
TRANSCRIPT OF PROCEEDINGS

THE MEDICO-LEGAL SOCIETY OF VICTORIA

**"From Addiction To Recovery - A Personal Journey
with a Public Message"**

PRESENTED BY: **Dr. Naham (Jack) Warhaft**

This address was delivered on 15th November 2008 at the Melbourne Club.

The Chairman of the meeting was Dr. T. Little

Good evening, ladies and gentlemen, it's a great privilege and an honour to be invited to speak to this Society of which I've been a member for some years and I've thoroughly enjoyed my participation in it, as Terry mentioned. Clearly, I'm a little nervous. I've elected to - I've been invited to talk about my personal journey and out there thought of having a glass or two of red to settle my nerves, it sort of crossed my mind, but I think I'll stick to the "Chateau Schweppes". I think the story is, of course, that 90 per cent of us can drink in safety and ten per cent of us can't and I'm one of the ten per cent who can't.

I'd just like to go back to the genesis of this talk. About five years ago I happened to be listening to the BBC or the radio and I heard a voice that was very familiar to me, Scottish accent, doctor, telling his life story of his addiction to alcohol and his addiction to other drugs. I know this man well. His name is Dr Graeme Cunningham. He graduated in Glasgow in the mid '60s, a very bright young doctor who even at graduation was suffering from a serious alcohol disorder. This progressed; he studied for his internal medicine examinations and became a cardiologist but soon became unemployable in Scotland so he immigrated to Canada where he established a cardiology practice in a rural community. But it got worse and eventually he bottomed out in 1986 a hopeless drunken alcoholic wreck and he was admitted to the Homewood Clinic in Guelph near Toronto where he commenced his recovery.

He recovered from his alcohol and addiction extremely well and soon changed career direction and

became an addiction medicine specialist himself. In 1989 he became the director of the very institution in which he was a patient and shortly thereafter he was appointed to the College of Physicians and Surgeons in Ontario, which is the equivalent of our Medical Board of Victoria but two or three times the size.

In 2003 at the time of this talk he was the President of the College of Physicians and Surgeons and pretty much a household name amongst the health communities of Ontario. I knew why he was giving this talk. Here he was telling the world about his own personal journey because he wanted to do his bit to try and destigmatise this awful condition of addiction in an endeavour to enable people to present for treatment. You see, stigma kills. It's the stigma that kills alcoholics and addicts especially amongst doctors and lawyers because they won't present for treatment and if we can somehow - I knew where Graeme was coming from.

And then about year and a half ago the College of Anaesthetists here in Australia invited me to talk about my personal journey at their annual scientific meeting here in Melbourne and it was because of Graeme's talk and his example that I thought, well I'll try and make whatever contribution I can, too, in the same area and I presume that there were people in this Society at the talk and they invited me to go down that path again tonight.

It's a little harder here at the Medico-Legal Society. When I was talking at the College of Anaesthetists I was talking to a couple of hundred of my professional colleagues, they're retired anyhow pretty

much from anaesthesia at that time, but here I'm amongst friends and I suppose that - look, I hope that you'll understand. Some of the friends that I have here in this room tonight have known me for 50 years and they've travelled much of the path with me over the course of my journey but even then (tonight) they, too, will be learning stuff about me that I've never disclosed before.

My objective tonight is to try and somehow reduce the stigma that is attached to addictive disease; to convey a message of hope, if I can, that the recovery from addictions is possible and that careers and lives can be saved. I'm going to talk about my journey of addiction and recovery. As I say, it spans 50 years. It is not glamorous addiction, I can tell you that. It's not something that I'm particularly proud of or, now, particularly ashamed of. It's a condition that I happened to suffer from and that's the way it is.

I will make a few remarks about the nature of addiction. Incidentally, if I use the word "alcoholic" or "addict", please, the two conditions are pretty much the same. Alcohol is a drug, the drug that we have socially and a drug that we use and some of us abuse, some of us become addicted to it. But it's no different to all the other drugs. It's really no different to heroin or benzos, it's just that one's legal and the other's not and the brain does not know the difference, frankly, between a legal drug like alcohol or an illegal drug like heroin. The pathways are the same. And these pleasure and reward pathways are the same for both of those drugs, the brain structures and functions respond in the same way. I just mention that now because if I do

refer to "alcoholics" or "addicts" they're really interchangeable. I will speak a little bit about the treatment and recovery process and, again, my own journey through recovery which is much more interesting to me than the journey of addiction.

But I think I have to start at the beginning because otherwise it doesn't really balance. I was born here in Melbourne and brought up in a middle class Jewish family in Caulfield: a happy family; a loving and caring family; there was no abuse, no problems of any particular sort. I have three siblings and I have looked long and hard at my family tree both vertically and laterally and there is no evidence of any addiction or alcoholism in the family at all. I suspect that I'm just sort of mutant.

