

PHARMACISTS AS PATIENTS

# HELP IS AVAILABLE FOR THOSE WITH ALCOHOL OR DRUG ADDICTION PROBLEMS

*In two further contributions to our occasional series on "Pharmacist as patients", one pharmacist describes his experiences of coping with drug addiction with the help of the Pharmacists Health Support Scheme and another describes how he deals with vitiligo*

Let us be clear about this: people initially do get a buzz from drugs. They do not do it repeatedly because it is unpleasant. They get something out of the drug, something desirable enough to throw caution to the wind. There is, however, a down side.

I considered myself a social drinker during my teenage years, drinking modest amounts of beer after a game of rugby or football, or a couple of pints with a good vindaloo. My twenties and thirties continued in similar vein with nothing to indicate what lay ahead. There were bottles of wine under the stairs brought out for guests or the main meal on Sunday and occasionally I used to make wine using blackcurrants or brambles when in season. My intake of alcohol remained fairly constant for 20 years or so at a level not dissimilar to the Government guidelines for drinking within a safe limit. I achieved a good degree at university and was making good progress in my chosen career but it was clear to me that something was not quite right within me. I have heard it variously described as being "not comfortable in my own skin" or "square peg in a round hole" or any number of similar phrases used to describe what it felt like to be generally unhappy with myself and my life.

To my spectacularly average childhood were added life events beyond the range of normal human experience, and these, along with a genetic predisposition to chemical use, made my descent into dangerous chronic drug use and a life of total chaos rapid and complete, but this was some years ahead.

Most days I would have a few glasses of wine in the evening sufficient to help me relax, relieve a bit of boredom, sleep a little better, mix with friends more easily or as a reward at the end of a long day.

However, for reasons that elude me, one afternoon, I ignored all my personal and professional morals and self-administered one tablet of propranolol 10mg to smooth the edges off a fraught day. I had stepped over the line between legal and illegal drug use. I justified this to myself on the grounds that if I had gone to my GP he would have given it to me anyway.

Five years later I was consuming opiates, hypnotics,

anxiolytics and antidepressants in daily quantities measured in grams not milligrams. It felt like my cerebrospinal fluid had been replaced with vegetable soup. Small problems became insurmountable while large ones were ignored. As I continued to use drugs on a daily basis, tolerance developed and the doses crept upwards, but I still thought I did not have a problem. "I can control it. I'll stop tomorrow."

## HEALTH DETERIORATED

My physical health deteriorated markedly, with constipation being a particular problem. I was underweight, unable to shrug off minor infections, had unbearably itchy skin as well as insomnia, depression and anxiety. I also had the moral characteristics of an alley cat. Impatience, rudeness, intolerance of others, anger most of the time, ferocious ambition at all costs, superiority and arrogance were the norm. None of these unpleasant characteristics was the real me. It felt as if the drink and drugs took away all the pleasant attractive parts of me leaving just the unpleasant parts that were so visible to others.

Worst of all, drugs took away the very essence of my personality, my soul, and without that I felt incomplete. Suicide seemed preferable to the treadmill of obtaining drugs without being found out but stopping was just not possible on my own because the withdrawal syndrome is just so awful. Abdominal pain, joint pain, bone pain (a humdinger), sweating, rhinorrhoea, eyes running, sneezing, coughing, diarrhoea 24 hours a day, severe hyper-

reflexes, muscle cramps, total sleeplessness for a week at a time while still trying to appear normal at work and home, is not much fun. The dilemma was that just a few tablets, given up so sincerely the day before, would relieve all the symptoms within 20 minutes.

I certainly did not think of myself as a junkie because I was not using street drugs intravenously, bought from some scruffy pusher driving a flash car, but rather pharmacopoeial quality substances, orally, purchased from a reputable wholesaler. I still did not believe I had a serious problem and firmly believed that no one else was aware of it either. Their inaction enabled me to continue taking drugs for years to come.

