

To: Colleagues on the ASAM Board
From: Mike Miller, Chair, DDTAG
October 27, 2009

Friends:

ABAM continues to work intensely and deliberately to attain its goal of securing a decision by the ABMS to establish a certification program in Addiction Medicine for physicians who choose to attain such certification.

ASAM and other entities which will be 'sponsoring organizations' for ABAM's application to the ABMS, will not be in any position to make any requests of the ABMS until our field has met the basic requirements for a certification program: that there be training (generally, training that is accredited under the auspices of the ACGME) up and running in Addiction Medicine.

In order to develop a 'standard curriculum' for such training programs, the field needs to define the Core Content, Core Competencies, and Scope of Practice for Addiction Medicine. The ABAM Foundation through its Training Committee is well on its way to developing these documents. In fact, TABAMF has recently posted on the www.abam.net website initial versions of these documents; commentary on them is welcome and should be submitted to Jim Callahan, EVP/CEP of ABAM.

Earlier this year, the draft Scope of Practice statement had a different look. It was submitted to the ASAM Board in April for approval as a 'Definition of Addiction Medicine.' At the April Board Meeting, there was much discussion, and several objections, to one word/phrase or another, and the motion to accept the draft (see attached) as ASAM's accepted definition of Addiction Medicine failed to pass.

I invited each of you who had raised a concern, and any others of you, to join the ASAM Descriptive and Diagnostic Terminology Action Group (DDTAG) for the purpose of working through necessary wordsmithing to come up with something we could agree upon as our medical specialty society's 'definition' of our specialty. I hoped to convene some conference calls. Nothing happened along those lines, and TABAMF took a different course with its own document on Scope of Practice.

I still think the April draft serves as a good basis for our Society's definition. I know that Stu and Raju have volunteered to be part of the process of finalizing this definition; Ed Salsitz, Howard Wetsman and Tom Wright are general members of the Society who have expressed interest as well. Eileen hasn't been able to assign staff to support our work, but we can use the conference call company to set up a conference call amongst ourselves.

WHAT I NEED FROM YOU IS A STATEMENT OF INTEREST IN BEING A PART OF THIS PROCESS so you can 'vote' on potential dates for a conference call.

WHAT I NEED FROM YOU IF IN ANY EVENT is to go to www.abam.net and look at what has been posted and submit your comments to assist ABAM and TABAMF in the evolution of our field.

Regarding the overall work of the DDTAG, there is much, potentially, to be done. The DEFINITION OF ADDICTION that ASAM works from is ‘buried’ within the Public Policy Statement on Definitions as regards the treatment of pain. It says that addiction is a ‘chronic relapsing and remitting behavior disorder....’ I’m not sure if we are best served having it defined as a behavior disorder. It is a brain disorder in which there is dysregulation in reward circuitry, involving aspects of motivation and memory as well as judgment and defects in front lobe inhibitory processes. We really may need to take a whole different approach at defining the brain disease (what is the defect in structure or function that distinguishes cases from non-cases?). We just adopted a new Public Policy Statement on Treatment, but we don’t have accepted definitions of Abstinence, Recovery, or even Withdrawal (many still refer to discontinuing of opioid maintenance therapy as ‘methadone detox’ or buprenorphine detox’). With the advances in SBIRT and other areas, we have the concept of UNHEALTHY ALCOHOL USE which we have not addressed at all as a Society. Chuck O’Brien’s DSM-V committee within the APA will probably do away with the term ‘ABUSE’.

So, anyone interested in the broader topics of terminology is welcome to join DDTAG. I’ve asked Rich Soper to distribute this email to all the ASAM Chapters—everyone should know of this opportunity.

But, our first item of business will be to come to consensus on the attached draft from April and have a document to send to the ASAM Board for vote by our January Board Meeting at the latest.

Thank you for stepping up for this important endeavor.