The home that I was raised in had alcohol in the house. My father enjoyed a glass of whiskey of an evening when he came home from work but I never saw him have two and we certainly had wine on the table for ceremonial occasions and festivals and holidays and so on, but it was not a prominent feature of our household. I'm trying to make the point that we're not wowers and, on the other hand, there was no heavy drinking either.

So, I had a happy period as a youngster and then I went on to Melbourne High School where I had four of the happiest years of my life, I really enjoyed it. I think that I was reasonably well integrated socially and scholastically into this school. I had the sorts of problems that a lot of young fellows have. I was an under-achiever in the field of sport. I was somewhat more than average shy when it came to mingling with the

ladies or the girls and these were issues, I suppose, that are common to all young - to many teenagers but I think I had a fairly marked degree of it.

I did well at school, went to university and entered medical school in 1956 at Melbourne University and that was a different world for me. I was rather young when I entered - I was only just 16 when I did my first year of medicine and perhaps that may have been a factor in the social integration. It was a whole new world of me, a world that I'd never experienced before: the freedom and the social issues that had changed from my school days.

I remember vividly my first drink outside of my family home. It was late winter and I'd been playing lacrosse with the university fourths or whatever it was, pretty low down the ladder, and one of the other players offered me a lift home on the back of his motor scooter, which I gratefully accepted, and he said "Let's just stop at Lennie Lott's Clyde Hotel, we'll have a beer on the way home". Now I'd never done that before. So we went in and we had one beer each and you know that made me feel ten foot high and bullet proof. I'd never felt like that before. I just felt a new me. I thought "This is marvellous. Why has it taken me so long to wake up to this stuff".

The following Monday I nicked out at morning teatime from physiology or somewhere and went straight over to the hotel on my own and had three glasses of beer and it was just terrific. And from that day on I never looked back. Alcohol, whether it was beer, wine or spirits, it did something for me, it made me feel normal, it made me feel great, it took away - I know it does this for

everybody, that it reduces your inhibitions and it increases your confidence and so on but it did it for me in spades.

It didn't take long for me to work out that I drank differently to the other guys. We used to frequently go down to the Mayfair of a Friday afternoon, there might be ten, 20 or 30 of us go down, most people would have a few drinks and go home and do some study. It would always be two or three that would have too much, get drunk, the other two or three would alternate but I would always be the one that consistently - I knew that once I started drinking I couldn't stop. I loved it. Friday lunchtime I'd sit in the café and I'd toss a coin, if it's head I'd go to the billiard room, if it was tails I'd go to the pub and if I was still on edge I'd go to the lectures, but it was the pub that was the big option for me.

I graduated in - whenever it was - 1961 under-performed as a result of having a couple of serious drinking bouts in the middle of my final MBBS exams. I was able to control my drinking to the extent I wouldn't have a few drinks and then go into an exam but I couldn't control the hangovers. I tell you, I used to think it was normal - absolutely normal - to wake up in the morning and go to the gully trap and have a good chunder, have a head that was splitting with migraine-type headaches. I thought that was just the price you had to pay to lead a normal enjoyable life as an over-drinker.

But the word "alcoholic", that never occurred to me. I knew I drank too much; I knew I drank differently to my colleagues and I knew I drank on my own and I knew that was not really right but I always thought there was a

reason for what I did and the reason was that there were problems out there; I had problems with work or problems with girlfriends or problems with this. I deserved to drink and it made me feel terrific. I always found ways of justifying it.

Things got different though when I graduated because as a medical student, as we all know, you're expected to do wild and stupid things; you're expected to get into trouble and you're expected to act the fool and I did all of these things and there are people in this room that know of some of the amazingly great things that we did when we were, frankly, "pissed". It was sort of - it's okay as a student but when you become a doctor that's somewhat different. The expectations of you are a lot different.

I went down to Launceston as a junior resident medical officer, nothing changed. Now we worked alternate weekends. I never drank while I was working but, my God, the minute the whistle blew, six o'clock if it was off for the night or off for the weekend, off would come my white coat and on would come a jacket and down to the pub. They knew me at the pub. They served me Boags beer, a bottle at a time in a brandy balloon, just fitted, one bottle of beer into a brandy balloon and they'd see me walk in the door and that's what they'd get for me, whether I was on my own or whether I was with friends.

Clearly, my work at Launceston was patchy, to say the least. The following year I came back to Melbourne and worked at PANCH, which was then a new hospital and like my dealings with the medical director at Launceston,

Dr Patrovski, I had similar problems at PANCH with Dr Sam Yateman, whom many of you in this room would know and is a terrific medical director. He called me into his office day and he said "Jack, I don't know about you, you're some sort of an enigma. When you're working well you're working well but why is it that you get into so much trouble when you don't turn up to antenatal and you don't turn up to this". Well, the reason I didn't turn up was headaches, hangovers and just shaking and almost acute withdrawals when I look back.

