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The Largest Snowwoman
Bethel, Maine

Mission:

The Medical Professionals Health Program, a program of the Maine Medical Association, assists medical professionals of Maine by providing confidential and compassionate assistance and advocacy. Our staff and committee members help participants with diagnosed substance use disorders. Although we do not provide evaluation or treatment, we help participants better understand the treatment and recovery process and help implement strategies for return to safe practice.



MPHP - Board of Licensure Update: Changing Relationships and Changing Outcomes

November was a groundbreaking month for the MPHP and for several nurses in Maine. In the history of the program, there has never been a case where board action has been suspended for participants of the MPHP, yet this year, nine nurses know how this feels and will have active, non-disciplinary Maine licenses!

These nurses independently petitioned the board earlier this year, presenting evidence of solid recovery programs, a history of compliance with their MPHP monitoring programs and letters of support from providers, monitors, and MPHP. The Board thoroughly considered each case, their mandate and their responsibility to the public. In most cases, the Board chose to remove license restrictions and terminated disciplinary action.

“These Nurses, now a total of nine, represent real pioneers. They have been cutting the way for a great many others.” said Dr. Lani Graham, Medical Director of the MPHP and case manager to many of the nurses petitioning the Board. “We owe them a debt of gratitude because they showed courage and commitment not only to tackle a terrible chronic illness, participate successfully in a very tough

(Continued on page 4)



PEACE *serenity* Joy
 HEALTH **Happiness**
friendship *warmth*
 HOPE PROSPERITY
goodwill **harmony**

During the Holiday Season more than ever, our thoughts turn gratefully to those who have shared their recovery with us and who have made our progress possible. And in this spirit, we say, simply but sincerely,

*Thank You and Best Wishes for the
Holiday Season
and a
Happy New Year.*

MPHP Staff and Advisory Committee

HOLIDAY TRIGGERS: MAKING WELLNESS A PRIORITY

It's holiday time and while many are busy decking the halls, planning gatherings with friends and family, or shopping, it's not always joyous time for everyone. The holidays are a stressful season for many – whether in recovery or not.

Be mindful of stressors/triggers:

Identify situations that trigger negative emotions and create or contribute to temptations. Once potential triggers are identified, try to limit exposure when planning for the holidays.

Take care of yourself: Rest and eat right. Let's face it. When we're tired or hungry, we're more apt to make snap judgments that may not turn out well, say something we wish we hadn't, or find

ourselves in compromising situations.

Remind yourself of your gifts:

Remind yourself of the gifts you've been given in life (gratitude) while looking for opportunities to help others (service work).

Be selective about the invitations you accept.

There's just no sense putting your sobriety in jeopardy so, if necessary, don't go to places where people are drinking and/or doing drugs.

Go late and leave early. If being courteous and putting in an appearance are important to you and your host, just shorten your visit - go to the gathering as late as you can without being irre-

sponsible and leave well before the party's end.

Remember your support network:

Those about to experience a first holiday season of sobriety may be apprehensive about this time with family and friends. Also continue to exercise, attend group meetings and staying in touch with your sponsor, and

Discuss this with your counselor, therapist, 12-step sponsor, or in group meetings. Those with a longer period of sobriety may also be good sounding boards for you.

Remember to have fun! And, when in difficult situations, make recovery a priority.

MAINE | Medical Professionals
Health Program

Concentra Partnership:

Changes at the collection site

There have been some changes at Concentra recently. They have partnered with Affinity to help simplify payment for collection costs and have reduced their rates for collection. Starting October 31, 2012, Concentra's fee for collection has been payable through Affinity and collection rates for standard urine screens have been reduced to \$33. If you have any question, please contact Affinity at [1-877-267-4304](tel:1-877-267-4304).

LANGUAGE AND LAW: PROPOSING LEGISLATION IN 2013



As has been the case in past years, the MPHP has asked the Maine Medical Association (MMA) to draft and help build support for legislation in Maine to better support Maine's medical professionals in recovery. For the coming Legislative session, we've asked the MMA to help draft changes to current statutory language related to Board disciplinary actions for medical professionals with a diagnosis of substance use disorder(s). It's important to update this language as it is commonly used in consent agreements and readily searchable on the web. Once the statutes are identified and the language is drafted, we will forward additional information on how you can help support this effort.

WORK CHALLENGE OF RECOVERING PROFESSIONALS:

Recently, an International Conference on Physician Wellness was held in Montreal, Canada and attended by Dr. Lani Graham. Interestingly, the term “wellness” appears to be code for the commonly accepted term “recovery”, which itself also refers to a person dealing successfully with the chronic illness of substance use.

