



## The American Board of Addiction Medicine History

### ABAM History

The American Board of Addiction Medicine, Inc. (ABAM) is a not-for-profit 501 (c)(6) organization whose mission is to examine and certify diplomats. It was founded in 2007 following conferences of committees appointed by the American Society of Addiction Medicine. This action was taken as a method of identifying the qualified specialists in Addiction Medicine. ABAM offers a rigorous certifying examination that was developed by an expert panel and the National Board of Medical Examiners, as well as maintenance of certification examination to ensure that ABAM-certified physicians maintain life-long competence in Addiction Medicine.

#### **The Certification Examination:**

In 1985, as part of its medical education mission, The American Society of Addiction Medicine (ASAM) announced the certification project and began the development of a credentialing process and a certifying examination to be administered at the national level. The first examination in October, 1986 was the result of a process which had been started by the California Society of Addiction Medicine (CSAM). In 1981, CSAM developed a consensus on how to identify a physician recognized for expertise in the diagnosis and treatment of alcoholism and other drug dependencies. Next came the identification of a core body of knowledge and the subsequent development of questions that would test for mastery thereof. A pool of questions was formed starting with the selected items from the alcoholism and substance abuse modules prepared by the National Board of Medical Examiners (NBME) and items developed by the Career Teachers. CSAM refined and updated those questions, added new items to the pool and then gave the exam in 1983 and 1984 to about 200 physicians.

In 1985, the item pool was taken over by ASAM. New items were developed for ASAM in order to cover all required topics areas. The ASAM Examination Committee subjected this pool of questions to a series of refinements, with technical assistance from consultants such as the Department of Psychiatry and Behavioral Sciences at the University of Nevada School of Medicine, the Department of Medical Education at the University of Southern California School of Medicine and the National Board of Medical Examiners. Each item was edited, tested for validity, and field tested on both naive and expert groups. After analyzing those results, some questions were deleted and others changed. From the questions which remained, an examination was drawn with topics balanced for proportional emphasis on alcohol and other drugs, and basic science and clinical areas. New questions are added to the pool each year, old questions are retired and each question is subjected to the same rigorous process during each test development cycle.

In 1985, the item pool was taken over by the American Board of Addiction Medicine. The American Board of Addiction Medicine, or ABAM, is the nation's first medical specialty board that certifies addiction medicine physicians across a range of medical specialties. The board sets standards for physician education, assesses physicians' knowledge and requires and tracks life-long education.

ABAM was formed in order to increase access to and ensure the quality of evidence-based medical treatment for addiction, no matter where a patient is seen. Although one in five Americans has an addictive

disorder, there had not been a medical specialty board to ensure physician competence in all aspects of addiction care.

New items were developed by ABAM in order to cover all required topics areas. The ABAM examination is different in two ways. First, it became a board certification, rather than certification by a specialty society. This means that the examination is part of the MOC lifelong learning program, leading to recognition of Addiction Medicine as a medical specialty by the ABMS.

Second, the examination committee was enlarged to include members from the eight specialties that play a major role in the prevention and treatment of addictive disorders. Consequently, the examination assesses a wider range of knowledge than the current ASAM examination. The ABAM exam is representative of all medical specialties, including those specialties represented by the expansion of the examination committee; emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, psychiatry and surgery.

The ABAM Examination Committee maintains and administers, along with the National Board of Medical Examiners, the written six-hour exam that candidates must pass in order to become board certified. The examination covers knowledge of the basic sciences as well as the clinical science of addiction and its subspecialties. Through a rigorous examination ABAM thus provides assurance to the American public that when a patient seeks treatment for substance use, the addiction medicine specialist will have the requisite knowledge and skills to provide evidence-based, state-of-the-art treatment for the addiction, and will be able to address the common medical and psychiatric conditions that are often associated with the use of addictive substances.

#### **ABAM Board of Directors:**

ABAM is governed by the ABAM Board of Directors, composed of (15) Directors. One (Specialty) Director is elected from each of the eight specialties that provide significant prevention of or treatment for addictive disorders: emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, preventive medicine and surgery. Seven At-Large Directors are elected without regard for their medical specialty, in order to provide special skills to ABAM and The ABAM Foundation and their Committees. Two of the At-Large Director seats are currently slotted for ASAM-certified physicians who are leaders within the American Society of Addiction Medicine. Our accountability is both to the profession of medicine and to the public.

