

# ASAM Guide to Style

November 2014





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# I. Introduction

Style is paramount to the way we as humans communicate. Simply put, style sets the tone of all communications and determines whether or not and how a message is conveyed and received. This style guide aims to define a unified and consistent manner for ASAM to speak with its members and the public. The goals are trifold:

- To develop, enhance and oversee communications by keeping the voice and “brand” of ASAM consistent over all mediums
- To maintain a professional image that communicates a progressive, high-quality membership association
- To strengthen the voice of ASAM and our members

Achieving these goals depends on each staff having an intimate familiarity with the association’s style and a willingness to take an active role in ensuring that each communication, whether it is a letter to a government official, a tweet, or a webpage, follows the guidelines described herein.

ASAM Style is built from the *AMA Manual of Style, A Guide for Editors and Authors, 10<sup>th</sup> Edition*; this book, along with the *ASAM Guide to Style*, will serve as the authority for all written, electronic, and published communication. William Strunk and E.B. White’s *The Elements of Style* can also be used a reference and a copy is available in the ASAM Publications Department.

The *ASAM Guide to Style* covers a wide range of topics from the brand identity to nitty-gritty grammatical tricks. The most salient points are outlined on the following page, “ASAM Style Cheat Sheet.”

Finally, this guide should be considered a “living” document and your participation is central to keeping the style of the organization consistent and up-to-date. As questions of style arise that are unanswered by this guide, refer first to the *American Medical Association (AMA) Manual of Style* and second to the ASAM Publications Department.

## II. ASAM Style Cheat Sheet

*A quick overview of common usage questions and formats*

All grammar rules listed here are derived from the *AMA Manual of Style*. Exceptions are notated with an asterisk (\*). A copy is stored in the ASAM library reference section. For staff not in the Chevy Chase office, please contact the Publications Department with questions.

**Abbreviations:** Academic degrees are abbreviated in bylines and text when used with the full name of a person, and degrees below the master's level are generally not listed. Generally, days of the week and months are not abbreviated except in tables. Do not use periods or commas with N, S, E, W or their combinations. At first mention, the name of a state, territory, possession, province, or country should be spelled out when it follows the name of a city (ie, London, England; Ontario, Canada; and Chicago, Illinois).

**Acronyms:** The acronym **ASAM** is never preceded by "the." ASAM is not pronounced by separating the letters (i.e. NOT: A-S-A-M), but rather as *ay-sam*. Except in special circumstances, spell out acronyms at their first occurrence and include the acronym in parentheses at that citation. (see **Appendix A** for complete list of common acronyms)

**Font:** In electronic media, processing letters, memos and faxes, ASAM's default font is **Arial (size 11)**. Do not use expanded, condensed, or rounded versions.

**Avoid these terms:** **Addict**, **addictions** (addiction is never plural), **addictive** (as a noun – "addictive disorders", **alcoholic** (as a noun- "the alcoholic failed to adhere to the treatment plan"), **painkiller**, and **narcotic**.

**Note on ie and eg:** *ie* introduces a clarification, and can be remembered as "in essence," whereas *eg* introduces an example.

I like card games (*ie*, bridge and crazy eights).  
I recommend our publications (*eg*, *PPC-2R* and *ASAM Weekly*).

The first sentence uses *ie* provides clarification and tells the reader which card games the subject prefers. The second sentence provides some, but not all, examples of our publications.

*Even more i.e. is an abbreviation for "id est" or Latin for "it is"; e.g. is an abbreviation for "egregious exemplum" Latin for "an excellent example."*

**Periods:** Never use periods with honorifics, scientific terms or abbreviations.

David Mee-Lee, MD  
Jane Doe, PhD

7/23/2012

Never use periods with the professional credential FASAM (Fellow American Society of Addiction Medicine). Always put FASAM last in a series of honorifics following a name. Non-FASAM titles should be put before FASAM in alphabetical order.

J. Ramsay Farah, MD, MPH, FAAP, FACMP, FASAM

Use No. for “number” and St. when it is part of a person’s name, although no period is used with St in a city name, eg, St Louis, Missouri). Do not use periods for “eg” or “ie.”

The conference was held in St Louis, Missouri. Our staff member Martin St. Claire attended the meeting.

DO use periods after titles (Dr., Ms., Mr.).\*

Dr. Michaels *but* George Michaels, MD

DO use periods for middle and beginning initials.

Dr. George C. Michaels  
J. Murphy Smith

At the end of any sentence (or question), be sure to leave only **one space** after your final punctuation.

**Numbers\*:** Numbers “one” through and including “ten” are spelled out. Numbers 11 and higher should be written as numerals. However, style should be consistent within a sentence based upon the first number that occurs. (The five people ran twelve miles total. OR The 12 people ran 5 miles total.)

A number at the beginning of a sentence should be spelled out.

Twelve people attended the staff retreat.

**Opioid/Opiate:** The term opiate describes any of the sedative opioid alkaloids found as natural products in the opium poppy plant. Opioid is the larger umbrella term that describes both opiates and synthetic substances that incorporate ingredients other than those naturally occurring in the poppy plant.

**Time\*:** Use “am” and “pm” (no punctuation) to designate times.

We have scheduled the conference call for 3 pm on Monday.

### ***Treatment of Common Terms***

Do not capitalize **addiction medicine** when referring to the specialty of addiction medicine.

---

\* denotes a break with *AMA Manual of Style*

Use **email**, not E-mail or E-Mail. Use **email addresses** exactly as given.\*

*Example:* jdepalma@asam.org not j.depalma@asam.org

Express **health care** as 2 words. It is not necessary to hyphenate *health care* in its adjectival form.

Capitalize **Internet**, the **World Wide Web**, and when it stands alone **Web**, but lowercase **website**.\*

**Common Titles\*:**

Always use the term “ABAM Diplomate” when listing with honorifics. Shortening to “DABAM” is incorrect.

## III. Become an Ace

*Become an ace with these simple tips*

### Tips for Communicating with ASAM Members

#### *Construction*

**Do not use shorthand** (eg, exam for examination, preemie for premature infant, prepped for prepared).

**Euphemisms** sometimes are not clear and should be avoided: "The patient died" is preferred to "The patient succumbed or expired"; the same holds true for killed vs sacrificed (in discussion of animal subjects).

**Patients aren't "put on" medication**, they're treated with medication. Also, patients aren't "placed on" ventilators, they're given ventilatory assistance.

**ASAM members** are physicians not doctors. This distinction is important as more PhD-trained professionals (who are doctors) enter the workforce.

**Don't refer** to physicians as providers. If you are referring to physicians and non-physicians together, you can use the term providers.

**The term "medication assisted treatment"** can be written without hyphens.

**ASAM** – for the actual name of the organization, when it's a housed and editable item on our website, shorten it. For news releases and PDFs we leave online, spell it out.

**Listing doctors** – when creating a list of doctors, use the shortened "Drs." before listing their names.

Wrong: Dr. Goldsmith, Dr. Jarvis and Dr. Gastfriend

Right: Drs. Goldsmith, Jarvis and Gastfriend

**Double and triple-check terminology when addressing members!**

Wrong: Physician's Assistant/Physician's Assistants

Right: Physician Assistant or Physician Assistants

#### *Terms*

**Client** [PPC, 2001] The terms "client" and "patient" sometimes are used interchangeably, although staff in medical settings more commonly refer to "patients," while individuals who receive services in non-medical outpatient settings often are referred to as "clients."

**Surgeons** perform operations or surgical procedures, not surgeries.

### Tips for Successful Communication

- Begin with your conclusion. If you knew readers would only read the first sentence or the first paragraph of your report and nothing else, what would it say?
- Use the fewest words necessary. Eliminate unnecessary words to streamline your sentences. Avoid run-on sentences. If a sentence is more than three lines long, it probably needs to be broken into two separate sentences.
- Use the active voice. "The committee developed the access policy statement," vs. "The policy statement on access was developed by the committee."
- When posting a news item to the ASAM website, be sure it reflects the full date (not, "On Wednesday, ASAM announced...").



## **Learn From the Expert**

*Vigorous writing is concise. A sentence should contain no unnecessary words, a paragraph no unnecessary sentences, for the same reason that a drawing should have no unnecessary lines and a machine no unnecessary parts. This requires not that the writer make all his sentences short or avoid all detail and treat his subjects only in outline, but that every word tell. – William Strunk Jr., The Elements of Style*

## IV. ASAM Identity and Brand

*Logo placement, visual guidelines, and fonts*

### Defining the “ASAM Brand”

The “ASAM Brand” is represented by a series of color palettes, logos, and fonts. Used correctly, the brand identifies the society and its mission—the visual cues are the link to ASAM, a professional society representing close to 3,000 physicians dedicated to increasing access and improving quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addictions.

### The ASAM Acronym

The acronym ASAM is never preceded by “the.” ASAM is not pronounced by separating the letters (i.e. NOT: A-S-A-M), but rather as *ay-sam*.

### Fonts

In electronic media, processing letters, memos and faxes, Arial (size 11) is the default typeface. Do not use expanded, condensed, or rounded versions. The standard font for the website is PT Sans.

This is PT Sans font, size 11.

### Logo and Seal

The ASAM logo is your signature. It acts as a guarantee of authenticity and as such should never be altered or amended. And just as individually you only sign a letter once, keep your “signature” or logo valuable by not overusing it.