The choice of language is symptomatic of our society’s discomfort with the chronic illness of substance use. As any medical professional attempting to work in the face of this illness knows, there is risk associated with revealing past substance use issues, no matter how stable their recovery. Clearly, there is an involuntary distinction between this illness and almost any other chronic illness, all of which could impact patient care, such as Parkinson’s disease, Multiple Sclerosis, a Seizure Disorder, Cancer, Sleep Apnea, and Diabetes. But there is light at the end of the tunnel.

One of the highlights from the conference was that other countries have begun to see that stigmatization and discrimination in the substance use arena is not healthy for the professional or for the workplace. In other countries, there is growing appreciation that successful professionals with substance use disorders can bring a new and valuable perspective to the workplace- that, if the

treatment team believes the professional is ready to return to work with appropriate safeguards, it is a good idea to welcome and celebrate the return, just as a “cancer survivor” or someone with severe diabetes would be.

Treatment team professionals and employers work collaboratively to consider “reasonable accommodations” to allow for the most appropriate and successful transition possible. Perhaps initially the returning professional might not take night call, may take on a reduced work load, or have enhanced treatment and mentoring supports.

Unfortunately, in this country, more often than not, a discriminatory approach appears to dominate. Giving a professional in recovery a job is considered more than enough good will. In fact a professional in recovery might reasonably be considered “fair game” for work that no one else wants - night shifts, weekend duty, troublesome working conditions, and challenging work teams. Or a professional with a substance use disorder might be prevented from even applying for work in the system where the illness started, thus expecting the professional to return to work in a strange environment, separated from their

entire medical support system. It seems highly unlikely that “trial by fire” would be a good way to help someone working to master a tough illness. Still, Maine is doing better. Many hospitals in Maine have embraced a more progressive approach that is healthier for everyone. It is also clear that these other countries represent the future, and ours will get there.

Keeping the path of progress in mind, it is important to start making our language choices less discriminatory, whether conversationally or in statute, and employer actions must be supportive to reduce stigma during the transition time. When an employer is able to provide support for the returning professional, whatever the illness, they’re not only creating a healthy environment, they’re promoting recovery. These are all appropriate things for professionals, treatment providers, and MPHP to consider when determining if the professional is ready to return to the workplace.

Meanwhile, we at the MPHP are enormously impressed by the hard work and commitment demonstrated by program participants to their own health, and as well as that of others, despite the many challenges.

MPHP AND SOCIAL MEDIA: LIKE US ON FACEBOOK



We announced in the last newsletter that we’ve developed a facebook page to help us communicate program developments with participants and other program stakeholders. We’ve been hearing positive feedback and have even made a few posts!

And, as you can see, we now have 15 likes!

<http://www.facebook.com/MedicalProfessionalsHealthProgram>

MPHP - Board of Licensure Update: (continued)



case management program, but at the same time face an unfriendly audience. They stood the test and our collective hats are off to them! I believe their work will make the future prospects for everyone better!”

The lifting of Board discipline and licensure restrictions means these nurses all will be able to seek employment in their profession without a consent agreement hindering their employment opportunities. It needs to be clear however, that the lifting of Board sanctions was possible because of each participant’s commitment to ongoing participation and monitoring with the MPHP. In effect all these Nurses are now confidential participants in our program.

They no longer have reporting requirements to the Board. A cautionary note though, is that, exactly like confidential participants, if any of these Nurses has a positive test, is significantly non-compliant with the terms of the MPHP Contract, or leaves the program before it seems "safe" to MPHP, that would result in a report to the Board.

Thanks to the nurses who courageously stepped into the fire, the Maine Medical Association Attorneys for their guidance and support, and to the many monitors who help support the recovery of so many medical professionals.

THE TRUTH ABOUT TRAMADOL: UNDERSTANDING ITS EFFECTS

As is often the case when relatively “new” drugs emerge, there are things that are not clearly understood by prescribers and the population at large. This is the case when we talk about prescription pain medications like tramadol (tramadol hydrochloride, trademarked as Ultram and Ryzolt), which is a centrally acting synthetic agents used to treat moderate to severe pain. This drug is often prescribed over opiates because it is thought to be safe or not as addictive.

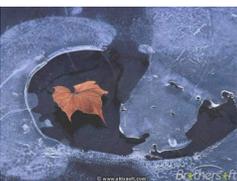
The danger of tramadol is very real and misunderstood far too often. Here are the facts:

- Tramadol is a centrally acting synthetic agents, also considered an opioid agonist. When this drug enters the body, it attaches to pain receptors similar to narcotic pain receptors- which means they actually work on the same part of the brain that opiates do.
- Long term users have shown withdrawal symptoms when trying to quit, indicating a dependency to the drug.

