

THE POWER OF EMPATHY AND COMPASSION

MICHAEL'S RECOVERY STORY

Michael followed both his parents into a life of dependent drinking, but he will be 45 years sober on 10 April 2023. He describes his recovery journey, his work as a drug and alcohol counsellor, and his new part-time role in 'retirement'.

1. Early life in an alcoholic family

I was born in Subiaco in 1949 and lived in Mandurah, which was then a sleepy town located 70 kilometres south of Perth, West Australia (WA), for 16 years. I was educated there and in Pinjarra, a nearby country town, until I was thirteen years old. I was the second of four children, having an older sister and younger brother and sister.

Dad's family were from the Gorbals in Glasgow and they had travelled from Scotland to Victoria in the 1820s. Members of my family spent time in the goldfields near Ballarat. My grandfather came to WA at the turn of the 20th century and was said to have bought a goldmine near Kalgoorlie for a case a beer. He did well out of this goldmine as he eventually bought a small transport company and a poultry farm in Mandurah.

I was a bit of a problem child, often getting into trouble and nearly killing myself a number of times. I almost managed to crawl into a pump motor when I was not much more than a year old, sat underneath the milkman's horse which was pulling a milk cart (four years old), fell into a deep hole near a river (five years old), and climbed a windmill (six or seven years old) from which my mother had to rescue me. I survived those early adventures unscathed.

What stood out for me as a youngster was my parents' drinking habits. I was the child of two alcoholic parents. I guess that means if you believe in genetic theories, I really didn't have much of a chance. My grandfather was also an alcoholic and my dad had to wait outside the Brighton Hotel in Mandurah for him to finish drinking, just as I later did with my father.

Everything seemed reasonably normal at home until I was about seven or eight years old, when mum started to drink very heavily. Dad was a 'truckie' (truck driver) and was often away from the early hours to late at night, so mum spent most of her time with just with us kids. I guess she was lonely.

I didn't want my mum to be drinking. Even at that stage, it mattered a lot to me that she was drinking so much, day after day. I would come home from school to find her drunk. I had this terrible dreadful feeling that something was going to happen to her, because of her drinking, and that I would lose her.

When I was about ten years old, mum fell asleep drunk with a cigarette in her hand. The mattress caught fire and I had to wake her up, drag the mattress outside and hose it down. It stank something awful. A few years later, I had to help mum out of the bath because she was too drunk to do it herself.

Starting from when I was ten years old, my parents informed us kids not to say anything to anyone about the drinking in our house. We were told that if we talked to anyone about their drinking we would not be welcome back home. (Mind you, all the relatives knew about the drinking and most of them were at it as well!)

Yes, thinking back, it seems that most of my extended family were heavy drinkers. Life centred around the pub and my family always seemed to be partying somewhere in town. In fact, I'm sure that Mandurah was packed full of alcoholics. Today, as a much larger town, it has a full share of drug, as well as alcohol, related problems. It's said that my family could have been millionaires, but they drank it away.

I was sent to St Ildephonsus' College, a boarding school in New Norcia, a small town located 130 kilometres north of Perth. My older sister went to St Gertrude's boarding school in the same town. I guess that mum couldn't manage us at home, but could afford for us to be looked after somewhere else during term-time. There wasn't much in this town other than the two schools, a Benedictine Monastery, which still exists today, and an orphanage for Aboriginal children.

I stayed at St Ildephonsus' for three years, before spending my last two years of schooling as a boarder at Marist Brothers College in Wembley, a suburb of Perth. I remember we used to escape from school on outings and go smoking and drinking alcohol. I was often in trouble. All I wanted to do was get out of school and have fun. Thinking back, I was very immature, but maybe a lot of kids are at that age.

2. Early work days and extended holiday

I left school and worked in a bank for three and a half years. This was so boring! I liked talking to the customers when I was a teller and meeting people, but hated working on the machines and interacting with management. You had to crawl to progress professionally. That was just not me. While I wasn't drinking regularly at this time, I do remember drinking a lot when I was out socially, in order to try and overcome my strong shyness and difficulty in initiating conversations, particularly with girls.

