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## SPRING FOR A GOOD CAUSE : BUILDING AWARENESS AND COMMUNITIES

### April

#### Alcohol Awareness Month

#### **“Help for Today. Hope For Tomorrow”**

Founded and sponsored by the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) since 1987 to increase public awareness and understanding aimed at reducing the stigma associated with alcoholism which too often prevents individuals and families from seeking help.

<http://www.ncadd.org>



### May

#### Mental Health Month

#### **“Mind Your Health.”**

The goals for 2014 are to build public recognition about the importance of mental health to overall health and wellness; also to provide tips and tools for taking positive actions to protect mental health. Mental Health America is proud to continue this annual May tradition, which began in 1949.

[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)



### June

#### PTSD Awareness Month

#### **“Take the Step: Raise PTSD Awareness”**

The purpose of PTSD Awareness Month is to encourage everyone to raise public awareness of PTSD and its effective treatments. PTSD awareness month began in 2010 and is sponsored by the National Center for PTSD.

<http://www.ptsd.va.gov>



### 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.



## IN MEMORY OF MINDY ARMSTRONG: ADVOCATE FOR RECOVERING PROFESSIONALS

As many already know, Mindy Armstrong, RNBC MSN, CARN, and former MPHP case manager, passed away unexpectedly earlier this year. Mindy was a powerful advocate for friends, participants and patients in recovery. Being in recovery herself, she understood the power of the disease and was outspoken about her passion and commitment to raising awareness and fighting the insidious effects of addiction. Many remember her as passionate, powerful and outspoken.



Mindy Armstrong, RN

She joined the MPHP as a case manager in 2010 just as the program began working with nurses. As a registered nurse herself, she had a unique understanding of how addiction impacts nurses both personally and professionally. Her skill, compassion and understanding helped many nurses face their addiction, transition into recovery, and return to practice.

It is with great sadness that we say goodbye to our friend and colleague. We are reminded of the chronic nature of addiction and of the vulnerability that lies with the sober soul regardless of sobriety date. The power of our hopes, dreams, relationships and communities are a source of strength that help keep the disease of addiction in remission.

## CADUCEUS MEETINGS: OPPORTUNITIES OF PEER SUPPORT

In talks with professional health programs like ours from across the country, it's pretty universal to hear pushback from participants about attending meetings, including Caduceus meetings. Despite this, attending Caduceus meetings remains a very important component of monitoring agreements.

Probably the most important reason that Caduceus meetings are mandatory, is that the participation in meetings makes one more accessible to peers. Health care professionals in recovery understand the particular stressors and difficulties that are part of being a health care professional in recovery. It is also a unique time to share how the work of taking care of others takes its toll on caring for oneself.

In addition, health care professionals are in the habit of distancing them-

selves from patients. Breaking down these barriers helps professionals to focus on commonalities - everyone who attends meetings is a patient, needing care and needing recovery and, conversely, everyone is a caregiver, able to provide support to others' recovery.

Finally, in Caduceus meetings, health care professionals can freely discuss medical issues that affect recovery.

Caduceus meetings are not a substitute for AA or NA meetings, or for therapy sessions. Nor are they "bitch sessions." The focus is on recovery, and how the 12 steps can be applied specifically to those in health care professions. Caduceus meetings are also a safe haven for those who are concerned about the potential lack of anonymity in open community AA or NA meetings.



"The Caduceus Group can be looked at as a bridge. A bridge between effective treatment and continuing care and a bridge into the twelve step recovery programs and recovery. The various Caduceus Groups are regarded as both educational and therapeutic centers for recovering professionals. In turn, the recovering professionals provide a 'ripple effect' into their community with their attitudes, views, influence, and teaching going out into the families, schools, service organization and to other professionals."

*Written by a Professional Assistance Program member.*

## COMMUNICATING WITH THE BOARD: FOCUS ON PROFESSIONALISM AND COMMUNICATION

MPHP wants to help participants best advocate for themselves. Whether for a licensure application or for a board hearing, it's important to notify MPHP of correspondence, meetings and hearings.

MPHP routinely works with the licensing boards and has a good understanding of requirements, board workings and can help coach you through the process.

Here are some things to keep in mind:

- **Focus on the positives** – When discussing your history, it's important to also share your personal and professional development. This is your opportunity to demonstrate the steps you've taken to address the challenges and

health issues that have brought you before the board.