I smashed cars, had numerous shunt accidents when momentary losses of consciousness occurred, had a grand mal seizure and was so out of control that death by accident or suicide was a real possibility. I was a health professional, a husband, father to wonderful children, had a house and cars, no bad debts — yet I wanted my life to end.

Every morning I would swear off drugs forever (sometimes I could manage an hour) and every night I would lie awake in bed thinking up painlessly theatrical ways of committing suicide. The light at the end of the tunnel had been extinguished.

It was about this time, when I had truly reached my rock bottom and was incapable of helping myself, that a telephone call was made on my behalf to the Pharmacists Health Support Scheme (see Panel). Within a few days I found myself admitted to a treatment unit dedicated to the care of health professionals with drink or drug

issues and from that day to this, some seven years later, I have not wanted or needed a drink or drug. This is truly remarkable.

What struck me immediately at the clinic was that I was not the only health professional with drug issues, when I really believed the converse. I was treated with dignity and respect, and a lot of good humour (I had forgotten how to laugh) when I was fully expecting to be put through the mill as a morally weak drug user who deserved all that he got.

For some time issues of confidentiality were uppermost in my mind but I was

## Pharmacists Health Support Scheme

The Pharmacists Health Support Scheme exists to assist those who experience problems with alcohol or other drugs of addiction, or who have other problems that impair their fitness to practice. The scheme was set up by the Royal Pharmaceutical Society but operates independently so that help can be sought in complete confidence.

Any pharmacist with an alcohol or drug problem, or any person knowing a pharmacist with such a problem, can obtain confidential help after making an initial telephone call to the Royal Pharmaceutical Society's welfare officer, Mrs Beverly Nicol (telephone: 01323 890135). No caller will be required to disclose any names or other information to her. She will give the caller the telephone number of either the scheme's independent national co-ordinator or one of its regional referees. Alternatively, callers can contact the national co-ordinator's direct helpline (tel 01926 315138).

worrying needlessly. Confidentiality and anonymity are essential parts of the treatment programme and are fully respected and guaranteed. I have met dozens of fellow patients over the years and I know the surname of only a few. I may choose to break my own anonymity but no one else does so on my behalf. We all honour the principles of confidentiality and anonymity but nevertheless the self-help bonds between us are enormously strong and remarkably effective.

Because drugs impair one's judgement and perception of life, I had made many decisions that at the time seemed to me to

be correct but turned out not to be so. I have learnt a few simple skills that have enabled me to rebuild my life and to deal with any problems that come along.

I had, as a consequence of my drug use, a number of legal and professional issues to deal with and while I had to accept the responsibility for my actions the staff at the treatment centre and the health support scheme helped me through them all. Without their help and support I know that the shame would have been so crushing as to push me over the edge. They are gifted dedicated professionals and it has been a real privilege of my recovery to have met them

and to include them in my life, each in their own way.

What I was not expecting was the quality of life I now enjoy. It was only by getting well that I realised how ill I had been. Not only have all my psychological issues been dealt with, my personal and professional lives have changed beyond recognition. An unexpected benefit has been that the turnover of my pharmacy has doubled in five years due in no small measure to my new approach to patient care. Relationships with family, friends and colleagues are based on total honesty whereas before there was suspicion and deceit.

## THERE IS NO NEED FOR PATIENTS TO FEEL HOPELESS ABOUT VITILIGO

I first suspected I had vitiligo several years ago, while I was on holiday. As my skin tanned, small patches of skin on my knuckles and neck remained white. It made me think of my mother.

Mum had died some years before. She had vitiligo. She was dark skinned, her father being of Afro-Caribbean origin, and my skin tone was almost identical to hers. Mum had vitiligo on her hands for as long as I can remember. I never gave it a thought that it might have distressed her. To me, it was part of her appearance, so natural that it would have been bizarre had it suddenly resolved. In fact, I cannot even remember if she had it elsewhere on her body; I suppose she must have done. I only remarked on it once, when I was around nine or 10 years of age. I asked her why her hands were turning white, to which she replied that she would love to be just one colour, any colour.