I then embarked on a major geographical. I left the country for a year and a half and went to a remote location, which was exciting, but it was actually down in Antarctica. On the one hand I wanted to fulfil a desire to do something adventurous before I settled down into a specialty. At that stage I'd made up my mind I wanted to do anaesthesia. But I also had that sneaking feeling that down there there's very limited opportunity to drink myself stupid.

But, of course, I went down there and whilst the alcohol was limited there were lots of other drinks and I was the doctor and I had the key to the candy store and I developed nice little habits on barbiturates to help me sleep and amphetamines to help me wake up. But when I look back, I'm an addict, and I just simply substituted the witch for the bitch and when I got back to Melbourne I didn't need these other drugs, I just went straight back to alcohol which just did me just fine.

But it got worse. And this is the thing - addiction - alcohol is a progressive disease and it got worse and it was in that year - I returned from Antarctica in 1965,

I was up in Sydney at the School of Public Health and Tropical Medicine writing up my research work from the year at Mawson and I just got worse and worse and I could see it. I actually went to see a family doctor in Sydney and I lied - I said "I've come to see you because I'm drinking too much". He said "How much?" Of course I lied, I said "Two bottles a day" when it was much more like six or seven bottles a day or spirits by the bottle. And he advised me to use willpower, limit - ration the amount of - you might as well ration the amount of air you breathe. You can't talk about rationing to an alcoholic, I know that now. And off I went with - I think he gave me some phenobarb or something to calm me down, which again maybe is exactly the wrong thing to do.

About a month after that - and it was September of that year - I was absolutely desperate. I turned up for work on a Thursday morning at the university. I was shaking like a leaf, I had the mother of all hangovers and I didn't know what to do and my best friend, my girlfriend at the time decided to abandon me and return to Melbourne and I knew - I knew it was all about alcohol.

I looked up the phone book, I didn't know what to do, and I saw - I thought "I'll look up under alcohol" and there it was Alcoholics Anonymous in big block letters and I thought "No, that's not for me, that's the people with sandals and great coats drinking metho and sleeping in the park. But underneath there was an entry "Alcoholism Institute - Langdon Clinic" and I thought that sounds more like my level and I rang up and I asked to speak to the medical director, a bloke called Dr

Saliman and the conversation went something like this:
"Dr Saliman, my name's Dr Warhaft. I work at Sydney University. I have a friend who is in dire distress from alcohol. I wonder if I could make an appointment for him to come and see you". He said "Sure, when would be a suitable time?" I said "How would half an hour from now be".

I found myself in his office giving him a bottle-by-bottle description of my drinking history and for the first time in my life I was honest. I was only 25, nearly 26 years of age, but I had a nine-year history of drinking and I told him the truth because I needed help. After I explained to him what was going on, I said "Dr Saliman, do you think I'm an alcoholic?" He said "My friend, you're a pretty bright, intelligent young man, you've just told me all that story, it's not what I think that matters, what do you think?" and I said "Well, I suppose I must be". No longer could I remain in denial. I felt this great weight off my shoulders, "At least I know what I am".

That lasted for about 30 seconds and I fell in a big heap again because I remember the only lecture we ever had as medical students on alcohol was from Dr Cade at Royal Park and he gave us a one hour lecture on alcohol and the conclusion he was at was that alcoholics just can't be helped, they end up getting dependent and they drink themselves to death: "There's nothing you can do about them, just try and keep them nice".

So, with a heavy heart, I said "Well, that's fine, what do I do now?" He said "I want you to do two things. I want you to (1) going to meetings of Alcoholics

Anonymous, start tonight" and "(2) I want you to come to my group that I run here at the clinic a couple of times a week and come and see me in a fortnight". I remember going to my first meeting of AA that evening at Ramsgate in Sydney, shaking like a lead and not knowing what to expect, the very place I didn't want to be but let me tell you, that started a 27-year association with AA that saved my life.

I went back to see Dr Saliman two weeks later, I said "I don't think much of your groups, they're not doing" - well, I didn't say - I said "They're not really helping me a lot but AA is" and I kept going and for that period, as I say, from 1965 to 1992 it was my association with that fellowship of Alcoholics Anonymous that saved my life. I was able to get on with my anaesthetic training; I was able to establish a career as a specialist anaesthetist; I had a good practice; I was on the staff of major teaching hospitals in Melbourne and had a wife, house, nice cars, overseas trips and three lovely kids.

One would think, well that should be the end of that but it wasn't because, you see, addiction is a chronic relapsing disease and my program that I was doing got thinner and thinner because I started to get complacent; I started to get confidence that I had this thing beaten. And you know what, over those 27 years I had six relapses: mercifully brief but they tended to last from a few days to a couple of weeks. I'd never been in hospital before: I had six admissions to hospital with alcoholic relapses. Each time I would come out thinking "Terrific, I'll start again and all will be well".

