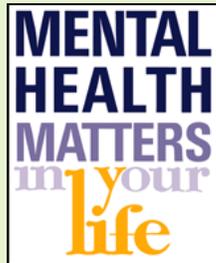




### Highlights:

<i>Mental Health Month</i>	1
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National Mental Health Month raises awareness about mental illness and related issues in the United States. The theme for 'Mental Health Month' this

year is "Get Connected" in order to emphasize the important role of social relationships in protecting and improving mental health and building resiliency.

Mental and substance use conditions often co-occur. In other words, individuals with substance use conditions often have a mental health condition at the same time and vice versa.

- Approximately 8.9 million adults have both a mental and substance use disorder

- Only 7.4 percent of individuals receive treatment for both conditions with 55.8% receiving no treatment at all.

Attitudes towards mental health issues appear to be changing. Negative attitudes and stigma associated with mental health are diminishing and there has been growing acceptance towards mental health issues and support for people with them.

Find out what you can do to help in the effort to reduce stigma and get help for those with mental health illnesses.

**May is Mental Health Month**



**1 in 4 people suffer from a mental health disorder**

**That is nearly 330,000 people in Maine**



To read more on this topic, check the back page for links to additional articles and resources.

### 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 1<sup>ST</sup> PROFESSIONALS CONFERENCE: THANKS FOR SHARING A GREAT DAY!

The MPHP Conference on April 5th in Portland was a success according to those who attended.

The staff and advisory committee arranged for a full day (7 CME) conference targeted to professionals in recovery and professionals treating patients for substance use illnesses. The conference was well attended by 130 physicians, nurses, pharmacists, dentists, therapists, licensing board representatives, and attorneys. It was a long day, with each



Members of the Lunder-Dineen Health Education Alliance with MPHP Conference Chairs. (L to R): Dr. James J. Dineen, Glenn Laundenslager, Dr. John Fromson, Cathryn Stratton, Dr. Michael Sloan, Denise O'Connell, and Labrini Nelligan.

Continued on page 5

## POPPY SEED WARNING:

INGESTION OF POPPY SEEDS CAN AFFECT TOXICOLOGY RESULTS

All MPHP monitoring contracts restrict ingestion of poppy seeds while participating in the program. That means no poppy seed bagels, lemon poppy seed cake, or poppy seed tea.

The more common poppy seeds often used in Eastern-European Cuisine, come from the opium poppy (*Papaver somniferum*).



Poppy Seeds - *Papaver somniferum*

Studies have shown the presence of two major opium alkaloids, codeine and morphine in these poppy seeds. Though concentrations of these alkaloids have been reported to range from 2.1–294 mg/g and 1.5–294 mg/g of seed, respectively, a daily diet may lead to concentrations that are detectable by toxicology screens, resulting in positive results for opiates.

The *Journal of Forensic Sciences* found that the morphine content of poppy seeds varies widely

with poppy seed source. Variations in opiate alkaloid concentrations seem to arise due to variations in the climate, soil composition, seed quality, the year of harvest and the variety of *Papaver somniferum* cultivated.

Participants also need to be aware that many cuisines (India, Iran, Turkey, Pakistan, Austria, Germany, Russia, to name a few) use not only the traditional black-blue seeds, but also use the tiny white kidney-shaped varieties for thickeners, texture and flavor.



So although poppy seeds contain antioxidants, disease preventing and health promoting properties, and good levels of minerals like iron, copper, calcium, potassium, manganese, zinc and magnesium, the levels of opium alkaloids make this a food to avoid for participants being monitored in the MPHP.

To read more on this topic, check the back page for links to articles and resources.

## PRIMARY CARE PROVIDER REPORT:

WHY IS THIS REQUIRED?

If a report from your primary care provider is one of your report requirements, the report is due to the MPHP on or before:

**January 10, 2014**

While that may seem like a long way off, it can sometimes take months to get an appointment. So, now is the time to make an appointment for an annual exam.

Why is this required? While remaining abstinent from drugs and alcohol is important, it's only a part of your overall health. We encourage participants to also be looking at disease prevention, diet and exercise.

Who can report? Your annual exam should be completed by a physician, PA-C, or nurse practitioner.

What is being reported on? You should discuss your addiction, any new diagnosis, physical and mental health challenges, and all prescribed and over the counter medications you are taking, however the report questions only relate to general health - we want to know, 'are you taking care of you?'

Where can I get a copy of the report form? You should bring a copy of the MPHP Primary Care

Provider's report (available on Affinity and MMA websites) and ask your provider to return the completed form to the MPHP office either by mail or fax.