I moved to Port Hedland with the bank, but soon saw how much money the guys in the construction business were making. After a year, I returned to Perth to continue working in the ANZ Bank. Three months later, I took a job in the construction business with Bechtel Pacific Corporation and headed back to Port Hedland.

As happens with the youngsters working up north today, I drank away a lot of my salary in the pubs of Port Hedland. I was out almost every night, mainly in the Pier and Esplanade Hotels. I didn't have air conditioning at home—we did at work—so as it was so hot up there, we always had an excuse to head to the pub, where I would often get wrecked. I was also drinking regularly with my mates in our huts in the camp.

I would often drink and drive, as did all my mates. One night, my Holden panel van left the road and ended up stuck in the sand. I was drunk as a lord, so it was no surprise that I couldn't keep the vehicle on the road. This accident gave me (and my passengers) a real fright and I decided to slow down my drinking.

However, this resolve was short-lasting. The only time I slowed down my drinking for any reasonable time was when I was going out with a girl in Port Hedland. When this relationship ended, my self-esteem was badly knocked and my drinking accelerated.

Drinking was just part and parcel of life up there. People would drink into the early hours and then go off to do their job. I never ever thought I had a problem. I suffered terrible hangovers, but would still drink the next day.

After two years in Port Hedland, I had made enough money to head south to Perth and plan an extended trip abroad. I took a three-week cruise to the UK on the liner Canberra (via South Africa) and drank heavily every night of the trip. Even now, I vividly recollect this cruise when I hear one of the following songs: Step On You by John Kongos, Love Me Madly by The Doors, and Photograph by Ringo Starr. I had my fortune read on board the ship and was told, 'My life was all in a can.' Sums it up, really.

Not long after landing in the UK, I was drinking in pubs almost every night. I had one major problem. I didn't like English beer, but that didn't stop me drinking. I was very lonely during my initial time in the UK and consoled myself with the booze. I worked in a bookies near London for three months, but hated working there, primarily because the boss was arrogant and rude.

I then spent five months driving around the UK with an Australian friend in an old minivan. We bought the van for £80 and sold it for the same amount. It was falling apart and the floor was rusting away.

After eight months in the UK, I flew to Johannesburg in South Africa, where I stayed for eight months with my oldest sister Lorraine and her husband. I worked for a textiles company there and yes—you guessed it—I drank lots of alcohol and got myself into a huge amount of trouble. I really enjoyed being in South Africa though. I never thought my drinking was a problem during my time abroad.

3. Deaths in the family

When I returned to Perth in 1973, it was immediately clear to me that both my parents were drinking very heavily. They both seemed to have aged about ten years. I tried to keep them on the straight-and-narrow, but to no avail. I would drink with them, with the rational of, 'If I drink slowly, they will drink slowly.' Not much hope of that! A perfect example of co-dependent drinking and thinking.

I worked for 18 months in a local newspaper, counting words in adverts so the accountants knew what to charge people. There was a massive drinking culture in the newspaper industry. Both of my managers were heavy drinkers and they would slip off for a quick 'bevvie' (beer) at morning tea-break (10.30) every day. The work was so boring, which we used to justify our regular excessive drinking. Some days, we would go to the pub for tea, bring cans back to work for the evening, and then count words and drink—it was easy to do these two activities together—until 23.00.

Some weeks after I arrived back in Australia, Mum was sent into Bethesda hospital because of liver problems and soon after she lost most of her liver due to alcohol-induced damage. The doctor said that she had to stop drinking or she would die. She stopped for 12 months. Meanwhile, Dad continued to drink heavily and at no time did he support his wife in maintaining her abstinence.

My parents had booked a trip to South Africa to visit my sister Lorraine and her family. I took them to the airport in Perth and sat with them in a lounge. Mum then ordered and drank a brandy. I knew then and there that this was the beginning of the end. Mum wouldn't be with us for much longer. She continued to drink on the plane and had to be taken off in a wheelchair when she arrived. She continued drinking for the month she was in Johannesburg.

Mum and Dad were both drinking heavily when they returned from South Africa. Mum was soon admitted to Royal Perth Hospital. When I went to see her, she looked awful—her head was caved in and only one eye was visible, the other eye being closed and sunken into her head. The neurological damage and liver problems were so evident in her appearance.

