

Mike ([00:00:01](#)):

The antidote of addiction is connection. And I certainly got the, the motivation to start or to try and start a Birds of a Feather group through my understanding of a Doctors in Recovery group, which runs in Sydney and has been running for a number of years. Yeah. There's nothing better than seeing, you know, people who are getting their jobs back, getting their lives back and just talking to somebody about what may or might not be appropriate, but addiction is not the end of your career. You know, it may be actually the start of the best part of your life.

intro ([00:00:40](#)):

You listening to flying straight and aviators guide to navigating through a life of sobriety. People in the flying industry, and other walks of life, will share their experiences of living a life free of alcohol and other drugs. You will also hear from experts in the world of addiction and self-improvement. Join Andrew O'Meally, airline pilot, and non-practicing alcoholic, as he takes you on a journey discovering how a sober life can lead to a deeper level of happiness.

Andrew ([00:01:16](#)):

Hi everyone, and welcome to this episode of Flying Straight, Piloting a Sober Life. My name is Andrew O'Meally airline pilot, alcoholic, and your host talking to you from the Sunshine Coast or the 'Sunny Coast' as us locals call it here in Queensland, Australia. It's certainly nice to be here at the moment as we approach the tail end of summer. And if you're into the outdoors, especially surfing, this is a great place to be. And speaking of surfing, my guest today is Dr. Mike Atherton. Now besides being a keen surfer, Mike is a psychiatrist, addiction specialist and has been awarded a fellowship of the Australasian Chapter of Addiction Medicine a FACHAM. Mike has also spent time in the U S gaining a qualifications as a HIMS, Federal Aviation Administration, certified addiction specialist. And he's one of the only ones in this part of the world with that qualification. He's one of the founding members of HIMS in Australia.

Andrew ([00:02:20](#)):

And when he's not practicing as a psychiatrist, you might find it hard, pressed finding him as he often travels to secret places all over the globe, looking for that perfect wave. He's involvement in the aviation industry as a psychiatrist has contributed to many Australian pilots getting back in the air and living a better life.

New Speaker ([00:02:43](#)):

Hey Mike, thanks for taking time to talk with us here today. It's really good to, to have you here. Now. I understand that you may not know that I know this, but you're a pretty good guitar player and you're a keen gardener. The thing that particularly caught my attention is that you're a bit of an adventurer. So you've been up to New Guinea surfing in remote areas there. And in fact, I remember once, we couldn't catch up, I think it was for Birds meeting because you damaged your knee while you were surfing. What happened there?

Mike ([00:03:20](#)):

Yeah. I, uh, tore my cartilage on the second day of surfing in Vanimo in Northern Papua New Guinea up near the Indonesian border. And, yeah, that was, a bit lucky I was, still able to surf although it got worse and worse through the week. There was a part of me thought maybe I should have stopped and fly home, but, you know, when you only get away every year or so then, I just sort of carried on and took it easy and it sort of held up for the week. And, eventually I had to have surgery on it, and its back okay

now, but yeah, one of the guys fractured a couple of vertabrae when we were out there he got airlifted out, so that wasn't particularly good, but, yeah, it was pretty rudimentary, medical services up there.

Andrew ([00:04:16](#)):

Right. Okay. Yeah. Well, what were you doing up there?

Mike ([00:04:21](#)):

Ah, just surfing, we, we have a group of doctors that we go away with intermittently we, that I was surfing and then every afternoon a group of the doctors would go into the town of Vanimo, and meet up with the local medical service and, provide some support services, education, procedures, policy sort of stuff.

Andrew ([00:04:49](#)):

All right. And is that something you do regularly? It's a voluntary thing i take it.

Mike ([00:04:55](#)):

That side of things it's voluntary. I mean, its sort of mixing the wonderful and the beautiful with a bit of kind of education and stuff. So they, the group I work with set, a number of different kind of facilities, one in Nias in Indonesia. And there's hope to establish this one in Vanimo where we provide, I suppose, again, education and restocking and kind of a bare emergency sort of equipment emergency room, providing them defibrillators, that sort of thing. We run a small conference, you know, educational conference type thing, and as part of the process. And, there is, you know, as an aside, which runs the, which then, through the proceeds of the conference, everything, we then provide sort of some of these medical equipment and expertise to these small remote, I suppose, communities at one end. And the one in the Maldives is extremely well-established Nias is pretty well established. And there's a few groups, so you can do a three month or six months or shorter. kind of stint on the Island, if you wish to provide medical services and, got some great waves out in the front as well.