At the April 15th meeting, the Specialty Directors discussed the criteria and process for selecting seven At-Large Directors, who will be elected by a vote of the Specialty Directors, the two MSAG Co-Chairs, and the Executive Vice President of ABAM or his/her designee. (This method of selection is stipulated in the bylaws of ABAM and The ABAM Foundation.)

The MSAG suggested the following criteria for use in selecting the At-Large Directors, which are the same as those used in selecting the Specialty Directors. They require that candidates are:

- Certified in an ABMS-recognized specialty;
- Unencumbered by potential conflict of roles;
- Willing and able to serve a full term (that is, through December 31, 2011);
- Willing and able to commit to the tasks that will be required of the ABAM and ABAM Foundation;
- Willing to consider either a conjoint board or subspecialty certification as paths toward recognition of Addiction Medicine by the ABMS;
- Experienced in areas that complement the Specialty Directors in carrying out the work of ABAM, The ABAM Foundation, and their committees (e.g., areas of medicine not specifically represented by the eight Specialty Directors, such as pain medicine, physical medicine and rehabilitation, neurology, sleep medicine, sports medicine, and hospital medicine).
- Experienced in issues such as fundraising and the business of Medicine The ABAM bylaws also stipulate that the Specialty Directors are to consult with officials of the ABMS member boards and

their affiliated medical specialty societies, as well as other medical organizations, to solicit the *names of outstanding candidates for the At-Large Director positions.*

**Path to the Formation of ABAM and the Achievement of Specialty Recognition:**

In April 2007, the ASAM Medical Specialty Action Group (MSAG) was tasked by ASAM's Board of Directors with assisting in the development of an independent American Board of Addiction Medicine (ABAM). ABAM quickly became reality, and held its inaugural meeting April 15, 2008. This initial meeting marked a special moment for all physicians engaged in the practice of Addiction Medicine, as well as for their patients, families and communities.

In April of 2006, MSAG was established by ASAM President Elizabeth Howell, M.D., FASAM, and charged by the Board of Directors with investigating the considerations and options involved in applying to the American Board of Medical Specialties for recognition of Addiction Medicine. To assure that the MSAG would have broad representation from the ASAM membership, the MSAG Steering Committee publicized the initiative widely and invited members to participate. Through this process, 40 members agreed to serve on one of four committees: the Process and Structure Committee, the Training Committee, the Finance Committee, and the Steering Committee. Through the hard work of these committees, the MSAG was able to present its initial findings to the ASAM Board in October 2006. The MSAG's recommendations and the ASAM Board's actions were prompted by members' growing concern that too few physicians are appropriately trained to diagnose and treat patients with alcohol, tobacco, and other substance use disorders. Moreover, surveys show that most patients and their families do not know how to identify a physician who has the training and skills to help with such a disorder. Thus, the pursuit of ABMS recognition of Addiction Medicine serves not only ASAM members, but their patients and the public health as well.

Through a process of consultation with ASAM members, the officials of certifying and accrediting bodies, and the leaders of new and longstanding medical specialty societies, Boards and medical organizations, the MSAG committees analyzed the requirements for recognition of certifying boards and accreditation of training programs. Based on this information and extensive deliberations, the MSAG prepared a 60-page report to the ASAM Board that (1) outlined the requirements for achieving recognition of Addiction Medicine, (2) described the specific steps to be taken to achieve formal recognition by ABMS, (3) analyzed the costs and benefits of each of the available options, and (4) offered recommendations for short- and long-term actions. The Board adopted the report in April 2007.

As outlined in the MSAG's report, a critical first step is the creation of an independent American Board of Addiction Medicine. This special issue of ASAM NEWS marks the achievement of that step, which is fundamental to achievement of ASAM's longstanding goal of attaining recognition of Addiction Medicine as a medical specialty.

The work of the Medical Specialty Action Group has been conducted by four committees: the Steering Committee, the Process and Structure Committee, the Training Committee, and the Finance Committee. To assure that the MSAG would have broad representation from the ASAM membership, the initiative was publicized widely, with an invitation to ASAM members to participate. Through this process, 30 members agreed to serve.