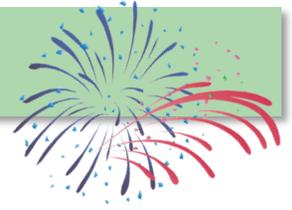
- **Discuss MPHP advocacy with your case manager.** MPHP may be able to accompany you and/or provide a letter of support. In many cases this will be viewed positively by the boards.
- **Communicate honestly** Be honest and direct about your legal and substance use history – whether on paper or in person, your presentation and cooperation are important.
- **Respond in the timeframe you've been given** – If you want to be heard, you need to meet the deadlines provided or request an extension.

- **Dress for the event** – this is a business meeting and your dress should be professional.
- **Confirm** with the board that they have all the documents and information they need.

This is your opportunity to provide the board with information they need to make licensure decisions. Listen to the questions carefully and make sure to include in your answers, the steps you've taken to strengthen your personal and clinical skills as you address the issues being considered by the board.



## WELCOME CASE MANAGER PAUL DAVIS: EXCITING ADDITIONS TO MPHP



We are now pleased to announce that Paul Davis joined our MPHP team as a case manager in March of 2014. He has had a lifelong interest in substance use illnesses and mental illnesses, and has dedicated his career to helping the people of Maine struggling with these diseases.

Paul has worked as a family physician in Maine for many years and brings with him a great deal of experience, understanding and empathy for professionals in recovery from substance use and mental illnesses.

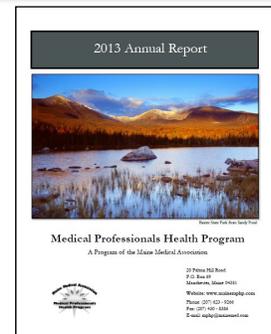
Paul is a strong addition to our team and will be managing participants

from all professions. Please feel free to contact him (623-9266 ext 6; pdavis@mainemed.com) if you have any questions or need additional assistance.

## MPHP ANNUAL REPORT: 2012 ACCOMPLISHMENTS

Each year the MPHP takes time to reflect on the program's accomplishment, look at the lives we've touched and those who have really touched ours. We review the things we've done that have helped better support professionals in Maine and set goals for the upcoming year. This annual report outlines the accomplishments and struggles we have experienced in the past year.

You can find the 2013 Annual report on our website: [www mainemph.com](http://www.mainemph.com)



"I'm out in the fresh air and sunshine, my lungs are getting plenty of exercise and I'm consuming a leafy vegetable...this has to be good for me!"



"Laughter is the best medicine, but your insurance only covers chuckles, snickers and giggles."

## 2015 MPHP CONFERENCE: HEALTH, WELLNESS AND SOBRIETY

MPHP hosted its first conference in 2013 which featured many terrific Maine experts and emerging topics in the recovery community. It is a tradition we want to continue hope you will mark your calendars for this very important event. The conference is expected to take place again in April, 2015.

If you would like to help out on our program committee, please contact Cathy at the MPHP to volunteer..

[mphp@mainemed.com](mailto:mphp@mainemed.com) or (207) 623-9266 ext. 3

**SAVE THE DATE: APRIL 17, 2015**

## EFFECTIVE TOXICOLOGY MONITORING: UNDERSTANDING CREATININE AND SPECIFIC GRAVITY

In the course of toxicology testing, it is likely that many will at some point produce a urine sample that, when analyzed, will be determined to be dilute and/or low in creatinine. Specific gravity and creatinine are two of the tests routinely performed on urine samples to assess their validity.

Additionally, dilute results can also be indications of serious health issues.

### What is Creatinine?

Creatinine is a product of creatine phosphate break-down in muscles, and is usually produced at a fairly constant rate by the body during muscle metabolism. It is also formed when food (protein found in salmon, pork, tuna and beef) is changed into energy. Creatinine is taken out of your blood by the kidneys and passed in urine.

Generally, men tend to have higher levels of creatinine and those with smaller frames and less muscle mass tend to have lower creatinine levels in their urine samples.

### Creatinine Levels are Important

Low specific gravity and low creatinine are indications that the sample is dilute, making detection of drugs and their derivatives more difficult. So, while we understand that low levels of creatinine can occur naturally, dilute samples fail to provide us with necessary objective documentation of sobriety.