Soon after, Dad got a call from the hospital—presumably about his wife—and suddenly had what appeared to be a heart attack. I was in the room next door and charged through to help, shoving my finger down his throat for some reason. (I could have lost my finger as he bit down on it.) However, he died 20 minutes later. The autopsy revealed he had a ruptured femoral artery. This was what I had dreaded for most of my life, my Mum or Dad dying from a health problem related to their drinking.

My dad's brother's wife died the next day. Well, they say things come in threes—I came home the day after that to find a priest waiting at the door. I knew that mum had died.

4. My drinking worsens

When my parents died, I became guardian to my 15-year old sister Meredith, as Lorraine still lived in South Africa.

Not long after the funeral, I headed back to South Africa for a holiday, but ended up in considerable conflict with my brother-in-law Alistair. I was very drunk one night and became abusive about the fact that neither Lorraine nor Alistair had come over to help me with the funerals.

The next day, Alistair told me that if I spoke to his wife like that again he would thump me. He also called me a 'lush' (a habitual heavy drinker or drunkard). I didn't blame him for any of this, as I had obviously been out of order, even though I don't remember doing it. Alistair also told me that I needed to stop drinking and sort myself out, as I was a real mess. His words were initial seeds that eventually led me to change.

I lived with Meredith and my brother Mark in our family home in Shenton Park. Meredith moved out after a year and I don't blame her. The house was a real mess, largely because my brother and I were always

drinking and never got around to cleaning. Meredith had asked if she could move and I had pointed out that she couldn't pay for her own place without a job.

So off she went and got herself a hairdresser training place, so there was little I could do about where she lived. I continued living with Mark, but he later met someone, got married, and his drinking habits changed for the better.

I did not cry or grieve after my parents died—you can't do that sort of thing when you're a tough Australian—which was a mistake. I just kept drinking, even more heavily. I had an argument with an uncle about dad's business at the time of the funeral, which I found very stressing. He wanted a share after working for the business for years.

I took over running Dad's business and spent my work time loading trucks and taking phone calls. Although it was relatively easy to combine working with my drinking, I found it difficult dealing with abusive customers as confrontation was the sort of thing I hated. It was particularly stressing when I experienced anxiety from not drinking. Yes, I was now experiencing post-drinking anxiety in the mornings. I felt so horrible.

I was drinking all day, every day, beginning with a 'heart starter' early morning. As I only drank beer, I rationalised that I was not an alcoholic. I suffered blackouts and spent many a time wrapped around the toilet bowl. I had horrendous hangovers, sweated a lot all the time, and was constantly unwell. I was not getting a relaxed night's sleep, which is common with heavy drinkers. I had anxiety attacks and worried about all sorts of things. I was totally dehydrated, which I'm sure made the hangovers, withdrawals and anxiety even worse.

I would wake up early morning and stare outside, saying to myself that my life couldn't go on in this way. I was killing myself. I tried to stop drinking on numerous occasions, but there was no method or plan to this stopping process. I always relapsed. I had no coping mechanisms and no idea of what to do when I wasn't drinking. I never considered getting help, as there was no obvious place to go in those days.

I eventually gave someone else my job in Dad's firm and went to work for TNT. This job didn't last long. I had more and more trouble with my drinking. One time, the police had to throw me out of a pub. I was only 25 years old, but I was drinking days and nights in the Shenton Park Hotel with a group of retired guys in their 50s and 60s. I went to their places after closing time where we continued drinking. I'd wake up in the morning, unable to remember anything from the night before, including where I'd left my thongs (flip-flops).

Eventually, my friend Brud (real name Cyril) and cousin Bob cornered me at my house one day and told me that I needed to stop drinking or I would have no friends. I really took this message on board and also remembered Alistair's words from South Africa. I certainly did not want to lose my friends and live as a lonely person. In my case, the thought of life without family or good friends was a trigger for change.

5. Time out in rehab

I made the decision to stop drinking on April 10th, 1978, three years after my parents had died. My last drinking session took place at the Shenton Park Hotel. I finished my last drink and slammed the glass down, saying to myself that this was it! 'No more drinking!' I have not had a drop of alcohol since then.

