CSAM NEWS

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CSAM Celebrates 20 Years

INSIDE

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The California Society is a specialty society of physicians founded in 1973. Since 1989, it has been a State Chapter of the American Society of Addiction Medicine.

AN IDEA WHOSE TIME HAD COME

Steve Heilig, MPH

Even a cursory look back at the genesis and accomplishments of the California Society of Addiction Medicine shows that CSAM arose in response to some important needs. In the 20th year since the association's formal start, some of the pioneers dug back into their memories to recall why and how CSAM became a reality.

"There were really two ongoing forces pushing us to get organized," notes Jess Bromley, MD, of San Leandro. "One was the need to get the treatment of addiction into the medical mainstream, and the other was the need to change the outdated laws which kept us from doing that."

Bromley traces his own convictions about those needs to fallout from the drug explosion of the 1960s. "In 1969 I was Chief of Staff at San Leandro Memorial Hospital, and we were contacted by the city council and local parent-teacher association for help in dealing with the drug crisis. Heroin was beginning to appear in the suburbs and there were some overdoses in schools as well as LSD use and such. We began with meetings to start a community drug program sponsored by the Vesper Society which owned the hospital. There was a young woman named Gail Jara working for Vesper, and she seemed quite interested in this work.

"About that same time, I was elected to the California Medical Association House of Delegates and joined the CMA's Committee on Dangerous Drugs, chaired by Nick Khoury, MD, of Los Angeles. This was still during the 1960s drug era, and there seemed to be a lot of instant medical experts on drugs around. I quickly became convinced there were very few physicians really involved in drug treatment and fewer still in the CMA. And I concluded what we really needed was to get organized, and then to work towards establishing a new specialty."

Others were coming to similar conclusions. San Francisco internist Jack Gordon, MD, chaired the CMA Committee on Alcoholism in

the early 1970s. He traces the surge in interest in addiction in the Bay Area even further back. "First there was a big upswing in interest and activity in treating alcoholism. At Mount Zion Hospital in 1958, we did the first study ever on admission of alcoholic patients to a general hospital, and it was something of a classic.[1] But the basic idea was simply to treat alcoholics as human beings. Throughout the 1960s there was an effort to get more people into the field, and I think the new association was an outgrowth of that." Gordon later found himself chairing the CMA's committee, where he first encountered the core group which started what would eventually become CSAM.

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George Lundberg, MD, now editor of the *Journal of the American Medical Association*, was also involved in early efforts in California to organize addiction treatment. "I went from the Army to USC in 1967, largely because I was interested in researching adverse reactions provoked by drugs. It soon became perfectly obvious to me that the main problems were caused by the intentional recreational use of drugs, rather than adverse reactions. So I shifted my focus. And at that time, medical schools were not teaching much about substance abuse and physicians in practice were also not doing much and even running away from such problems. We started putting on programs on substance abuse for parents, employers, teachers and so on, and got a big crowd from all those groups. But when we put on programs for physicians, nobody would come!"

Yet another physician already in the field was Arthur Bolter, MD, who was running Project Eden, a drug treatment program in Hayward. Bolter, a pediatrician, also first became involved in the field in the 1960s, when kids began passing out at local schools. Fortuitously, he began discussing the problems with Bromley. "Talking things over with Jess, I also became convinced there was a real need for professionalism and organizing to upgrade treatment and to recognize people in the field," he says. "There was no place physicians could identify themselves as being interested in treating addicts. For years, the stereotype was that 'drunks were treating drunks,' with questionable means and outcomes. We thought people who were treating what others saw as a 'loathsome' problem should get some respect!"

Removing Old Restrictions

Many changes would be required for that to happen, and the one of most immediate import was legal. "At the time, the restrictions on doctors treating drug addicts were very oppressive. We needed to let doctors do what they needed to do," recalls Bolter. Bromley elaborates: "State law at that time was still a holdover from the early 1900s and the Harrison Act and Anslinger era, when policies drove almost all legitimate doctors out of the field. The AMA basically acquiesced to this purge in the 1930s, and not much had changed. At the time we were getting organized, all doctors helping opioid addicts were technically in violation of the law—its language stated that no doctor could treat addicts for addiction outside of a state or county hospital or jail.