Seal



Tagline



**ASAM** The Voice of Addiction Medicine  
American Society of Addiction Medicine

Follow these rules in using the logo:

- Your mark should never appear smaller than 1 inch in width, which ensures the logo will be legible. There is no maximum size for the logo if scaled appropriately.
- Never place the logo on an angle or use it as a pattern.
- Additional rules:
  1. Never use the designed mark separately from the text
  2. Never put the logo on a background that reduces its impact
  3. Never use the logo as a read-through in a headline
  4. Never change the color of the logo, except in cases when it will be placed on a darker background (see ASAM Home page header)
  5. Never recreate the typography
  6. Never distort the relative size or relationship of the symbol to the logo
  7. Never blur or treat the logo to detract from its legibility and style
  8. Never place the logo within a colored shape or outline, to create another

shape

(see logo DON'TS below)



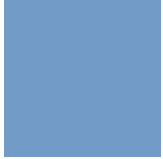
## Colors

The logo color, together with white, makes up the primary palette. The primary palette is the lead and preferred color way for all communication.

The secondary palette is designed to complement this and give you two abilities: firstly, to work with a more neutral palette against which the primary palette colors can appear different and distinct, and secondly to highlight individual elements within your communication.

The chart below shows which colors can be used as tints, and which tint values are acceptable.

### Primary Colors



PMS: 7454C  
RGB: 84,147,178  
CMYK: 69,31,20,1  
Hex: 5493B2



PMS: 2768C  
RGB: 6,32,76  
CMYK: 100,91,38,42  
Hex: 06204C

### Secondary Colors



PMS: 7454C  
RGB: 118,99,65  
CMYK: 47,51,78,27  
Hex: 766341



PMS: 7413C  
RGB: 238,138,29  
CMYK: 4,55,100,0  
Hex: EE8A1D



PMS: 7499C  
RGB: 255, 248, 221  
CMYK: 1,1,14,0  
Hex: FFF8DD



PMS:201C  
RGB: 158,27,50  
CMYK: 25, 100, 79, 20  
Hex: 9E1B32

(Below is an example of the primary and secondary colors used on a website page)



## PRESSROOM



[Home](#) > [Pressroom](#) > [Read](#)

SHARE   

### NCADD Presents Award to Dr. Stanley E. Gitlow at Annual Spring Luncheon

May 10, 2012



From left: Greg Muth, Stanley E. Gitlow, and Robert J. Lindsey

The National Council on Alcoholism and Drug Dependence, Inc. honoring ASAM Board Member Stanley E. Gitlow, MD with the NCADD Marty Mann Founder's Award.

[Click here to read the media release.](#)

#### FIND A PHYSICIAN

Our nationwide directory of addiction medicine professionals.

[Find a Physician Near You »](#)

[Join ASAM Today!](#)

#### President's Blog

Stuart Gitlow, MD  
Acting President



# V. Business Letters, Facsimiles and Emails

*Business correspondence guidelines and templates*

## Business Letter

Always print your letter on ASAM letterhead, which can be found here: [\ASAM-DC03\Administration\Letterhead\Letterhead Template.docx](#)

### Format:

- Font is Arial size 11.
- Only type one space after sentences.
- Address the person by name; do not use Sir or Madam.
- Include the addressee's full address and honorifics.
- Date your letter.
- If addressing a government official, use their government title (eg, Administrator Hyde for the Director of SAMHSA)

### Grammar, Punctuation and Style:

- Tell the reader the reason for your letter in the first paragraph.
- Choose clear, familiar words. Do not use jargon.
- Remember to answer the questions who, what, when, where, why and how in your letter.
- Keep sentences short and concise.
- Use active voice whenever possible.
  - Correct: A dozen people read the report.
  - Incorrect: The report was read by a dozen people.

### Useful tips:

- Set aside to read one final review.
- Always run spell-check.

(See full example on proceeding page)





## American Society of Addiction Medicine

4601 NORTH PARK AVENUE • UPPER ARCADE SUITE 101 • CHEVY CHASE, MD 20815-4520  
TREAT ADDICTION • SAVE LIVES

### OFFICERS

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Stuart Gitlow, MD, MPH, MBA, FAPA

#### Secretary

Herbert L. Malinoff, MD, FACP, FASAM

#### Treasurer

Lori Karan, MD, FACP, FASAM

#### Immediate Past President

Louis E. Baxter, Sr., MD, FASAM

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Mark Kraus, MD, FASAM

Petros Lavounis, MD, MA, FASAM

Judith A. Martin, MD

A. Kenison Roy, MD, FASAM

John C. Tanner, DO, FASAM

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#### Region II

David Pating, MD

#### Region III

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J. Ramsay Farah, MD, MPH, FAAP, FACMP, FASAM

#### Region VI

Dora D. Dixie, MD

#### Region VII

John Epling, Jr., MD, FASAM

#### Region VIII

William F. Haning, III, MD, FASAM, DFAPA

#### Region IX

Raju Hajela, MD, MPH, FASAM

#### Region X

Richard Graves Soper, MD, JD, MS, FASAM

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Penelope P. Ziegler, MD, FASAM

Penny S. Mills, MBA, EVP/CEO

### FOUNDING PRESIDENT

Ruth Fox, MD

1895-1989

July 20<sup>th</sup>, 2012

John Doe, MPH

VCSPA

401 Cox Rd.

Glen Allen, VA 23058

Dear Mr Doe, *(use a colon if writing to a business, use a comma when writing to an individual)*

This is an example of the correct format for a business letter. Arial 11 is acceptable when writing a business letter.

Because business letters are usually printed on ASAM letterhead, be sure to leave enough space at the top and bottom of the page. A two-inch margin for the top of the page is sufficient and can be formatted by using the File/Page Setup option. Side margins should be set at .75 inches, while the bottom and top margins should be 1.5 inches.

The first element of a business letter is usually the date, followed by the recipient's name and address. There should be one space between the date and the address as well as between the address and the salutation. Only one space is needed between the salutation and the beginning of the first paragraph.

Paragraphs should not be indented, but separated by a space, as shown here. Once the body of the letter is complete, leave two spaces and then type your closing, which for all purposes should be "Sincerely." After four more spaces, type your name followed by your title on the following line. If you will be including any documents with the letter, alert the recipient by adding "Encl." following the title and one space.

Sincerely,

Ruth Fox, MD

Founder of American Society of Addiction Medicine

PHONE: (301) 656-3920 • FAX: (301) 656-3815  
E-MAIL: EMAIL@ASAM.ORG • WEBSITE: WWW.ASAM.ORG

7/23/2012

## Facsimile

- Use the following template for completing a fax from hand: [\\ASAM-DC03\Administration\Templates\Fax Cover Sheet\ASAM Fax Cover Sheet Template - Not electronic for hand writing faxes.docx](#)
- Use the following fax template, when composing the text on a computer: [\\ASAM-DC03\Administration\Templates\Fax Cover Sheet\ASAM Fax Cover Sheet Template - Electronic.docx](#)

*Note: Page number total is inclusive of the cover sheet.*

## Email

### Format

- Font is Arial size 11.
- Do not use colored or patterned backgrounds.
- When appropriate, always include standard office email signature.

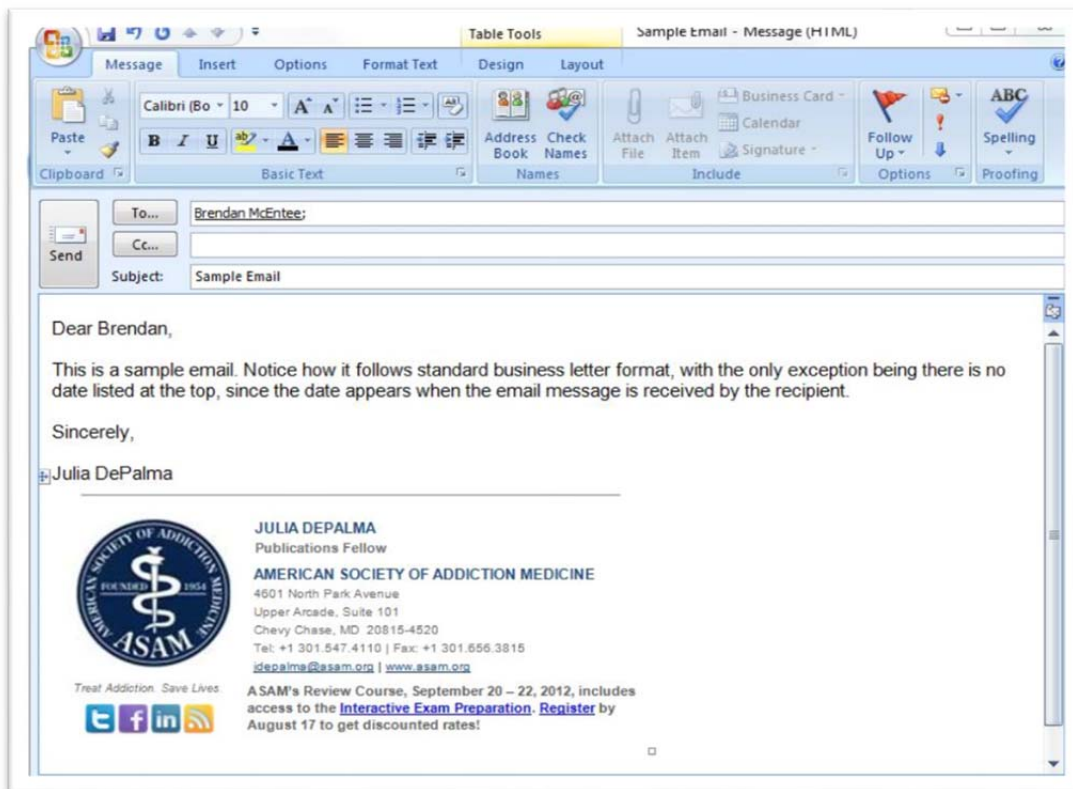
### Grammar, Punctuation, and Style

- Capitalizing whole words that are not in titles is generally termed as SHOUTING.
- Always assume your email messages are public and will be forwarded widely.