I walked home and called an ambulance, saying that I had an alcohol problem and needed help. The ambulance took me to Sir Charles Gairdner Hospital where a doctor started shaking his head in dismay (and probably disgust) at the sight of his wretched-looking patient. I was terribly thin (bordering on anorexic), scruffy, dirty and smelt badly. He referred me to the D20 psychiatry ward at Charlie Gairdner's and I spent a night in this infamous facility.

On the following day, I was taken to the local detox/rehab unit on Ord Street in Perth. I remember this long walk vividly, probably the longest walk I have ever taken. I was completely shot, burnt out by years of drinking, but struggled on, as I knew that I had to do this. At the detox unit, I was given a shower and staff tried to feed me, but I couldn't eat for three or four days. As a result, the nurses gave me bi-daily Vitamin shots in my rear end, which were very painful.

I experienced strong alcohol withdrawal symptoms—intense shaking of the hands, sweating, dehydration and a great deal of anxiety—during the two-months I was in the rehab. I don't remember craving alcohol. I was treated with Heminevrin (clomethiazole), which is a sedative/hypnotic drug used for alleviating an acute alcohol withdrawal syndrome.

By this time, I was petrified of dying and thought I would die if I continued drinking. I met people in the rehab whose livers were badly affected by their drinking and this scared the life out of me. I didn't want to end up like them. All the talking about these sorts of physical symptoms increased my fear of bad things happening to me.

We attended daily group sessions and worked through a manual of self-management training, but we didn't have any one-to-one counselling sessions. The self-management training taught us skills for avoiding relapse in the future. I didn't really have a clue what I was doing, but something seems to have worked!

I read the manual again years later and understood it, and now believe that such self-management training—and the coping methods it helps a person develop—is essential for people trying to overcome drug and alcohol problems.

Someone in the unit gave regular talks, but Mogadon (as we called him) used to put us to sleep.¹ On the other hand, Norm from AA gave inspiring talks that had a large impact on me. In fact, I started to think that helping other people overcome their drinking problems was a career path I'd like to take.

¹ Mogadon, which contains the benzodiazepine nitrazepam, is often used to treatment insomnia.

One important factor that contributed to my early recovery was the fact that I spent a good deal of time with people who were in the same boat as me, people who were also trying to overcome their drink problems. I could relate to the other patients, and we had a mutual understanding of what we were going through. They did not judge or denigrate me. When I was drinking, I was always self-conscious about what people thought of my appearance and behaviour, but this didn't happen in the rehab. I also didn't feel isolated; in fact, I felt I belonged.

The nurses in the rehab were also a powerful positive influence, as they made us feel important. As alcoholics, we had so little self-esteem—I felt really crap about myself—and the nurses helped us to start to feel good about ourselves. Looking back, the empathy and compassion the staff showed to me was the single most important factor that helped me on my journey to recovery. People in the rehab, clients and staff, saved my life. I am still in touch with one of the nurses, 34 years after leaving the rehab.

My time in the rehab was a time-out period. I had so desperately needed a rest and to be in a place where I could get away from all the stresses of ordinary life. I learnt to gain some respect for myself from the way the rehab staff treated me and identified with other people who were also trying to overcome their drink problem.

For the first time, I learnt strategies as to how to avoid drinking again. And by not drinking, my resolve to remain abstinent strengthened. My desire to get a job helping other people overcome their drinking problems became part of the Recovery Plan I developed for myself.

Thinking back now, that Recovery Plan was primitive, to say the least: (1) Don't drink (motivated by my fear of death); (2) find a place to live, which my family helped me with; (3) find a job, and (4) study to obtain qualifications that would help me get the job I wanted. At this time, I wanted to help other people overcome their drinking problem. In those days, there were few counsellors or treatment practitioners who could help people on their recovery journey.

6. From rehab to work

I left the rehab to live with my cousin and his wife for a few months, then stayed with my sister in South Perth. When Meredith met her future husband, I moved to an apartment in Victoria Park where I lived alone for seven years—with a TV for company. It was the loneliest period of my life.