"About this time, there was an incident which really sparked the movement to change the law," Bromley continues. "In Riverside County, two CMA members—I believe they were a psychiatrist and a general practitioner—were quietly, even surreptitiously, admitting heroin addicts to a local hospital to manage their withdrawal. Treating addicts in a community hospital was unheard of then. As we were told it, the wife of the local chief of police was admitted to that hospital for some routine surgery and became enraged that there were addicts in the same place. Her husband got involved and the docs were charged with violation of the law."

David Smith, MD, founder of the the then-new Haight Ashbury Free Medical Clinics, clearly recalls this incident as well. "I was sitting in our detox clinic when Jess Bromley called and told me two doctors had just been arrested for doing what I was doing every day. That really got my attention."

Doctor Bolter remembers another case at that time which also added momentum to the push for reform. "A physician got into trouble for blowing the whistle on the personal use of amphetamine by professional football players.[2] When he stepped in with a plan for medical management, a lot of pressure was placed on the authorities to revoke his license, and we supported him." In any event, such cases helped galvanize acceptance of the goals of a nascent organization of addiction medicine doctors within mainstream organized medicine.

"With the help of the CMA, we authored a bill in 1971 to change the restrictive state drug law in order to bring it into conformance with reasonable clinical practice," Bromley continues. "We pulled together about 20 people and drove back and

forth to Sacramento to lobby for change. Senator George Moscone became a real ally, and the CMA was on our side. We took the issue to one of the early Haight Ashbury Free Medical Clinic's conferences and got grassroots support. We got the law changed at last."[3]

Into the Medical Mainstream

In 1972, the connection with the CMA got stronger. Gail Jara joined the CMA staff after the successful lobbying partnership. She staffed several committees and one of her first efforts was to effect a merger, creating the Committee on Alcoholism and Other Drug Dependencies from what had been two separate committees. The new chairman was Stanford Rossiter, MD, from Redwood City. Says Bromley,"Through that new committee, we carried the resolution to the CMA to start a specialty society, and we were very well received. There were some visionary people there at the time who saw this as an important field needing more medical involvement. Our vision even back then was to begin in California and bring treatment of addiction into the mainstream. For a long time, while the California Society was housed within CMA, the Committee and the Society ran pretty much the same."

The fledgling group also recognized the importance of support within academic medicine, and fortunately there was someone of like mind at the University of California, San Francisco. "Here was someone who brought the imprimatur of the university, to add to the recognition that we weren't a bunch of quacks," says Doctor Gordon. "Chuck Becker did that for us. We had our first real organizing meeting at his house."

Charles Becker, MD, now emeritus professor of medicine and living in Colorado, at that time was an internist doing clinical pharmacology and toxicology at UCSF. "I recognized there was no teaching about chemical dependency in the medical school, while that was the root of so many of the problems we saw in the clinics," he recalls. "I was trying to bring my interests into the mainstream and felt that the best way to do that was with chemical dependency. I was lucky there was this very good group of practicing physicians getting organized. But I have to say that the guru was Gail Jara,

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who helped us to formulate regular protocols and was an administrator of great skill and compassion. She brought practice, research and teaching all together."

Simultaneously in Southern California, Doctor Lundberg of USC and others were also starting to pull together a core group. "We started working with the Los Angeles chapter of the National Council on Alcoholism, and a few people at the county medical society got interested," he recalls. "People like Joe Takamine and Tom Ungerleider from UCLA and Joe Zuska from the Navy were key in that area, and then we hooked up with Gail Jara and the CMA recognized the obvious need." Doctor Gordon reinforces the importance of that linkage: "I absolutely guarantee you there would be no CSAM today were it not for Gail Jara."

