

## DOCTOR KNOWS BEST?

### PAUL'S RECOVERY STORY

*After years of taking opiates whilst working as a medical doctor, Paul has become a new person through residential treatment and the 12-step programme.*

#### 1. Early years

I was born into a middle-class family in one of the more affluent suburbs of Glasgow. I grew up with good parents and an older sister. My Dad was an accountant and my Mum a teacher. I have vague memories from the age of two years onwards. I was bright, but I needed speech therapy and was slow to read. I had quite a lot of fear at primary school, although nothing much actually happened. I was more scared of what might happen. I was very competitive and became determined to be top of the class.

I remember my sister got appendicitis and was admitted to hospital. Seeing how much attention she received, I wished I could be unwell too. I began getting sore throats and ended up off school for weeks. Eventually, I got my wish of being in hospital and having an operation. My tonsils were taken out. My mum also gave up her job to spend more time with me.

I started swimming when I was about nine years old. This soon became quite serious and competitive. I would train four or five times a week. This gave me lots of time in my own head, ploughing up and down the lanes. I was also in the Cubs and then Scouts, enjoying this initially.

I have a distinct memory of becoming self-conscious. I'm not sure what age I was, but I was staring out the car window and looked into somebody's eyes. I remember the fear and uncomfortable feeling within me when I connected with that person and thought they didn't like me. I can remember exactly where this happened and have a visual memory as I write this. From that moment on, eye contact became difficult.

In secondary school, my self-confidence started to diminish and my self-esteem also dropped. I can't be certain, but this appeared to coincide with my first experiments with alcohol. I was probably 12 or 13 years old. I blacked out with my first drink, having instigated the theft of spirits from my parents during the summer holidays. I had a few friends with me, but I was the ringleader. I don't remember much, but I ended up being sick in the bath later on that afternoon.

I also remember a hangover for about three days. I managed to cover my tracks and my parents were none the wiser. It didn't put me off though. I had discovered a magical substance that made me feel different. It made me feel better. Better than life.

I became interested in girls at this age too. I made some initial headway with snogging, etc. However, once alcohol was added to the mix it soon became the priority. This wasn't really the plan. The plan was for

alcohol to help me overcome my fear of intimacy, but I generally ended up becoming more obsessed with the alcohol than the girl. However, once the alcohol was removed, I would become obsessed with the girl again.

I ran into problems at school, Scouts and the swimming club. I was sensitive and whenever I was picked on or bullied, I became very upset. I had only one way to deal with this pain. Run away and bury it. So, I stopped Scouts and the swimming club, and bottled up my feelings at school. I developed a lot of anger and resentment in my teens towards many different people. I became quite cynical, sarcastic and passive-aggressive.

I was also left with feelings of guilt and regret about dropping swimming and Scouts. I felt I had let my Dad down, as he was quite high up in the local Scouting movement and I believed that he would have wanted me to carry on. I felt I had let myself down as well. I had given up these things too easily and had been a failure and not achieved my potential. These sorts of feelings have followed me throughout my life.

I was constantly trying to fit in at school. I was intelligent and wanted to answer all the questions and get good grades. However, I also wanted to be cool and not be seen as a swot. I would sit at the back and muck about, but make sure I did well in exams. I tried to be friends with everybody and couldn't bear the thought that somebody didn't like me. I became a social chameleon, just agreeing with others so that I would blend into the background. I was constantly trying to avoid rejection.

My alcohol use continued through my teens. It was all very secretive and exciting. I was a good liar. Many of my friends ended up in A&E or in trouble with their parents. I managed to avoid this. I was controlling and constantly thinking about ways and means to avoid trouble.

However, there were occasions when there were consequences. I ended up being assaulted and knocked unconscious in the street when I had been trying to get some beer from a local shop. I remember waking up on the ground and feeling people kicking my head. I was traumatised by the assault, but kept it secret from my parents.

On another occasion, I downed a bottle of wine at a girl's house. I was sick shortly afterwards. On my way home, I cycled past a police car and fell off my bike trying to turn on the front light. The police questioned me, but let me go. Again, no chance my parents were going to find out; as soon as I got home, I rushed off to bed.

Before starting at University, I went on a cheap two-week holiday to France with friends. I drank with abandon for the first time, although this led to mouth ulcers that lasted for weeks. I remember a girl asking me if I had a drink problem. I was 18 years old; of course I didn't.

All my friends managed to hook up with girls on this holiday. No luck for me. I don't think it had much to do with luck though. My fear of intimacy, trust and connecting with others became quite pronounced on that

holiday—the more I drank, the more I isolated. One of my friends said that I was ‘aloof’ on that holiday. He was right and that pissed me off.

I look back on my formative years and see patterns. I believe my obsessive or compulsive way of thinking has always been there. I was instinctively dishonest with my feelings and emotions. I developed the ability to lie about my behaviours and cover my tracks. I remained selfish and self-obsessed. I was self-reliant and disliked asking for help. I was always craving acceptance. I wanted to blend in, but often felt different. I could be consumed with fear and always seemed to have a constant gnawing anxiety. I liked things to remain constant and struggled with change. I couldn't bear rejection.

I don't blame myself for how I was. I didn't know anything different. This was how I knew how to behave and it was my way of surviving in my world. My coping behaviours from childhood seem to have continued unabated into my adulthood. It seems I have never really grown up or changed emotionally since those early years.

## **2. Medical school**

I started a five-year course in Edinburgh studying medicine. It was the early 1990s and I loved the freedom of being away from home, being with new people and being a different person. In my first year, I was in student halls. I made lots of friends and we all liked going out drinking. There was a set pattern of at least three nights per week of drinking, pubbing and clubbing. This would often involve drinking before going out, drinking games and experimenting with strange alcohol mixes. I was also fascinated with drugs. I hadn't experienced the effects of any drug, apart from nicotine and alcohol, before going to university.

I remember buying cannabis from a friend, but in my naivety, he gave me a piece of liquorice. I spent ages making a joint out of a cigarette and had decided not to drink any alcohol that night, so I could feel the full effects of the cannabis (liquorice). As you would expect, this didn't do much for me.

I did manage to start smoking some cannabis in my first year, but not very frequently. I generally smoked other people's joints, tending to hog them whenever it came around to me. Cannabis made me feel very paranoid, anxious and at times psychotic. However, I always seemed to forget this whenever I got another chance to smoke some.