If you have any questions about the requirements in your monitoring contract please feel free to contact your case manager for more information.

## FOCUS ON HEALTHIER HABITS FOR 2013:

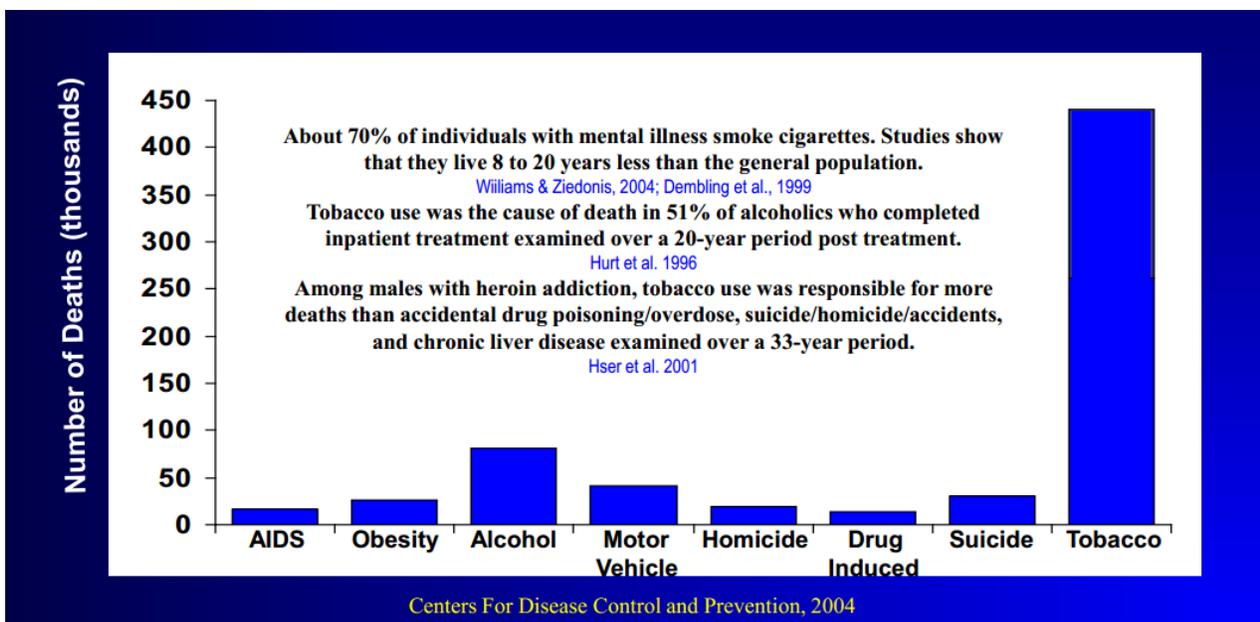
### TOBACCO USE BY THOSE IN RECOVERY

Many have noticed the new questions on the MPHP monthly self reports. As part of our focus on health and wellness, we've started asking about tobacco use by participants.

Treatment for tobacco dependence is not routinely included in drug and alcohol treatment programs and has not traditionally been included in the professional health program experience. This may be because tobacco use has been underestimated, or because of concerns of addressing both addictions concurrently.

Studies have shown though, that smoking cessation may actually enhance the likelihood of longer-term sobriety. Tobacco dependence treatment provided during addictions treatment was associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

Cigarettes are often the last tangible thread to the old addict identity. The chart below highlights the many adverse effects associated with tobacco use.



The MPHP has many reasons for being concerned about ongoing Tobacco use by participants. Those that stand out most are related to the overwhelming health and recovery benefits. There's no requirement for quitting, but we're encouraging participants to begin exploring options for ending use with these two steps:

- Explore the tobacco treatment and recovery options available to you. (see back page)
- Set a 'Tobacco Recovery' date.

#### Self Report Questions:

Tobacco Use		Yes	No
Are you currently using tobacco products (includes cigarettes, cigars, chew, snuff, etc)		<input type="radio"/>	<input type="radio"/>
Have you quit using tobacco products?		<input type="radio"/>	<input type="radio"/>
If yes, date of last use:	<input type="text" value="mm/dd/yyyy"/>		
If you currently use tobacco products, have you set a quit date?		<input type="radio"/>	<input type="radio"/>
If yes, please give date:	<input type="text" value="mm/dd/yyyy"/>		

We'll be asking these questions each month and look forward to your responses!

To read more on this topic, check the back page for links to additional articles and resources.