### Useful tips

- Always run spell-check before sending.

*An out of office reminder is mandatory for leaves of greater than one day; the automatic response should include dates of absence and a contact that can be reached for immediate assistance.*





# VI. Society Reports, Policy Documents, and Handout

*Guidelines and document template*

## Society Reports—Long

Use this template when creating long reports with text totaling more than 15 pages:

[\\ASAM-DC03\Administration\Templates\ASAM Reports and Memos\Long ASAM Report Template.docx](#). Remember to include date and page number on each page of the report.



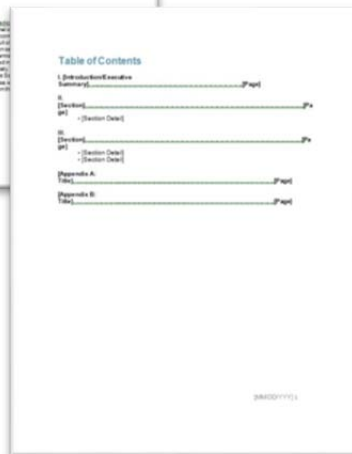
*Front Branding (Hidden here) and Title Page (Include Title and Month and Year of Creation)*



*Branding and Contact Information Page*



*Copyright page (not required)*



*Index Page*



**Society Reports—Short**

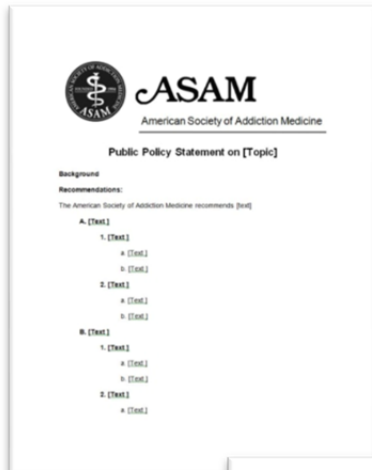
Use this template when creating short reports with text totaling less than 15 pages: [\ASAM-DC03\Administration\Templates\ASAM Reports and Memos\Short ASAM Report Template.docx](#) Remember to include date and page number on each page of the report.

**Policy Documents**

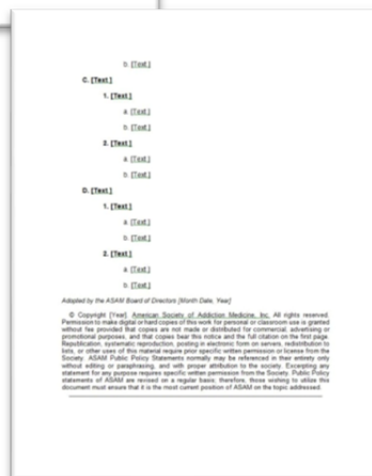
Use this template when creating ASAM Policy Documents:

[\ASAM-DC03\Administration\Templates\ASAM Policy Statements\ASAM Policy Statement Template.docx](#)

*Background and Recommendations*



*Copyright Page*



## A Note on Co-Branding

When releasing a policy document, statement or opinion jointly with another organization, use the below template longer than 15 pages.

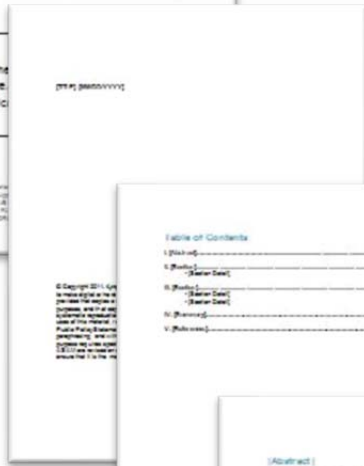
[\\ASAM-DC03\Administration\Templates\ASAM Reports and Memos\Long CoBranded Report Template.docx](#)



*Title Page and Logos*



*Logos and Contact Information*



*Topic and Copyright*



*Table of Contents*



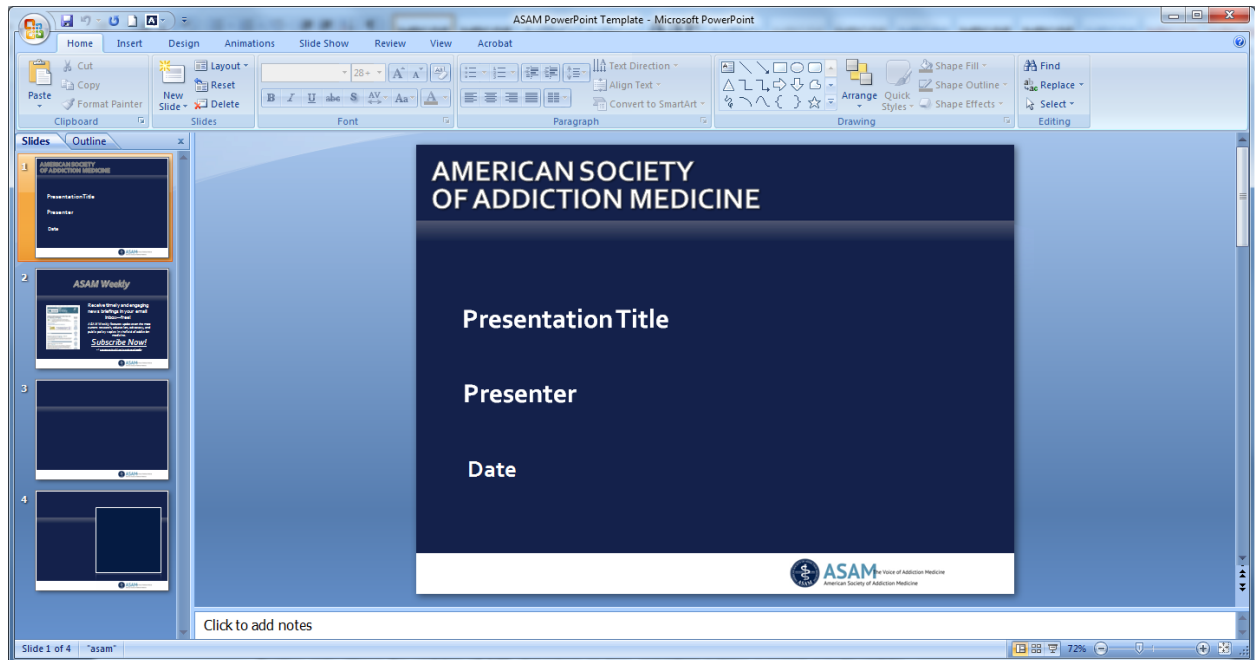
*Abstract and Text*

**Co-Branded Policy Documents—Short**

When releasing a shorter policy document, use the template below.

## VII. Presentations

Use this template when creating a PowerPoint presentation: <R:\Presentations\ASAM PowerPoint Template.pptx>.  
<.\ASAM-DC03\Administration\Templates\ASAM PowerPoint Template.pptx>.



# VIII. Board Reports & Meetings

## Status Report and Decision Memo Templates

**STATUS REPORT TO THE ASAM BOARD OF DIRECTORS**

**PUBLIC POLICY COUNCIL**  
Presented by: Dr. David Sorenson and Patrick Lomenzo, Council Chair  
 Prepared by: Susan Garbarino

- Action Items and Motions:**
- Description of the program/product/service**
- Timeframe for program**
- Volume of sales/numbers of registrants/members**
- Total Cost of Program**
- Total Revenue**
- Program Updates:**
- Additional Charts and Historical Data**

### Status Reports

A committee or council status report is an update of the activity of a council or work group; it notes action items or motions being asked of the board.

Status reports use the following template: [\\ASAM-DC03\Administration\Templates\Board Reports and Meetings\Status Report Template.docx](#)

**DECISION MEMO TO THE ASAM BOARD OF DIRECTORS**  
 April 2012

**Journal of Addiction Medicine Co-Editor Recommendation**  
Presented by: Susan Garbarino, ASAM Publications Council Chair  
 Prepared by: Sandra McQuinn, Publications Coordinator  
 April 2012

**Issue:**  
 To support the increase in issue frequency and pagination in JAM, Frank Viscio has been recommended to become the Third Journal of Addiction Medicine Co-Editor by Journal Editors and the Publications Council.

**Background:**  
 ASAM received funding to bring in a Third Journal of Addiction Medicine Co-Editor in 2012 to support a pagination and issue frequency increase. In early 2012, the Society created and circulated widely a Co-Editor job description seeking candidates. Through a two-stage approval process, Dr. Frank Viscio was selected by the JAM Editors and the Publications Council to be sent to the Board of Directors for approval.

The solicitation process brought in several strong candidates who were rated nominally by the JAM Editors to identify leading candidates and proceed individually to select the candidate that would best fit the position. Dr. Viscio stood out to the Journal Editors for his extensive background in alcohol topics, his ability to balance the MD perspective of the Journal Editors, and his performance in the field. The JAM editors asked the Publications Council to vote on sending Dr. Viscio to the Board of Directors for approval.

In March the Publications Council received the recommendation of the Journal Editors and voted unanimously to recommend the appointment of Frank Viscio as JAM's Co-Editor to the Board of Directors.

This information is submitted to Members of the Board of Directors only; all applicants will be notified after a final BOD meeting. Dr. Viscio's letter of appointment, his CV, and his Conflict of Interest Statement are included in the Publications Council Report.