My social sphere at university exclusively involved alcohol-related activities. I dropped any interest in sport or other social clubs. My exam grades were generally poor in the first year. I also felt very average compared to my above average academic performance at school. My pride and ego didn't like this very much and I compensated with alcohol.

My difficulty with relationships continued. There were several girls who I was very interested in and started obsessing about. However, again I seemed incapable of expressing my feelings or letting my guard down. Alcohol would be used to help and then I would generally lose focus, or say and do things that I would regret

the next day. I was also cautious and reserved with guys, and I had an automatic judgement on anybody new. I would often be hostile to new people and then presume they didn't like me. I believe my hostility sometimes provoked hostility in other people, which just reinforced my own barriers.

I continued through university, managing to pass my exams. In third year, I started having more contact with patients in a clinical setting. This proved quite difficult. One consultant did ask me if there was something wrong, picking up on the fact I seemed distant. I think he thought I was unhappy or depressed. I remember getting upset inwardly, and angry and resentful at him.

The clinical contact with patients was very challenging for me. It made me feel very uncomfortable and anxious. I was always looking for ways to avoid having to talk to patients or make physical contact. This was going to be a challenge for somebody studying medicine. It wasn't particularly that they were patients, it was just they were new people. My preferred way of talking to new people was under the influence of alcohol.

Through University, I progressed with my drug experimentation. I tried cocaine, speed, LSD and Ecstasy. Again, I didn't have access to lots of drugs and I struggled socialising with the cooler crowd who were using drugs. I remember going to the Venue nightclub and getting some 'whizz'. I didn't feel I belonged or fitted in there; everybody was too cool and trendy. As soon as I got the drug, I was out of there.

A common theme in my life has been escapism. This wasn't just through drugs and alcohol. I was a computer game obsessive too. I progressed through the early gaming in the 1980s, to the Sega / Nintendo games of the 1990s. At times, this would consume me. I once spent 12 hours straight playing Final Fantasy 7 on a PlayStation and clocked up over 160 hrs of game time. This didn't stop me from going back and replaying it.

I progressed through the years as a student and started to find the clinical side of things slightly less stressful. However, I continued to make excuses for not getting too involved in practical medical procedures and hand-on patient contact. I was getting better at the memorising knowledge and regurgitating in exams, but the social side continued to be a challenge. My avoidance did not prepare me well for my first job.

### **3. The route to diamorphine**

I started a six-month medical house officer job in a district general hospital in central Scotland. My medical knowledge and theory were pretty good, but I felt totally out of my depth being a 'doctor'. The responsibility was enormous and I had very low confidence.

Although I did ask for help, I found this difficult at times. My lack of basic medical skills such as taking blood, siting IVs (placing intravenous drips), blood gases, lumbar punctures, understanding blood results, etc, was immediately apparent. It was very stressful trying to catch up on the job.

I wasn't alone in struggling. One colleague dropped out of medicine after that six months, another went off sick with depression. They admitted there was a problem, whereas I did not. I buried the fear, the insecurity and the pain, and battled on. My self-reliance would get me through. I didn't know how to admit that I was struggling. I saw the others as weak. I had a consultant mentor; he thought I was doing well. I agreed with him.

This was also a time where I started dealing with death on a weekly, if not daily basis. I thought I was dealing with it. Patients die in hospital, fact. I was regularly involved in the crash team, trying to resuscitate patients, many not making it. I tried to detach myself from the deaths. I thought I could do this easily, as everybody else seemed to deal with this. I made mistakes. I saw patients who I was looking after suffer and die. I took on responsibility for this. I felt guilt, shame, and regret and told nobody. I was scared to tell anybody what was happening inside my head. I didn't see the good that I was doing, all I could see were the errors.

One patient who died had been unwell for weeks. Nobody knew what was wrong with her. We tried all sorts. She was very old and confused, and she couldn't tell us what was wrong. I was asked to go down to the morgue to get the death certificate from the pathologist. He thought I would be interested in looking at her body, from an educational point of view.

Somebody I had been trying to help was laid out in front of me, brain removed, thorax and abdomen open. I was shocked and saddened; again, I just bottled the emotions. She had been suffering from pancreatitis. This had been missed, and she never had her amylase checked. I took the blame myself; even as the most junior doctor I thought I should have done better.

I became worn down during this job. Any time off, I would be out drinking. However, I couldn't drink and then function at work the next day, as my hangovers were too severe. I learnt that you can't work a full weekend on call after a Friday night drinking.

When I did go out, my exhaustion came with me. I struggled to drink without falling asleep. I started to think I had narcolepsy. I would repeatedly end up collapsing, snoring in a corner after four or five drinks. This wasn't great for my social life. I even fell asleep sitting in front of a ceilidh band.

I was becoming detached from reality. I remember driving into work, thinking about crashing the car. If I crashed, I would get some time off. I tried driving with one eye closed, thinking I could sleep one eye at a time.

About four months into this job, I started to have ideas about the drugs. It is not clear in my memory when the decision was made. I would often be injecting patients with diamorphine (medical heroin) for cardiac chest pain, generally 2.5mg, with 2.5mg discarded. I started to keep the leftover drug. Initially, this was so I could use it for the next patient, saving me time. Time was scarce, always busy, lists of things to do. The syringe ended up in my on-call room. It started to become more interesting.

I took the syringe home and one night decided to conduct an experiment. Locked away in my room, lying in bed, I prepared myself. At this time, my skills had improved, so injecting myself was easy. I only used 1 mg—slight effect, no downside, try some more. I found 2.5mg of diamorphine did something to me. It was wonderful. It stopped my thinking. It relaxed me, it calmed me, and it was euphoric. I could see why it was a good painkiller. It seemed to fix everything.

I started injecting opiates in late 1995. It was my secret. I knew nobody else could know. It was a thrill, exciting, and took me away from myself. I didn't have access to lots of drugs, so it was opportunistic. However, something was triggered within me and I was always on the lookout for more.

The opiates had no side effects initially. This was brilliant. Alcohol gave me crashing hangovers, but I felt fine the next day after a little diamorphine. I even found that diamorphine was an instant cure for a hangover—miraculous!

