



HSAM Newsletter

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Happy New Year Treat Addiction Save Lives

Highlights 2007:

ASAM's Medical Specialty Action Group co-chaired by Kevin Kunz and Marty Wunsch, has formed the American Board of Addiction Medicine and has started the process of getting addiction medicine to be part of the ABMS.

ASAM continues to contribute to negotiations between US House and US Senate on Parity bill, which should become law in 2008

HSAM presented "Addiction Medicine: Perspectives and Practicalities" our conference at Queen's Conference Center on Nov 9, 2007

SCREENING AND BRIEF INTERVENTION WORKS

Hazelden Medical Director Vern Williams' talk at HSAM conference titled: SBIRT: Screening, Brief Intervention, Referral for Treatment

Patients with alcohol/drug problems twice as likely to see PCP. 20% PCP visits related to alcohol/drugs/tobacco. PCP's can be effective in changing the course of patients harmful drinking.

Studies show: significant reduction in upper spectrum 'at risk' drinkers (less etoh, less often). The more motivated the better response. More patients with abuse/dependency get help. The PCP who figures out how to do this (SBIRT) will be more productive, less stressed and more satisfied because the underlying cause of 'poorly controlled' HTN DM, trauma, depression, family/psychosocial stress is often being addressed and the patient will receive better care.

Presidents message, Chris Linden

As President of the Hawaii Chapter of ASAM I would like to say just a few words about my experience so far. I am not a big fan of these bureaucratic jobs, nor am I very good at it. But if we are to advance as a society these bureaucracies are mission critical, and they require some kind of effort by everybody who comes in contact with this newsletter. ASAM is the antidote to forever seeing all kinds of addiction and alcoholism as “jailbait”; a group of highly dedicated physicians taking back from the Feds the notion that the sword is mightier than treatment, and bringing physicians back into the arena of medical management of a disease that has both physical and mental health consequences. But old attitudes to addiction do not die easily, and the power to proselytize and punish those who will not or cannot follow the rules will not be given up without a fight. This is not a new struggle but it sure is a timely one. In January I travel to La Jolla to the Salk Institute for a conference that features leading researchers on the biological complexity of neuro-circuits. Special emphasis is given to understanding how gene regulation and expression have powerful influence over human behavior both in health and in disease. Chromatin regulation has become a major determinant of psychiatric disorders, most importantly depression. Researchers in the addiction field are also amassing a copious amount of evidence that human behavior is not completely free; that behavior such as the amount of alcohol one feels compelled to drink can be modified by a pharmacologic antagonist at the mu receptor; that the unstoppable drive to smoke can be obliterated by a neatly engineered molecule that sits right on those critical nicotine receptors and dims even the thought of having another cigarette; that the urge for narcotic abuse can be attenuated with the pharmacologic treatment by a partial agonist at the mu receptor; and that protracted craving for “a fix” years after stopping may be eliminated by the proper biochemical and genetic manipulation to those who are at risk. The national internalization of these concepts is, at best, a long way off. And, I would argue, *even those who say and believe* addiction is a “disease” process have a hard time being convinced that people cannot “shape up” if they would just take personal responsibility for their actions. But, as we use to say in the lab, the data is the data is the data. People who have their behavior modified with the appropriate treatment can have a life free of jails, institutions, and premature death. If addiction is the last bastion of disease to be invaded by the pharmacologists, then the Federal Government has yet to emerge from the dark ages. In the last few days of October Kevin Kunz, Phil Dunn, and myself, suits on, ties in place, folders in hand, entered those hallowed marble halls in Washington DC to carry the case for passing a bill that would bring parity to physicians caring for the mentally ill and, not surprisingly, for the “addicted” patient. We had arrived just after the Senate passed S558, a bill to provide some sort of parity between health insurance coverage of mental health benefits and benefits for medical and surgical services. There should be parity in the way addiction and mental health is treated; a disease, like any other disease. The effort to have DSM-IV coding accepted as a legitimate description of a disease is important. If it is listed as a disease, then it is a disease. There should be parity to support those physicians who attempt to treat the disease. The workings of the Congress are, by and large, a mystery to us. After talking to representatives in the office of Abercrombie, Inouye, Akaka, and Hirono, it became clear; the reality of our position would probably give way to the backroom bargaining and power play policies that have been part of Tammany hall for a century. And now, the last word. We are witnessing the birth of a new medical specialty. But this cannot be a spontaneous birth, it will require intervention. If you have time, give it; if you have money, give it (e.g. your ASAM dues); if you have energy and expertise, give it. Help ASAM take back the role of the doctor in addiction.



Chris Linden, Phil Dunn, Kevin Kunz
At the Capitol where they visited the offices
of Senators Akaka and Inouye and Repre-
sentatives Abercrombie and Hirono.



ASAM president Mike Miller and HSAM
president Chris Linden at HSAM
conference
“Addiction Medicine: Perspectives and
Practicalities” Nov 9, 2007 at Queen’s
Conference Center



JABSOM Addiction Fellows at HSAM
conference Nov 9,2007
Ronald Morruzzi
Paula Colescott
Jennifer Farrell



Hazelden Medical Director Vern Williams
HSAM’s Kevin Kunz
HSAM conference Nov 9, 2007

HSAM presented a successful conference at Queen’s Conference
Center on Nov 9, 2007. ASAM president Mike Miller presented:
“Concepts, Practices and Relevance of Addiction Medicine”
HSAM president Chris Linden: Pharmacology Neurobiology Alcohol
Hazelden’s Vern Williams: Screening Brief Intervention, HSAM’s
Kevin Kunz: Buprenorphine in Hawaii, JABSOM fellow’s: Medical
Co-morbidity, Womens Issues, Adolescent Psych Co-morbidity.

Some highlights of Mike Miller's presentation: Principles, Practice and Relevance of Addiction Medicine

- Addiction Medicine is the specialty of medicine devoted to diagnosis treatment, prevention, education, epidemiology, research, and public policy advocacy regarding addiction and other substance related health conditions
- Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, craving, and continued use despite harm.
- Substance related disorders include: Addiction, Problem Use, Intoxication States, Withdrawal States, Substance-Induced Medical Problems, Substance-Induced Psychiatric Problems, Health Problems linked to Secondary Use, Codependency and ACOA syndromes.
- Substance use is preventable Addiction is treatable
- Parity remains important issue. Treatment should be available and covered by health insurance, the same as other health conditions
- Current Realities: Over 76% of professional treatment for addiction is offered in the public sector.. Only 9% of professional treatment is paid by private health insurance. SUD is common in prisons. In many communities, the best way to get a person addiction treatment is for them to enter the criminal justice system.
- Addiction medicine research should be conducted and funded
- Addiction is prevalent: 20% clinic visits related to SUD, 30% hospitalizations related to SUD, 38% psychiatric hospitalization related to SUD, 80% trauma related to SUD
- Addiction is a universal and equal opportunity affliction



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