I didn't attend AA meetings when I first left the rehab because I was worried I'd be labelled an 'alkie'. I knew too many people who thought that folk who attended AA were a bunch of 'losers' and 'derros' (Australian slang for homeless people). I know that perception has been changing in Perth—it's now more acceptable to be in AA—but that's how it was at the time. I also experienced a great deal of social anxiety for a long period after leaving rehab and the thoughts of walking into AA and talking to people (and sharing) were scary thoughts!

In fact, I've never been a conventional AA member. I now go to AA about once a month, but don't have a sponsor. I still find it hard to talk about myself there. However, sometimes I'll talk when I'm not feeling great, and when I want to get something off my chest. I don't have a sponsor, but just talking in the group helps.

After I left the rehab, I went to see my sister's dentist and he was really pissed off with me for the way I had been neglecting my teeth. One of my teeth was totally rotten—it had gone almost jelly-like—and had to be taken out. How could anyone let their teeth get to such a state. I guess that was just one consequence of my drinking. I've been religious about the state of my teeth ever since, attending a dentist every six months and I have had no other problems. Long live recovery!

A few months after moving to Vic Park, I enrolled at a Technical and Further Education (TAFE) College in Leederville to do a Tertiary Admissions Examination (TAE)—this is a school-like course to enable mature-aged people to have a chance to go to university. I did well enough to get an entrance to WAIT (now Curtin University) to do a Bachelor of Applied Science/Psychology degree.

I really enjoyed doing the degree and this was one of the best times of my life, although I wasn't very good academically. I struggled through some courses and only got good marks when I was really interested in a subject. One of the lecturers was very helpful and this made a real difference to me. He always had time to answer my questions about course material. Overall, my academic successes gave me a feeling of self-worth.

I decided that I needed some practical skills in counselling and addiction, and a friend suggested I contact Holyoake, a local treatment service. I ended up volunteering there for three and a half years, and gained considerable experience in counselling and group therapy sessions.

Working at Holyoake meant that I had to go part-time on my degree, which resulted in me taking five years to complete it. I started attending AA at this time, although I didn't speak at meetings for two years. I was still suffering from a social phobia and was terrified of public speaking.

I met Andrea, my wife, at Holyoake (where she worked as a volunteer counsellor) and we have now been together for 27 years. Dick and Margaret, volunteers at Holyoake, were like mentors to both Andrea and I, really supportive to us work-wise and socially.

In 1986, Margaret suggested I apply for a job as a counsellor, as the government was setting up The Central Drug Unit in Perth, a detox facility with ten beds for heroin addicts. I was one of the 16 people who were lucky enough to be given a position.

When I think back to my early days in paid employment, I remember a period where I was continually hanging on for grim death. I hadn't worked for seven years and now my life was dominated by continual rumours of the unit being closed down. I didn't feel secure for at least five years. At that time, the heroin and

alcohol detox units were amalgamated into one unit, which is now located in East Perth, and my job survived.

Building on my skills has always been one of my goals in life. In 1997, I received a Graduate Diploma in Alcohol and Drug Studies from the University of Western Australia (UWA). I have to confess that it was a pretty crappy course and I could have developed a better one myself, but I guess the qualification was something.

I tried to sign up for a part-time counselling course at Edith Cowan University, but I wasn't accepted as I had failed one of my previous university courses. I had started my BPsychology (4th year of my original degree) in 1990 and got five of the six units, only to fail the dissertation, which was due to practical reasons beyond my control.

In 1996, I worked for a year at ADIS (Alcohol Drug Information Service) on their telephone counselling line. It was good experience, but I didn't like counselling on the telephone because I like to see people face-to-face and sometimes callers would muck around on the phone.

I did outpatient group counselling at Moore Street—patients came in three days a week—but management closed this down after five years, saying they didn't have enough staff. This was very disappointing, particularly as the people who attended the counselling sessions had really appreciated this service.

I've now been working for the government treatment service for 26 years. Our unit has 17 beds, including four which are devoted to indigenous people, and employs around 50 staff.