The nature of my job meant that I had to move every six months. I also had to keep applying for new jobs. I didn't like this constant change. It takes me a long time to get to know work colleagues; by the time I was learning all the names, I had to move on. I still lacked confidence and was really scared of job interviews. I felt rejected on several occasions trying to get jobs and failing after the interviews.

I moved to different jobs and gradually developed different ways to access the drugs. Sometimes, patients' medication could be stolen, leaving me again experimenting with different painkillers. Other times, opiate syringe drivers needed to be replaced and I could take the leftovers. This sometimes led to nasty side effects.

My desire for opiates made me inject myself with mixtures of drugs. I had a horrible reaction to droperidol<sup>1</sup>, which was mixed in with the diamorphine. It triggered palpitations, raised blood pressure, and produced panic and restlessness. This reaction did not stop me trying again, with the same results. I wasn't learning from my mistakes.

My isolation was increasing. I was becoming fixated with drugs. I was becoming walled off from friends and family.

I moved to a job dealing with many elderly patients. There were lots of people dying. At this time, it was down to the doctors to set up and change the syringe drivers in terminal care. This allowed me to steal more diamorphine. My tolerance was increasing, as I was now taking 5mg to get the effect. One week, I managed to get enough drugs to last about five days.

One Friday night, I had arranged to meet my sister in town. I was feeling off-colour that afternoon and had no drugs left. As I headed out to meet her in the pub, a feeling of impending doom, nausea, butterflies, sadness,

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<sup>1</sup> Droperidol blocks dopamine receptors and is used as an anti-emetic and an antipsychotic drug.

racing thoughts and anxiety was creeping up on me. I tried drinking a pint of beer, but it was ghastly. I kept yawning and sighing. I didn't want to be there, I had to go home. I quickly made my apologies to my sister and rushed back to my flat.

I felt slightly better alone, but rolled around in the bed all night unable to sleep. My mind was racing, unbreakable thought patterns, going in demonic circles, no rest with eyes open or closed. This lasted for three days. Then I started feeling more normal again. I considered maybe the drugs had caused this. I would be more careful next time and control the amount more carefully.

When I didn't have drugs, I would revert back to alcohol. My loneliness became all-consuming at times. I had never really had a girlfriend and it was starting to weigh on my mind that my life was slipping by. By chance, I met a nurse I worked with in a nightclub in the Cowgate in Edinburgh. I was steaming and proceeded to chat her up. For some reason, she engaged with me. We ended up going back to her place.

This led to my first real relationship. I was amazed that I had actually managed to confront my own fear and start to establish a connection. We spent a lot of time with each other and lived in that obsessional place of early romance. I sensed that I had found something else to make me feel better. It was good, but not as good as drugs. I had always made deals in my head that if I met the right person I could stop drinking and drugging, but this was not to be the case.

I had been planning to spend a year working in Australia around this time. I didn't want to give up this chance. I also didn't want to give up my new relationship. We came to a decision to keep it going while I was away. On reflection, I had so much fear about letting go. It had seemed so hard to meet somebody, that if I let her go, I may never meet anybody else ever again.

Australia was meant to be another attempt at escaping and reinvention. Unsurprisingly, it didn't really work out that way. I took all my baggage with me, in my head.

I didn't have much chance of getting opiates, but I moved onto nicotine, skunk<sup>2</sup>, alcohol, exercise and PlayStation. I did manage to steal some drugs from work, but this time it was the benzodiazepine midazolam. Benzos really didn't do it for me; however, I was willing to try anything. The problem with midazolam is that it's really an anaesthetic. There would be a mad rush after injecting it to tidy up the needle and syringe before I collapsed. I also got some morphine tablets and decided to try and dissolve these in water, injecting this cloudy mixture. Another very bad move, as it left me with septicaemia for the next week. I managed to convince everybody it was just a nasty flu illness.

The skunk in Australia generally sent me into a psychotic state. I was doing psychiatry and saw several patients admitted with catatonia after smoking this stuff. However, I thought it would be different for me. I

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<sup>2</sup> Skunk is a generic name given to strains of the cannabis plant containing higher levels of the psychoactive ingredient tetrahydrocannabinol (THC) than normal cannabis.

started to believe the radio presenters were talking to me on Triple J and that everybody in Australia was actually high on skunk, but were just keeping it a secret. I also started to identify heavily with some of my patients with schizophrenia. I didn't really talk about this stuff with anybody, and fortunately my head cleared a bit once we ran out of weed.

I came home after a year, much the same as I had been before I left. My relationship was still going and we started to make plans to get married. I moved between different jobs until deciding to become a GP.

#### **4. In General Practice**

Moving into general practice was a decision based on indecision. I had been lacking meaning and purpose in my career from the start. I didn't know what I wanted to do. I thought being a GP would be better and easier than working in hospitals. I can be very lazy and thought general practice would be less stressful.

I managed to get a training job in a good practice in Edinburgh. However, I wasn't really prepared for the workload and stress involved with being a GP. Although I was supported within the practice, I was soon seeing patients in ten-minute appointments. I also found it more isolating than hospital medicine, since I was working with older doctors and found it harder to connect with them. Again, I had trouble letting them know if I was struggling or needing help. A lot of the business side of GP went over my head, but I was scared to ask questions and show my ignorance.

I also started studying for the MRCGP exam, and made plans to get married and move house during the year. The main problem though was my love for drugs and my knowledge that they would make me feel better. I knew how to sort out all my anxiety and stress.

It didn't take long for me to start taking medication from my bag. General practice was a whole new world of drug abuse. The opportunity to access opiates was dramatically increased. After exhausting my bag supplies, I found it easy to get drugs from patient returns and old scripts. There would often be bags of old meds in cupboards ready for sifting through.

I started to use mainly tablets—DF118 (dihydrocodeine), MST (morphine), oxycontin—anything with a powerful opiate effect. At times, I would use continuously for several weeks until supplies dried up. Withdrawal symptoms were now worsening and lasting longer. My tolerance was increasing; even with breaks, I couldn't get the same effect from low drug doses.

Somehow, I managed to get through the year, only just passing the exam. There were also problems with my video consulting. My connection with patients was hard to see on video, no doubt hampered by my blunted affective state.

I lacked direction and confidence, sliding into GP locums and working for the general practice out-of-hours service. Others were going for partnerships, but there was too much fear in me to try for this. I justified to



myself that I was happy doing what I was doing, needing more experience before partnership. My drug use continued, particularly out-of-hours, and I was again accessing IV opiates when possible. I started writing private prescriptions and taking them to chemists to get opiates. I knew this might cause problems, but I tried to do it infrequently and varied chemists. I was trying hard to control my use.