The problem, of course, with relapsing is that you can do an awful lot of damage to yourself and to other people in the course of the relapse - you can die in a relapse, especially if you're a heroin addict or a narcotic addict. I was fortunate that I was able to survive. I was fortunate that people near and dear to me - my first wife, she was capable of telling whoppers of lies, trying to save my professional career whilst I was in hospital and during that time, of course, I'd had three children. The good thing about AA was that I think the number of times each of those three kids (who are now, of course, mature adults) have seen me drunk you'd count on the fingers of one hand, that has been one really really good effect.

To cut a long story short and it's a long one for me, some time around about the mid-'80s when, as I said, my recovery program was a little bit thin, I wasn't doing as many meetings as I should have and I wasn't practising the program in the way I should have, because things are going well in your life, you don't bother - well, I didn't bother. Some people do, I didn't and I paid the price.

I started picking up "mother's little helpers", you know, the Valium tablets and eventually towards the end of the late 1980s I started doing Rohypnol. I don't know whether you're familiar with Rohypnol but it's - Xanax is the new "rowies" and it's just a short-acting benzodiazapine that makes you feel real good, that's why we do drugs, isn't it? That's why we have a drink, you want to feel good.

One day in late 1990 I crossed the line that I never

thought I would and I pick up a syringe full of Pethidine and I injected it. I never thought I'd do that. I mention again that addiction is a progressive disease. It doesn't care whether you're a doctor; it doesn't care whether you're a lawyer, it's an equal opportunity disease. I did no different to what a street addict would do or anybody else. I did drugs not because I wanted to but because I needed to and I keep coming back to that. An alcohol doesn't drink the way he does because he wants to; he drinks that way because he has to and I had to have drugs and that's why I did the Pethidine and I used Pethidine a lot. The first injection made me feel fantastic and it was a Friday and I had another two hours later. I couldn't wait to get back to work on Monday to get more of this stuff.

I'm not proud of all this but it's part of the disease and I was later to learn that I'm one of many many many doctors that suffer from this affliction. I'm not excusing it but I am saying that it's a common condition and this is what you do: if you're an addict and you're a doctor you take whatever you can lay your hands on, in my case.

My narcotic-using career was mercifully brief, it lasted about 18 months and it wasn't all the time. I made desperate attempts to give it up and at one stage I think I went for about six or eight weeks without any of the stuff. But willpower is not enough and it certainly wasn't enough for me.

Finally, on 31 July 1992 the last day I ever used any drugs of any sort and I hope I never forget. I had been doing Pethidine all day and we'd had a - there was a

neurologist and myself at a particular hospital that we had decided that we were going to take the theatre staff out for dinner, so we hired the Tram Restaurant, him and I. And there was him and me and about 30 ladies (theatre staff) and we assembled at his very lovely Toorak home to have drinks. I'd been doing Pethidine all day and had a couple of Rowies (Rohypnol, you know, Xanax) and the drink tray came around (as it did this evening in the courtyard) and I picked up a glass of beer. I don't know why, I just did. I remember very little of the Tram Restaurant and nothing of the thereafter. I woke up about two days later in Dandenong Pine Lodge Clinic with the foot of my bed on blocks, I'd suffered a nasty haematemesis - people that don't know, that's vomiting up blood; I was physically very very unwell, mentally, emotionally and spiritually. They talk about "rock bottoms", I think I must have really - I can't believe that I could have gotten any worse.

My lovely wife, Deirdre who is here tonight, did what all good addict/alcoholic wives do and lied like a pig on its side to my various employers saying that I was in hospital with a broken leg, which was partly true because I fractured my fibula falling down the stairs. I had a month in that clinic and, I tell you what, I have never felt worse in my life. The shame, the guilt, the embarrassment, the whole thing - I was 52 years of age and I thought my life was over. I was a failed AA! For goodness sake, how low can you go? I couldn't even get that right.

I'm just going to pause for a minute at this point and just mention very briefly a few things about

addiction and recovery. What is addiction? Addiction is a chronic relapsing disease. The essence of addiction is compulsive drug-seeking use despite negative consequences. Again, an addict uses not because he wants to but because he has to and that's what I did.

How does addiction happen? Why are some people addicts or alcoholics? It's a very complex disorder and a disorder it is, it's recognised in the DSM floor, which is the American Psychiatric Association as a disease; it's recognised by the World Health Organisation and the ICD-10 as a disease. It's a complex disorder. It is biological, psychological and set in its social context. There is all manner of evidence now that it's a disease of the brain. The pathways are well known. It's the MESA lympic system and I'm not going to bore you with the details.

I don't know all that many details but I know enough to know that addicts have a different brain structure and a different brain function. Sometimes they're born that way; sometimes they become that way as a result of their drug or alcohol use but they are - biologically their brain is different. Add to that the psychological factors and the way in which alcoholics and addicts think and set it in the social context of what's available for them at the time and the various other pressures on their lives, whether they've had other significant, environmental or social effects.