### TIPS for Urine Testing:

**The first urine of the day is best and preferred**, but there are several additional steps participants can take to lower the risk of producing a dilute urine sample.

**Avoid over hydration** - do not consume more than 24 oz. of fluid within 2 hours of providing a sample. Though many collection sites are encouraging lots of water consumption, beware.

If struggling to produce a sample, try drinking substantial fluids - milk, almond milk, smoothies, tomato juice, etc.

**Avoid diuretics** including caffeine on the day of selection until after providing a specimen.

If samples are consistently low, consider discussing this with your primary care provider. Illnesses involving the kidneys and liver can result in decreased creatinine and decreased concentration of the urine.

**Include protein in your diet.** Foods like meat, poultry, fish, eggs, nuts, and seeds provide nutrients that are vital for health and maintenance of your body.

**Considering the high cost of these screens and the role they play in documenting sobriety, it is imperative that each and every sample be scientifically valid.**

## RISK FACTORS FOR RELAPSE: SIGNS EVERYONE IN RECOVERY SHOULD PAY ATTENTION TO

(Risk Factors for Relapse in Health Care Professionals with Substance Use Disorders (JAMA, March 2005))

This study follows 292 participants in the Washington State PHP and included a variety of medical professionals. During the study, 25% of individuals relapsed at least once. The drug of relapse was the original drug of choice in 85% of the cases. The number of relapses decreased with increasing duration in the program.

In this group, the risk of relapse increased for professionals who had one or more of these risk factors. Previous relapse further increased the risk.

- **had a co-existing psychiatric illness**
- **had a family history of a substance use disorder**
- **used a major opioid (only an increased risk factor when combined with either of the above 2 risk factors)**

Though risk factors will vary from person to person, returning to environments associated with drug use can also put a recovering addict at increased risk.

Understanding that addiction is a chronic relapsing disease is critical. As part of ongoing therapy, MPHP encourages participants to discuss strategies for managing relapse. Therapists should be prepared to help develop strategies for when cravings and opportunity put professionals in recovery at risk.

## BETTER UNDERSTANDING ADDICTIVE DISORDERS: HOW OUR HEALING PROFESSIONALS ARE ALSO AT RISK

“How can it be?”

That’s not an uncommon reaction when coworkers and peers learn one of their own is being treated for a substance use disorder.

Just as cancer and diabetes don’t discriminate, neither do substance use disorders. Professionals who help care for patients and have incredible knowledge and awareness of healing arts are facing addiction at rates that, in some cases, exceed the general population.

It’s important to remember, health care providers carry with them the same genetic components and societal influences of all other humans on the planet. While not necessarily unique to health care professionals, the common traits of those selecting and becoming successful in these fields can help contribute to the development of a substance use disorder

- compulsive care giving tendency
- individual competitive vulnerability
- Socio-environmental factors specific to medical training
- Easy access to drugs
- Exposure to a “suck it up” culture
- Stressful working conditions

In addition to these risk factors, professionals also experience certain barriers to health seeking, particularly when coping with addiction.

- feelings of guilt
- stigma and shame
- denial of the problem or poor insight
- Poor care seeking practices (no primary care provider or general practitioner.)
- anxieties about potential impact on career,
- fears about negative response from colleagues and employer, and
- mistrust of licensing and credentialing agencies

Compounding these factors puts medical professionals at risk of not seeking the care they desperately need until late in the disease. It puts them at increased risk for depression and suicide related to addiction.

There is a strong link between suicide and both substance abuse and depression. It is estimated that 40% of physician suicides are associated with alcoholism and 20% with drug use disorders, making early evaluation and treatment of these even more important.

## SOBERLINK - TIMING AND TESTING: PROCESS IS INCREDIBLY IMPORTANT

Participants using Breathalyzer units know the units are extremely sensitive. The MPHP staff has learned that interpreting positive tests can be very tricky almost always requiring confirmation urine screens. To avoid the necessary follow up tests, keep these simple rules in mind:

- **Know your Schedule.** Your MPHP case manager has established a testing frequency for blow tests and in many cases, the timing of these tests isn’t going to be a surprise. (Because of the frequency of testing, ‘random’ selection for Breathalyzer tests isn’t as important as it is with urine screens.)
- **No eating or drinking within 15 minutes of testing.** The food in your mouth and the metabolites produced as saliva begins the digestion process can contain ethanol, producing a **positive** test result on a blow test. Don’t rush to test after eating or drinking.
- Follow the monitoring contract requirements - **No food, medication or personal hygiene products that contain alcohol.**

### Recognizing Workplaces That Care

The workplace plays an important role in supporting the recovery efforts of professionals. Because professionals spend the majority of their day at work, the support of employees, coworkers and supervisors is vital. Workplace policies and practices can create a culture that’s beneficial and more healthy for all.