This state of affairs carried on for about 18 months. We were now married and trying for children. My wife's first pregnancy ended in a miscarriage. However, the second time things progressed. I had always been fearful of responsibility and it was starting to get scary that I was going to be a father. I knew that my drug-taking was not good, but I wasn't prepared to tell anybody about it.

I kept planning to stop during the pregnancy, but always thought, 'Tomorrow.' However, as the birth date approached, I booked paternity leave for two weeks, convincing myself that this would be the perfect time to stop using.

My son decided to arrive early. I got the call from my wife just as I was finishing an 18.00 - 00.00 GP shift. I had used diamorphine and DF118s during the shift. I rushed back home and took her to the hospital. She was quickly taken into the labour suite and given analgesia. I watched her get 5mg diamorphine and the other 5mg went into the sin bin. I was trying to work out how to get that drug without getting caught. The labour was long and exhausting for my wife. Things weren't progressing. After nine hours, it was decided that a trial of forceps was needed and she was rushed to theatre.

I went into the changing area and spent ages trying to find theatre scrubs that would hide the track marks on my arms. Eventually, I went in and joined my terrified wife. I sat beside her with my arms crossed trying to hide the marks, forgetting that my wife was scared and the baby was stuck. They changed their minds and proceeded to do an emergency section. Within minutes, our first son was born. I was happy and relieved, partly because I was a father and everyone was okay, but also because I had managed to keep my secret.

I had a shift later that night, midnight to 8am. I tried to swap out of the shift, but didn't try that hard. I was using again within an hour of starting that shift.

## **5. Getting caught**

For the next few weeks, I continued to work and my using escalated. I started cutting corners and stealing more drugs without covering my tracks. When my son was about six weeks old, the phone call came that I had always been dreading. I was suspended from work pending an investigation of controlled drug discrepancies. It was May 2004, nine years since I had first started injecting opiates.

Overwhelming fear, panic, confusion. It felt like my head would explode. I was still high from dihydrocodeine, but it did nothing for the feelings. I told my wife. Shock and horror! She told her parents and then my parents. I went to my GP and told him. He offered me medication for withdrawal; I said I didn't deserve any.

I couldn't function for the next few weeks. I was like another baby. I was withdrawing for about six days and then I was just left with mental anguish. All that went through my head was denial, this isn't happening. I didn't go out for weeks. I didn't talk to friends. I just sat about eating ice cream and crying. My mum came to help look after our son and me. Everybody helped.

I had to see a psychiatrist, report myself to the General Medical Council (GMC) and started going to a doctor support group, the British Doctors and Dentists Group (BDDG). I tried to put on a brave face, but underneath I felt broken, fearful, resentful, bitter and full of self-pity. It was almost impossible to bear my family knowing that I had been injecting myself with drugs. I was so ashamed.

Very gradually, I started to feel a bit better. I met up with a few friends over drinks and told them my story—they were all supportive. The GMC put strict conditions on my practice and I started to look for work. As I got stronger, I started to feel resentful towards the GMC. Although I felt quite able to work and had a family to support, they were blocking me from working.

After about six months, a friend helped out and I started working in daytime general practice. We had lost a lot of money and sold a flat to survive. It was really scary going back to work. I thought I understood my problem better because I had been seeing a psychiatrist and been going to the BDDG once a month. I thought I had insight into why I used drugs. I just needed to talk a little more to my wife.

I rationalised that I didn't need to stop drinking. The psychiatrist and GMC were happy that my alcohol use wasn't an issue. I was very happy with this too. If I couldn't take drugs, then I had to have something to help me deal with my distress. I didn't drink frequently, so my average weekly consumption was low.

However, I saved up all my units and when I did go out, I got slaughtered. Often, I would become morose, tearful and self-pitying when I got drunk, or I would black out. I also started smoking in secret and would sometimes drink at home alone, hiding this from my wife. I developed the skill of drinking half a bottle of wine, waiting for my wife to go to bed, drinking the rest and then refilling with water. She didn't drink, so I could smugly pour the half bottle down the sink the next day and say I didn't want anymore.

I was closely monitored and drug-tested, which initially was enough to stop me from using. Hair testing could detect the last three months of drug use. My psychiatrist asked if I would ever use again. I said if my family all died in an accident and left me, then yes, but otherwise never. So, I still had a reservation!

The GP job was going well and I remained clean from drugs. Then the job finished and I was unemployed again; a few more months of struggling and self-pity.

## 6. Off and running again

I managed to secure work with a GP out-of-hours service doing telephone triage. This meant I wasn't handling drugs and only speaking to patients on the phone. I did 8-hour shifts at a time and found this very stressful. I couldn't work as a normal out-of-hours GP because of my GMC undertakings.

I then went back to the daytime GP job for another six months. I was hoping this would lead to a permanent job, but this wasn't to be. My GMC restrictions were less now and I could have applied for other daytime jobs. However, I had the idea to go back to the out-of-hours service to work. I believed I was strong enough to work in this environment and not use drugs. I convinced my psychiatrist I was ready. I also had a fear of applying for other jobs and knew I could get work with the out-of-hours service.

Other obsessional behaviours were now coming to the fore. I started to exercise excessively, running long distances and constantly trying to beat my personal best times. I became fixated with money-saving ideas on the internet.

This progressed to gambling websites, trying to win the bonus offers while trying to control my addictive impulses to keep on gambling. I also started smoking cigarettes more regularly, always trying to hide this fact from my wife. Although there was no financial reward from Facebook poker, there was the same thrill of winning games, the extreme reactions that I craved within. I would cheat at Facebook poker as I tried to amass huge quantities of chips.

Although I was still drinking, I had successfully avoided other substances for a couple of years. However, I then smoked some grass after a large amount of alcohol when I was on a stag weekend in Wales. This freaked me out at the time and the next day I was consumed with anxiety. I got through this by continuing to lie and didn't tell my wife or psychiatrist. The one-off joint didn't show up on my next hair test. This planted a seed.

I think it was shortly after the birth of my third son that I started using IV drugs again—in late 2007. At this stage, I was back working out-of-hours and handling drugs. I stole a vial of cyclimorphine<sup>3</sup> and took it home with me. I was due to see my psychiatrist for a drug screen in the next few days. I decided that I was going to treat myself to some morphine following this screen.