**Recommend Action:**  
 The Board of Directors vote on hiring Frank Viscio as Co-Editor of JAM

**Next Steps:**  
 The Board approves recommendation and Frank Viscio is hired as the Third JAM Co-Editor

### Decision Memo

A decision memo describes an action being asked of the Board of Directors.

Decision memos use the following template: [\\ASAM-DC03\Administration\Templates\Board Reports and Meetings\Board Decision Memo Template 11.01.10.doc](#)

**American Society of Addiction Medicine**

**AGENDA**

Committee Name  
 Day, Date with year

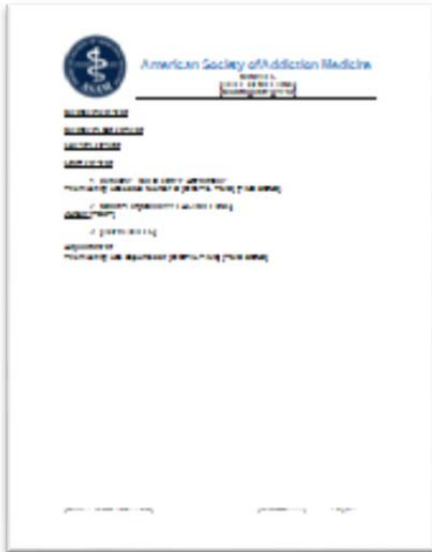
See location on DMS for information

Time	Item	Responsible and Outcome	Presenter/Facilitator
08:00 a.m. - 08:30 a.m.	1. Welcome, Lullaby Order, Attendance		Name of the Chair
08:30 a.m. - 09:00 a.m.	2. Item Description	Expected Outcome: Be specific. Describe the committee and the presentation content. The Chair will present a proposal to the Board. The committee will vote on... The committee will decide...	

### Agenda Form

An agenda form is to be used for all ASAM committee, business and staff meetings.

Agenda forms use the following template: [\\ASAM-DC03\Administration\Templates\ASAM Reports and Memos\ASAM Agenda Template.docx](#)



### **Committee Meetings Minutes Form**

To be used with an agenda form for any formal Committee Meeting.

Committee Meetings Minutes use the following template:  
<\\ASAM-DC03\Administration\Templates\ASAM Reports and Memos\Committee Meeting Minutes Template.docx>

*Note: All numbered items on the Minutes form should correspond to the numbered items on the Agenda Form (see above)*

## IX. Punctuation, Grammar & Style

*A brief overview of grammatical construction, alphabetic by subject*

All grammar rules listed here are derived from the *AMA Manual of Style*. Exceptions are notated with an asterisk (\*). A copy is stored in the ASAM library reference section. For staff not in the Chevy Chase office, please contact the Publications Department with questions.

### Abbreviations<sup>1</sup>

A complete list of abbreviations can be found in Chapter 14.1 of *AMA Manual of Style*. A copy is stored in the ASAM library reference section, for staff not in the Chevy Chase office, please contact the Publications Department with questions.

- Academic degrees are abbreviated in bylines and in the text when used with the full name of a person. In some circumstances, use of abbreviation alone is acceptable (eg, Katherine is a doctor of medicine and also holds a PhD in biochemistry).
- Degrees below the master's level are generally not listed unless the bachelor's degree is the highest degree held.
- Generally, days of the week and months are not abbreviated except in tables and figures.
- Only use abbreviations when complete local addresses are given. (ie, The hospital's address is 319 W Eighth St.)
- Do not abbreviate room, department, or division, except in works cited. \*These items can be abbreviated for mailing addresses on letters, and when adding member addresses to membership and registration databases.
- Do not use periods or commas with N, S, E, W or their combinations.
- Use email addresses exactly as given.
- At first mention, the name of a state, territory, possession, province, or country should be spelled out when it follows the name of a city (ie, London, England; Ontario, Canada; and Chicago, Illinois).
- Company abbreviations: use the name of the company exactly as the company uses it, but omit the period after any abbreviations used (in the text). In references, save room by shortening without punctuation (Corp instead of Corp.).

### Acronyms (see **Appendix A** for complete list of common acronyms)

- Spell out acronyms at their first occurrence and include the acronym in parentheses at that citation. This guideline includes frequently mentioned government agencies, such as the Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS).
- For subsequent mentions in individual articles, use just the acronym.
- Do not supply the acronym parenthetically if it is not used later in the document.

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<sup>1</sup> American Medical Association. *AMA Manual of Style: A Guide for Authors and Editors*. 10<sup>th</sup> ed. New York, NY: Oxford University Press; 2007. 441-9.



## Bullets

- When using full sentences in a list, punctuate accordingly.
- bullets within a sentence are punctuated throughout,
  - with commas,
  - and a period at the end.
- if a list has commas within the items, use a semicolon to lead you to the next item;
- this is the end of the list.

## Capitalization<sup>2</sup>

The first word of every complete sentence should be capitalized, as should the following:

- The first word of a formal statement that follows a colon (Our conclusions may be stated thus: More research is needed.)
- The first word of a direct quotation (The report noted, “A candidate may be admitted...)
- Each major word in the title of a table. In column and row headings, only the initial word should be capitalized. The first word following a symbol, numeral or lowercase Greek letter should be capitalized.

Effectiveness of Timolol at 10% Strength  
Systemic Adverse Effects of Ophthalmic  $\beta$ -Blockers  
High-Dose 308-nm Excimer Laser for the Treatment of Psoriasis

- Major words in titles, subtitles, and headings of publications. Do not capitalize a coordinating conjunction, article, or preposition of three or fewer letters, except when it is the first or last word in a title. (WordPerfect, MEDLINE, the Web, Web site, Internet, MetaFilter)
- Titles of Medical articles take initial capitals when they are in the title position. Do not capitalize a coordinating conjunction, article or preposition of three or fewer letters except when it is the first word in the title. (What Is Sarcoma? We Do Need to Treat Mild Hypertension, Where the World Will Be in the Year 2020)
- Capitalize **Internet**, the **World Wide Web**, and when it stands alone **Web**, but lowercase **website**.\*
- When referring to a title by one word only, do not capitalize it if it can be referenced as a noun (“Standards of Care” becomes “standards” in text).

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<sup>2</sup> Ibid. 371-80.

\* denotes a break from *AMA Manual of Style*

\* denotes a break from *AMA Manual of Style*

- AMA recommends lowercase for the following types: board of trustees, boards of health, the company, congressional reports, a congresswoman, the federal government, the navy, and US senators.

### Comma ( , )<sup>3</sup>

*Names of Organizations.* When an enumeration occurs in the name of a company or organization, the comma is usually omitted before the ampersand. However, follow the punctuation used by the individual firm, except in references.

Farrar, Straus & Giroux Inc  
 GlaxoSmithKline Pharmaceuticals  
 Houghton Mifflin Co  
 Little, Brown & Co

*Setting Off ie, eg, viz.* Use commas to set off *ie*, *eg*, and *viz* and the expanded equivalents, *that is*, *for example*, and *namely*.

The use of standardized scores, eg, z scores, has no effect on statistical comparisons.

*Note:* If an independent clause follows these terms or their equivalents, precede the clause with a semicolon.

Our double-blind study compared continuous with cyclic estrogen treatment; ie, estrogens for four weeks were compared.

*Setting Off Degrees and Titles.* Academic degrees and titles are set off by commas when they follow the name of a person. Although it is not incorrect to set *Jr* and *Sr* off by commas when they follow the name of a person, *JAMA* and the *Archives Journals* are now deleting these commas.

Joyce Frederickson-Smith, MD, PhD, vice-chancellor, attended the conference on health system reform.

Do not use commas **before** Jr., Sr., III, etc.

### Numbers\*

The numbers “one” through and including “ten” should be spelled out. The numbers 11 and higher should be written as numerals. However, style should be consistent within a sentence based upon the first number that occurs.

The five people ran twelve miles total.  
 OR  
 The 12 people ran 5 miles total.

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<sup>3</sup> Ibid. 336-8.

## Period ( . )<sup>4</sup>

*When not to Use a Period.* JAMA and the Archives Journals do not use periods with honorifics (courtesy titles), scientific terms, and abbreviations (exceptions: No. for “number” and St. when it is part of a person’s name, although no period is used with St in a city name, eg, St Louis, Missouri).

George Hussey, MD  
George R Hussey, MD  
E Coli  
JAMA  
NIH  
US  
**ie**  
**eg**

Periods are used to mark the end of a sentence. Periods always go inside quotation marks.

DO use periods after titles (Dr., Ms., Mr.).\*

Dr. Michaels *but* George Michaels, MD

**At the end of any sentence (whether question or statement), leave only one space after the final punctuation.**

## Hyphens

*When Not to Use Hyphens.* The following common prefixes are not joined by hyphens except when they precede a proper noun, a capitalized word, or an abbreviation: *ante-*, *anti-*, *bi-*, *co-*, *contra-*, *counter-*, *de-*, *extra-*, *infra-*, *inter-*, *intra-*, *micro-*, *mid-*, *multi-*, *non-*, *over-*, *pre-*, *post-*, *pro-*, *pseudo-*, *re-*, *semi-*, *sub-*, *super-*, *supra-*, *trans-*, *tri-*, *ultra-*, *un-*, *under-*.

mid-Atlantic  
pro-Germany

*but*

antimicrobial	nonresident
coauthor	overproduction
codirects	overrepresented
coexistence	overtreatment
coidentity	posttraumatic
coworker	preexisting
deidentify	reevaluation

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<sup>4</sup> Ibid. 334-5.