There were other organizations in "addiction medicine" in the US which predated the formation of this new society. Noteworthy among them were the national group, the American Medical Society on Alcoholism (AMSA) founded in 1954 by Ruth Fox, MD, and the National Council on Alcoholism (NCA) founded in 1944 by Marty Mann. AMSA served as the medical component of NCA. Both of these organizations had an influence in California because the founding leaders of the California Society were members, but neither was doing what these physicians felt was needed. The Californians were focused on establishing a role in the mainstream of both organized medicine and academic medicine for the physicians who treated all drug dependence. They did not endorse the separation between alcohol and other drugs. Heroin addicts and heroin addiction got the same attention as those dependent on sedative-hypnotics or on amphetamine or on alcohol. "The shift from the focus on alcohol and alcoholism to encompass other drugs of addiction was a policy change which did not come until much later for AMSA which became AMSAODD in 1984 and NCA which became NCADD in 1988," said Max Schneider, MD.

Another charter member of the California Society whose name crops up repeatedly in these recollections is the late Vernelle Fox, MD. Doctor Schneider, a past president of both CSAM and ASAM, feels strongly that "Vikki Fox was one of our prime movers. She moved to California from Atlanta in the early 1970s, where she had established an innovative new treatment program. She was one of the outstanding clinicians and teachers and thinkers in the field. Her writings and guidance raised the level of the early organizational efforts in terms of both scientific and ethical standards. It's no accident that our annual award is named in her honor – she epitomized the best in addiction medicine." Anthony Radcliffe, MD, Chief of Addiction Medicine at Kaiser in Fontana, and also a past president of both CSAM and ASAM, credits much of his own interest and growth in the field to Doctor Fox.

"She was the second president of the California Society after Chuck Becker, and she got me involved. She always said you should teach both colleagues and patients. In Long Beach, she started the first multidisciplinary program with a treatment team of doctors, nurses, and others, showing how to detox with dignity. She said the best primary therapist for an alcoholic is an interdisciplinary team.[4] Vikki was always stretching the frontier of things—she was way ahead of her time. We're just catching up with her in the 1990s."

"Everyone was enthusiastic about forming a new society," recalls Doctor Bolter. "Many of the people involved were influential and could move things along. It wasn't a fringe group, but had some stature from the start and people were willing to join in."

Some of the organizers took a little more convincing. "I had originally been alienated from the mainstream," recalls Doctor Smith. "Looking back at history, you could see that the first incarnation of organized addiction medicine was killed in the 1930s due to lack of support from the AMA. How many lives might have been saved if medicine's response had been different? But then the San Francisco Medical Society helped our clinic get malpractice insurance back after it had been revoked, and Jess Bromley and Gail Jara convinced me we would have to work for change from within organized medicine—if only to keep from getting arrested."

Doctor Bromley chuckles as he confirms Doctor Smith's initial reluctance: "We were trying to get into the mainstream as a group, but first we had to mainstream David."

One of the primary motivations of the new group was education of other physicians. "We started by presenting programs at the CMA annual meetings, and they were very well received," says Bolter. "Then we expanded to putting on our own meetings."

Building a New Structure

As for the new organization itself, Bolter recalls that "We started out being kind of crisis reactors, until we could build proactive goals of our own. There was a lot of publicity about drugs and always an issue to react to. Doctor Gordon remembers there being lots of early meetings of the fledgling group, but also that they were enjoyable. "As an internist you had to keep very busy and see a lot of patients in those days," he recalls. "Getting together with these great folks was almost like a form of recreation, for it was fun and they were on to something very worthwhile. The biggest debates I recall in the beginning were over what to name the new group. It was born as the California Society for the Treatment of Alcoholism and Other Drug Dependencies, and everyone called it 'the California Society.'"

At the first formal meeting—on April 23, 1973, at the San Francisco Hilton, the two main topics under consideration were basic: Is treatment possible for the addict or the alcoholic? And, should there be a new professional society?

The answer to those questions was apparently yes on both counts, for at the next meeting Becker was nominated as President. Also on the slate for election to the first Executive Council were Bolter, Bromley, Gordon, Smith, Zuska, Fox, Rossiter, Schneider, as well as Basil Clyman, Sidney Cohen, David Schwartz, and Issac Slaughter. This slate was accepted, and bylaws adopted, at the first Annual Meeting of the California Society held in conjunction with the CMA annual session on March 3, 1974. The first issue of the newsletter (David Smith was the first editor) was distributed at that meeting.