People are detoxed from a variety of substances—including alcohol, heroin, methadone, Subutex, methamphetamine and benzos (benzodiazepines)—and stay for one to three weeks depending on the drug and the severity of their condition. We do a medical detox and then refer patients on to one of the rehabs or treatment services in Perth (e.g. Cyrenian House and Palmerston), or to an outpatient counselling service.

In our unit, patients receive one-to-one counselling sessions and daily group sessions, which I deliver. They receive talks from outside visitors—AA/NA people, rehabs, psychologists, nutritionists, and hepatitis WA. I also deal with all the patients' welfare matters, connecting people to rehabs, housing, benefits and NA/AA.

7. Reflections on recovery and the system in WA

Recovering people need empathy and TLC (Tender Loving Care). Rapport with the client or patient is key to helping them recover. In my opinion, good rapport should be a given working in this field—it is what I experienced in rehab and what helped me get better, and it is what I aim for with my clients.

I chat with them about their Recovery Plan and their Recovery Goals. I emphasise to them that recovery must be fun; they don't want to be hanging on for grim death in their recovery. I encourage them to get out and do things. I love movies and often encourage clients to go to the cinema. Sadly, there are not enough

recovery-related activities going on in the local community of Perth, which is a major shortcoming in our current care system for people with substance use problems.

I believe that socialisation—the learning of interpersonal and interactive skills that a person requires to interact with other people—is one of the most important aspects of recovery and recovery-based care. Sadly, my management believes that our unit must focus on the medical detox, and our client's underlying psychological and social issues should be addressed further down the track, post-detox in an outpatient or rehab setting.

The patients really appreciate the simple activities I organise in the unit, including scrabble, Wii and Bocce, which are used to facilitate relationships and communication, and help take people's minds off their troubles. Such social activities help our patients overcome the psychological isolation that is so often intimately linked with addiction.

Learning simple social skills helps them interact with other people and survive in the outside world. I used to take our patients for an outing once a week, such as having a Devonshire tea in a nearby suburb (which they paid for), and they really appreciated this outing. Sadly, management has stopped this activity. We used to have daily walks, but these have been shortened and curtailed to four a week.

I love my job and working with the clients. Sure, it can be hard work sometimes, particularly with the difficult and chaotic patients. Those who want to take the journey to recovery, or have their eyes opened to that possibility, are great to work with (as are some of the difficult clients) and I get real pleasure in seeing them make even small improvements in the time they are with us. I have to confess that I get much more pleasure interacting with the clients than interacting with some of our staff, particularly some of the managers.

I've been working in this business a long time and I can say without, I hope, sounding too arrogant, I know what clients want.

Sadly, some of the new nurses who have come into our place as managers, particularly recently, have no idea of what is required to help people get better. They know nothing about recovery, recovery-based care, and the power of connecting people. They come into the job as real control freaks, expecting you to work in the way they want and to the standards they require. The problem is that they have no idea what needs to be done to help a person recover, and they don't seem to have received any training in this field. They have no standards that they work to themselves.

A key component of addiction and mental health recovery is for the person in need of help to become empowered and gain some degree of control in their lives. A practitioner can support people in their recovery by avoiding controlling behaviours, as well as 'the professional knows best' attitude. They must show empathy and work with the client in a two-way relationship with no power differential.

To the contrary, these nurses/managers show no empathy; they appear to have no idea of what it is like being in the shoes of a person with a substance use problem. They are controlling towards the clients, restricting their movements within the building, and reducing the time they can go out for walks and other activities. Fortunately, the clients are treated well by other members of our staff.

Amazingly, one of these nurses has been completing an expensive Addictions degree, which made me wonder about the quality of the degree. And I wonder how such people are given jobs in a caring industry like ours. I do have a pretty good idea how they keep their jobs though. They manipulate the situation to their own ends and senior management does nothing to address the problems. These nurses bully other members of staff and, again, senior management does nothing to address this issue.

I've seen a lot of bullying in our place and heard of many other instances in other parts of the Health Department. And I've seen members of our staff really badly affected by the bullying. In fact, I've been badly affected by bullying and had to get some external help to deal with the matter.