\*Differs from *AMA Manual of Style*

interrater	repossess
midaxillary	transsacral
midbrow	ultramicrotome
multicenter	underrepresented
nonnegotiable	

A short list of examples that can usually be presented **without** hyphens is given below.

amino acid levels	medical school students
birth control methods	natural killer cell
bone marrow biopsy	open heart surgery
health care system	public health official
primary care physician	medication assisted treatment

*Compound Official Titles.* Hyphenate combination positions of office but not compound designations as follows:

secretary-treasurer  
acting secretary  
honorary chair  
(But: past vice president, executive vice president, past president)

*Health care:* express this term as 2 words. It is not necessary to hyphenate *health care* in its adjectival form.

Health care professionals  
Health care organizations  
Health care insurance

(see **Appendix B** for more on punctuation, style and grammar rules)

## Appendix A: Common Acronyms

(those not linked are general terms and not specific organizations)

AAAP	<a href="#">American Academy of Addiction Psychiatry</a>
AAFP	<a href="#">American Academy of Family Physicians</a>
AAP	<a href="#">American Academy of Pediatrics</a>
AATOD	<a href="#">American Association for the Treatment of Opioid Dependence</a>
ABAM	<a href="#">American Board of Addiction Medicine</a>
ABMS	<a href="#">American Board of Medical Specialties</a>
ACCME	<a href="#">Accreditation Council on Continuing Medical Education</a>
ACEP	<a href="#">American College of Emergency Physicians</a>
ACP	<a href="#">American College of Physicians</a>
ACOG	<a href="#">American College of Obstetricians and Gynecology</a>
AOAAM	<a href="#">American Osteopathic Academy of Addiction Medicine</a>
ADM	Addiction medicine
AMA	<a href="#">American Medical Association</a>
APA	<a href="#">American Psychiatric Association</a>
APA	<a href="#">American Psychological Association</a>
CARF	<a href="#">Commission on Accreditation of Rehabilitation Facilities</a>
CMHS	<a href="#">Center for Mental Health Services (part of SAMHSA)</a>
CMS	<a href="#">Centers for Medicare and Medicaid Services</a>
CPT	<a href="#">Current Procedural Terminology</a>
CSA	<a href="#">Controlled Substances Act</a>
CSAP	<a href="#">Center for Substance Abuse Prevention</a> (part of SAMHSA)
CSAT	<a href="#">Center for Substance Abuse Treatment</a> (part of SAMHSA)
DATA 2000	The Drug Addiction Treatment Act of 2000
DEA	<a href="#">Drug Enforcement Administration</a> (not Agency)
DSM	Diagnostic and Statistical Manual
42CFR	<a href="#">Section 42 of the Code of Federal Regulations</a> (protects confidentiality of patient information for individuals being treated for addiction)
FDA	<a href="#">Food and Drug Administration</a>
HRSA	<a href="#">Health Resources and Services Administration</a>
IC&RC	<a href="#">International Certification &amp; Reciprocity Consortium</a>

JAM	<a href="#"><u>Journal of Addiction Medicine</u></a>
JCAHO	<a href="#"><u>The Joint Commission</u></a>
MAT	<a href="#"><u>Medication Assisted Treatment</u></a>
MOC	<a href="#"><u>Maintenance of Certification</u></a>
MROCC	<a href="#"><u>Medical Review Officer Certification Council</u></a>
NAABT	<a href="#"><u>National Alliance of Advocates for Buprenorphine Treatment</u></a>
NAATP	<a href="#"><u>National Association of Addiction Treatment Providers</u></a>
NAADAC	<a href="#"><u>National Association of Drug and Alcohol Counselors</u></a>
NASADAD	<a href="#"><u>National Association of State Alcohol/Drug Abuse Directors</u></a>
NCADD	<a href="#"><u>National Council on Alcoholism and Drug Dependence, Inc.</u></a>
NIAAA	<a href="#"><u>National Institute on Alcohol Abuse and Alcoholism</u></a>
NIDA	<a href="#"><u>National Institute on Drug Abuse</u></a>
NIH	<a href="#"><u>National Institutes of Health</u></a>
NREPP	<a href="#"><u>National Registry of Evidence-based Programs and Practices</u></a>
OAS	<a href="#"><u>Office of Applied Studies (part of SAMHSA)</u></a>
ONDCP	<a href="#"><u>Office of National Drug Control Policy</u></a>
PHP	Physician Health Program
PMP	Prescription Monitoring Program (sometimes also referred to as a Prescription Drug Monitoring Program (PDMP))
PPC	<a href="#"><u>Patient Placement Criteria (sometimes also referred to as “The ASAM”)</u></a>
REMS	<a href="#"><u>Risk Evaluation and Mitigation Strategy</u></a>
SAMHSA	<a href="#"><u>Substance Abuse and Mental Health Services Administration</u></a>
SAHM	<a href="#"><u>Society for Adolescent Health and Medicine</u></a>

# Appendix B: Punctuation, Style and Grammar

## Punctuation

### Apostrophe ( ' )<sup>5</sup>

- *To Show Possession.* Use the apostrophe to show the possessive case of proper nouns in accordance with the following examples:

Jones' bones (1 person named Jones)  
the Joneses' bones (2 or more people named Jones)

If a singular or plural word does not end in *s*, add 's to form the possessive.

a child's wants	men's concerns
women's health	everyone's answer

If a proper noun or name ends in a silent *s*, *z*, or *x*, form the possessive by adding 's.

Theroux's *The Mosquito Coast*  
Jacqueline du Pres's recordings

- *Possessive Pronouns.* Do not use 's with possessive pronouns: his, hers, ours, its, yours, theirs, whose.

The idea was hers.  
Give the book its due.

*Note:* Do not confuse the contraction of *it is* (*it's*) with the possessive *its*.

- *Possessive of Compound Terms.* Use 's after only the last word of a compound term.

father-in-law's health	someone else's problem
editor in chief's decision	secretary of health's ruling

- *Joint Possession.* When joint possession is being shown with nouns, or with an organization's or business firm's name, use the possessive form only in the last words of the noun or name.

Food and Drug Administration's policy  
Farrar, Straus & Giroux's books  
Center for Disease Control and Prevention's Task Force  
Hammond and Horn's study

When possession is individual, each noun takes the possessive form.

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<sup>5</sup> American Medical Association. *AMA Manual of Style: A Guide for Authors and Editors*. 10<sup>th</sup> ed. New York, NY: Oxford University Press; 2007. 362-6.

We matched the infant's and mother's records.

Note: When one of the nouns takes a possessive pronoun, the other nouns take the possessive as well.

I presented the intern's and my workups.

- *Using Apostrophes to Form Plurals.* Do not use an apostrophe to indicate the plural of a name. Do not use an apostrophe in the name of an organization in which the qualifying term is used as an adjective or an attributive rather than a possessive. Of course, always follow the official name.

The Chicago Cubs  
Veterans Affairs  
Rainbow Babies Hospital

### **Colon ( : )**<sup>6</sup>

The colon is the strongest of the 3 marks used to indicate a decided pause or break in thought. It separates 2 main clauses in which the second clause amplifies or explains the first.

This dictum is often believed to be in the Hippocratic Oath: First, do no harm.

- *When Not to Use a Colon.* Do not use a colon if the sentence is continuous without it.

You will need enthusiasm, organization, and a commitment to your beliefs.  
*Not:* You will need: enthusiasm, organization, and a commitment to your beliefs.

Avoid using a colon to separate a proposition from its object or to separate a verb (including *to be* in all of its manifestations) from its object or predicate nominative.

*Incorrect:* The point is: do not insert the catheter at this time.

*Better:* The point is not to insert the catheter at this time.

Do not use a colon after *because* or forms of the verb *include*.

**Em Dash (—)**<sup>7</sup> is used to indicate a marked or pronounced interruption or break in thought. Use this mode sparingly; do not use an em dash when another punctuation mark would suffice.

All of these factors—age, severity of symptoms, psychic preparation, and choice of anesthetic agent—determine the patient's reaction.

Can also be used to separate a referent from a pronoun.

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<sup>6</sup> Ibid. 342-4.

<sup>7</sup> Ibid. 352.



Osler, Billings, Apgar—these were the physicians she tried to emulate.

**En Dash ( – )** is longer than a hyphen but half the length of the em dash. The en dash shows relational distance.

Winston-Salem–oriented group  
post–World War I

Do not use em or en dashes when writing web content. They are not on the keyboard and can only be displayed in HTML via a special character code. Be wary of this when pasting from MS Word.

### **Hyphen ( - )**<sup>8</sup>

When not otherwise specified, hyphens should be used only as an aid to the reader's understanding, primarily to avoid ambiguity.

- *Temporary Compounds.* Hyphenate temporary compounds according to current dictionary usage and the following rules:

Hyphenate a compound that contains a noun or an adverb (except for adverbs ending in-ly). Do not use hyphen if the compound follows the noun.

decision-making methods  
most-read work in the collection.  
It was a placebo-controlled trial.  
This is a well-edited volume.

**Punctuation with Time**\*: Use “am” and “pm” (no punctuation) to designate times.

*Example:* We have scheduled the conference call for 3 pm on Monday.

### **Quotation Marks ( “ ” )**<sup>9</sup>

- Use quotation marks to enclose a direct quotation of **no more than 4 lines** from textual material or speeches.
- When the quotation marks enclose conversational dialogue, there is no limit to the length.

*Dialogue.* With conversational dialogue, enclose the opening word and the final word in quotation marks.

“Please don’t schedule the surgery for a Tuesday.”  
“OK, if that’s inconvenient for you, I won’t.”

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<sup>8</sup> Ibid. 350-2.

<sup>9</sup> Ibid. 359.

*Titles.* Within titles (including titles of articles, references, and tables), centered heads, and run-in sideheads (a subheading placed at or in the margin of printed matter), use double quotation marks.