However, the night before my appointment I decided to have a drink. After three beers, I came up with a plan to take the morphine immediately. I went off to the toilet and spent ages trying to pee into a container, so I could use the urine in the next day's drug test. I couldn't pee because I was getting so excited about taking the morphine. Eventually, I managed to pee and then injected. The morphine high was quickly followed by anxiety; it didn't create the effect I was looking for, or remembered from before. I wanted more morphine, but didn't have any.

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<sup>3</sup> Mixture of morphine and cyclizine. The latter drug blocks histamine receptors in the emetic trigger zone and, as a result, reduces sickness.

The visit to my psychiatrist the next day went well. I had a hair sample and a urine test. I easily transferred my urine from the night before into the container. I knew my hair would be clear too. I started to work out how often I could use before my hair test would be positive. I didn't really have much to base my calculations on, but it seemed to make sense at the time. So, I was off and running again.

I tried to control my drug use as much as possible, mainly so I wouldn't get caught. It was now early 2008 and I was working 30 hrs per week in the GP out-of-hours service. I was unhappy with the work and my life, but the drug use made it bearable. My GMC monitoring continued, but testing became less frequent and was never random. I managed to stop using at least ten weeks before any potential hair test.

This control slipped and I went to one appointment praying that I wouldn't be tested, as I had used within the last three weeks. I had cut my hair short and trimmed my body hair in a vain attempt to get rid of the evidence. I wasn't tested that time.

Initially, I didn't use when I was at work, but this resolve also slipped. The withdrawal symptoms didn't combine well with seeing patients, and I justified my need to use as soon as I could get any drugs during a shift. This led to further unethical behaviour. It became almost impossible not to use drugs when the opportunity arose. This meant using while visiting patients. Frequent toilet breaks were required. (Sharing this is difficult, but it was my reality and hopefully this will help somebody who reads this).

The GMC eventually lifted my conditions and I didn't need to see my psychiatrist anymore. This was just a green light to me. Now, the only drug-free periods were when I couldn't get any drug, which occurred during my periods off work. My work pattern meant I had a week off every three weeks. I would keep trying to reduce my drug use around this time or save some drugs to get me through my holiday week.

However, more often than not, I would use all the drugs on the last night and then wait for the sickness to kick in. I tried hard to hide my withdrawals from my family and tried to act normally; all I wanted was to hide in bed for this week. I constantly lied about fake illnesses to explain my behaviour.

In the summer of 2009, we went away on holiday for two weeks to France. My plan was to withdraw before leaving, tapering my drug use over several days before departure. However, I kept using up until the day before we were due to fly to France. My withdrawal symptoms started full on as we were travelling. I had no sleep and we travelled for 12 hours to get to our campsite in France. I was like a zombie and couldn't face my wife and three boys. I wanted to cancel the holiday, but knew that wasn't right.

For the first five days, I was a wreck internally and then the physical symptoms subsided. The last week of the holiday was great and I decided no more drugs. I believed I loved my family, and hated the way the drugs made me feel.

I used the first day back at work. Same old story. I tried to stop again Christmas 2009 and felt good for a few days, but was using again in the New Year. I kept thinking things would be different and I could use my willpower to stop using the drugs.

Into 2010 and I found I needed more opiates as my tolerance was increasing. I also now had real problems getting venous access. I liked to combine cyclizine with any opiate I took, as it enhanced the opiate high. This made for painful injections. Gradually, the injecting also destroyed my veins. I moved to my wrist and finger veins, excruciating pain, and I now have permanent damage to my fingers. I have been unable to put my wedding ring on since 2009.

I moved to my ankles and feet, but soon screwed them up too. Fear stopped me from going to my groin or neck. I moved to intramuscular injections, but needed higher doses. The drugs were doing little for me at this stage, apart from warding off withdrawal symptoms. Interestingly, alcohol lost all appeal when I was using opiates and I found it difficult to drink beer or spirits without feeling unwell. However, I drank excessively at times to try and block out the overwhelming desire to take opiates, even though the alcohol had no effect on this craving.

The battle with drugs continued for the next few months. Things only changed when I made a mistake. Management were aware that there were drug discrepancies, but couldn't link it to anybody. My outward behaviour suggested I was okay. However, I left a glass vial top in a bathroom in the hospital. It was found and reported. I admitted I had left it there and came up with a dodgy excuse.

My manager called me in for a meeting. I was bricking it. It was déjà vu time, 2004 all over again. I denied any problems for the first five minutes of the meeting and realised they didn't have any proof. However, they wanted me to check in with my psychiatrist again. I had a choice. Go into work that night and take more drugs and possibly kill myself, or own up.

I told my manager what had been going on. He was quite supportive and I was told not to go to work. I left his office in a daze. I was still considering running and maybe ending things. I phoned my wife and told her the truth. She told me to come home. I felt broken and lost. It was June 2010.

Within a few days, I was seeing my psychiatrist again and then went back to the local BDDG meeting. I got some much-needed support there. They suggested I go into treatment and also join 12-Step meetings. I was running on empty and felt hopeless. I wanted to be dead, but didn't want to kill myself. I am thankful I had my family, otherwise this choice may have been easier.

I realised that I didn't know how to get better. I was totally clueless. I knew I had to do something different. I took the advice and help on offer. Within three weeks, I was in a treatment centre and going to six 12-Step meetings a week. It was time for some pain and hard work. I would be totally out of my comfort zone.

## 7. Treatment

I now believe that the decision to enter treatment probably saved my life. My drug-taking behaviour had been escalating and only now can I see how dangerous it was.

I spent three months at LEAP, a city centre, 12-Step orientated treatment programme. This was an opportunity to get honest and discover some hard truths. At first, I found this very difficult. It was a massive shock to my system.

Initially, I was flooded with anxiety, fear and confusion. I was cynical and sceptical about what I was hearing. I was always asking questions and looking for concrete answers, picking holes in the treatment process and particularly the 'god' part of the 12-Steps.

I didn't know what spirituality meant, so how could it be part of my life? I felt the 'god' concept was heavy-handed and that it would put people (me) off the 12-Steps. I had always seen a faith in god as blind and weak: it was for closed-minded people who feared death, feared life, who couldn't live without some sort of crutch or dependency. (Strangely enough, this description fitted me perfectly. My god was opiates and I couldn't live without them.)