So, it's a complex condition and I think in some respects you can compare it with, say, asthma or a whole range of chronic illnesses where in the case of asthma you've got a biological Peters position but then you've

got to have the allergens or the infections and then it's also set - the development of the disorder depends largely or to a certain extent on your psychological attitude.

One thing that we do observe with alcoholism and addiction is that it's not linked to personality. We have all sorts of personality types, all sorts of intellectual levels, all sorts of social levels. Australia has had two Prime Ministers who have been alcoholic. It's quite common amongst the highest level of the arts, the sciences and all sort of - and it's well known, footballers get it, don't they? It's a disease, a chronic relaxing disorder like so many others and the treatment has to be aimed at all those three things and isn't this what we do for other brain diseases? Isn't this what we do for Alzheimer's or strokes or schizophrenia? We treat the biological problem in the brain but we look after the psychological problem and we certainly look after the social context in which the disease has taken place.

So the treatment therefore has to either reverse or compensate the brain changes. The primary - and I'm speaking now as an addiction medicine doctor - the primary goal of treatment I find is to initiate and retain the patient in treatment and that can be hard because of the denial that addicts and alcoholics display: "I'm not that bad" or "I only drink because of this" or "I only use heroin because of that". The denial is a constant feature and the lying - addicts all lie. You can tell an addict is lying because his lips are moving. Again, we have to do that to support our ongoing

active addiction.

So, clearly the treatment of addictive disease is to address the physical, mental and social aspects of the condition and also to address any stressors.

Incidentally, when I worked at the Victorian Doctors' Health Program it was my experience that 75 per cent of doctors and medical students who presented with addictive disease, if you enable them to recover from their addiction they had no morbid mental health problems even though all of them were depressed when they walk in the door. 100 per cent are depressed when they walk in the door. Three months off their drugs or three months off their alcohol and in 75 per cent of cases the depression or the mental health problems, which were substance-related, disappear or they're resolved. I think that, unfortunately, there are a lot of people working in medicine and psychiatry that don't understand that and they treat the depression without treating the actual addictive disease that is behind it.

The next thing we try and achieve is, having engaged people in treatment, to detoxify them and then stabilise them in abstinence and then proceed on a pathway of recovery. So, what is recovery? You've heard the bad news about Jack Warhaft now I'm hoping that you'll hear some good news and the good news is the recovery side of things.

Recovery - and I love this definition - recovery is the process through which severe alcohol and other drug problems are resolved in tandem with the development of physical, emotional, ontological, relational and occupational health. In other words, to address

addiction properly, to resolve the drug and alcohol we have to get well all over and that's what I hope I've been trying to do for myself over the last 16 years and anything I can do to spread that message to others I think is time well spent and if it doesn't help you it sure helps me.

Recovery requires change. It's more hard work. It hurts. Sorry - the abstinence part - abstinence is really hard work, achieving abstinence, and it can hurt but the recovery doesn't hurt and it can be a really enjoyable life. There are lots of different ways to achieve recovery. I don't care what - and, again, I'm working in addiction medicine now, I don't care what my clients, my patients choose as long as they choose a program that is of high quality, intense and enduring: they are the three things.

It's easy to get addicts clean, relatively easy. It's relatively easy to detoxify an alcoholic. The hard challenge is to keep them clean, keep them sober day in, week in, month in, year in and out. That's the challenge and that's why we need these programs.

There is the help. I think it's important that we get expert help for alcoholics and addicts as far as possible. Unfortunately - and I hope I don't get into trouble for saying this - unfortunately most GPs do not know a lot about addiction; most psychiatrists don't know a lot of about addiction. My recommendation for anybody with an addiction problem with themselves or their family is to consult experts.

There are addiction medicine clinics scattered throughout suburban Melbourne. There is Turning Point,

there are private practitioners in addiction medicine. There are all sorts of resources that I think that too often doctors when confronted with an addict or an alcoholic they don't either have the time or the skill - either or both or the resources to do the job. It does require teamwork and it's a hard condition to deal with, it's very challenging but you require a team of people; you require psychologists, you require addiction medicine doctors to do the medication side of thing, you need social workers and very frequently you need lawyers and all sorts of people working together with the recovering addict or alcoholic to get them back on track.

For doctors, of course, there's a very specialised program, the Victorian Doctors' Health Program that was set up with addictive disease in mind. Lawyers are another story. I've had some conversations with people that should be in the position to know what is available or to effect change in this area. Well, I've talked to the Bar Council and the Law Society and they assure me that things are happening but I have yet to see it, so I feel that - I think that you're doing a lot of good in the area of mental health and depression but I'm not sure that - I may be wrong, it's a while since I have spoken on it - but the last time I had contact with them they were dragging their feet. The doctors are showing the way to go and nurses have got an excellent program, the Victorian Nurses' Health Program, and in the United States there is a whole array of such programs.

