



Edinburgh Convention
October 2014



Edinburgh Castle

BDDG Convention 2014

- *Academic day*
- *AA meetings*
- *NA meetings*
- *Family groups*
- *ItoI sessions*

**“...and
acceptance is
the answer to
all my problems
today”**

The BDDG Convention Newsletter....

Dear friends....

I have been a member of the BDDG since 1998 when I first attended the London meeting at the Charing Cross Hotel. I have only attended the BDDG convention over the past 3 years

I volunteered to produce this newsletter this year so that you all can get a better idea of what actually happens at our annual convention

As you will read we all had an enjoyable and productive time

I would encourage you all to attend next year

Jas



What is a convention?

What actually takes place at a BDDG convention is a program of meetings, some large and some small, in the function rooms of a comfortable hotel. Delegates have their own or a shared en-suite room and all meals and refreshments are included in the cost. There is a full program of meetings for BDDG and family members from which to choose, and opportunities for individual appointments with one of the experienced counsellors.

At each meeting there is usually a main speaker who will talk about his or her experiences during their addiction and their strength and hope in recovery. Often there is then a chance for others to share their own stories and / or problems should they so wish. Daily meetings commence with 'early birds' at 7a.m. and conclude with 'night owls' at 10.30 p.m.



Holiday Inn
Edinburgh city West



Thursday- The Academic Day

-Dr E G
-Dr J G
-Dr F K
-Dr J H

Reflections by Chair- Rory O

The Academic day has been for many years an integral part of the BDDG Convention. More recently, positive attempts have been made to involve family members. I am fortunate to have access to an Addiction Specialist who deems it a privilege to be asked to contribute to the Academic Day. The BDDG Convention Committee need to be more pro-active in communicating with the invited speakers to avoid the problems we had this year

With regard to the day itself, I believe the speakers were all of high quality and were thought-provoking. Participation from the floor was robust, reflecting a passion for recovery. I was

particularly impressed with the breadth of subjects covered by the speakers and I look forward to next year's Convention. It is important that BDDG make a special effort as it is the 40th year of the Convention. I have identified four possible UK speakers and will be inviting them to speak once the date has been confirmed



Dr J H Internal & Addiction Medicine

1. Addiction is a chronic brain disease and deserves parity with other chronic diseases. It's treatable- not curable, but proper control can allow the freedom to return to normal life
2. Addiction incorporates 4 components into it's process- it's biological, psychological, social and spiritual
3. The treatment of addiction requires addressing 2 components of the disease: appropriate pharmacotherapy to address craving- allowing the patient to focus on the psychological and spiritual
4. The terrific damage that substance-use disorders have caused worldwide needs to be addressed and that HCPs are the key to reducing the proliferation of 'prescription drug abuse and dependence'

Defining the addiction process....

Step 1: Use Step	Step 4: Habituation
Step 2: Misuse	Step 5: Dependence
Step 3: Abuse	Step 6: Addiction



Most abuse prescription drugs in US

1. Alprazolam (Xanax)
2. Hydrocodone Vicodin
3. Unspecified BDZs
4. Oxycodone (OxyContin)
5. Methadone
6. Clonazem

Dr E G Consultant Addiction Psychiatry

I was pleased to be asked to speak to this convention in Edinburgh in October 2014. My brief on this Academic Day was to discuss an update on drugs and alcohol but I went way beyond my brief, as did all of the questions afterwards. I discussed the evidence and guidance update on drugs and alcohol treatment from NICE, guidelines from PHE, guidelines from the British Association of Psychopharmacologists (2012) and some work from the drugs field such as Medications in Recovery (2012) and the more recent initiation of the review of Orange guidelines. I did stress that I noted these updates for two reasons: 1, if somebody has an alcohol or drug problem these are the up to date guidelines according to which they should be expected to be treated, and 2) if any of us are treating people with drug and alcohol problems we should be cognisant of these guidelines. I then proceeded to go way over my brief in discussing the mental ill health of doctors, noting though with optimism the significant outcome results both from evidence in the States and from the PHP three year results and five year outcomes. We did all lament the often variable delivery of care to doctors outside of the PHP in London. We discussed the need for comprehensive assessment, the importance of competencies of doctors who are treating other doctors and the need for recovery orientation, acknowledging particularly the support from the BDDG. Needless to say, the GMC was discussed in both its positives and negatives. I was struck by the energy of the room, the ability of the doctors who were in recovery to discuss their own issues in the context of treatment and to discuss the many issues, both positive and negative, that they had with the GMC. Though we all noted with optimism the very positive outcomes for doctors, it was also noted that some on occasions do relapse and one must never be complacent.