However, within a few weeks the penny started to drop. My contempt for 'god' lessened. I began to understand that a religious 'god' was not required, and that 'god' is just a word to describe something that can't be described. I realised that I wasn't a 'god' and I wasn't the centre of the universe.

I started to understand what was wrong with me. I was starting to learn about myself. I was told there was a way out of my old life. I heard that I could change and I saw the proof. I started to believe what I was hearing. I started to have hope for the future.

Being a patient didn't come naturally. I found it very hard to drop the doctor persona and stop trying to fix other people. I was very angry about my life and soon realised I was repressing my emotions. I was consumed with guilt, regret, fear, shame, and anger. I was very negative about myself and couldn't see that there was anything good about me. I was filled with self-loathing and disgust at my behaviour. I believed I was a weak, evil person who had chosen to destroy his life by taking drugs.

I could accept and forgive the other patients who were in my group, but couldn't do the same for myself. I didn't deserve forgiveness and felt like I needed punishment. Group therapy was an ideal place to explore these issues. The group setting allowed others to feedback to me what they saw. My perception of myself was flawed.

I learnt in group that I am not a bad or an evil person. I learnt that I can't be perfect and I make mistakes. I learnt that I don't know everything and that I have a lot to learn. I learnt that I am willing to learn. I discovered that expressing my emotions was healthy, even though everything within me said otherwise.

I was introduced to the disease model of addiction and I started reading parts of the AA Big Book. I also started going to the three main fellowships, AA, NA and CA (Cocaine Anonymous). The concept that I may be suffering from an illness was hard to swallow.

However, as I listened to other people sharing and identifying in our group sessions, I gradually started to see that these people behaved in a similar fashion to me. I also started to like the idea that it wasn't my fault, that I was an addict.

Initially, I took this to mean that all should be automatically forgiven and I could forego all personal responsibility, but came to learn that it wasn't as easy as this. There is a lot of hard work and action required to start self-forgiveness. None of my recovery has come at the flick of an internal switch; becoming responsible for my behaviour in recovery is paramount.

So, the disease model started to make sense and I began to accept to myself that I was an addict. I wasn't so sure about being an alcoholic, but my experiences had shown me that alcohol took me back to drugs.

Also, a close friend, who has since died (from this spiritual malady), pointed out that whenever I socialised with friends who were drinking and I was sober, I remained restless, irritable and discontented. Generally, I would be jealous that they were drinking, resentful that I couldn't drink, and unable to enjoy myself sober.

This was probably the first time that I realised that my addiction wasn't about a particular substance, but was about my way of thinking or perception of reality. The substance was in fact my solution to my inability to live at peace with myself. Coming to accept that I, rather than the substance, was the problem, was the foundation to my recovery. The realisation that, 'if I worked on myself, I wouldn't need to keep running to chemicals', was a revelation.

Treatment also provided me with an opportunity to connect with other addicts and alcoholics, other imperfect human beings similar to myself. It was a vital part of my recovery to shed the doctor persona and start engaging at a deeper level with new friends. This helped bring me out of the isolation of active addiction and encouraged the dissolution of those invisible barricades that I had constructed over the years. This fellowship with other addicts and alcoholics has continued to grow and develop and remains a cornerstone to my recovery.

Letting go of the drugs and alcohol was difficult, but I came to understand there was a grief-like process involved. I think it took about six or seven weeks in treatment to eventually start to surrender to my situation, and begin to accept that as an addict I am unable to control my drug and alcohol use, and if I am powerless over drugs and alcohol then I need to find power from another source. I began to realise that I needed to go on a journey where I connected with such a power. I needed to continue this process of personal surrender and acceptance on a daily basis.

This surrender process was helped by what happened when I had a positive opiate mouth swab. For a week, I struggled with this test result hanging over me, knowing that it was an error, but also knowing I could be kicked out of treatment, lose my career and lose my family if the outcome went the wrong way.

However, by the end of the week I was at peace. I had finally understood that I had no control over the situation and I therefore stopped resisting. I accepted that whatever was going to happen, was what was going to happen. By the time they told me the test was a false positive, I was feeling great, with or without the knowledge of the test result.

Another important part of the treatment process for me was learning how to behave in a more caring and compassionate way to others. We were encouraged to do 'service' and help other people in treatment—which I now know is Step 12. I also learnt that trying to 'fix' other people—people-please, or deny another person their autonomy—was not 'helping' others.

I learnt that the majority of my 'helping' behaviour could be traced back to self-gratification. Sometimes the caring thing is to be honest with another person and allow them to work on themselves, rather than trying to protect them or control their behaviour. This sort of honesty with other people had made me feel uncomfortable, as it had felt easier to lie or say nothing when other people's behaviour triggered negative feelings.

I found all of this very challenging, as I had spent many years keeping my head down and trying not to upset other people. I couldn't bear the rejection if people didn't like me. My self-worth relied on what others thought of me. In fact, trying to behave in an altruistic manner is probably impossible if an action is driven by the mind or ego. Developing an awareness of this had helped me.

The treatment experience was so intense and was over way quicker than I expected. The three months flew by. At the end, I was very comfortable and loving group therapy. I knew it was time to leave treatment, but was apprehensive about the next Step.

I feel very fortunate that I had the opportunity of entering into residential treatment. I don't know what would have happened if I hadn't been offered this treatment. Sometimes, I think I would have got into recovery anyway, but I don't know this for sure.

I understand that whatever the help that is offered, ultimately the movement from addiction into recovery has to come from deep within the individual. If I hadn't embraced treatment and opened myself up to a painful process, it would have had little impact. Nobody could make me recover from my addiction. I had to take certain opportunities as they occurred.



This still holds true in my ongoing recovery. It also seems impossible to pick who will succeed in recovery. I have seen many hopeless friends recover who apparently had nothing going for them, and yet others who seemed to have good prospects repeatedly relapse and sometimes die.

## **8. My continuing personal development**

Although I left LEAP, I stayed on as well. The treatment centre provides aftercare for two years post-treatment and I started to attend this programme. Initially, I attended aftercare group therapy sessions two to three times a week. The sessions were therapist-led and involved ex-LEAP patients, up to 30 people in a circle. Each ex-patient had the opportunity to talk about how they were doing and get constructive, caring, critical feedback from their peers.