The bullying affects your self-esteem—so you cannot give the client your best—and you always have to watch your back. Bullying leads to valued members of staff leaving the job. I've now learnt a lot about bullying and help other people deal with it—I also know that you need to stand up to bullies. Management needs to do something about bullying!

My apologies for this whinge, but I do believe these are important issues. If we are to help people overcome addiction and mental health problems, then we need to create social environments that are conducive to recovery. And we don't need staff getting ill whilst trying to create such a positive environment!

In 2001, WA had a Drug Summit and it was decided that our unit's role was to dispense drugs—it organises all methadone prescriptions distributed by GPs in Perth—and provide medical detoxes. It was also decided that the voluntary sector treatment services would provide rehab, counselling and other services.

I feel confident that when I refer someone on to a place like Cyrenian House they will be treated well, since I know they have a good outpatient programme and I know some of the counsellors. However, at the end of the day, I don't know what happens to people in the long-term, whether they recover from their problems or not. Sometimes, I see people back at our place because they have relapsed and sometimes I come across someone who has recovered or is still recovering.

I think back to the earlier stages of my recovery, where for seven years I sat at home alone. It was such a lonely time of my life and many people in that situation would have relapsed.

However, whilst I felt isolated, I was so fearful of my health that I would not drink. I got out of my apartment by studying and socialising on campus. I stayed out late because I didn't want to go home and stare at four

walls. Often, I'd be offered free food by two of the ladies working in the canteen—they probably felt sorry for me. I would visit a restaurant, buy a tea and sit there for ages reading the newspaper.

I needed to interact with other people, and I believe that this is a key element of recovery. Connecting with people and engaging in meaningful activities, interacting with others and communicating. I'd love to see more recovery-related activities in my hometown, and once they were initiated I am sure they would flourish. People in treatment would be connected to these recovery communities and we'd see many more people recover from addiction.

8. Wired In on the internet

In 2002, I started reading the Daily Dose website, a portal which provided the latest news and information from the around the world about drugs and alcohol. I contacted Wired In (or WIRED as it was then), who ran the service, to thank them and to say it was great hearing from the other side of the world on a regular basis. I continued using the website daily over the years.

In January 2009, I received an email from David Clark (Director of Wired In) asking if I would like to go for a cup of tea. I pointed out the reality to him, that we were on different sides of the world. 'No,' he said, 'I now live in Perth and my partner Linda works in a building next door to you.'

We had our cup of tea and continued having lunch at Cravings, a local café, every week for many months. More recently, David and Linda were looking for a house to buy and I suggested that they look around where I live, which is very nice. They now live just down the road and David and I meet once a week to talk about recovery and related matters.

I visited David's online recovery community, Wired In To Recovery, from the day it was launched late in 2008 until it closed. Following the evolution of this community, and all its components, has been both exciting and rewarding for me. I used to get heaps from the community. I read stories and blogs, gained new knowledge and understanding, picked up new concepts, watched films, and discussed with other people using Skype.

In a sense, it was like going to a University; in fact, it was better! I got to hear about real-life experiences, read the latest research and clinical practice ideas, gained access to self-management tools, kept track of the latest recovery news from around the world, and much, much more. And it was absolutely free!! I certainly couldn't have gone anywhere here in Perth to get such knowledge.

It really annoyed me that Wired In To Recovery had to close because it received so little funding. It was a crime! I kept telling David that it's amazing that people will not contribute funding to such a valuable resource. Even I know the potential for what could be achieved with Wired In To Recovery is phenomenal. I know that I am going on about this (and don't want to embarrass David), but I cannot emphasise enough how strongly I still feel about this issue.

9. Today

I'm still living a day at a time, 35 years after I last had a drink. I'm a person who sometimes tries to live in the future and this can stress me out, so it's important I come back to the here and now. So living a day at a time is just the way I love living.

I also love finding out about new ideas and concepts related to recovery, which I can use for myself and other people through my work. I know that I must continue to treat people with respect, even when the going gets tough.

Andrea and I are fortunate to live in a lovely house in a nice suburb of Perth. We have one crazy dog and another quiet one. Marrying Andrea meant I took on the responsibility of caring for two lovely girls, Narelle (14 years old when her mother and I got married) and Deanne (11), and I now have four grandchildren.