Reflections from T

This was my third convention, the first being Liverpool in 2010, and then York in 2012. Unfortunately, work commitments prevent me from coming for more than a couple of days, but these are always the weekend at the end, so I get the benefit of the Step shares, the company at the Gala dinner and downtime for myself in-between.

I got in on the Saturday, a little flustered from the flight up, but as soon as I opened the door to the main room and saw the cluster of tables with friendly faces, I felt a comfort and familiarity that cleared my mind and settled my spirit.

I always enjoy the Step shares and their knowing sense of Fellowship. The templates are the same, as I have come to learn; only the details differ. These details are important however, as they are particular to us as doctors and dentists, and serve to amplify my identification and remind me of the horrors of having two careers at the same time – that of a professional and an addict.

My favourite parts are the small round table shares – 6 or 7 to a table, talking about their experience, strength and hope. The format allows for a more intimate understanding, fostering a deeper rapport and empathy. The beauty of this format is that for each main share, I can move between tables and gain the benefit of a different group's interpretation and nuance.

I have noticed this time that it was easier to settle into the routine because I had seen a few of the native and US delegates before.

Conventions like this show me that I am not alone and there is always help if I ask for it.

My hope for future conventions is to see more of the younger members there (I am but a stripling of 42), those who are already attending BDDG meetings and more importantly, those who haven't but are curious. You will be the most important person in the room - no pressure!

The British Doctors' and Dentists' Group, formed in 1973, is a mutual support society for doctors and dentists who are recovering, or wish to recover, from addiction to or dependency on alcohol or other drugs.

E-Mail:

info@bddg.org

Web Site:

www.bddg.org

Dr J G Consultant Addiction Psychiatry

The concept of bipolar disorder has undergone a transformation over the last two decades. Once considered a rare and serious mental disorder, it is being diagnosed with increasing frequency in Europe and North America, and is suggested to replace many other diagnoses. Many people actively seek the diagnosis!

Lability of mood is an intrinsic part of alcohol dependence. The alcoholic does not need to look to other diagnoses to explain a changeable mood.



A postcard from America Dr D S

The Big Book is clear that we must be willing to go to any length to stay sober. For Marybeth and I "any length" has meant that on eleven occasions in the past fifteen years we have packed up and travelled to the British Doctors and Dentists Group meeting. As we unpack from this year's journey we can reflect that once again it was well worth the trip.

Why do we so often travel so far? There are lots of reasons. Some are utterly mundane -- We love to travel. I could use the continuing medical education credits the next time I renew my license. Some, however are of critical importance, namely, it keeps us sober, it deepens and reinvigorates our mutual programs of recovery. In short it keeps us from turning back to the insanity which once we lived.

At each BDDG meeting we renew acquaintance with people who have become friends; each year we make new friends. Who would have guessed that four-thousand two-hundred miles away we have become closer to some of you than we are to some of our neighbours.

As we share in the small groups and joint sessions, as we share the personal and professional joys and

disappointments of the past year, we seem to gain a healthy perspective on life. Each year we get to hear your messages of recovery and each year those stories change our lives.

There are lots of differences between the UK and the US. Your system of licensure, physician health programs, and intervention vary widely from ours. While what constitutes a "bottom" seems to have a significant cultural determinant the disease with its progressive destruction of lives, families, and careers is recognizable anywhere in the world. Similarly recovery with its joy filled awakening of the spirit is universal.