So let me just return to my personal journey. After the 28 days in the rehab I started to build my life. The best thing that happened to me was on day five I made a

decision. I knew I was at a very serious fork in the road and if I either chose no recovery or recovery and no recovery meant probably a very short life span, it just meant going out of that hospital and using and drinking malignantly until some terminal event took place. I was 52 and I could see it, I knew. The other option was take the other road of recovery and go in boots and all and thank God I did.

I changed fellowships from AA to another 12-step fellowship called Narcotics Anonymous and I have been attending that fellowship ever since and that has saved my life. I have not had a single drink or a single drug of any sort for 16 and a quarter years now because I took to that program very very seriously, I made it the top priority in my life. In the first year, following my discharge from hospital I went to NA meetings (Narcotics Anonymous) every day and if I couldn't go because I was on call at the hospital I would do an extra one on Saturday. There are lunchtime meetings, there are evening meetings and so on.

I got involved in the fellowship. I got myself into service positions. At one stage I was the chairman of the state division of Narcotics Anonymous and I really got involved in trying to help others. And, you know, it's an interesting thing, they say in AA and NA that you keep this thing by giving it away and the more service work you do in these things the stronger your own recovery becomes.

I went to conventions both here in Melbourne and interstate. Off to Sydney, Adelaide, Canberra for NA conventions. I even went to international conventions.

I remember I was about 18 months clean going to Chicago for the world convention of NA and I tell you, it's pretty powerful when you see 20,000 recovering addicts in a basketball arena or something all getting clean - all clean and all doing well.

When I was about 18 months clean and, of course, life went on. I went back to work: that was a challenge. Going back to anaesthesia I thought nobody really knew about my drug use, they probably did but I thought they didn't but I still felt pretty bad. I felt that the other anaesthetists working at the hospitals that I worked at they were complete but I was an impaired - even though I was clean, I just felt bad. It took me a couple of years to work through that but I did eventually.

I found another doctor in Melbourne who was a member of Narcotics Anonymous. In fact he had three years' clean time when I came in and that was interesting. That's all it was, it was I was only the second doctor. But I went to Sydney for a convention at one point and there was a psychiatrist up there that was a member of NA. He was telling me about this doctors' group, so I came back to Melbourne and I got all the information from him and he and I formed a little doctors' group in Melbourne and there was a third one and a fourth one.

After another few months I found out that there was an international conference called IDAA. I'd learned this from a bloke called Tony Weekes who had an interesting addiction at the Alfred. He said "Jack, there's a meeting called International Doctors' AA". I went off to Atlanta, Georgia with my wife Deirdre in 1994

and I couldn't believe what I saw. A thousand doctors and their wives and families getting together for their annual convention of recovery: a celebration of recovery.

I found out that IDAA had 5,000 members throughout the United States and Canada; that it had branches in every city and every state and I was just gob smacked by all this. I met another psychiatrist from Australia at that meeting and I said "Listen, we'd better form something like this in Australia" which we did and we started, I think it was in 1996, Australian Doctors in Recovery. We now have an annual convention and we're up to our 13th or 14th this coming March. I've been fortunate to be the chair of that for the last six or seven years and it's a wonderful meeting. We get 40/50 people every year in recovery coming from all over Australia, so we're just like a little version of IDAA.

Also about that time - this is a year or two into recovery - I was back at Box Hill Hospital working there on the anaesthetics staff and we had a very far-sided director of anaesthesia, or I believed he was very far-sighted, a bloke called John Paul whom some of you would know, and I was not the only recovering addict on the anaesthetic staff at Box Hill.

There was another guy who was another Pethidine user who was also in recovery and for about the same time as me. A third person applied to join the staff under similar circumstances and John Paul who knew about me took me aside and said "Jack, what do you think, should we get a third person or not?" I said "Well, why not?" And we formed a little committee there. We had an

addiction medicine counsellor by the name of Gordon Storey that we involved in it. John Paul had communication with the Medical Board, so we were actually the first monitoring and therapeutic recovery program for doctors in this country and at one point - by the time John left in about 2000/2001 there were five anaesthetists at Box Hill Hospital all in recovery from narcotic addiction.

Let me tell you where they are now eight/ten years later. Three of them are still in anaesthetic practice. I'm very part time, I do a day a week of endoscopies. Three of us are either in practice or ended our careers clean and sober. The fourth one is in clinical practice but non-procedural and he, too, is clean to this day. The fifth one did relapse on a number of occasions and left the profession and, indeed, I don't know what's become of him. But four out of five, that's not bad. When you add it up, that's four lives that have been saved, careers that have been saved and so on.