"Even green?", I suggested. "Yes, even green would be better than this," she said. At the time I assumed she was joking because she smiled when she said it. Thinking back, I am now not too sure. She never made any attempt to hide it, although I suppose she used to wear gloves most of the time when going out anywhere. Well, it certainly looked as if it ran in the family.

### "I COULD LIVE WITH IT"

When I returned home after my holiday my tan faded, and my patches became less conspicuous. They did not enlarge over the next few weeks and months, and I thought if this was the extent of the problem, I could live with it. One day in my local, a girl said to me, "Hey, your tan's keeping up well, but it shows up your vitiligo." I was taken aback by this comment. I had banished the problem to the back of my mind as my condition seemed to have stabilised and I was surprised to come across someone familiar with my problem.

"You know about vitiligo?" I asked.

"Yes, I've got it myself," she said, "but you can't tell unless I've been out in the sun. Look at my hands."

She pulled up her sleeve past her wrist and I could see she had patches slightly paler than the rest of her arm.

"I wouldn't have noticed at all," I said.

"I've had it since I was 10," she said. "I never sunbathe any more. I don't like people to know."

From that point, I became more conscious of my own vitiligo and decided I would see if anything could be done about it. The problem had started to progress again. Within a few months there were patches on my legs, under my arms, and around my eyes. I contacted the Vitiligo Society, which suggested that I consult my doctor. My GP referred me to a dermatologist at the hospital where I work, who suggested I try steroid creams for a period. I used a potent cream for a number of months, but had no response and noticed my skin was becoming thinner and was bruising easily. After reviewing my condition, which was worsening despite the steroids, he somewhat reluctantly agreed to treat me with PUVA, which I had for around 18 months. I took four 10mg 8-methoxypsoralen tablets two hours before having about six minutes' UVA therapy in the unit — a kind of four-sided sun-bed which I stood up in. I had two sessions per week.

The patches around my eyes disappeared entirely within the first three months of treatment, and most of the other vitiligo on my face also went during this time. My consultant was as pleased as I was and agreed to continue with PUVA for a longer time. For the next nine months or so, it seemed that nothing else was improving — the patches on my neck, arms and legs, which had now become quite extensive, were not repigmenting and I was becoming itchy after each session. I had practically made my mind up that this was as good as it would get: I might as well be thankful that most of my face had cleared up and I would have to live with the condition elsewhere on my body. My consultant really left it up to me whether I was happy to continue or wanted to call a halt to the treatment. One

day, I looked in the mirror and, to my surprise, my forearms, which had been almost completely depigmented were now covered in tiny freckles of pigment. Even the large patches under my arms were also freckled — I had given up hope that they would ever respond and I think my consultant had also.

Three years after stopping PUVA, I have had some minor recurrence of my vitiligo, but the majority of the repigmented areas remain fine. After discussion with my consultant, we have decided to recommence PUVA to arrest any further deterioration and we hope that any recent depigmentation can be reversed.

### PUVA RISKS

I am concerned about the risks of PUVA. There has been much recent discussion in the medical and lay press about the increased incidence of melanoma and other skin cancers in people having received PUVA. The risk seems to depend on the cumulative dose received, so I was pleased to discontinue it as soon as I thought the results were acceptable. A second course of treatment will inevitably add to that risk. The lesson I have learnt is that PUVA must be a long-term treatment if it is likely to be effective. My consultant said that although he had tried PUVA on several patients with vitiligo, I had shown the best response because of my persistence; most of his other patients had dropped out of treatment after a few months.

I must say that if I did not work in the hospital where I received my PUVA, the thought of twice weekly sessions for two years or so would be a considerable inconvenience. It is not easy for others with vitiligo to access PUVA, even if their GP refers them to a sympathetic consultant. Also, not every hospital has a PUVA unit, so treatment may involve travelling. Still, it can work, if you are prepared to put in the time and effort. It also makes you feel so much better thinking that you can do something about your vitiligo — you do not just have to live with it and feel hopeless.