Marybeth and I are very grateful to you for taking us into your group, for sharing your lives with us and permitting us to share our lives with you.



Reflections by L

Edinburgh BDDG convention for me was like a spa treatment for recovery, which I very much needed. I have now been a member of the BDDG for 17 years. Sometimes though I still feel like the NA child meeting all the AA dads! Having had a fair amount of discord with my own dad though, it can be quite soothing to have some alternative dads!

The most wonderful experience for me though is the doctors' NA meetings because the identification is so strong.

I am always amazed by the secret battles we have all fought, how long we have persisted in absolute dire states of health and functioned in very difficult jobs as doctors, sometimes peculiarly well. I know this is not entirely to be admired, but somehow I think if the strength used for that battle can be harnessed in recovery it is a magnificent thing. The secrecy and the shame and the double life, it is like breathing a sigh to hear someone else talk about their similar experiences. Recently I guess I've had to fight another battle with my health and the same feelings have come up. I have had two years of crippling tiredness, during which time I have basically been diagnosed as "health anxiety" and thus for financial reasons had to persevere. It has carried the same shame and secrecy, the stigma of a psychiatric diagnosis, and also strangely the same feeling of being stoned and trying to hide it. It turned out finally that I have renal cancer. Somehow a tumour has been secreting some sort of psychoactive substance, in a strange twist of fate.

My friends in the BDDG have been so loving towards me, following this diagnosis, and even before it.

There is something powerful about old friends.

I always really enjoy the academic day. I felt really inspired this year to finally do more for the cause of doctor addicts. I have always guarded my anonymity in most aspects of my life. The BDDG convention was a moment to review my purpose. It came at the right time for me. Having been given this diagnosis has made me want to focus on what I really want to do more urgently. One of the speakers' talks raised the issue for me of how backward the GMC is in their treatment of doctor addicts. They, (the GMC) seem confused as to whether they are dealing with a health issue or misconduct. Even in situations where a person is classified as having a health problem the issue is left out on their online register for all to see indefinitely.

One of the problems with having any health problem as a doctor is that confidentiality is difficult anyway. We are also in some ways public figures. The most obvious injustice is how can it possibly be right for a doctor to be obliged to declare their health issues to a potential employer on an application form. All NHS application forms now have a box asking if the applicant has been through "fitness to practice proceedings". One doctor showed me how detailed information about his GMC hearing was on the website for all to see. The BDDG, I understand, like AA remains non-political, but I have now joined the sick doctors' trust, because I would like to do something about this, and I don't need to live in fear of the GMC because I am likely to medically retire in the near future.

The academic day was also at times quite light-hearted and funny. I really enjoyed Jas's talk which was entitled something like "so you think you have bipolar- you don't!". It was refreshing because a lot of it was his own original thought based on working in psychiatry for many years. Having worked in psychiatry myself, I witnessed also the strange phenomenon of a desire to be diagnosed with bipolar. It is not an illness that is easy to live with if one really had it (Bipolar 1 anyway), but bipolar 2 , 3 or 4 are quite fashionable these days. Jas compared some quotes from the big book. I don't entirely agree with him about the non-existence of these conditions, but I do think psychiatry, particularly in the last DSM, seems to be hugely encroaching on what used to just be thought of as "the rich tapestry of life".

There was a bit of time to go and explore the Edinburgh botanical gardens and the Museum of modern art.

The golfing and fishing sadly got cancelled, but I think almost everyone managed to enjoy Edinburgh. Partly I just enjoyed having a bit of time with my lovely husband (also in recovery), who I met in the Royal Bethlam Hospital (Bedlam) in 1997. We had a chance to have a break from our two lovely but boisterous boys, (who my kind mother and sister were looking after), and spend a bit of time together.

I really enjoy listening to all the chairs and the round the table sharing as well. At this particular time in my life, I feel that I need to refresh some of my recovery, and I found a sponsor at the BDDG in order to do this. I need to talk to her about amends especially. I seem to feel a strong need to put things right, not only where I have done something wrong, but to take action against all forms of hubris that I have encountered, hopefully without being vengeful. Obviously anger is something big in my life at the moment after being misdiagnosed for two years. I would like to use it in a productive way.