I think it's also important to talk about relative risks. Everybody is horrified that anaesthetists (or any other doctor for that matter) can give an anaesthetic where they may have had drugs. Yes, it is something that we have to be mindful of that's not a good thing. It is potentially very hazardous to our patients. I'm very fortunate that none of my patients have ever come to harm as a result of my drug use. I'm really thankful for that.

But, more so, when I was at the Victorian Doctor's Health Program I made enquiries of the Coroner's Court here in Melbourne and we were unable to find any

Coroner's case with the death of a patient in Victoria that had been attributed to drug-impairment of the anaesthetist or, indeed, a GP or any other doctor. On the other hand, I can rattle off five or six anaesthetists who have died - dead as a result of their addiction and at least as many again of GPs and other doctors. Sure there are risks to our patients but the big risk is to the doctors themselves and, why, because they won't present for treatment, they're in denial and because of the stigma attached.

When I was eight years clean we were fortunate that the Medical Board and the AMA had decided to implement a program called the Victorian Doctors' Health Program to look after the health concerns of sick and impaired doctors and medical students. I applied for the job. On my application form was much of what I've told you tonight, pretty much everything. On the form I was upfront, I said "I'm in recovery myself. I used to do drugs, I used to do alcohol but in IDAA, I'm in Narcotics Anonymous and I've done blah blah blah".

Anyhow, they appointed me as medical director and I had from 2001 to 2007 six of the most satisfying professional years of my life. That job was an absolute delight for me to look after - to do my best, to have that opportunity to look after my fellow suffering alcoholics and addicts. There were lots of good things that happened to me in recovery. I've had that opportunity. I've gotten involved with all sorts of other things.

I did my fellowship in addiction medicine while I was there in recovery so now I'm a certified specialist

in that field. My current activities: I now do addiction medicine at the street level in a suburban clinic where I deal with heroin addicts and the armed robbers and the prostitutes and all the other people that come in off the street for their heroin addiction and I have a private practice that I conduct from my rooms where I deal with the barristers and the company directors who have got exactly the same problems, let me tell you, there's no difference between the two groups: just luck and circumstances, okay? I promise you, the disease is the same from my heroin-using armed robber to my company director, alcoholic or cocaine addict.

So, what might be (just to wind up) - what public message might glean from my personal journey? Firstly, addiction is a serious chronic illness with a high mortality and morbidity and it's frequently a primary diagnosis. It is highly stigmatised, which is a major barrier. Secondly, the suffering addict is powerless on his/her own to overcome the disease. I believe it takes the power of the other recovering addicts whether it's in NA or AA or elsewhere in the community, the therapeutic effect of one recovering addict on another is without parallel. One recovering addict can do for me far more than any doctor has ever done because it's that power of example and it's showing me how to use the tools of recovery.

Recovery is possible. It is a myth that junkies don't get well. I went to my last meeting of Narcotics Anonymous yesterday evening. Last night I went to my local meeting in Prahran. There were about 80 or 90 recovering addicts in that room. Two of them celebrated

their first anniversary of clean time. One of them was a guy called Michael. He'd spent half of that first year in gaol but as soon as he got out he resumed his daily meetings in NA and he was able to have his first birthday cake last night.

The other one was a young girl in her late 20s called Brooke. She was so pleased she brought her father and her mother along to the meeting to help her celebrate that one-year clean time and we had a lovely cake to go along with the disgusting coffee that's always served at these meetings. The guy sitting next to me, a bloke called Kel, he's a dear friend of mine, he's been in gaol in every state in Australia except the Northern Territory and he was telling me last night how great it is at twelve years clean he's been able to enjoy his grandchildren grow up and get back into normal living.

Once an addict always an addict? No, I think not. Recovery is possible and help is available.

I hope that this little talk tonight will give perhaps some slight understanding of what goes on in the mind of an addict and where I'm coming from at least. This condition affects about eight per cent of our community and doctors and lawyers and their families are not exempt.

I'd like to particularly thank the committee of the Medico-Legal Society for inviting me to speak tonight, particular Terry and Stan and Gabriele Medley but I should also thank John Paul and the management of the various hospitals at which I worked for giving me the opportunity to re-enter the profession that I love. I'd like to thank the inaugural Board of Management of the

Victorian Doctors' Health Program that gave me the opportunity to serve my fellow-suffering doctors. My first wife, of course, Joyce, the mother of my children who endured and supported me in my early years of recovery.

And to Deirdre and my children and my stepchildren and close friends, especially the ones here tonight, the ones that have known me all those years, going back to my student days, I really appreciate your support and enduring with me over that period and I know I've given you grief and thank you for persisting and it's a joy to see you tonight.

Most of all I would like to thank the many hundreds of fellow recovering addicts and alcoholics that have given me the chance to celebrate my recovery with you tonight. I'm an addict and I'll be an addict until the day I die and when I die they'll put me on a box and I'll be a dead addict but I hope that I will be a recovering addict and thank God there is such a program. Thank you very much, ladies and gentlemen.