A glance through the minutes and other documents from the first few meetings may bring about a feeling of deja vu because of the perennial nature of the issues: credentialing, standards for drug and alcohol trea ment facilities, reimbursement for addiction treatment, legislation regarding drug law enforcement, medical school curricula, confidentiality, impaired physicians, and a hotline for physicians.

And the rest, as they say, is history. The California Society became completely independent of the CMA in 1984 and moved its headquarters out of the CMA.

The California Society served as the impetus and model for the expansion of the American Medical Society on Alcoholism into ASAM, the American Society of Addiction Medicine,[5] and continues to grow and lead. Those involved in CSAM's genesis can be justifiably proud of their early roles.

"I'm not an alcoholic or drug addict, and early on some people wouldn't listen to me because I wasn't, while others wouldn't because they thought I was! So the development of recognized expertise was reason enough to start this association."

"The greatest accomplishments have been the development of a professional society which is widely recognized, and a well-accepted certification exam," says Bolter. Doctor Smith concurs that "CSAM has been a major force in the medical education of specialists and doctors in general" and that "we were instru-

mental in the combining of alcohol with other addictions, even though many people in the alcohol field were initially resistant."

Becker agrees that one of CSAM's major contributions has been integration of previously disparate addiction interests. "There were a lot of factions early on, with the National Council on Alcoholism and AA groups wanting nothing to do with heroin addicts and vice versa. But the organizers of what was to become CSAM felt these were all part of the same problem, and they turned out to be correct." Becker also notes the improvement regarding the issue of the welfare of physicians themselves. "I'm not an alcoholic or drug addict, and early on some people wouldn't listen to me because I wasn't, while others wouldn't because they thought I was! We had many discussions about how to deal with the image problem, and with the reluctance of physicians themselves to seek treatment because they knew their colleagues wouldn't know how to help them. So the development of recognized expertise was reason enough to start this association."

Doctor Schneider also recalls some conflicts: "The funny thing is that there are always controversies around leaders, especially in an emerging field. It took a lot of individual intestinal fortitude to overcome those problems. People shot at us because of the freedom that many of our members were using to break out of very restrictive constraints. Both the individuals and the organization rose above that to focus on what was scientific and what was not." On the other hand, within CSAM the support was striking, recalls Doctor Radcliffe. "In the beginning things were very collegial and it seemed we could always call each other and talk," he says. "We were all busy trying to do what nobody else seemed to want to do. And now, hearing President Clinton refer to substance abuse and mental health being integrated in the mainstream of his health care reform plan – not treating addiction as though it is merely some pimple on the greater body – was very rewarding. We've come a long way, and CSAM has always been there to provoke that progress."

"The organization took off slowly under the wing of the CMA, but started making an impression from the start," reflects Doctor Lundberg. "The CSAM effort was a significant beginning and model for the country in many ways and has had a substantial influence in a number of areas."

"All of this has been about the remedicalization of treatment," concludes Bromley. "And the key players were the key people in CSAM." □

References

1. Gordon J, Levy R, Perrow C. Open ward management of acute alcoholism. California Medicine 1958; 89:397-399.
2. Mandell AJ. The Nightmare Season. New York: Random House, 1976.
3. California Health and Safety Code, Section 11217.5.
4. CSAM News, Fall 1987; 14(2).
5. Discussions at two conferences on the formation of a national physicians' society on alcoholism and other drugs. CMA Resolution 14-82; Kroc Ranch, Feb 1983, Oct 1983.

CSAM Celebrates Twenty Years

Historical Review and Tribute to the Founders of CSAM
~ Garrett O'Connor, MD

Presentation of the Founder's Award
*to **Jess Bromley, MD***

Presentation of the Community Service Award
*to **Gail B. Jara***

Presentation of the Vernelle Fox Award
*to **George Lundberg, MD***

Keynote Address: "JAMA's Role in Mainstreaming Alcohol and Other Drugs"
~ George Lundberg, MD

Dinner and Awards Ceremony, Friday, November 19, 1993
Four Seasons Hotel, Newport Beach, CA,