Recovery has at least prepared me for this life threatening diagnosis, because being in recovery is like that anyway and we have to all learn to appreciate today, because our life could suddenly change from day to night or life to death. The dramatic changing fortunes of recovering addicts and alcoholics through relapse and recovery has been shocking and inspiring over the years. But right now, it seems more urgent to keep recovery close.

I will continue to attend the BDDG London meeting, hopefully less sporadically but also now the Sick Doctors' Trust. I will try not to just be a child of the BDDG amongst the alcoholic big daddies - and to grow up a bit and use my experience strength and hope to good effect.

Thank you all for being there. A special thanks to Catherine and Peter for organising the convention.

And acceptance is the answer to all my problems today. When I am disturbed, it is because I find some person, place, thing or situation -- some fact of my life -- unacceptable to me, and I can find no serenity until I accept that person, place, thing or situation as being exactly the way it is supposed to be at this moment. Nothing, absolutely nothing happens in God's world by mistake. Until I could accept my alcoholism, I could not stay sober; unless I accept life completely on life's terms, I cannot be happy. I need to concentrate not so much on what needs to be changed in the world as on what needs to be changed in me and in my attitudes. Big Book page 449



Keep
Calm
and
Carry
the
Message

Reflections by R

Sitting in the dining room of Edinburgh's Holiday Inn amongst dozens of doctor's with 'imagined' prescription pads burning a hole in their pockets, I thought how far I had come.

Having fell in love with a doctor - and I must admit the possibility of a lifelong supply of drugs - I am now used to this vaulted company. And for the record - she never wrote me any scripts.

More than a decade ago I would have been thinking how I could manipulate you docs to write up some opiate based drugs TDS - and stat!

Today I am grateful that I don't have to do that anymore and grateful too for how the BDDG has helped both me and my doctor wife to stay clean and sober for many years.

It is my third convention and it was nice to return to my homeland in Scotland. I just want to say that all of you are amazing and I loved hearing your shares.

I enjoyed one American couple's quite harrowing story of their Days of Wine and Roses and how they managed to escape that bitter sweet trap and are now leading lights in the IDA - and I hope one day to go to the US convention.

I suppose I am in a somewhat unique position being both a 'family member' and also a recovering addict. It can be an awkward place but I have always found BDDG members accepting.

I much enjoyed the academic day but my ardour really got up when I learnt that the dreaded GMC were posting details of doctors' health hearings on its website. This has to be against human rights and must be fought. I suspect it is not even legal.

Another part of the academic day was the talk in which the speaker said that 'all' of the doctors she had treated for alcoholism had used drugs - so I felt in good company with fellow recovering junkies.

There was a fascinating talk about bipolar and I laughed out loud when someone stood up to say, in a Belfast accent: "Speaking as the only bipolar in the village."

But what I have taken overall from the convention was the touching support of everyone about my wife's diagnosis of cancer. I was truly touched by the love given to us both from old friends and new. It made me feel again that I was really part of the BDDG family and it has given us renewed strength and acceptance.

The BDDG 'fellowship' is an outstanding idea and an incredible support mechanism in practise and I believe without it many doctors and dentists would be caught in the winds of alcoholism and addiction never to be saved from that terrible turbulence. We will always be grateful to the BDDG for its support. However, I did eat too much food and am now battling the belly.

Hope to see you all next year. Keep the faith.

“No surrender!”

From Northern Ireland

At the Early Birds session on the second day of the Edinburgh convention of the BDDG, one of the American delegates said to me that my attitude reminded him of a flat tyre. *“If you don’t fix it, you’re going nowhere.”* At least he had the tact to say it to me in private after the group when heading for breakfast but it did impact on me and I am still not too old to resent my peers. By lunchtime I had taken his advice on board was grateful for it. That is the way things go at this annual conference of the BDDG. For someone like me from Ulster ‘acceptance’ is always going to be challenge.