People taking tramadol don’t tend to feel the same “high” as they would on other medications, making the drug feel safe to take but

the withdrawal from tramadol is very similar, in fact, to withdrawal from opiates, often setting in 12-20 hours after stopping, with acute withdrawal symptoms that actually last a longer period of time.

While tramadol is considered safe for the general population, it is considered mind altering and should only be taken when prescribed by your physician. Should your medical condition require the use of this or similar medications, it’s important for you to share your recovery history with your prescriber, monitor yourself for signs of addiction, and immediately develop a plan for cessation.



Related web articles:

<http://opiatekick.com/the-dangers-of-using-tramadol-or-ultram-for-pain/>

<http://www.tramadolabusehelp.com/dangers-of-mixing-tramadol-with-alcohol-and-other-drugs>

<http://arthritis.about.com/od/ultram/a/tramadol.htm>

<http://en.wikipedia.org/wiki/Tramadol>

Incidental Exposure to THC?

NOT FOR PHP PARTICIPANTS

Can marijuana smoke passively inhaled at a concert or party result in a positive urine screen? Yes.

It is important for participants to understand that both active use and passive exposure to the THC in marijuana are considered dangerous

and treated like a relapse when THC shows up in a urine screen.

Though use may not be ‘active’ or ‘first-hand’, the ingredient THC is still impacting your body and mind, and still able to be detected in a toxicology screen.

The message here is to make sure you are completely abstinent. Do not put yourself in a situation where you will be exposed to use by others. If you find yourself in a compromising situation, be proactive, take care of your body and mind, and protect your career.

IT’S COLD AND FLU SEASON:

ENSURING YOUR MEDICATIONS ARE SAFE

With the onset of cold weather, it’s a good idea to check your supply pantry for over the counter products that will help treat your symptoms this cold and flu season. Some over-the-counter (OTC) medications are not considered ‘safe’ for people in recovery so be very careful not to ingest substances affect your brain’s function. Avoid any medications with alcohol or stimulant/sedating qualities which can trigger specific receptors in the brain.



Safe OTC Remedies:

The following products are usually considered acceptable medications.

- Pain symptoms: aspirin, acetaminophen, non-steroidal anti-inflammatory drugs (Motrin, Nuprin, Advil, Naprosyn, Anaprox and others),
- Expectorants: Breonesin Capsules, Glycotuss Tablets, Humabid LA
- Nausea/Vomiting Medications: Emetrol, Pepto-Bismol Tablets, Nauseatrol
- Diarrhea Preparations: Kaopectate, Kaopectate Concentrate, Kaopetolin, Kaodene, Diasorb, Lactinex Tablets/Granules
- Throat Lozenges Cepastat Lozenges Chloroceptic Lozenges, Hall’s Mentho-Lyptus Lozenges Sucret’s, Vicks Cough Drops
- Allergy Decongestants Allegra (Fexofenadine) Allerest, Claritin (Loratadine)
- Cough and Cold (alcohol-free): Guaifenesin, Robitussin Plain, Naldecon Senior EX
- Heartburn: Zantac or Pepcid is preferred.

There are many over the counter products available and label reading has never been more important! Many manufacturers of liquid health care and cold remedy products are now also making “alcohol-free” versions.

If your symptoms are more severe and you are in need of a prescription, consult your primary care provider and immediately inform the MPHP of any additional medications you are taking.

Side Effects and Remedies to Avoid:

This is only a partial list of medications and preparations are generally considered unsafe for those in recovery. When in doubt, read the label. There are several things to look for and avoid.

- Any medications with side effects of sedation or stimulation.
- Remedies containing alcohol. (primarily liquid or gel remedies)
- Some Antihistamines are sedating. (Contact, Dristan, Actifed, etc)
- Decongestants are mild stimulants. (Sudafed, etc)
- Sleep inducing preparations (Nytol, Sominex, etc)
- Stimulant medications (No-doze, Dexatrim, etc)
- Medications with caffeine (Anacin, Excedrin, etc.)
- Sedating heartburn preventatives (Tagamet)

RECOMMENDED RESOURCES:

PARTICIPANT & COMMITTEE RECOMMENDATIONS

There are many fantastic resources available on the web. MPHP participants occasionally share helpful websites, books, movies and articles. While we're not promoting these products or services, we feel it's valuable to share some things other participants are finding helpful. Understand that your privacy is not guaranteed on these websites, so please be careful with sharing your personal information.