**MSAG STEERING COMMITTEE**

The role of the MSAG Steering Committee has been to coordinate the work of the other MSAG committees, to communicate progress to ASAM members and others, and to prepare periodic reports for review and action by the ASAM Board of Directors. The MSAG Co-Chairs, the MSAG Committee Chairs, and other individuals comprised the initial Steering Committee, along with liaison members appointed at a later date.

Members of the initial Steering Committee were:  
Kevin Kunz, M.D., M.P.H., FASAM, Co-Chair

Martha J. Wunsch, M.D., FAAP, FASAM, Co-Chair  
James F. Callahan, D.P.A.  
David R. Gastfriend, M.D.  
Stuart Gitlow, M.D., M.P.H., M.B.A.  
R. Jeffrey Goldsmith, M.D., DLFAPA  
Eileen McGrath, J.D.  
Michael M. Miller, M.D., FASAM, FAPA  
Christopher M. Weirs, M.P.A. (Staff)  
Bonnie B. Wilford, M.S. (Consultant)

Special Advisors:

Brian Hurley, M.B.A. (Medical Student)  
David C. Lewis, M.D., FACP (Internal Medicine)  
John A. Renner, Jr., M.D., DLFAPA (Psychiatry)  
Norman Wetterau, M.D., FASAM, FAAFP (Family Medicine)

MSAG PROCESS AND STRUCTURE COMMITTEE

The role of the Process and Structure Committee has been to gather data on the requirements, process, costs and other issues to be addressed so as to attain recognition of Addiction Medicine by the American Board of Medical Specialties (ABMS). Much of this work has been conducted through an extensive series of structured interviews with leaders of other medical specialty societies and medical specialty Boards.

Members of the Process and Structure Committee were:

David R. Gastfriend, M.D., Co-Chair  
Martha J. Wunsch, M.D., FAAP, FASAM, Co-Chair  
James F. Callahan, D.P.A.  
Robert L. DuPont, M.D., FASAM  
David R. Fiellin, M.D.  
Larry M. Gentilello, M.D., FACS  
Kevin Kunz, M.D., M.P.H., FASAM  
David C. Lewis, M.D., FACP  
Daniel J. McCullough, M.D.  
Eileen McGrath, J.D.  
Michael M. Miller, M.D., FASAM, FAPA  
Seddon R. Savage, M.D., FASAM  
Marvin D. Seppala, M.D.  
Norman Wetterau, M.D., FASAM, FAAFP

MSAG TRAINING COMMITTEE

The role of the Training Committee has been to gather data on what Addiction Medicine needs to do to create training programs that meet the guidelines set forth by the Accreditation Council on Graduate Medical Education (ACGME); to identify the content of the training to be offered; to determine whether sufficient training programs in Addiction Medicine that meet the ACGME's guidelines currently exist, and (with the MSAG Finance Committee) to determine what it would cost to create and sustain training programs in Addiction Medicine.

Members of the Training Committee were:

R. Jeffrey Goldsmith, M.D., Chair  
Mickey N. Ask, M.D., FASAM  
Gavin B. Bart, M.D.  
Jeffrey D. Baxter, M.D.  
Jeffrey A. Berman, M.D., M.S., FASAM  
Marc Galanter, M.D., FASAM  
Mark S. Gold, M.D.  
Denise E. Greene, M.D.  
William F. Haning III, M.D., FASAM

Gary D. Helmbrecht, M.D.  
Merrill S. Herman, M.D.  
Mary G. McMasters, M.D.  
John A. Renner, Jr., M.D., DLFAPA  
Richard K. Ries, M.D., FASAM  
Stephen J. Ryzewicz, M.D.  
Richard Saitz, M.D., M.P.H., FASAM  
Sidney H. Schnoll, M.D., Ph.D., FASAM  
Barry Stimmel, M.D., FASAM  
Joseph Westermeyer, M.D., M.P.H., Ph.D.

#### MSAG FINANCE COMMITTEE

The role of the Finance Committee has been to gather data on the revenue and expenses involved in achieving ABMS and ACGME recognition of Addiction Medicine, including the income and expenses to ASAM, the costs to finance the MSAG, and the financial arrangements required to create and sustain both ABAM and the ACGME-approved Addiction Medicine training programs.