The “Sense” of Humor

*Single Quotation Marks.* Use for quotations within quotations.

He looked at us and said, “As my parents always told me, ‘Be a good listener.’”

*Placement.* Place closing quotation marks outside commas and periods, inside colons and semicolons. Place question marks, dashes, and exclamation points inside quotation marks only when they are part of the quoted material. If they apply to the whole statement, place them outside the quotation marks.

Why bother to perform autopsies at all if the main finding is invariable “edema and congestion of the viscera”?

The clinician continues to ask, “Why did he die?”

Follow typical rules of italicizing “big” titles: books, movies, major publications.

### **Semicolon ( ; )**<sup>10</sup>

In general, use the semicolon to indicate a greater separation of thought and information than a comma can convey but less than the separation a period implies. Use a semi-colon between two independent thoughts (clauses) in one sentence if there is no conjunction.

Example (with conjunction): There are no limitations to the rule; so it is enforced loosely.

Example (without conjunction): There are no limitations to the rule; it is enforced loosely.

- Use a semi-colon between two independent clauses when they are connected by a transitional expression (however, consequently, for example, nevertheless, otherwise, therefore).

Example: The motion was defeated; nevertheless, the proposal will be reintroduced.

- Place a semicolon outside quotation marks.

### **Parentheses ( )**<sup>11</sup>

- In general, use parentheses sparingly! They are jarring to the readers. Use parentheses to enclose explanatory material that is independent of the main thought of the sentence.

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<sup>10</sup> Ibid. 341-3

<sup>11</sup> Ibid. 355-7.

The material within the parentheses may be a single word, a phrase or even an entire sentence.

The firm of Smith, Fought & Bunker (formerly Kandt, Smith, Fought & Bunker) was granted the audit.

- Place a parenthesis before a period if it is a fragment sentence. Place a period inside a parenthesis for a complete sentence.
- *Parenthetical Plurals.* Parentheses are sometimes used around letters to express the possibility of a plural when singular or plural could be meant.

The name(s) of the editor(s) of the book in reference two is unknown.

## Appendix C: Sample AMA References

Use the *American Medical Association's Style Manual* for footnote and endnote citations. Below are some examples of the citation types most commonly used; please consult the full *AMA Style Manual* for additional examples.

*Authored book:* 1. Janda J. *The Enterobacteria*. Philadelphia: Lippincott Williams & Wilkins, 1998.

*Edited book:* 2. Avery GB, Fletcher MA, MacDonald MG, eds. *Neonatology*. 4th ed. Philadelphia: JB Lippincott, 1994.

*Chapter in an edited book:* 3. Hudson WR, Gussack CS. Otolaryngology. In: Davis JE, ed. *Major Ambulatory Surgery*. 2nd ed. Baltimore: Williams & Wilkins, 1986:115-133.

*Journal article:* 4. Read SJ, Parsons AA, Harrison DC, et al. Stroke genomics: approaches to identify, validate and understand ischemic stroke gene expression. *J Cereb Blood Flow Metab*. 2001; 21:755-778.

*Online journal* 5. Simon JA, Hudes ES. Relationship of ascorbic acid to blood lead levels. *JAMA*. 1999;281:2289-2293. <http://url>. Accessed July 11, 2009.

*Online website* 6. King MW. The Medical Biochemistry Page. <http://themedicalbiochemistrypage.org>. Updated July 14, 2009. Accessed July 14, 2009.

## Appendix C: Glossary of Addiction Terms

### **Abstinence**

[ASAM, 1990] Non-use of a specific substance. In recovery, non-use of any addictive psychoactive substance. May also denote cessation of an addiction behavior, such as gambling, overeating, etc.

### **Abuse**

[ASAM, 1990] Harmful use of a specific psychoactive substance. The term also applies to one category of psychoactive substance-related disorders. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* defines abuse as a "maladaptive pattern of substance use, leading to clinically significant impairment or distress as manifested by one or more behaviorally based criteria" (American Psychiatric Association, 2000).

While recognizing that "abuse" is part of present diagnostic terminology, ASAM recommends that an alternative term be found for this purpose because of the pejorative connotations of the word "abuse." Possible alternative terms: substance misuse, high risk substance use, substance use problems.

### **Acceptance/resistance**

(see Readiness To Change)

### **Addiction**

[ASAM, 2011] Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

### **Addictionist**

[ASAM, 1990] Also, "addictionologist" or "addiction medicine specialist." A physician who specializes in addiction medicine.

### **Admission**

[PPC, 2001] That point in an individual's relationship with an organized treatment service when the intake process has been completed and the individual is entitled to receive the services of the treatment program.

### **Alcoholics Anonymous**

[ASAM, 1990] "A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others recover from alcoholism. The only requirement for membership is a desire to stop drinking" (from the Alcoholics Anonymous Preamble).

**Alcoholism**

[NCADD, 1992] A general but not diagnostic term, usually used to describe alcohol dependence, but sometimes used more broadly to describe a variety of problems related to the use of beverage alcohol.

**Ambulatory detoxification**

[PPC, 2001] Detoxification that is medically monitored but that does not require admission to an inpatient, medically or clinically monitored or managed setting.

**Assessment**

[PPC, 2001] Procedures by an individual's strengths, weaknesses, problems, and needs are evaluated. An essential component of treatment planning.

**B****Biomedical**

[PPC, 2001] Biological and physiological aspects of a patient's condition and thus of the assessment and treatment of the patient. In addiction treatment, biomedical problems may be the direct result of a substance use disorder or be independent of and interactive with them, thus affecting the total treatment plan and prognosis.

**Blackout**

[ASAM, 1990] Acute anterograde amnesia with no formation of long-term memory, resulting from the ingestion of alcohol or other drugs; that is, a period of memory loss for which there is no recall of activities.

**C****Case management**

[NCMTF, 1993] Case management is a collaborative process through which the options and services that will meet an individual's health needs are assessed, planned, implemented, coordinated, monitored, and evaluated, using communication and available resources to promote quality, cost-effective outcomes.

**Chemical dependency**

[ASAM, 1990] An outdated term relating to psychological or physical addiction, or both.

**Co-occurring disorders**

[PPC, 2001] Concurrent substance-related and mental disorders. Other terms used to describe co-occurring disorders include "dual diagnosis," "dual disorders," "mentally-ill chemically-addicted" (MICA), "chemically-addicted mentally-ill" (CAMI), "mentally-ill substance abusers" (MISA), "mentally-ill chemically dependent" (MICD), "coexisting disorders," "comorbid disorders," and "individuals with co-occurring psychiatric and substance symptomatology" (ICOPSS).

Use of the term carries no implication as to which disorder is primary and which secondary, which disorder occurred first, or whether one disorder caused the other.

**Continuing care**

*[PPC, 2001]* The provision of a treatment plan and organizational structure to ensure that a patient receives ongoing treatment services and supports. (This term is preferred to "aftercare.")

### **Continuum of care**

*[PPC, 2001]* An integrated network of treatment services and modalities designed so that an individual's changing needs will be met as that individual moves through the treatment and recovery process.

### **Cross-tolerance**

*[ASAM, 1990]* Tolerance, induced by repeated administration of one psychoactive substance, that is manifested toward another substance to which the individual has not been recently exposed.

## **D**

### **Decriminalization**

*[ASAM, 1990]* Removal of criminal penalties for the possession and use of illicit psychoactive substances.

### **Dependence**

*[ASAM, 1990]* Used in three different ways: (1) physical dependence, a physiological state of adaptation to a specific psychoactive substance characterized by the emergence of a withdrawal syndrome during abstinence, which may be relieved in total or in part by readministration of the substance; (2) psychological dependence, a subjective sense of need for a specific psychoactive substance, either for its positive effects or to avoid negative effects associated with its abstinence; and (3) one category of psychoactive substance use disorder.

### **Detoxification**

*[ASAM, 1990]* A process of withdrawing a person from a specific psychoactive substance in a safe and effective manner.

### **Dimension**

*[PPC, 2001]* A term used in the ASAM Patient Placement Criteria to refer to one of six patient problem areas that must be assessed in making a placement decision.

### **Discharge**

*[PPC, 2001]* The point at which an individual's active involvement with a treatment service is terminated, and he or she no longer is carried on the service's records as a patient.

### **Drug intoxication**

*[ASAM, 1990]* Dysfunctional changes in physiological functioning, psychological functioning, mood state, cognitive process, or all of these, as a consequence of consumption of a psychoactive substance (such intoxication is marked by behaviors that usually are disruptive, often stemming from central nervous system impairment).

### **Dual diagnosis**

*[PPC, 2001]* Refers to the patient who has signs and symptoms of concurrent substance related and mental disorders. Other terms used to describe such co-occurring disorders include "co-occurring disorders," "dual disorders," "mentally ill chemically addicted" (MICA), "chemically addicted mentally ill" (CAMI), "mentally ill substance abusers" (MISA), "mentally ill chemically dependent" (MICD), "coexisting disorders," "comorbid disorders," and "individuals with co-occurring psychiatric and substance symptomatology" (ICOPSS). Also see "co-occurring disorders."

## E

### **Early intervention**

*[PPC, 2001]* Services that explore and address any problems or risk factors that appear to be related to use of alcohol and other drugs and that help the individual to recognize the harmful consequences of inappropriate use. Such individuals may not appear to meet the diagnostic criteria for a substance use disorder, but require early intervention for education and further assessment.

### **Enabling**

*[ASAM, 1990]* Any action by another person or an institution that intentionally or unintentionally has the effect of facilitating the continuation of an individual's addictive process.