Yahoo group for Health Professionals In Recovery

health.groups.yahoo.com/group/recoveringhcps/

HPIR (Health Professionals In Recovery) is open to all health care professionals and helping professions that are in recovery from chemical dependency. It is a moderated closed forum for all recovering health care providers in recovery or in need of recovery.

Hazelden Social Community

<http://www.hazelden.org/web/public/static/hazeldensocialabout.view>

This online social recovery community is a free, provides support and fellowship to those touched by or concerned about the disease of addiction. This site hosts three communities - Sober24, Families Facing Addiction, and the Alumni Network - to provide safe and confidential access to discussions, blogs, online meetings, live chat, and daily inspiration.

Flight (movie in theaters now)

Airline captain William "Whip" Whitaker awakens in his Orlando hotel room after a night with very little sleep. After using cocaine to wake up, he pilots a flight to Atlanta. During takeoff the flight encounters intense turbulence. Copilot Ken Evans flies the plane while Whip discreetly mixes himself a drink and takes a nap. Whip miraculously crash lands his plane after a mid-air catastrophe. After the crash, Whip is hailed as a hero, but as more is learned, more questions than answers arise as to who or what was really at fault and what really happened on that plane.

www.ephysicianhealth.com - a comprehensive online health and wellness resource designed to help professionals be more resilient in their professional and personal lives. Though the site was designed for physicians, much of the information would be helpful for any professional.

ASAM Web Articles:

Discrimination and the Addicted Professional: <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/16/discrimination-and-the-addicted-professional>

Confidentiality: <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/16/confidentiality-in-healthcare-and-other-licensed-professionals-with-potentially-impairing-illness>

<http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/confidentiality-in-physician-illness>

Coordination between treatment providers and regulatory agencies:

<http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/16/coordination-between-treatment-providers-professionals-health-programs-and-regulatory-agencies>

Healthcare of addicted professionals: <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/16/healthcare-and-other-licensed-professionals-with-addictive-illness-an-overview>

Mark your calendars and save the date!

***** April 5, 2013 *****

1st Annual Professionals Conference: Health, Wellbeing & Awareness –
Holiday Inn By The Bay, Portland, Maine



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Medical Professionals Health Program

Helping:

- Dentist
- Denturists
- Hygienists
- Nurses
- Pharmacists
- Physicians
- Physician Assistants
- Veterinarians

Supported by:

- Maine Professional Licensing Boards
- Maine Hospitals and Medical Staffs
- Medical Malpractice Carriers of Maine
- Individual contributions

MEDICAL SPENDING ACCOUNTS: PAYING FOR TOXICOLOGY SCREENS

In many cases, tax deductible medical spending accounts can be used to pay for screening fees. Both Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) are pre-tax accounts designed to pay the “costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for the treatments affecting any part or function of the body.” (from Publication 502 – see link below)

Though we’ve heard toxicology screens and collection costs are both eligible services, it’s a good idea to discuss this with your HSA or FSA provider as there may be additional limitations imposed by the provider. The staff at Affinity eHealth is also available to assist with the education or disclosure process at the time of payment.

Options for payment and reimbursement are as follows:

- **Direct Payment Options:** Use the HSA/FSA Credit Cards to fund your account. (Affinity does not currently accept debit cards)
- **Reimbursement Option:** In most cases, HSA and FSA providers also reimburse for expenses paid out of pocket. Participants can submit forms and receipts (and in some cases a medical determination form) in order for the provider to reimburse for payments made.

IRS Publication 502 link

(<http://www.irs.gov/pub/irs-pdf/p502.pdf>)

RELATED RESOURCES:

Available Online:

MASAP listing of all recovery meetings - <http://www.masap.org/site/maar-support.asp>

Lunder-Dineen Health Education Alliance of Maine - <http://www.mainehealtheducation.org/>

Alcoholics Anonymous - www.alcoholics-anonymous.org

Alateen - www.al-anon.alateen.org

Narcotics Anonymous - www.na.org

National Council on Alcoholism and Drug Dependence - <http://ncadd.org>

American Council for Drug Education - www.acde.org
www.drugabuse.gov

Substance Abuse and Mental Health Services Administration - www.samhsa.gov

Key Dates:

Monitor and Self Reports: due end of the month - no later than the 10th of the month.

Caduceus Groups:

Monday ~

Bangor: 7:00pm, Acadia Hospital

Tuesday

Lewiston: 7:00pm, St. Mary’s Hospital

Wednesday ~

Portland: 7:00pm, Mercy Hosp.

Thursday ~

Presque Isle: 7:30, Aroostook Medical Center

Calais: 7:15 pm, 15 Palmer St.
Lewiston: 7:00pm, St. Mary’s Hospital

Manchester: 7:00pm, Community Church