I thrived in group therapy sessions and always took group time if available; there was always an opportunity for self-discovery if I took a risk and got vulnerable with a large group of people. I also enjoyed giving feedback to others, hoping my own experience may be helpful.

Over the past two years, I have met so many new people and made many new friends. I have linked to the recovery network in a variety of ways in my hometown (e.g. attending LEAP, Serenity café and peer support meetings; socialising with other people in recovery) and beyond (blogging on Wired In To Recovery). Keeping close to other people in recovery has helped me deal with a number of fears and issues.

I had a realistic fear that I was not invulnerable and was at risk of relapse like other people. I knew that if I relapsed, there were no guarantees that I would get back into recovery and that the consequences would only get worse, death being one possibility. I had also been frightened of leaving treatment and having to face up to my work-related issues (including the GMC), family issues and the massive changes that were coming. I was fearful of the uncertainty, and whether I could overcome what seemed to be insurmountable obstacles?

I had seen people die from problems associated with the illness of addiction, but now I was seeing a close friend and people I knew die due to their addiction. This really hit home and I was starting to understand that I was no different, and I could be the next one to die if I took the wrong path.

I really got into fellowship meetings and did 90 meetings in 90 days when I left treatment. One fellowship in particular really seemed to fit—CA became my fellowship of choice and I started getting more involved. I joined two home groups and followed the CA suggestions. As soon as I could, I asked somebody to be my sponsor. I was raring to go with the 12 Steps.

My sponsor lives in a different city, so initially there were lots of phone calls. We met up regularly to read through the AA Big Book and work the Steps together. I was amazed by the time he gave me; sometimes we spent five to six hours in one session to work a Step. He is also a doctor, works full-time and has three kids. He explained that it was a pleasure to pass on what his sponsor had given freely to him. He said he probably

got more out of our meetings than I did. This was a strange new relationship, where I had to learn it was okay to ask for help. We progressed well and within about five months I had reached Step 12.

I now knew for sure that I had experienced a spiritual awakening. My whole perception of life had shifted. I was no longer that person who had entered that treatment centre only eight months before. It was a psychic change, a personality change, a new way of thinking. Whatever I call it, it means I no longer need to use drugs to fix myself.

This transformation did not occur overnight; it was subtle and slow, but progressive. Others had seen the changes before I had, but on reaching Step 12 I finally felt it within my being. I knew immediately that what my sponsor had done was fantastic, and I had the certain feeling that for me to remain in a fit spiritual condition I would need to do the same. With the agreement of my sponsor, I made myself available for sponsorship.

### **9. A new life**

While all this fellowship stuff was happening, I was also deepening my interest in all things recovery. I joined steering groups and started doing courses in addiction.

From an employment point of view, things were progressing towards a disciplinary hearing. I worked really hard on my defence and asked for letters of support from as many people as possible. I had no medical defence insurance, which had been my crazy idea of saving money, so had to pay for an expensive lawyer.

I had been off work for over 12 months when the hearing came up. At this stage, the GMC were content that I could return to work with strict supervision and restrictions on my practice. There was no evidence that I had made any clinical errors and I had good feedback from patients. The GMC had treated me as a health issue.

The disciplinary committee considered my case and my defence. The crux was that I had been unwell and that I was now doing everything possible to get better. However, they didn't understand why it had taken me so long to present with the problem. (It is common for addicted doctors to present late in their addiction). They also had the probity issue of theft from the NHS. There was no way past the theft issue in their view. My employers decided on immediate dismissal.

I feel fortunate that this process happened over a year after entering into recovery, and that I had the back-up of the 12-Step programme and fellowship. In the past, it would have been easy to get stuck in bitterness, resentment and regret. However, the pain from this experience was expressed at the time and there was no avoidance of the reality. I can now see the positives from this outcome.

After my dismissal, I continued to work towards a return to employment. This was not easy. There was no financial help for a GP in my position. There was no incentive for an employer to take me on. I needed to

return to work to prove to the GMC that I could work safely. However, the current GMC restrictions made it almost impossible for me to return to work—Catch 22.

My new-found faith in the 12-Step programme helped me move forward. I knew that if I continued to do the right things, then right things would happen. I didn't know what the right thing was, but I had faith that it would happen and it may be unexpected. I accepted that my career path might take a complete change in direction; this is the excitement of being alive, every day can be an adventure.

A Drug and Alcohol Studies MSc course at University was eye-opening. I had come out of treatment with a degree of brain washing, having accepted quite a rigid belief system about the nature of addiction. We were told about the disease model and the brain chemistry of addiction—other ideas about addiction weren't open for discussion and there was no real opportunity for critical reflection. We had to go to 12-Step meetings. I was told that, 'If you go to six meetings a week, some of it is likely to stick.'

I have no issues with this approach—it was a vital part of my early recovery—since I was at LEAP for treatment, not to study addiction. I was very unwell and needed some straightforward guidance and answers. I needed a working solution to my malady, not a debate.

However, the treatment experience did leave me with some fixed ideas—and I was initially hardcore abstinence and anti-methadone. I was narrow-minded and could only see my type of recovery as working, which meant everybody should be doing it my way. This came from a caring point of view, as I believed others would die if they carried on doing it other ways.

My treatment experience left me with the belief that only stopping use of all mind-altering chemicals, including alcohol, can lead to an effective recovery. At this time, I heard others share negative methadone experiences and I witnessed the intense pain of detoxing off methadone. It seemed methadone was no different to the opiate medications that I had been using for many years.

I was also left with the feeling that methadone was an easy option and reflected low levels of hope and aspiration in treatment services. It seemed unfair that as a Doctor everybody had hope for me to lead a drug-free life, but for the vast majority of illicit opiate users methadone was the first thing offered for treating their addiction. Many had only been offered residential treatment as a last resort, rather than an early intervention. Today, I still have views about methadone, but they have become more balanced.

The disease model of addiction made sense to me during treatment, but I now understand that with any theory of addiction, it is only a theory. Every theory has holes. As I am a logical doctor, a reductionist and deterministic opinion made sense. I love all the stuff about brain chemistry and receptor sites and dopamine/GABA pathways. That made real sense.