## CAREPARTNERS AND MEDACCESS:

### HELPING THE UNDERINSURED WITH MEDICATION ACCESS

MedAccess helps uninsured and underinsured individuals, state wide, receive the medications they need free of charge through the pharmaceutical companies who make the medication.

MedAccess staff are on-site at Maine Medical Center, Stephens Memorial Hospital, Southern Maine Medical Center, and Waldo County General Hospital. Staff located within the hospitals are in a unique position to meet with people while they are still in-patient to educate them on generic medications, as well as, to enroll them in Patient Assistant Programs.

In addition, MedAccess employs a staff member that specializes in helping uninsured/underinsured patients with cancer receive their chemotherapy and oral anti-cancer medication free of charge. This staff member is on-site at Maine Center for Cancer Medicine once a week.

Please refer anyone needing help paying for their medication to our screening line at 1-877-275-1787 (local call 207-662-7968 ).



In addition to screening people for eligibility for free PAP programs, MedAccess staff also have the knowledge and resources to educate people on \$4 generics and other social service programs they may qualify for such as MaineCare, Medicare and General Assistance.

Be aware, this is a great service with many demands of their time and resources. For more information and a complete list of locations and contact information visit the Maine Health website:

[http://www.mainehealth.org/mh\\_body.cfm?id=3999](http://www.mainehealth.org/mh_body.cfm?id=3999)

## DEFINING 'RANDOM':

### WHY DOES RANDOMNESS AFFECT FREQUENCY?

Whether for urine, blood, hair, or nail, random toxicology selections are an important part of every MPHP Monitoring Contract. The frequency and random distribution are specifically designed to provide a snapshot in support of participants recovery efforts. The more random the tests, the more representative the samples are believed to be.

One of the more frequent telephone calls that case managers at MPHP receive in the early months of a Monitoring Contract relates to testing frequency. Understandably, tests are expensive and disruptive to work schedules, and, let's be honest, no one wants to visit the collections sites more than required!

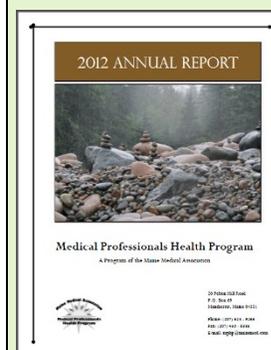
"I've been selected for all my toxicology screens this month and I was just selected again! Why is that?"

The answer is simply random selection. If a participant's monitoring contract requires two specimens a month, this means, on average, the professional will be selected twice a month, plus one extra a year. But random selection isn't just about testing frequency, sometimes different panels are

inserted, or hair and nail samples are requested instead of urine.

These variations are pre-programmed in at the onset of the contract and not necessarily indicative of any concerns. Talk with you case manager if you have any questions or concerns about being selected for additional random tests.

## MPHP ANNUAL REPORT: 2012 ACCOMPLISHMENTS



Each year the MPHP takes time to reflect on the program, results of our efforts and success and struggles we experienced in the past year.

The new annual report is being shared with each licensing board and is available in Affinity and on the MMA website.

## MPHP MONTHLY PARTICIPANT FEE: PAYMENT PLAN OPTIONS ARE AVAILABLE

There are so many aspects to the MPHP monitoring program and remembering them all can be a daunting task. If paying the monthly fee automatically by credit card would help, please let us know.

It's a simple process to set up - only requiring the completion and return of a the payment plan form (available on the Affinity website and by request). The MPHP will automatically withdraw the monthly amount you specify.



Participants always have the option to pay by check or credit card and can change payment form at any time. For more information, contact Cathy at [cstratton@mainemed.com](mailto:cstratton@mainemed.com) or (207)623-9266 ext 3.

our generous sponsors and exhibitors - Maine Health Access Foundation, Lunder-Dineen Health Education Alliance of Maine, Alkermes, University of New England, Affinity e-Health, Spring Harbor Hospital, and NAMI Maine.

A very warm thank-you to the MPHP Program Committee members, including Mike Sloan, DDS(co-chair), Crissa Evans, RN, Bud Freeman, DO, Pat Kelley, MS, Bill Nugent, Esq, Jerr Roberts, DDS, Paul Rouleau, RN Leah Postman, DVM, Mark Publicker, MD.

The MPHP staff - Lani Graham, Heidi LaMonica, Maggie Palmer, Cathy Stratton (co-chair) and Amy Tardy - all worked very hard to make this an accessible and historic day.

And finally, but no-less importantly, thanks to the many volunteers who generously gave of their time to make this event the best possible.