- Review **medical and health policies** to ensure that treatment for substance use disorders are being fairly administered. If there’s sick time for medical treatment, it should be available for professionals seeking treatment for all chronic diseases, including substance use.
- Establish a mechanism for **education and early intervention**. Work to create a culture that is supportive of professionals with addiction.
- **Refer professionals to the MPHP.** Require an assessment for professionals dealing with a suspected substance use disorder. Punishment does not make an ill professional well.
- **Celebrate and support professionals returning to the workplace.**
- Monitor and establish systems to ensure **healthy work-life balance**.
- **Be emotionally responsible** about how information gathered on the web is used. Although adverse action and discipline is posted on the licensure websites, it’s not good workplace behavior to use that information in a way that diminishes another, either emotionally or professionally.

## OPERATING UNDER THE INFLUENCE: WEIGHING POTENTIAL UNDERLYING FACTORS

Here in Maine, professionals are required to report to their professional licensing board any drug or alcohol related offenses when applying for relicensure. Regardless of when an OUI (Operating Under the Influence) or DWI (Driving While Intoxicated) is reported to the licensing board, the MPHP encourages professionals who are picked up for a drug or alcohol related offense to contact MPHP immediately for assessment and assistance. This could be a life saving wake-up call.

Maine's licensing boards are making referrals to the MPHP for OUI offenses standard practice. Assessing the importance of a single OUI can be challenging. There's a tendency to diminish the event ("I never do this" "I didn't have that many drinks" "I wasn't driving far") or to diminish the potential connection to a substance use disorder. While there is not yet a best practice for programs like MPHP, recent studies and evidence suggests the importance of the OUI should not be underestimated.

Evidence shows that people who drive with a blood alcohol level above the legal limit (0.08 BAL) greatly underestimate the risks involved. Studies also show that the ability for someone to judge their level of impairment is significantly compromised by drinking, and that there is poor correlation between how much someone feels they can drink without being impaired and the actual level of impairment.

Substance use disorders are chronic and progressive, so any misuse should be regarded as a sentinel event. Nearly 80% of individuals convicted of a first time OUI will develop an alcohol abuse or dependency later in life. The majority of

those convicted of first time OUI offenses underestimate their degree of alcohol abuse. One study examining the accuracy of initial screening evaluations found that 17% of first-time offenders considered themselves to have a problem with alcohol abuse, and 20 percent considered themselves to be alcohol-dependent. Follow-up with these individuals determined that 20% were diagnosed later in life with alcohol abuse disorder and 60% were diagnosed with alcohol-dependency.

Evidence suggests that individuals caught driving under the influence have done so in the past and/or are likely to do so in the future.

- 10% of first-time OUI offenders are repeat offenders over 2 years
- 50% of first-time OUI offenders will be caught again within their lifetime
- 10% of first-time offenders admitted to driving while feeling they were over the legal limit in the year prior to arrest.

All this suggests that a first time OUI may be an indicator of an evolving problem and a person convicted of a first OUI may be in the early stages of a chronic disease. Early treatment, of not only the symptoms of drug misuse (included alcohol), but also of underlying issues that are contributing to the abuse, is incredibly important in stopping the progression. Common contributing factors include personal or professional stress, cultural misunderstandings, mental health issues, or changes in the home or workplace.

A comprehensive psychological evaluation is the best method of de-



According to a National Survey on Drug Use and Health (NSDUH) report, combined 2006 to 2009 data indicate

- **13.2 %** of persons aged 16 or older (an estimated 30.6 million persons) drove under the influence of alcohol in the past year and
- **4.3%** (an estimated 10.1 million persons) drove under the influence of illicit drugs in the same time period.

termining the health risk and treatment needs. While these requirements may feel punitive especially when there are pending legal and employment issues, recognizing, diagnosing and treating a substance use disorders or mental health issues early can prevent many of the difficulties and struggles associated with long term use of drugs and alcohol.