I love going to watch the West Coast Eagles football team—I'm a season ticket holder—and I spend a couple of sessions a week in the gym. I have real fun in my life and I'm always saying at work:

'You must have fun in Recovery.'

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Seven Years On (July 2020)

I retired from my job at Next Step in 2016, having worked there for just over 30 years. At the end, I was glad to leave the place given the problems that I (and others) had been experiencing with certain 'senior' members of staff. I know this is a sad thing to say.

At the same time, I really enjoyed working with our clients, the people who came to our establishment for help with their substance use problem. I believe that I have helped a lot of people during my time at Next Step. I have certainly received a lot of thanks and compliments. And yet what I did were very simple things, such as to be kind and treat my client as an equal, try to understand the world through their eyes, and pass on little 'pearls of wisdom' I have learnt along my journey to recovery.

The foundation for the way I acted with my clients was built all those years ago, when a 'down and out' Michael Scott was helped along by the nurses in the rehab I attended. Their empathy and kindness helped me to build my self-esteem and feel good about myself. In fact, they made me feel important.

I was talking with David recently and I just came out with, 'I just love addicts!' [I do not use that last word in a derogatory way] He asked me, 'Why', and I told him that they are good people, just like everyday people, but have experienced problems in their life and then are looked down upon by so many other people. And so many of them are not only stigmatised, but feel a strong personal shame. And yet many of them come

through this stigma and shame, which are strong barriers to recovery, and overcome their addiction and change their lives around. That is just wonderful!

I have a casual job with Mission Australia now, working with young people (generally 12-21 years old) at their detox and rehab centres. I like to think of myself as a 'recovery buddy' or recovery coach. I take the young people on outings, like to Kings Park, to play mini-golf, or watch films at the cinema.

On one trip to Kings Park we ran into the famous former Australian Football player, and proud Aboriginal man, Adam Goodes. He thrilled the members of my group, particularly the Aboriginal boys, by talking with them. You can see what an inspiration a person like Adam is to young people. I also take the young people to the gym, the bank, and even to court on occasion. I spend a lot of time playing pool with them in the two centres.

I see my role as helping the young people to socialise and connect with other people, given them an opportunity to gain a sense of belonging. Gaining a sense of belonging is a key element of the recovery process.

I remember the long periods of isolation I felt when I was drinking, and in the first years of my recovery journey. I also give the young people ideas which will facilitate their recovery, discuss with them some of their problems, and reinforce their good thoughts and actions. It all helps. Many of the youngsters call me the 'old man', but we all get on well.

Yes, I'm getting on now, a ripe 70-years of age... and 42 years in recovery.

The leading recovery advocate Bill White would call me an 'old-timer', someone in long, long-term recovery. Bill and his writings have had an enormous impact on me and I'm really pleased that David Clark introduced me to his work on recovery and recovery-based care. David also introduced me to the work of Phil Valentine of CCAR, another person I hold in high regard. I have fond memories of David and I sending Phil Valentine messages of support when he set out on his walk on the Appalachian trail.

I have to say that I am deeply saddened that I know of no one else in Western Australia who knows of the recovery work of Bill and Phil. It's so important that people in Australia entering the addiction field get to know about the high-quality work that has gone on before, particularly in other countries like the USA and UK.

I live a good life with my wife Andrea and our new dog Sophia, who is such a delight to have around the house. We manage to get away on holidays, although Covid-19 has put a bit of a dampener on things recently. Mind you, we are lucky here compared to other countries in the fact that our government locked down early and we did not suffer as many deaths as other places.

I go for lunch with David once a week at our favourite café, and we and our partners go out every few weeks for dinner. I went on a couple of day trips with him down south to visit Carrolup, an old Native Settlement he has been writing about in his book about a group of Aboriginal child artists.

I've been working on David for some time, encouraging him to 'come back' into the recovery field and start publishing his old recovery writings. And you know what? I think my mission is bearing fruit! As far as I understand, this is the first of several book that David is working on relating to addiction and mental health recovery. Old-timers have their worth, you know!

Thanks for listening.