*The conference room was full on April 5th!*

## MPHP 1ST PROFESSIONALS CONFERENCE: (CONTINUED FROM PAGE 1)

session providing unique perspectives and insights into addiction, recovery and wellness.

Most noteworthy to many was the presentation by Stephane Grenier, an outspoken advocate for changing how mental health illnesses are viewed and treated. His experiences with PTSD following his military service led him to become an advocate for strengthening peer support systems as part of treating mental health illnesses. This presentation was both uplifting and presented a challenge to providers.

We want to thank the many individuals who helped make this event a success. The speakers, volunteers, committee and staff members all gave generously of their time to help make this a memorable conference.

- Dr. Mark Publicker - Addiction

Science and Clinical Practice,

- Dr. John Fromson - Substance Misuse among Professionals
- Legal/Professional/Personal Panel - Recognizing and Addressing Substance Misuse
- Professionals in Recovery Panel - The Faces of Addiction
- Dr. David Ray - Consciousness of self in Organizational Life
- Dr. George (Joe) Dreher - Mindfulness, Meaning and Resilience

Comments on the sessions and panels - "inspiring" "excellent to hear new ways of looking at this issue", "inspiring", "helpful to look at all phases of the disease", "appreciate the opportunity to network and meet professionals facing similar issues".

Finally, we want to again thank

Anyone interested in knowing more about the conference sessions can access the handouts online on the MMA website.

<https://www.mainemed.com/medical-professionals-health-program/mphp-professionals-conference>

## AUDITING MPHP:

### HELPING UNDERSTAND STRENGTHS AND POTENTIAL FOR GROWTH

Auditing is as essential to any non-profit human service programs, such as MPHP, as it is in those in any other professional field. There are many benefits to performing audits; audits help programs and agencies examine the transparency of their practices, review the effectiveness of internal practices, and improve the services offered. For a human service agency, it is especially vital as it helps prove to both internal regulatory bodies and external stakeholders that the agency is doing what it “said it was going to do”, helping to improve confidence in the program.

MPHP has stakeholders from various entities, including the members and staff of the Maine State Licensing Boards, attorneys, hospitals and their affiliates, employers, and program participants themselves. Therefore, the program must take steps to assure protocols and policies are in alignment with best practices.

Each and every day, participants are expected to meet the requirements in their monitoring contracts, and case managers are challenged with tracking and

responding to compliance issues in accordance with program protocols and requirements; when compliance with a requirement is not met, the case manager must pass the burden of completion on to the program participant in many cases.

In addition to this frequent individual review, the program itself has undergone three internal audits in the past two years. These audits have considered things such as compliance with report submission (self-assessment, meeting attendance, therapy, worksite monitor, etc), receipt of treatment records (when applicable), possession of a signed contract on file, completed intake papers, and case manager response to missed check-ins and testing.

These audits have thus far positively shown the hard work of program participants and case managers alike, but have also highlighted areas for continued improvement. As future audits occur, these improvements will be seen and new areas for attention will come about.

## 2013 POLITICAL DEVELOPMENTS :

### CHANGING PUBLIC POLICY AND PERCEPTIONS

Earlier this year, the MMA drafted a bill on behalf of the MPHP (LD 411, *An Act To Amend the Health Care Practitioner Licensing, Disciplinary and Reporting Laws Regarding Alcohol and Drug Abuse*) to the 126th Maine Legislature.

The bill, sponsored by Representative Pringle of Windham and cosponsored by Senator Gratwick of Penobscot, became law on May 20, 2013, changing statutory language cited by professional licensing boards as the basis for discipline and adverse action.

The outdated and charged language (“habitual drunkenness, addiction to the use of drugs”) has been replaced with language that is clearer and more reflective of the disciplinary issues related to drugs and alcohol (“misuse of alcohol, drugs or other substances...”)

The revised bill also changed sections related to public safety - removing terms like “Habitual

substance abuse” and “foreseeably likely to result in the licensee performing services in a manner that endangers the health or safety of patients.” Though the new language is gentler, the statutes still ensures public safety.

We appreciate the courage of the professionals who spoke out on February 12, 2013 before the Labor, Commerce, Research and Economic Development Committee, and the many supporters of this legislation.

The MPHP hopes, in the coming years, to continue efforts to reduce the public stigma those in recovery face.



Statehouse, Augusta, Maine

## CONFERENCE RECOMMENDATION: PERSONAL AND PROFESSIONAL DEVELOPMENT

*This experience was shared with MPHP. It highlights the importance of ongoing personal and professional development. MPHP is not endorsing this conference over others.*

“This past June, many had the opportunity to attend the University of Utah School on Alcoholism and Other Drug Dependencies.

