A Message from Our Executive Director, John Furman

National Organization of Alternative Programs

I am pleased to announce that I have been appointed to the Executive Board of the National Organization of Alternative Programs (NOAP).

NOAP's membership consists of over 25 state substance abuse monitoring, and peer support programs such as chemical dependency treatment providers and toxicology laboratories. It is the preeminent organization supporting the regulatory monitoring of health professionals with substance use disorders.

The mission of NOAP is to promote public safety through participation of potentially impaired healthcare professionals in monitored rehabilitation and recovery as an alternative to license discipline, emphasizing fitness to practice and retention of competent professionals. NOAP is committed to working in cooperation with regulatory and professional organizations toward this objective.

I am excited to begin my work with NOAP especially in regards to identifying best practices and working towards standardization of programs. My experience so far has taught me that this will not be an easy task. For example, at this year's national conference in March preliminary work was done on establishing a common definition of "relapse" in order to, among other things, begin developing common measures and reports for comparison. While it might seem as if we could simply pick the National Council of State Boards of Nursing or American Society of Addiction Medicine definition which are both clinically appropriate it proved difficult to consistently apply either definition within the legal framework of many regulatory monitoring programs. So the work goes on!

Risk Factors

I recently reread an interesting article titled Risk Factors for Relapse in Health Care Professionals with Substance Use Disorders (JAMA March 23/30, 2005- vs. 293, No. 12). While the research looked at physicians the findings can be applied to all health professionals. Information gathered from the Washington Physicians Health Program examined several different areas including family history of substance use disorders, diagnosis of coexisting psychiatric disorder (dual/co-occurring diagnosis), drug of choice, and route of drug administration.

Relapse was defined as the resumption of substance use after initial diagnosis and completion of primary treatment for chemical dependency. The study found that a family history of substance use disorders, use of opiates, and the presence of a co-existing psychiatric disorder (dual-diagnosis) increased the risk of relapse and combinations of these factors markedly increased the risk.

This is useful information if you carry any of these risk factors and emphasizes the importance of recognizing and addressing the entire self through the recovery process. While WHPS is a substance abuse monitoring program it is not uncommon for us to refer health professionals for mental health evaluations because a history of Major Depressive Disorder, Post-Traumatic Stress Disorder or other diagnoses. It is also not uncommon for those health professionals struggling with acute opioid dependency to benefit from more intensive monitoring knowing that they may be subject to occasional hair testing. Not addressing these factors would be doing a disservice to our clients.

Lastly, I would like to remind everyone that with the warm weather just around the corner to always take a few extra moments to consider your safety and the safety of your loved ones. I was just reminded of this last night while driving from Tacoma to Seattle and traveling past multiple accidents caused by the first rain in many days. A little bit of caution goes a long way; have a safe and happy summer!
The Ten Laws of Recovery

Submitted by Mary Dallman, LMFT, MAC

It was not long ago that I was sorting through some papers and came upon notes I had taken on two small pieces of paper many years ago. The pages were tattered but the messages were powerful. I realized I had not cited the source but I believe it was a talk I had heard in person, on television or perhaps the radio. When reading through I realized I wanted to share it with you.

“Recovery”...Take back what was stolen from you…choices and a life free from addiction. Take back the good things…love and intimacy.

- Identify and listen to the symptoms. These include depression, anxiety, compulsive behaviors and painful relationships. Often the symptoms are confused with the real problem. Pay attention to them and realize when it is time to get help.
- Begin to make attachments. There is no recovery outside of love. Give up the omnipotent attitude that “I can do this on my own.” Let yourself need other people. Let people know you and love you.
- Identify my character injuries (what got stolen.)
- Bonding, sense of belonging, sense of having a home.
- Boundaries, inability to say NO.
- Difficulty integrating good and bad—accept non black and white life.
- Authority-dependent on others opinions to be okay.
- Understand the past or you will repeat it. Where did the character injuries come from? Injured by trauma, dysfunctional ways of relating or…?
- Take appropriate responsibility. Nothing is all your fault versus nothing is your fault—both are wrong. “Recovery is taking the responsibility for what someone else may have broken and decisions you have made along the way.”
- Participate in skill building. Build abilities you never learned.
- Look at resistances—we are going to resist change. There is the tendency to go with the familiar. Do not be passive. Do not be a victim. Know you deserve good things and a good life.
- Be willing to grieve; grieve what has been lost and move forward with love.
- Forgive. Cancel the debt. You can be free if you can forgive.
- Be of service. Have a grateful heart.