## F

### **Facility**

*[PPC, 2001]* The physical structure (building or portions thereof) in which treatment services are delivered.

### **Failure** (as in treatment failure)

*[PPC, 2001]* Lack of progress and/or regression at any given level of care. Such a situation warrants a reassessment of the treatment plan and modification of the treatment approach. For example, the situation may require changes in the treatment plan at the same level of care or transfer to a different (more or less intensive) level of care to achieve a better therapeutic response. Sometimes used to describe relapse after a single treatment episode-an inappropriate construct in describing a chronic disease or disorder.

### **Familial alcoholism**

*[ASAM, 1990]* A pattern of alcoholism occurring in more than one generation within a family, due to either genetic or environmental factors, or both.

### **Family intervention**

*[ASAM, 1990]* A specific form of intervention, involving family members of an alcoholic/addict, designed to benefit the patient as well as the family constellation.

## H

### **Habilitation**

*[PPC, 2001]* The development, for the first time in an individual's life, of an optimum state of health through medical, psychological, and social interventions (also see



"Rehabilitation").

### **Harm reduction**

[PPC, 2001] Policies and programs whose primary goal is to reduce the adverse health, social, legal and economic consequences of drug use, without necessarily reducing or eliminating such use.

I

### **Imminent danger**

[PPC, 2001] Three components constitute imminent danger: (1) a high probability that certain behaviors (such as continued alcohol or drug use or relapse) will occur; (2) the likelihood that such behaviors will present a significant risk of serious adverse consequences to the individual and/or others (as in a consistent pattern of driving while intoxicated); and (3) the likelihood that such adverse events will occur in the very near future. The concept of imminent danger *does not* encompass all the things that may happen but is restricted to the combination of the three factors listed above. On the other hand, the interpretation of imminent danger should not be restricted to acute suicidality, homicidality or medical or psychiatric problems that create an immediate, catastrophic risk.

### **Impairment**

[ASAM, 1990] A dysfunctional state resulting from use of psychoactive substances, or mental, emotional, or cognitive problems.

### **Individualized treatment**

[PPC, 2001] Treatment designed to meet a particular patient's needs, guided by a treatment plan that is directly related to a specific, unique patient assessment.

### **Intensity of service**

[PPC, 2001] The number, type, and frequency of staff interventions and other services (such as consultation, referral, or support services) provided during treatment at a particular level of care.

### **Intensive outpatient treatment**

[PPC, 2001] An organized service delivered by addiction professionals or addiction credentialed clinicians, which provides a planned regimen of treatment, consisting of regularly scheduled sessions within a structured program, for a minimum of 9 hours of treatment per week for adults and 6 hours of treatment per week for adolescents.

### **Interdisciplinary team**

[PPC, 2001] A group of clinicians trained in different professions, disciplines, or service areas (such as physicians, counselors, psychologists, social workers, nurses, and certified substance abuse counselors), who function interactively and interdependently in conducting a patient's biopsychosocial assessment, treatment plan, and treatment services.

### **Intervention**

[ASAM, 1990] A planned interaction with an individual who may be dependent on one or more psychoactive substances, with the aim of making a full assessment, overcoming

denial, interrupting drug-taking behavior, or inducing the individual to initiate treatment. The preferred technique is to present facts regarding psychoactive substance use in a caring, believable, and understandable manner.

## L

### **Legalization**

[ASAM, 1990] Removal of legal restrictions on the cultivation, manufacture, distribution, possession, and/or use of a psychoactive substance.

### **Length of service**

[PPC, 2001] The number of days (for inpatient care) or units/visits (for outpatient care) of service provided to a patient, from admission to discharge, at a particular level of care.

### **Level of care**

[PPC, 2001] As used in the *ASAM Patient Placement Criteria*, this term refers to a discrete intensity of clinical and environmental support services bundled or linked together and available in a variety of settings.

### **Level of function**

[PPC, 2001] An individual's relative degree of health and freedom from specific signs and symptoms of a mental or substance-related disorder, which determine whether the individual requires treatment.

### **Loss of control**

[ASAM, 1990] The inability to consistently limit the self-administration of psychoactive substance.

## M

### **Matching**

[PPC, 2001] A process of selecting treatment resources to conform to an individual patient's needs and preferences based on careful assessment. Matching has been shown to increase treatment retention and thus to improve treatment outcome. It also improves resource allocation by directing patients to the most appropriate level of care and intensity of services.

### **Medically managed treatment**

[PPC, 2001] Services that involve daily medical care, where diagnostic and treatment services are directly provided and/or managed by an appropriately trained and licensed physician.

### **Medically monitored treatment**

[PPC, 2001] Services that are provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists, and other health care professionals and technical personnel under the direction of a licensed physician. Medical monitoring is provided through an appropriate mix of direct patient contact, review of records, team meetings, 24-hour coverage by a physician, and quality assurance programs.

### **Medical necessity**

[PPC, 2001] Pertains to essential care for biopsychosocial severity. It is defined by the extent and severity of problems identified in a multidimensional assessment of the individual.

### **Misuse**

[ASAM, 1990] Any use of a prescription drug that varies from accepted medical practice.

### **Modality**

[PPC, 2001] A specific type of treatment (technique, method, or procedure) that is used to relieve symptoms or induce behavior change. Modalities of addiction treatment include, for example, detoxification or antagonist medication, motivational interviewing, cognitive behavioral therapy, group therapy, social skills training, vocational counseling, and self/mutual help groups.

## **O**

**Outpatient detoxification** (See "ambulatory detoxification")

### **Outpatient service**

[PPC, 2001] An organized non-residential service, delivered in a variety of settings, in which addiction treatment personnel provide professionally directed evaluation and treatment for substance-related disorders.

### **Overdose**

[ASAM, 1990] The inadvertent or deliberate consumption of a dose much larger than that either habitually used by the individual or ordinarily used for treatment of an illness, and likely to result in a serious toxic reaction or death.

## **P**

### **Patient**

[PPC, 2001] An individual who is receiving assessment or treatment for problems with alcohol, another drug, or tobacco. The terms "client" and "patient" sometimes are used interchangeably, although staff in non-medical settings more commonly use "client."

### **Partial hospitalization**

[PPC, 2001] A generic term encompassing day, night, evening, and weekend treatment programs that employ an integrated, comprehensive and complementary schedule of recognized treatments. Commonly referred to as "day treatment." A partial hospitalization program does not need to be attached to a licensed hospital.

### **Payer**

In health care, generally refers to entities other than the patient that finance or reimburse the cost of health services. In most cases, this term refers to insurance carriers, other third-party payers, or health plan sponsors (employers or unions). This is used rather than the uncommon spelling "payor."

### **Physical dependence**

[PPC, 2001] Physical dependence is a state of adaptation that is manifested by a drug class-specific withdrawal syndrome that can be produced by abrupt cessation or rapid

dose reduction of a drug, or by administration of an antagonist.

### **Placement**

[PPC, 2001] Selection of an appropriate level of service, based on assessment of a patient's individual needs and preferences.

### **Polydrug abuse**

[ASAM 1990] Concomitant use of two or more psychoactive substances in quantities and with frequencies that cause the individual significant physiological, psychological and/or sociological distress or impairment.

### **Polysubstance dependence**

[APA, 1994] A DSM-IV diagnosis (304.80) reserved for behavior during the same 12-month period in which an individual repeatedly engages in abuse of at least three groups of substances (excluding caffeine and nicotine), but no single substance predominates. Such use meets the dependence criteria for substances as a group, but not for a specific substance. (Adapted from the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*, American Psychiatric Association, 1994.)

### **Prevention**

[ASAM, 1990] Social, economic, legal, medical, and/or psychological measures aimed at minimizing the use of potentially addicting substances, lowering the dependence risk in susceptible individuals, or minimizing other adverse consequences of psychoactive substance use. Primary prevention consists of attempts to reduce the incidence of addictive diseases and related problems in a general population. Secondary prevention aims to achieve early detection, diagnosis, and treatment of affected individuals. Tertiary prevention seeks to diminish the incidence of complications of addictive diseases.

### **Problem drinking**

[ASAM, 1990] An informal term describing a pattern of drinking associated with life problems prior to establishing a definitive diagnosis of alcoholism. Also, an umbrella term for any harmful use of alcohol, including alcoholism. ASAM recommends that the term not be used in the latter sense.

### **Program**

[PPC, 2001] A generalized term for an organized system of services designed to address the treatment needs of patients.

## **R**

### **Readiness to change**

[PPC, 2001] An individual's emotional and cognitive awareness of the need to change, coupled with a commitment to change. When applied to addiction treatment, and particularly to assessment Dimension 4, "Readiness to Change" describes the patient's degree of awareness of the relationship between his or her alcohol or other drug use or mental health problems, and the adverse consequences of such use, as well as the presence of specific readiness to change personal patterns of alcohol and other drug use.

## **Recovery**

[Ford, 2007] Although sobriety is considered to be necessary for recovery, it is not considered sufficient unto itself. Recovery is recognized universally as being multidimensional, involving more than simply the elimination of substance use. The additional health and social aspects of recovery are potentially quite important to the prevention of relapse and may be the most attractive aspects of recovery to affected individuals, their families, and society as a whole.

[SAMHSA, 2011] A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope

(full definition can be found at <http://www.samhsa.gov/newsroom/advisories/1112223420.aspx>)

## **Recovery environment**

[PPC, 2001] The external supports for recovery, including the quality and extent of services (such as child care, transportation, crisis and transitional housing, and other "wrap around" services, all of which influence treatment outcome).

## **Rehabilitation**

[ASAM, 1990] The restoration of an optimum state of health by medical, psychological, and social means, including peer group support, for an alcoholic or addict, a family member or a significant other.