Members of the Finance Committee were:

Stuart Gitlow, M.D., M.P.H., M.B.A., Chair  
Thomas J. Brady, M.D.  
Lawrence S. Brown, Jr., M.D., M.P.H., FASAM  
Martin C. Doot, M.D., FASAM  
Brian Hurley, M.B.A.  
Lori D. Karan, M.D., FACP, FASAM  
Donald J. Kurth, M.D., FASAM  
James W. Smith, M.D., FASAM (now deceased)  
Penelope P. Ziegler, M.D., FASAM  
Members of ASAM's  
Medical Specialty Action Group

The leadership of the American Society of Addiction Medicine has long been committed to achieving the formal recognition of Addiction Medicine by the American Board of Medical Specialties (ABMS). In 2006, this commitment was codified in ASAM's Mission Statement and Strategic Plan. At that time, then-President Elizabeth F. Howell, M.D., FASAM, created the Medical Specialty Action Group (MSAG) to "develop a knowledge base and recommend actions to the ASAM Board regarding the recognition of Addiction Medicine as a Board certified medical specialty by the American Board of Medical Specialties."

The MSAG was charged with gathering relevant information regarding ABMS recognition of Addiction Medicine, analyzing the advantages and disadvantages of various options, making a recommendation as to which option ASAM ought to pursue, and explaining the rationale for and implications of the recommended course of action. The Group offered its findings and recommendations to the ASAM Board of Directors in April 2007, and received the Board's approval to move forward.

#### **ABAM and The ABAM Foundation**

A major step forward occurred in August 2007 with the formal incorporation of the American Board of Addiction Medicine and The ABAM Foundation. Further, ABAM was awarded not-for-profit status by the Internal Revenue Service in January 2008. The launch of every new ABMS specialty board and subspecialty certification program has been accomplished with the help of organizations that share a common vision, mission and goals with the new entity. ASAM is fulfilling that role for ABAM. At some point, the new Board becomes independent and firewalls are erected between the specialty board and the specialty society to assure the independence of each. We are at the threshold of that stage. While ASAM's role in the launch of ABAM will soon be completed, it is possible that ABAM and The ABAM Foundation will request additional help with the many tasks ahead. The ASAM Board of Directors has signaled that it will offer an appropriate level of ongoing encouragement and assistance, while honoring the independence of the new American Board of Addiction Medicine and The ABAM Foundation.

For the purpose of incorporating ABAM and The ABAM Foundation, seven distinguished members of ASAM agreed to serve as Honorary Directors. Drs. Andris Antoniskis, Sheila Blume, Barry Stimmel and Norman Wetterau were named interim Directors of ABAM, while Drs. Robert DuPont, Stanley Gitlow and Gary Jaeger agreed to serve as interim Directors of The ABAM Foundation. These individuals are named in the incorporation papers for the new organizations and will continue to serve until regular Directors can be seated.

The Honorary Directors — along with the newly designated Specialty Directors of ABAM, the MSAG Co-Chairs, and ASAM’s officers — will gather at a dinner meeting April 15th to celebrate the founding of ABAM and to conduct the inaugural meeting of ABAM and The ABAM Foundation. As noted by ASAM President Michael M. Miller, M.D., FASAM, FAPA, “The very act of setting up ABAM sends a clear message to ASAM’s members and the larger medical community that Addiction Medicine is moving forward.”

Also at the Inaugural meeting, several ASAM members and others will be honored for their contributions to this new and historic course of action. They include the Honorary Interim Directors;

Dr. Elizabeth Howell (ASAM’s Immediate Past-President); Dr. Michael Miller (ASAM President); Drs. Kevin Kunz and Martha Wunsch (MSAG Co-Chairs); the members of MSAG; Eileen McGrath (ASAM EVP/CEO); Christopher Weirs (ASAM Credentialing Director), and Dr. James Callahan (former ASAM EVP/CEO).

The goals of ABAM and The ABAM Foundation are to attain recognition of Addiction Medicine as a medical specialty by the American Board of Medical Specialties (ABMS). Such recognition affirms that a field has high standards, as well as a continuing process for education and assessment. As the ABMS has put it: “Better care is built on higher standards; Higher standards demand professional excellence; Professional excellence requires continual learning; Continual learning promotes quality improvement; Quality improvement reflects higher standards; Higher standards lead to better care.” ABMS certification will open a clear and validated career path to those physicians who wish to gain or add specialization in Addiction Medicine. Most important, certification will provide a credential that can be used by patients and their families to find physicians who are qualified to deliver evidence-based, compassionate care for alcoholism and other diseases of addiction. ABMS certification of Addiction Medicine thus will be a major contribution to the quality of American medicine, and holds the promise of improving and advancing many aspects of the Nation’s health.