And remember…You are never alone in this process.

Thank you to the author...your words live on...Mary Dallman
“This program has changed my practice. No single thing in the last 10 years has had such a positive impact on my practice and my patients as this program, so thank you!” These words from a Washington State emergency room physician are typical of the feedback we have received about a relatively new program called the Prescription Monitoring Program (PMP).

Another physician told us: “I believe this program has literally saved the lives of several of my patients. I have been floored by the number of narcotics that dozens of teenage girls have been obtaining (1,500 to 2,000 pills in six months). I have now been able to have meaningful interventions with them and their families.”

It has been a full year since the state established several prevention initiatives including the Prescription Monitoring Program. A main reason was to help combat drug overdose deaths due mostly to the misuse or abuse of prescription drugs, the leading cause of accidental deaths here in Washington State.

The program collects information on the purchases of pain medications and other potentially dangerous or addictive medicines. The information comes from pharmacies and health care providers. It is then used to help improve patient safety and reduce prescription drug misuse.

Actual data collection began in October 2011, and healthcare providers started requesting information in January 2012. By the end of 2012, more than 8,000 prescribers and 2,300 pharmacists were using the program, which already averages more than 900,000 records per month. It now holds more than 19.6 million prescription records. So far, pharmacists, prescribers, and prescriber delegates have made more than 400,000 patient history requests.

In the past year more than 1.9 million Washingtonians have filled a least one prescription for a controlled substance. Hydrocodone/Acetaminophen (the generic form of Vicodin, a pain reliever) is the most dispensed controlled substance and makes up roughly 25 percent of all the prescriptions we collect. There were more than 156 million pills dispensed for this drug in 2012, enough for each person in the state to receive 23 pills.

Who Can Access Data

The law allows healthcare providers, patients, health professional licensing boards, and others to view the prescription records for certain reasons. Prescribers and pharmacists can use the data to intervene with patients earlier. They can also identify dangerous drug interactions, address issues of misuse, and recognize under-managed pain or the need for substance abuse treatment. Health professional licensing boards and law enforcement agencies can view the records to assist in their investigations.

What the Future Holds

The department is pleased with the success the program so far. With additional grant funding recently received, there are also plans to connect to other state PMPs. We plan to share data on patients filling prescriptions across borders, to connect with our health information exchange to provide more seamless access for providers, and to make other improvements.

A third physician shared with us: “I really am grateful to have the PMP active. It is absolutely essential for any pain management practice and essential for any physician prescribing controlled substances”.

You can find more information on the program, also known as Prescription Review, online (www.doh.wa.gov/hsqa/PMP). Contact program director Chris Baumgartner, 360-236-4806, for more information.
**Testing News: Specimen Validity Testing**

All urine drug test specimens run through Washington Health Professional Services (WHPS) undergo Specimen Validity Testing (SVT) to ensure the validity of the specimen for testing. All specimens go through an SVT screening process which includes:

**Temperature:** Urine exiting the human body ranges from 96-99°F.

**Physical inspection:** Visual and olfactory observations are made on each specimen to detect the presence of abnormal constituents, i.e. soap, bleach.

**pH:** A measure of the specimen’s relative acidity or alkalinity results less than 3.5 or greater than 11.0 are physiologically impossible and are most commonly adulterated.

**Nitrite:** The presence of nitrites in urine indicates a strong probability of a nitrite containing substance, i.e. commercial adulterants.

**Creatinine:** A metabolic byproduct of muscle metabolism, urinary levels stay relatively stable regardless of physical activity. Its measurement gives an indication of the relative dilution of the urine.

**Specific gravity:** A measure of dissolved solids in the specimen, which gives additional information as to the relative dilution of the urine.

The human body is a remarkably efficient machine. A healthy, reasonably well-nourished and hydrated person will produce urine with fairly predictable characteristics. The kidneys are designed to maintain a proper fluid and electrolyte balance, as well as eliminating certain metabolic waste products from the body. A normal urine specimen will have a slightly acidic to neutral pH (5.0-7.0), a specific gravity of ~1.015 and a creatinine of 50-350 mg/dL. These parameters are measured to establish the likelihood that a specimen might be less than ideal for assessing an individual’s drug free status.