Thought I have been in the Northern Ireland branch (NIDDG) since 1987, my first attendance at the BDDG was not until 1995 at York in an old railway hotel which had not yet lost all its Victorian elegance. For me it was a sort of exorcism to return to a venue so similar to most of my excesses in my drinking day. It seemed to me at the time that pharmaceutical industry primary reason for existing was to absolve me on my guilt on my alcohol days as they were funding these free-bees out of NHS funding. Besides which, I worked very hard the rest of working week and was entitled to the good company of other doctors. My wife grew increasingly wary of these junkets, worrying terribly about the state I would return in.

There in York, almost twenty years ago, I found myself in the convivial company of my peers standing in a well-stocked bar lounge without the compulsion to drink alcohol. It still amazes me to this day that I can revisit a hotel bar without drinking but it only works with BDDG conventions. I still would never do it on it on my own.

I have been to IDAA and it too has its strengths and differences but for me BDDG’s yearly conference gives me the annual spiritual retreat that recharges my batteries in a protected professional environment where I can air sensitive matters which would otherwise not see the light of day.

There is even tolerance to my agnostic spirituality and I am reminded to work the programme whether I understand how it works or not. I need to be reminded every year to keep to the simple steps of the programme and not go around trying to be ‘innovative’ or ‘creative’.

Since the 1930s, starting in Akron men and women of good faith have developed a straight-forward strategy to constraint the terrible disease with which I am afflicted. The only doctors who I knew who lived productive lives despite the pathology did so by following their basic tenets.

So, that is the reason I go to BDDG each year, to listen to others who have survived and prospered. It is equally important that I hear the testimonies of doctors and dentist who have had dangerous relapses into the addictions. I need the fear that reminds me that my next drink is only a cubit away. I am John and I will drink again unless I stick to the programme of which the annual conference of the BDDG is a very important element.

John B



Reflections from J P - BDDG National Secretary

My first BDDG Convention was Maidstone 1994, which was the first to have the current 5 day format and I have been a regular delegate ever since. In 2006, I took over the role of Convention Convenor from Simon L and my first Convention was Cheltenham in that year. In 2010 I handed the baton over to Catherine D and took on the office of National Secretary.

There have been significant changes in both content and timetable over the years but the basic principle of meeting and sharing with our peers, who also have alcohol/drug issues, has remained the same.

AA got me sober and keeps me sober. BDDG allows me to confide about matters that cannot be shared at a 12 Step meeting due to the principles of anonymity.

I found this year's Convention particularly inspiring. The sense of gentle empathy and mutual support permeated the Convention throughout whether the delegate was a newcomer or a seasoned campaigner!

I have no doubt that ANY member of BDDG would have benefited and gained from attendance and I know that the Convention organisers over the past few years have felt frustrated at the apparent dwindling of support.

The reasons have been discussed ad nauseum! As secretary I am one of the first ports of call for newcomers and I have been very aware of a change in the profile of addicts during my time. At Maidstone there was a preponderance of alcoholics. Today's addict is much more likely to be a young doctor with drug issues, often single and most concerned with GMC matters. It takes more time to instil the concept that they are addicts who happen to be doctors rather than the other way around.

An increasing number of our members are of the Y generation to whom networking on social media is the norm. I see advantages in being able to share with others worldwide but I feel they miss the ethos of eye-to-eye physical contact!

So we must adapt to the current scene. Next year will be the 40th Convention of BDDG and we plan to have a Convention Committee for this landmark occasion with, hopefully, some young blood to balance the somewhat mature status of recent organisers!

I go to AA and BDDG to recharge my batteries. I go to the BDDG Convention to collect a brand new set for the coming year. I am pleased to report that I left Edinburgh with a brand new set of gold plated rechargeables to use until next year- just a tinge of sadness that more could have done the same.

*Thank you to all who have taken time to contribute to
the first of many BDDG Convention Newsletters
Hope to see you all next year*