**MPHP provides initial consultations and assessments for professionals at no charge. If you or a colleague are concerned about possible alcohol or drug use, please call the MPHP to set up an appointment.**

## PARTICIPANT EXPERIENCE SURVEY: HELPING MPHP ASSESS AND UNDERSTAND PROGRAM NEEDS

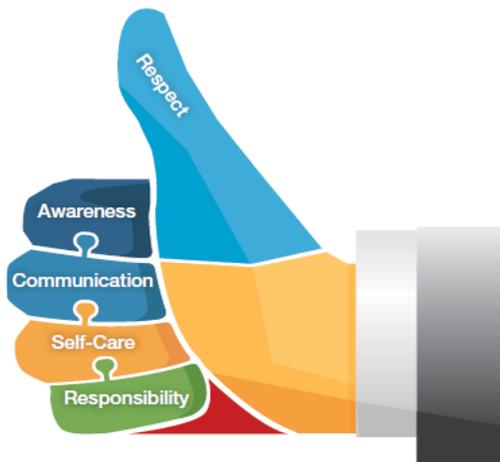
It's very important for MPHP staff to have candid feedback from participants, monitors, and stakeholders in order to better identify areas where growth is needed. In 2014 and 2015, MPHP will begin the process of soliciting anonymous feedback.

It is understandable that some may feel uncomfortable, particularly if something was handled poorly, so we've sent out a preliminary survey in hopes of learning from participants what processes we could put in place to help make providing candid feedback (positive, negative and simply satisfactory) as comfortable as possible.

We are anticipating 30 to 40 questions for this initial survey and here are some topics of interest we want to hear from participants about:

- if you've been treated with respect by the staff and responded to in a timely manner
- if you're being treated respectfully at the collection site
- if your confidentiality has ever been breached and whether you feel that the program appropriately safeguards your privacy.
- what elements and features of MPHP are most helpful to you and which are least helpful.

## CIVILITY AND WHAT THAT MEANS FOR PROFESSIONALS: THE ONTARIO MEDICAL ASSISTANCE PROGRAM'S NEW INITIATIVE



simply as polite, or courteous behavior. Civility, though, is much more.

Dr. Kauffmann writes, "Organizations, as well as individuals, pay a price for incivility. Costs to the organization are employee absenteeism, diminished engagement and increased turnover as workers leave the organization prematurely.

Persisting, even subtle, incivility in the workplace creates an environment that is psychologically unsafe and difficult to endure — one that creates worker unhappiness and under-performance at the least, and drives people away at the worst. Along with the psychological costs, incivility can have striking fiscal costs to the organization, although precise calculations can be difficult to obtain."

In his recent article, Dr. Kauffman proposes the following components are inherent in civil behavior and workplaces.

Dr. Michael Kaufmann, the Medical Director of the Ontario Physician Health Program and Physician Workplace Support Program, has started to explore issues of civility that impact medical professionals in the workplace. Though the Ontario Medical Association's PHP and Dr. Kaufmann work exclusively with physicians, his studies and articles can probably be applied more broadly. What do is meant by "civility?" The dictionary defines civility

### The 5 Fundamentals of Civility

#### 1. Respect Others and Yourself

Treat everyone in the workplace, regardless of role, with respect. This respect requires inclusivity while observing healthy boundaries. Self-respect is key.

#### 2. Be Aware

Civility is a deliberate endeavor, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

#### 3. Communicate Effectively

Civil communication is more about how we say it as much as what we say. Or do. Effective communication is critical at times of tension or when the stakes are high.

#### 4. Take Good Care of Yourself

It's hard to be civil when personally stressed, distressed, or ill.

#### 5. Be Responsible

Understand and accept personal accountability. Avoid shifting blame for uncivil behavioral choices. Intervene when it's the right thing to do.

## SPRING INTO SPRING:

### TAKING ADVANTAGE OF SEASONAL CHANGES

Now that spring is upon us, it is time for those of us who have found outdoor activities difficult during the winter months to get back outdoors.

**Engaging the senses:** There are many scientific studies that demonstrate that quality of life improves when people have contact with nature. Even those who live and work in urban or suburban environments can be restored by just getting outdoors and allowing their senses to experience nature. We can use our eyes to see how the branches of trees and bushes change with the changing seasons, watching during the early spring months as buds form and grow. We can use our sense of smell to start to smell the earth as it thaws from ice to mud to soil. We can use our sense of hearing to hear the chirping of birds. We can use our sense of touch to feel the increasing warmth of the sun and the spring breezes.