### **PROGRESS TOWARD SPECIALTY RECOGNITION MILESTONES on the Path Toward Recognition**

1954: The New York City Medical Society on Alcoholism (NYCMSA) — the first incarnation of ASAM — held its inaugural scientific meeting September 16, 1954, at the New York Academy of Medicine. The group’s goals were to gain recognition of alcoholism as a treatable disease and to persuade hospitals to admit patients with a diagnosis of alcoholism, which at that time many refused to do so. 1969: The directors of the New York City Medical Society on Alcoholism voted to change the organization’s name to the American Medical Society on Alcoholism (AMSA) to signify its increasingly national scope.

1971: The National Institutes of Health created the Career Teacher Program in the addictions, supported by faculty development grants to 63 medical schools.

The National Board of Medical Examiners (NBME) developed the first examination modules on addiction, as well as questions for medical specialty board examinations. 1972: The California Society for the Treatment of Alcoholism and Other Drug Dependencies was incorporated (with support from the California Medical Association), to focus on medical education and certifying physician competency in the addictions.

1975: The American Academy of Addictionology was organized by G. Douglas Talbot, M.D., FASAM, and other leaders in Georgia and in the Southeastern U.S. to certify physicians in Addiction Medicine.

1976: Development of curriculum guides for medical schools was supported by the National Institute on Drug Abuse (NIDA). The Association for Medical Education in Substance Abuse (AMERSA) was founded.

1977: AMSA began to publish *Alcoholism: Clinical & Experimental Research* (the "Blue Journal") in partnership with the National Council on Alcoholism and the Research Society on Alcoholism.

1977: AMSA was accredited by the Accreditation Council on Continuing Medical Education (ACCME) to offer continuing medical education programs.

1978: The AMSA Board appointed a committee to consider options for credentialing physicians in Addiction Medicine.

1982: The California Society for the Treatment of Alcohol and Other Drug Dependencies launched a certification program, spurred in part by state legislation requiring that physicians who direct addiction treatment programs must be able to demonstrate expertise in that subject.

The American Medical Association endorsed the concept that a single organization should provide an umbrella for the multiple existing societies (in California, New York, and Georgia) to become a single national medical specialty society for Addiction Medicine.

1983: At the first Kroc Ranch unity meeting, addiction field leaders agreed that a single national medical specialty society should represent the field. At a second Kroc Ranch meeting (convened by the AMA), the conferees accepted AMSA's offer "to be the national society of physicians concerned with problems of psychoactive drug use." They also agreed to study various models for credentialing, including the possible formation of an independent certifying body, and to create a committee on credentialing to develop a nationwide certification program.

1986: AMSA's leaders decided to adopt the California Society's certification model and to offer it nationally. The California Society formally gave AMSA its certification examination. 1986: AMSA changed its name to the American Medical Society on Alcoholism and Other Drug Dependencies (AMSAODD) and published a policy statement (developed by the California Society) on "How to Identify a Physician Recognized for Expertness in Diagnosis and Treatment of Alcoholism and Other Drug Dependencies."

1987: Emanuel M. Steindler, M.A., retired from the American Medical Association, where he was Director of the Department of Mental Health, to become the first Executive Director of AMSAODD. The new Society established its national office in Chicago.

1988: AMSAODD changed its name to the American Society of Addiction Medicine (ASAM). The American Medical Association accepted ASAM into membership in its policymaking body, the House of Delegates, as the national specialty society representing Addiction Medicine.