In order to avoid providing a dilute specimen WHPS recommends:

1. Providing a specimen first thing in the morning.
2. Avoiding drinking large amounts of fluids for three hours prior to providing a specimen.
3. Avoiding diuretics such as caffeine and cranberry juice.

**Medication Guide to a Safe Recovery**

Talbott Recovery Campus has published a medication guide listing medications that are safe (and not safe) to take in hopes of assisting those in recovery to steer away from medications that may cause positive drug screens.

Keep in mind that WHPS is an abstinence-based program so please take some time to review the Talbott Medication Guide if you have not already done so.

The guide can be found under Documents in AOS or at [https://www.talbottcampus.com/pdf/MedGuide.pdf](https://www.talbottcampus.com/pdf/MedGuide.pdf)
Continuing Education Credits for Nurses

Did you know that the Nursing Care Quality Assurance Commission adopted rules for an independent continuing competency program effective January 2011. Registered nurses and licensed practical nurses will be required to keep documentation showing at least 531 hours of active practice and 45 clock hours of continuing education (CE). The hours must start on their renewal date this year. As a Registered Nurse or Licensed Practical Nurse, you will have until your renewal date in 2014 to meet these requirements (three years).

The good news is that you can use the Continuing Education (CE) hours that you earn in Washington Health Professional Services (WHPS) towards this requirement. So every relapse prevention module that you work through during peer support group, education hour that you gain in treatment, or related self-study activity may be applied to your licensure CE requirements. Acceptable CE may include but is not limited to:

- Conventional classroom education
- Workshops
- On-line education
- Submission of professional articles
- Self-study
- On the job learning pertaining to current practice
- Correspondence courses.

In addition, activities such as developing and a providing a presentation to your peer support group, authoring or co-authoring a nursing related article, or volunteering in a nursing or nursing related activity may be applied to your active nursing practice hours requirement. For more information about the Department of Health Continuing Competency Program see [http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/ContinuingCompetency.aspx](http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/ContinuingCompetency.aspx)

Speaking of Continuing Education, WHPS has teamed up with the Washington Nurses Association (WSNA) to develop two new educational resources. The Online Continuing Education course Recognizing and Treating the Impaired Nurse in Washington State is available at [http://cne.wsna.org/ets/welcome.aspx](http://cne.wsna.org/ets/welcome.aspx). This free informative course is designed to provide background education regarding substance use disorder, recognizing the impaired health professional, and intervention options.


Summer Reminders

Summer is around the corner and that usually means vacation, camping, outdoor activities, and time spent with the kids before they head back to school in the fall.

As a reminder, if you will be out on vacation or other trips that take you out of your usual area, consider calling your case management team and discussing your travel plans (especially if they will affect your daily check-in through Affinity Online Solutions (AOS) and your ability to test).

To avoid compliance issues, discuss concerns about travel arrangements with your case manager as you may also elect to fill out a Monitoring Interruption Request found after logging into your AOS account.

*Also, no check-in is required on Thursday, July 4, 2013 in observance of Independence Day!*
National Immunization Awareness Month

The Office of Disease Prevention and Health Promotion under the U.S. Department of Health and Human Services honor National Immunization Month in August. As healthcare providers, there can be more exposure to illnesses and sicknesses that can affect our health. Immunizations can prevent many diseases including measles and rubella which still cause deaths here in the U.S. today!

Immunizations are not only for infants and children but for adults as well. The Centers for Disease Control and Prevention recommend that adults receive a booster every 10 years for tetanus and diphteria.

For adults 65 and older, it is recommended that a one-time pneumonia shot be received as well.

Seasonal flu shots are highly recommended for all adults, especially for children and older adults.

With the summer approaching and traveling being common, be sure to check which immunizations are needed prior to leaving the country if you are travelling internationally. You can view which travel immunizations are needed by going to: http://wwwnc.cdc.gov/travel/destinations/list.

To locate entities that administer vaccines, visit: http://flushot.healthmap.org/.

Secretary’s List of Crimes and Negative Actions

One barrier that many healthcare providers with criminal convictions in their background may find when seeking employment is passing the background check for agencies and organizations with connections with Department of Health and Social Services (DSHS).

The DSHS Secretary’s List of Crimes and Negative Actions outlines the type of misconduct and convictions that can exclude a healthcare provider from being employed with an organization that services individuals in DSHS and federally funded programs.

The list of compiled actions are based on both state and federal laws and regulations. Background checks are done on individuals who potentially have unsupervised access to vulnerable adults at the initial time of hire and every two years thereafter. For the complete list, visit: http://www.dshs.wa.gov/bccu/bccucrimeslist.shtml.