Now, I have had an opportunity to look at other theories, paying attention particularly to societal theories. The dislocation theory by Bruce Alexander<sup>4</sup> also floats my boat. His argument is convincing. There are also good arguments to suggest that there is no loss of free will in addiction and that it is down to choice. I take all of this on board and don't get too worked up.

My thinking continues to change and my opinions have softened. If I have learnt anything, I know that I don't know very much. I have tried to lose that contempt prior to investigation—dismissing things before finding more about something and allowing an experience without resisting—that is a barrier to my own recovery.

I don't need to get worked up about it because I have found a way that works for me. I don't know for sure why I am an addict, but I know for certain that I am an addict. I also know that the 12-Step programme works for me, abstinence works for me, and that I now have a sense of being, purpose and meaning in my life.

I have now been out of treatment for over two years and recently said my goodbyes at my final aftercare session. I still go to Fellowship meetings, talk to my sponsor, sponsor others, and remain involved in other recovery initiatives. I have also shared my story with other doctors, dentists and medical students on several occasions. Although these shares can be quite uncomfortable, I have no doubt that they will be beneficial to others.

I have no memory in my medical training of any classes on addiction, let alone on the risks of personal addiction or alcoholism. It may have helped me if there had been, who knows?

Statistics reveal that 7 - 10% of doctors experience drug or alcohol dependency during their lifetime, whilst the point prevalence (incidence at a given time) of addiction is 4 - 5%. This means that there are between 10,000 - 13,000 doctors in the UK in active, untreated addiction—nobody is reporting them and no one knows who they are. The GMC may well bring in drug screening for all doctors, which will be interesting.

I have my wife and three boys in my life. I have the opportunity to work on our marriage and participate in our kids' own journeys. My family relationships are the cutting edge of my recovery. I need to work on my spiritual principles in all areas of my life. It is no good for me to be all serene in a meeting, only to return home and cause my family emotional pain. Sometimes, it is easier for me to be loving towards strangers than to my own blood. My boys provide me with plenty of opportunity to work my Steps!

My wife has been brilliant over the past two years. I am so grateful for her support. There is no doubt that she is still hurting and it may take much longer, if ever, for her to trust me again. I have had so much help in

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<sup>4</sup> In his book *The Globalization of Addiction: A Study in Poverty of the Spirit*, Bruce Alexander argues that addiction and substance use problems are growing because more and more people have become dislocated from society due to the globalised free market society. Self-medication and addiction (not just to substances, but to eating, gambling, etc) are common responses to the psychological pain caused by a long-term lack of social integration (i.e. dislocation).

my recovery and can see family members being left behind. I suspect the aftershocks from my addiction will continue for some time.

I have gratitude that I am still alive and I am grateful that I have my experience of active addiction. The pain and suffering that I went through can be used to help others. It can help to keep me growing spiritually.

I truly believe that I won't return to active addiction if I continue on this path. I am not complacent and know what is waiting for me if I start behaving like my old self. I now have the choice to follow spiritual principles on a daily basis or return to the past.

Previously, my default setting was being restless, irritable and discontent. If I were to feel like that now, it would only be a matter of time before I drink or take a drug. Misery and unhappiness are another choice. Death awaits us all, but I have the power now to influence that time before death, life. This is the freedom from addiction.

## **10. An update**

Since writing this story, I have continued to grow in my recovery. I have now been substance-free for 28 months. In May 2012, I started working as an honorary GP in an urban practice. This post was unpaid but allowed me to start re-developing my doctoring skills. This post has been integral to securing a full-time paid GP post within the last week. It's now October and I will be starting work within the next few weeks.

It has been a slow but rewarding journey back to some degree of financial stability. I am returning to my chosen profession as a different person. My whole outlook on life has changed and although work is important, my physical, mental and spiritual health are my priority. Without my ongoing recovery, none of these external things are sustainable. Without all the help that has been freely given to me by other addicts and alcoholics, I would have achieved none of this. I never had the power to stop using myself and I certainly don't have the power to stay in recovery by myself.

I feel it is important to emphasise that although I thought I loved my family, my self-obsession and drug-obsession didn't allow me to truly love anything but drugs. Only in recovery have I gained an understanding that true love is an action or behaviour that is not based on an attachment dependency or obsession.

This awareness has been challenging, particularly early in treatment. However, I now know that it does me no good to sugar coat the past and pretend that my behaviour was loving. Through my recovery, I have come to understand that only by being honest about this can I let true love and compassion into my life.

I will readily admit that my clinical skills may well have been impaired at times, although I believe I tried to compensate for my drug-taking by spending more time with patients and being extra cautious. No doubt part of this was to try and cover my tracks and help prevent being caught. Looking at it objectively, I would not want my family to be treated by a doctor in active drug addiction.

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### **Nearly Eight Years On**

It is June 2020 and I recently hit ten years in recovery. My core recovery continues to revolve around the 12-Step programme. I remain engaged with mutual aid meetings and the doctor support group–BDDG. I am in contact with my 12-Step sponsor, do service, and support other addicts and alcoholics.

This is a simple process that hasn't changed much in the last ten years and continues to serve me well. My experience is that by applying the principles of the 12-Step programme on a daily basis, you remain on an even keel, spiritually fit and free from the mental obsession to use drugs or alcohol.

Since my last update in 2012, there have been many changes in my life. I spent several years working as a GP again before finding work in the addiction field. I have now been working as an addiction specialist for the last four years. In the last year, I started working at the rehab unit that I attended as a patient in 2010. This has been a strange experience, but it is also remarkable that this is where I have ended up.

I have been through some difficult times in the last ten years, including the sudden death of my father. Although this was a traumatic and painful experience, I found all the support I needed and there was no wavering in my recovery process. Work can also be challenging and more recently the Covid-19 pandemic has added to these challenges. Again, however, I appear to have an inner strength that was missing pre-recovery, plus the ability to access help from other people when required.

I remain married and we have three teenage sons. We have a good relationship and although family life can be hard work, it remains a joy to be part of a family and watch our children grow up.

It is interesting to read my story, written back in 2010 – 2012. It is packed with detail and memories/self-analysis. I don't have the same self-fascination today, so it seems harder to write this update. Maybe this is healthy and a reflection of my growing recovery?

There was a need early in recovery to write lots of things down and try to understand what was happening to me. I now know how to maintain my sobriety and don't need to understand everything surrounding this matter. Hopefully, this situation will continue if I keep doing the work required.