“Being a dentist in Maine, I sometimes feel isolated in my experience with alcohol and drug addiction. This school allows me to connect with not only other dentists but also all professions involved in the area of addiction.

The University of Utah presented

me with the opportunity to spread my wings and see a larger picture of addiction - just the opportunity to travel to such a beautiful area lifted my spiritual side.

“The first time I attended I felt welcome. These professionals are concerned with quality of life and recovery! We shared experiences; renowned professionals shared the newest information on brain studies and what new drugs are being created. There were spiritual presentations, presentations on the state board’s responsibilities, and about interventions.

“My strength grows from attending Utah and I am learning more about myself. The most

profound thing I take away is that, through all of the science that is presented, all the new information about the brain/addiction, and spiritual programs, there is never any mention of quick cures.

“Last year a large group of Husson pharmacy students also attended. I hope that many more professionals working in the state of Maine, whether medical, from HR, heads of local professional societies, or interested in/or affected by addiction, will look into attending the school in the future.

June 16 to 21, 2013

Web site: [medicine.utah.edu/uas](http://medicine.utah.edu/uas)

## DSM-5 REVISIONS: CHANGING CLASSIFICATIONS AND CRITERIA

The Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was released at the American Psychiatric Association’s Annual Meeting in May of 2013. After more than a decade of revising the criteria for the diagnosis and classification of mental disorders, the board of trustees of the American Psychiatric Association (APA) approved a set of updates to the reference manual.

According to the APA, there are two major changes to the overall DSM - “the dumping of the multiaxial system, and rearranging the chapter order of disorders”. There are, however many changes to the criteria that are bound to have far reaching effects. Most interesting to the MPHP are the

DSM-5 changes to the substance use disorder categories. Prior to the release of DSM-5 there were separate categories for ‘Substance Abuse’ (recurrent, but intermittent, trouble as a consequence of recreational binges) and ‘Substance Dependence’ (continuous and compulsive pattern of use). The new category for addictive diseases would include a variety of “substance-use disorders” broken down by drug type, such as “cannabis-use disorder” and “alcohol-use disorder.”

This change is especially relevant to the MPHP, and programs like it across the country, as maladaptive substance use has been a longstanding criteria for

participation eligibility. Many are concerned that changes will lead to more people being diagnosed as having an alcohol use disorder—with a recent study published in *Addiction* predicting a 60% increase in the rate of alcohol-use disorders under the new diagnostic guidelines. Others assert that an evaluation of more than 100,000 cases using both the DSM-IV and the DSM-5, did not result in a significant difference in the number of diagnoses.

Although DSM-5 is now complete, a great deal of work remains, and like many across the country, we will be watching for developments as the APA further refines the manual and answers questions about its implementation.



### 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

## Resources and Helpful Websites

### Mental Health Month (P. 1)

SAMHSA: (Co-Occurring Disorders)

<http://www.samhsa.gov/co-occurring/news-and-features/ddcat.aspx>

National Alliance on Mental Illness

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

Mental Health America

<http://www.mentalhealthamerica.net/go/may>

### Poppy Seed Alert (P. 2)

Journal of Forensic Science

[http://medicine.yale.edu/labmed/Images/poppy%20seed%20ingestion%20and%20opiate%20detection\\_tcm45-9296.pdf](http://medicine.yale.edu/labmed/Images/poppy%20seed%20ingestion%20and%20opiate%20detection_tcm45-9296.pdf)

National Center for Biotechnology Information

<http://www.ncbi.nlm.nih.gov/pubmed/1856638>

### Focus on Health - Tobacco Use (P. 3)

Tobacco Quit Line - 207-207-1230

Smoking Cessation Leadership Center, UCFS

<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)

SAMHSA

<http://www.integration.samhsa.gov/images/res/ATTUD-position.pdf>

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)

### Legislative Actions (P. 6)

Maine Legislature home page

<http://www.maine.gov/legis/>

LD 411

<http://www.mainelegislature.org/LawMakerWeb/summary.asp?ID=280046885>

### DSM-5 Revisions (P. 7)

American Psychiatric Association

<http://www.dsm5.org/Pages/Default.aspx>

<http://dsmfacts.org/issue-accuracy/apa-corrects-new-york-times-article-on-changes-to-dsm-5s-substance-use-disorders/>

National Counsel on Alcoholism and Drug Dependence

<http://www.ncadd.org>