Enjoy Washington State Parks

Looking for a fun summer activity? Washington State Parks offers many great opportunities for outdoor fun even camping!

With numerous locations throughout the state, it is easier than ever to visit one of our state’s beautiful parks!

State parks will require the use of a one-day permit ($10 per day) or the use of the Discover Pass which costs $30 per year allowing unlimited visits to state parks.

On a tight budget? Washington State Parks offers free days throughout the year in accordance with National Park Free Days. Free days throughout park services does not require a permit or the Discover Pass.

Upcoming Free State Park Days are as follows:

- June 1-National Trails Day
- June 8, 9-National Get Outdoors Day
- August 4-Peak Season Free Day

For more info, visit: http://www.parks.wa.gov/.
Substance Abuse Treatment Programs for Military Personnel

The United States Department of Veteran Affairs (VA) can provide assistance for those with substance use problems who have served in the Armed Forces. Many veterans have experienced issues with substance misuse which can result in difficulties in other areas in life including employment, interpersonal relationships, as well as mental health and behavioral concerns.

In a Treatment Episode Data Set published by the Center for Behavioral Health Statistics and Quality (2012), half of substance abuse treatment among veterans ages 21 to 39 involve alcohol as the primary substance of abuse. However, help is also available to active duty military, their dependents, reservists as well as Department of Defense (DoD) employees. Active duty soldiers, sailors, and airmen can be treated for substance use disorders through military installations. Soldiers and airmen for example can receive help on Joint-Base Lewis-McChord(JBLM) through JBLM Substance Abuse Program. Sailors may receive intervention and treatment through the Navy Alcohol and Drug Abuse Prevention Center (OPNAV N135F).

Family members (dependents) of military personnel and employees of DoD can receive assistance through the Employee Assistance Programs at each military installation. Assistance can be found by visiting the ASAP Employee Assistance Program. For assistance locating a VA Center, visit the VA Centers. To locate VA treatment facilities in your area, visit them at http://www2.va.gov/directory/guide/home.asp?isflash=1. You may also contact the VA Information Hotline at 1-800-827-1000 for further information and to find out if you are eligible for services.

Additional Resources for Online Continuing Education Credits

The Institute of Addiction Awareness offers online and home study courses for healthcare professionals who are in need of Continuing Education (CE) Credits. These courses are not free but are affordable and may be able to fulfill the requirements for CE’s needed for licensure. Some examples include:

Low Hour Courses

- Managed Care Ethics - six contact hours for $29.99
- HIV/AIDS Update 10 - 10 contact hours for $39.99
- Alcohol/Drug Detoxification - 12 contact hours for $49.99
- Domestic Violence - 12 contact hours for $49.99
- Dual Diagnosis Update - 12 contact hours for $49.99
- MET Addiction Counseling - 12 contact hours for $49.99

High Hour Courses

- HIV/AIDS Update 15 - 15 contact hours for $59.99
- Seniors Addiction Treatment - 15 contact hours for $59.99
- Stimulant Abuse Treatment - 15 contact hours for $59.99
- Women’s Addiction Treatment - 20 contact hours for $79.99

Newly Posted Online Courses

- Addiction Case Management – 10 contact hours for $39.99
- Individual Cocaine Counseling – 10 contact hours for $39.99
- Relapse Prevention for Criminal Offenders – 12 contact hours for $49.99
- Cognitive Behavioral Cocaine Counseling – 15 contact hours for $59.99

For further information, visit:
http://ceuinstitute.bizhosting.com/
Request for Speaking Engagement

A lack of knowledge about substance use disorders is a major risk factor for nurses and other healthcare practitioners. We are available to provide education and consultation, free of charge, to your staff and students about substance use disorders among healthcare professionals and the WHPS program. Providing this information to nursing students is a valuable part of their education.

Today’s Date:______________
Name of Organization:____________________________________
Requested date for presentation:_______________________________
1st Choice:__________ 2nd Choice___________ 3rd Choice_________
Presentation Topic:___________________________________________
Name of Meeting Room:_____________________________________
Address:__________________________________________________
City/State_____________________   Zip:____________
Contact Person:____________________________________________
Phone: (___)________________ Email:_______________________
Audience (primary specialty of attendees):___________________
Number of attendees expected:___________________________
Available audiovisual equipment_________________________________