## **Relapse**

[ASAM, 1990] Recurrence of psychoactive substance-dependent behavior in an individual who has achieved and maintained abstinence for a significant period of time beyond withdrawal. (Note that, as a medical term, "relapse" is preferred to "recidivism," which is a legal construct.)

## **Resident**

[PPC, 2001] A patient in one of the clinically managed, residential levels of care.

## **S**

## **Setting**

[PPC, 2001] A specific place in which treatment is delivered. Settings for alcohol other drug treatment include hospitals, methadone clinics, community mental health centers, and prisons or jails.

## **Severity of illness**

[PPC, 2001] Specific signs and symptoms for which a patient requires treatment, including the degree of impairment and the extent of a patient's support networks.

### **Sobriety**

[ASAM, 1990] A state of complete abstinence from psychoactive substances by an addicted individual in conjunction with a satisfactory quality of life.

### **Social support system**

[PPC, 2001] The network of relationships that surround an individual. A health social support system-involving family members, friends, employers, members of mutual support groups, and others-tends to support an individual's recovery efforts and goals. What these individuals have in common is that their relationship with the individual is current and that the individual is comfortable contacting them in times of distress.

### **Stages of change**

[PPC, 2001] This refers principally to the work of Prochaska and DiClemente, who described how individuals progress and regress through various levels of awareness of a problem, as well as the degree of activity involved in a change in behavior. While their original work studied individuals who changed from smokers to non-smokers, the concept of stages of change subsequently has been applied to a variety of behaviors.

### **Substance-induced disorders**

[APA, 1994] Includes Substance Intoxication, Substance Withdrawal, and a variety of substance-induced disorders, Delirium, Persisting Dementia, Persisting Amnestic Disorder, Psychotic Disorder, Mood Disorder, Anxiety Disorder, Sexual Dysfunction and Sleep Disorder. Specific diagnostic criteria are listed in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* of the American Psychiatric Association.

### **Substance-related disorders**

[APA, 1994] Includes disorders related to the taking of a drug of abuse (including alcohol), to the side effects of a medication, and to toxin exposure and are divided into two groups: the Substance Use Disorders and the Substance-Induced Disorders, as defined in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* of the American Psychiatric Association.

### **Substance use disorders**

[APA, 1994] Includes Substance Dependence and Substance Abuse with specific diagnostic criteria listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* of the American Psychiatric Association. Substance Use Disorders are one of two subgroups of the broader diagnostic category of Substance Related Disorders.

### **Support services**

[PPC, 2001] Support services are services that are readily available to a treatment program through affiliation or contract arrangement, or because they are available to the community at large (for example, 911 emergency response services). Typically, they are services that cannot be offered directly by program staff and which may not be needed by patients on a routine basis.

## T

### **Tolerance**

[ASAM, 1990] A state of adaptation in which exposure to a drug induces changes that result in diminution of one or more of the drug's effects over time.

### **Transfer**

[PPC, 2001] Movement of the patient from one level of service to another, within the continuum of care.

### **Treatment**

[ASAM, 1990] Application of planned procedures to identify and change patterns of behavior that are maladaptive, destructive, and/or injurious to health; or to restore appropriate levels of physical, psychological, and/ or social functioning.

### **Triage**

[PPC, 2001] As used in the *ASAM Patient Placement Criteria*, decision-making at the conclusion of an initial assessment process to determine the specific assignment of the patient to a level of care or service.

### **Twenty-three hour observation bed**

[PPC, 2001] Admission for no more than 23 hours for assessment and stabilization to determine the need for inpatient versus outpatient care. Such a "bed" may be located in an inpatient or an outpatient setting (such as a hospital emergency department).

## U

### **Unbundling**

[PPC, 2001] An approach to treatment that seeks to provide the appropriate combination of specific services to match a patient's needs. The goal of unbundling is to provide an array of options for flexible individualized treatment, which can be delivered in a variety of settings. The intensity of clinical services is determined independently of the individual's need for supportive living arrangements and other environmental supports.

## W

### **Withdrawal or withdrawal syndrome**

[ASAM, 1990] The onset of a predictable constellation of signs and symptoms following the abrupt discontinuation of, or rapid decrease in, dosage of a psychoactive substance.

## List of Proofing Edits and Corrections for ASAM Criteria

### **TITLE CONSISTENCY**

“*The ASAM Criteria*” – Use when referring to this text (can also include “Third Edition,” (not italicized, of course) when appropriate)

“ASAM’s criteria” – Use whenever speaking in general about the criteria, or the past/present/future application of the criteria (not specific to a certain edition)

“*The ASAM Criteria Software*” – Use to refer to the new edition of the software

### **SECTIONS, CHAPTERS, SUBSECTIONS**

Be sure all mentions of content located elsewhere in the book refer to the appropriate level/label (eg, is it a section? a chapter?)

Here is the order of operations, from biggest to smallest:  
TABS > CHAPTERS > SECTIONS > SUBSECTIONS

Tab = edge of page distinction (eg, Tab 1: History and Application)

Chapter = beginning of each chapter as well as headings at the top of the left-hand pages (eg, “Chapter 1: *The ASAM Criteria: Then and Now*”)

Section = listed in text with appropriately styled type (eg, “Historical Foundations”)

Subsection = listed in text with appropriately styled type (eg, “Cleveland Criteria”)

(Note that each of these has its own type style for consistency throughout the book.)

### **ADOLESCENT-SPECIFIC INFORMATION**

All adolescent-specific text should be boxed out and/or indicated with the standard icon throughout the entire book (unless it’s just mentioned in passing within some larger topic content). Within these boxes, words like “patient” and “individual” should be changed to “adolescent” (general rule, occasional uses of “patient” and “individual” are still okay).

For most Adolescent Boxes, we want to have the main header “Adolescent-specific Considerations,” followed by a colon and a more specific subhead “Staff.” We don’t want “Adolescent-specific Considerations:” with a colon at the end leading nowhere.

### **CITATIONS/REFERENCES**

These are all end-notes and in AMA Style.

Final Glossary will not be approved and therefore finalized until 7/31. Until then, additional terms and references may be added. Confirm final Glossary and reference list after 7/31.

### **Terms to Avoid**

The authors/editors have done their best to remove the following terms, but be on the lookout and flag

7/23/2012



or remove the following terminology:

- **“Inappropriate use”** – Any terminology that subjectively judges a patient’s situation (who decides what is inappropriate?) should be flagged for David to review, or simply change to “high-risk” or “hazardous” use.
- **“Denies,” “Claims,” etc.** – Wording that seems to passively assign blame or judgment to a patient’s statement should be changed to more generic terms (“patient says,” etc.)
- **“Abuse”** – No references to substance abuse. “Child abuse” is still an understood and used term.
- **“Detoxification”** – In almost all cases (unless referring to terms historically used) we will want to replace “detoxification” with **“withdrawal management”**

### **Copyrights**

Make sure we’re all set in terms of our copyright protection (include ISBN # on book)

### **Misc.**

Check to make sure header on right side of every page (in every chapter) uses the serial comma (comma after “Addictive” in book title)

For other things not noted here, we are adhering to the ASAM Guide to Style and the AMA Style Guide.

## Note On Social Media

ASAM has a Facebook Fan Page, Twitter, LinkedIn Group, LinkedIn Company Page, and a YouTube channel. ASAM style guidelines should be followed when appropriate when communicating through these vehicles. A summary of ASAM's presence on social media is presented below.

- **Facebook:** [www.facebook.com/addictionmedicine](http://www.facebook.com/addictionmedicine)  
Facebook allows for a larger platform for updating news and information than Twitter. There is more space for characters in status updates and more opportunities to include pictures and video in a more graphic format than the other social media sites we use. However, it is important that our Facebook page is not updated as often as our Twitter page, market research indicates members get frustrated when inundated with updates to their News Feed.
- **LinkedIn Group:** <http://www.linkedin.com/groups/American-Society-Addiction-Medicine-ASAM-1931894>  
LinkedIn is a business-related social networking site and is used mainly for professional networking. Different professionals are able to post resumes, and organizations can post general information about their mission and staff. In the ASAM LinkedIn Group, members are able to comment on issues and find out about other professionals who are interested in similar topics.
- **Twitter:** [www.twitter.com/ASAMorg](http://www.twitter.com/ASAMorg) (@ASAMorg)  
Twitter allows for updates of 140 characters or less, providing a succinct way to communicate. When Tweeting for ASAM, keep the Brand in mind as well as the audience, which is mostly likely to be a majority of non-physicians and those who are interested in health and addiction. As a resource, Bitly.com can be used to shorten links and allow for more space to write content.
- **YouTube Channel:** [www.youtube.com/AddictionMedicine](http://www.youtube.com/AddictionMedicine)  
ASAM's YouTube Channel is still in its preliminary stages. Eventually, we hope to gain subscribers, post video content, and allow for other video content to be linked to our website and vice versa.
- **Bitly:** [www.bitly.com](http://www.bitly.com) (Username: [Pubs@asam.org](mailto:Pubs@asam.org) Password: ASAM4601)  
Use this site to create and track the usage of shortened URLs.

[HootSuite.com](http://hootsuite.com) is a tool that allows you to schedule a tweet to be published in the future. This is useful if you will not be in the office when a certain event launches and you want to post a timely announcement.

- Username: [pubs@ASAM.org](mailto:pubs@ASAM.org)  
PW: asam4601
- Once you are logged in, click on the top toolbar bottom with the calendar icon. Paste your post in the text box and choose the day and time you would like Hoot Suite to post it.
- You can choose to receive a confirmation email once it goes live.