1989: On Mr. Steindler's retirement, the Society hired James F. Callahan, D.P.A., as its Executive Vice President and moved ASAM's national headquarters to Washington, D.C. ASAM's Board of Directors established a Specialty Status Task Force, chaired by Anne Geller, M.D., to evaluate various avenues for the eventual establishment of ABMS-recognized specialty or subspecialty certification in Addiction Medicine. 1990: The American Medical Association's House of Delegates assigned Addiction Medicine a code (ADM) as a self-designated practice specialty, to be used to identify Addiction Medicine practitioners in the AMA Physician Masterfile. ASAM's Board of Directors approved the ASAM Guidelines for Fellowship Training Programs in Addiction Medicine, developed by the ASAM Fellowship Committee. The ASAM Board also voted to adopt a series of recommendations from the Specialty

1991: ASAM President Jasper Chen See, M.D., established the Ruth Fox Memorial Endowment Fund to support ASAM's mission and goals. The Journal of Addictive Diseases, edited by Barry Stimmel, M.D., FASAM, became ASAM's official journal. ASAM published the first edition of its Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders (PPC), which quickly became the standard for the field.

1993: The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) awarded Addiction Medicine a representative on its Hospital Accreditation Professional and Technical Advisory Committee (PTAC), as well as on its Behavioral Health Care Accreditation PTAC. 1994: The first edition of ASAM's textbook, Principles of Addiction Medicine (edited by Dr. Norman Miller), was published as a comprehensive reference on Addiction Medicine.

1996: ASAM developed The Content of Addiction Medicine to outline the multidisciplinary nature of the specialty of Addiction Medicine.

ASAM published the second edition of its Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders (PPC-2), with a new emphasis on unbundling services from levels of care. The ASAM Board signaled the Society's continued commitment to training by adopting a resolution that "ASAM will make the development of fellowships a priority near term goal."

1997: The National Committee for Quality Assurance (NCQA) adopted a requirement that NCQA-accredited managed behavioral health care organizations must have standards for credentialing "psychiatrists and/or physicians certified in Addiction Medicine."

1998: The second edition of ASAM's textbook, Principles of Addiction Medicine (edited by Drs. Allan Graham and Terry Schultz, and Mrs. Bonnie Wilford) was published. Through a donation from the John P. McGovern, M.D., Foundation, gift copies were presented to medical schools across the country.

2000: President Clinton signed into law the Drug Addiction Treatment Act (Title XXXV, Section 3502 of the Children's Health Act of 2000, commonly known as DATA 2000). Among its many provisions, DATA 2000 specifically recognized the special qualifications of physicians certified in Addiction Medicine by ASAM.

2001: ASAM published the current edition of its Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders (PPC-2R), featuring a new emphasis on assessing patient risk for relapse or continued use.

2002: ASAM Executive Vice President James Callahan retired and was replaced by Eileen McGrath, J.D.

2003: The third edition of ASAM's textbook, Principles of Addiction Medicine (edited by Drs. Allan Graham, Terry Schultz, Michael Mayo-Smith, and Richard Ries, and Mrs. Bonnie Wilford) was published. In response to a survey, ASAM members assigned highest priority to "advancing the specialty by gaining 'board certified' status in Addiction Medicine."

2006: The ASAM Board approved a Strategic Plan calling for ASAM to establish Addiction Medicine as an ABMS-recognized medical specialty and to develop standards for the Addiction Medicine content of residency training programs. ASAM President Elizabeth F. Howell, M.D., created the Medical Specialty Action Group (MSAG) and charged it with "developing a knowledge base and recommending actions to the ASAM Board regarding the recognition of Addiction Medicine as a physician specialty by the American Board of Medical Specialties." The MSAG Steering Committee held its first meeting in August.

ASAM completed another examination cycle. From inception of the Certification Examination through the present, ASAM has certified 4,200 physicians in Addiction Medicine. ASAM announced publication of its new Journal of Addiction Medicine and the appointments of George Koob, Ph.D., as Senior Editor, and of Shannon C. Miller, M.D., FASAM, and Martha J. Wunsch, M.D., FAAP, FASAM, as Co-Editors.

2007: The MSAG report was accepted by ASAM's Board of Directors, which also approved the recommended steps toward establishment of an American Board of Addiction Medicine and agreed to provide the necessary funds.

ABAM and The ABAM Foundation were incorporated and received IRS approval as not-for-profit organizations. Seven Honorary Directors and then eight Specialty Directors were appointed to ABAM and The ABAM Foundation.

2008: The ABAM and The ABAM Foundation scheduled their Inaugural meeting for April 15th, at which time the Honorary Directors installed the Specialty Directors, and ABAM and The ABAM Foundation began their work to achieve ABMS recognition of Addiction Medicine.