	\$0.00	\$0.00	\$0.00

*Inactive Chapter

(Chapter rates are subject to change)

If you do not see your state listed, there is not yet an ASAM chapter in the area. Please contact the ASAM office for information regarding forming a chapter.

Check # _____ Money Order Credit Card: Visa MasterCard
 Name on Card _____
 Card # _____
 Exp. Date _____
 Signature _____

TOTAL PAYMENT ENCLOSED \$ _____

(Payment must accompany application form)

Check this box if you do NOT wish ASAM to automatically charge your credit card for future renewal dues



American Society of Addiction Medicine

P.O. Box 80139 • Baltimore, Maryland • 21280-0139

Phone: 301-656-3920 • Fax: 301-656-3815 • www.asam.org • email@asam.org