Chairman: Ladies and gentlemen, I've heard many many talks up here at this rostrum but that would be the most courageous. We have a little time and I'm sure one of the side effects of recovery is you talk a lot, so I'm sure Jack would be happy to answer any questions that come from the audience because he's a man who's been there, who has more experience than probably anybody in this field which is an enormous social problem.

QUESTION: Were you miserable all the time?

DR WARHAFT: Thank you, Cedric, and I really appreciated that.

I just want to say this, too, that don't think that even in my bad years, that life wasn't all bad all the time, I had a lot of really good times and I was in recovery for most of that period at Box Hill Hospital, I had 27 years in AA, that's when our paths crossed and, in spite of the relapses, most of my life was good but when it was bad it was really bad and I can't tell you how the loneliness, the isolation of a practising addict or alcoholic, it's terrible.

QUESTION: Can addicts still function in normal society?

DR WARHAFT: It depends on how you define "addiction"; it depends on how you define "relapse" for this purpose. All I can say is that cocaine is a fairly highly addictive drug. I mean all drugs have a ratio between drug use, drug abuse and drug addiction. For example, alcohol probably, as I said in my introductory remark, 90 per cent of people drink in safety, ten per cent don't. With heroin it's a little less, something like 20 per cent of heroin users go on and become addicts.

That's a myth, by the way, that once you stick a needle in your arm you're going to be an addict. Most heroin users, you have it on a Saturday night and leave it for the rest of the week. And certainly that's true of cocaine. I know of cocaine parties that are held in penthouses in Toorak and so on and so forth, mirrors being passed around with lines of coke and probably only a third would become dependent, maybe even less, I can't even give you the exact - I can't, Charlie, I can't give you the exact figure of the relapse rate.

All I know is - and it depends on how you treat

them. If they've got an ongoing program, if they go to NA or they go to a proper counselling program or other group therapy then their relapse rate is going to be low. If they don't do anything about it their relapse rate is going to be 100 per cent. It depends on treatment.

QUESTION: Jack, lawyers and doctors are both professions that have high levels of achievement and high self-expectations. Do these two professions - I've noticed a couple of articles in the news media recently about lawyers in England where there's a high incidence of depression amongst them. I know the same thing happens within the medical profession. Within two professions of high achievers would you expect there would be any difference with the problems of alcoholism and drug addiction.

DR WARHAFT: I think the broad answer to that is no. The statistics, particularly from the United States where they've got much larger numbers and there's no reason to think that we're any different here, show the incidence of somewhere between eight and 15 per cent of doctors have a substance use disorder in the course of their lifetime practise of medicine. That doesn't mean to say 15 per cent are alcoholics or addicts. They've had a problem with alcohol or drugs. Certainly, at least four or five per cent have very very serious problems.

Why should it be any different in the legal profession? Do you think that lawyers get immunised against drug and alcohol? Of course not. They have, I'm sure, the same incidents - a lot depends on the reaction of the associations and the attitude of the profession as

a whole. In medicine we know that we can't tolerate the thought of our patients being put at risk by an impaired doctor so we do something about it.

Now medical boards are very active in these areas. The legal profession, again, an anecdote that I've just recently read coming out of the UK suggests that lawyers don't particularly care whether their colleagues or partners or whatever are doing cocaine or doing heroin or doing anything else. As long as they're producing results they don't care. So there seems to me to be a fundamental difference in approach of the authorities concerned.

But in answer to your question, when I was at the Victorian Doctors' Health Program every time there was a media event they'd ask me "Is it the stress of medicine that contributes to the high rate of drug and alcohol problems?" My answer is always "Stress is a factor but there's a lot more to it than stress". Lots of people are stressed. Lawyers are stressed. Tram drivers are stressed. Ambulance people are stressed. Stress is part of life, it's how we deal with it that determines whether we become alcoholics or addicts and if we've got the brain, if we've got the wiring, if we've got the transmitters that are characteristic of addicts well then that's what we're going to do.

QUESTION: What do you do in the situation when addicted people are admitted into the emergency department. Are you going to withhold treatment.

DR WARHAFT: Tony, that's a good question and the answer is you give the patient, you must provide, adequate pain relief. Addicts, like everybody else in recovery, have heart

attacks and fractured hips and so on and so forth. What you do is you try your very best to not use narcotics or addictive drugs, you try local anaesthetics, you try non-steroidal drugs and all that sort of stuff. However, if you need to use morphine you damn well use it. If I have a coronary, I haven't had a narcotic for 16 years, if something happens to me, thank you, give me morphine, you must deal with it. But we have our techniques of getting through that, all right? I would be working with other people in recovery to help me go through this episode of having to deal with the possibility of a relapse which I would do anything to avoid, trust me. I don't think I can have drugs or alcohol in safety today just because 16 years have gone by. I'm very very cautious of what I eat, drink and the company I mix with.

End.