**Getting physical:** Outdoor physical activity, especially in natural environments, has been shown to reduce stress and improve quality of life, giving participants more energy and focus. A 2009 study of a small group of recovering alcoholics indicated that participation in a structured exercise program has the potential to reduce relapse and improve abstinence. Physical activity does not need to be arduous to provide benefit; the key to beneficial physical exercise is that it be enjoyable, so that it becomes part of one's daily life for life. Exercise

should not be painful, and should begin at a level that can be sustained comfortably.

**Restoring important vitamins:** Sunlight has its own benefits. Getting out in the sun for 20-30 minutes every day boosts mood and energy, improves sleep, and promotes Vitamin D production. Sun exposure is especially important for those of us in the north, where Vitamin D deficiency is prevalent. Vitamin D deficiency has been linked to many autoimmune diseases, cancers, osteoporosis, diabetes, and depression.

Several activities we at the MPHP enjoy (gardening, hiking, birding, walking in the woods or on the beach, biking) are all rejuvenating and restorative. During the workday, it's easy to let the day pass without a break, but a midday walk can really help break up the day and improve energy and focus for the rest of the work day. Taking a break during the work day also helps put work into perspective, reducing work-related stress and tension, and helping restore balance to one's life.

Replenishing vitamin D, taking a break during the workday, and being physically active are important steps to maintaining good health. Attention to these three key points can also help with yet another key factor - sleep!

Enjoy this spring!

### Understanding the Sun's Risks and Benefits:

Small amounts of UV are essential for the production of vitamin D, yet overexposure may result in acute and chronic skin, eye and immune system issues.

**UVA** - Long wave radiation (315-400 nm) that accounts for up to 95 percent of the UV radiation reaching the Earth's surface. UVA rays are present with relatively equal intensity during all daylight hours throughout the year. UVA has long been known to play a major part in skin aging and wrinkling.

**UVB** - Shorter wave radiation (280-315 nm) is the chief cause of skin reddening and sunburn. UVB tends to damage the skin's more superficial epidermal layers playing a key role in the development of skin cancer. Its intensity varies by season, location, and time of day.

**UVC** - These rays (100-280 nm) are for the most part absorbed by the atmospheric ozone and do not pose a significant risk to human health.

Enjoy the benefits of sunlight with caution. During the summer months, care should be taken to avoid burning by limiting sun exposure over the course of several days to allow the skin's melanocytes - the cells that cause our skin to tan - to develop and provide protection from sun damage.

For additional information and practical advice, visit the World Health Organization's website.

<http://www.who.int/uv/en/>





### Medical Professionals Health Program

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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

Thank You!

## Resources and Helpful Websites

### Meeting and Addiction

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

Alcoholics Anonymous - [www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)

Alateen - [www.al-anon.alateen.org](http://www.al-anon.alateen.org)

Narcotics Anonymous - [www.na.org](http://www.na.org)

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

American Council for Drug Education - [www.acde.org](http://www.acde.org) [www.drugabuse.gov](http://www.drugabuse.gov)

Substance Abuse and Mental Health Services Administration - [www.samhsa.gov](http://www.samhsa.gov)

National Alliance on Mental Illness - <http://www.nami.org/>

Mental Health America <http://www.mentalhealthamerica.net/>

### Smoking Cessation:

Smoking Cessation Leadership Center, UCSF

<http://smokingcessationleadership.ucsf.edu/>

Tobacco Free Maine

[http://www.tobaccofreemaine.org/quit\\_tobacco/Maine\\_Tobacco\\_HelpLine.php](http://www.tobaccofreemaine.org/quit_tobacco/Maine_Tobacco_HelpLine.php)

Centers for Disease Control and Prevention

[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

U.S. Department of Health and Human Services - [www.smokefree.gov](http://www.smokefree.gov)

Office of the Surgeon General -

<http://www.surgeongeneral.gov/initiatives/tobacco>

Society for Research on Nicotine and Tobacco - [www.srnt.org](http://www.srnt.org)

Join Together Online - [www.quitnet.com](http://www.quitnet.com)

### Education and Professional Development

Lunder-Dineen Health Education Alliance of Maine -

<http://www.mainehealtheducation.org/>