Andrew ([00:06:17](#)):

I was just going to say depends on what the surf would be like, how long you stayed there!

Mike ([00:06:22](#)):

Absolutely. Yeah. So, yeah, that's pretty good stuff that goes on, yeah.

Andrew ([00:06:26](#)):

Yeah, that's great. So you've always been interested in becoming a psychiatrist, or what drove you towards that specialty?

Mike ([00:06:37](#)):

Oh, no, I mean, I started medicine, I wasn't ready. I came into medicine quite late in my decision making. I sort of decided relatively late that it was a good, seemed like a good career opportunity. And then I was a bit disillusioned during medical training. Eventually came out and was doing emergency work, emergency training. And then, in order to do that, I had to do either medical surgical or anesthetics, but that was really not very enjoyable when I started to train and I ended up in a psychiatric job as part of a GP training program, but I just absolutely loved the psychiatry rotation I did, and so I just stayed on in

psychiatry, worked in the UK, in London for a few years. And then, a friend offered me a job, or told me about a job, in Sydney. And, at that time, my sort of life circumstances were ideally suited, to sort of, traveling over. And so came over to Sydney and, very soon kind of met my future wife and, then stayed here in Sydney, training, I had to go back to the UK to finish off some of the training there. Yeah, basically established myself in Sydney as a psychiatrist and, yeah, I loved every minute of it.

Andrew ([00:08:10](#)):

Yeah. Great. So you spend most of your time practicing out of the Sydney Clinic at Bronte.

Mike ([00:08:18](#)):

Yeah, that's correct. Yeah. I was working at St.Vincent's in Sydney for many years and ran the ward there. And then the homeless health service. Yeah. I think psychiatry is busy, I think, it can be, yeah, I think it's a job that you can have a work-life balance, but certainly there's a huge need for psychiatry and drug and alcohol support, you know?

Andrew ([00:08:46](#)):

Yeah, right. When you say you didn't get into it straight away, how old were you when you started the path to, where you are now?

Mike ([00:08:57](#)):

Well, I think it was the decision for medicine, was just the last minute of putting in my application in for university, I just knew I needed it. I just knew I wanted to go to university. I wasn't really sure what, I was going to do. I deferred the offer for a year, worked at a canned pie factory for about seven or eight months, and then went travelling around the world for seven or eight months. So, before I started my uni, which was, an amazing experience, you know?

Andrew ([00:09:29](#)):

Yeah. Great. I guess working at canned pie factory would have contributed to you being a vegan these days as well.

Mike ([00:09:36](#)):

Absolutely. So, yeah, some of the things I've seen, you know, are not to be repeated. Yeah. It was a pretty harrowing experience. Although at that stage, I was, you know, completely oblivious to that sort of stuff and, ate the canned pies in large quantities whenever I could.

Andrew ([00:09:56](#)):

Yeah. Okay. That all makes sense now. So, as that path of becoming a psychiatrist that obviously took a long time, but it was over 10 years.

Mike ([00:10:12](#)):

It was for me because I had to go back to the UK, to get certain qualifications there, to ensure that I could then continue properly training in Australia. So, yeah. Then on top of that, I suppose there's been additional qualification, you know, the additional training in, addiction psychiatry, which is another two years. And then the FACHAM, which is the Medical College of Physicians addiction training, which is another two years. So yeah, it does.

Andrew ([00:10:40](#)):

So it's a radically different pathway, a psychiatrist to a psychologist. And I think most people are aware of that, but they don't really know what the difference in the roles are. I guess the desired outcomes are fairly similar, but the process is different. Can you just quickly tell us what the differences are there?

Mike ([00:11:03](#)):

Psychiatrist, I suppose, can prescribe medication you know, that forms a bulk of what we do. Whereas the psychologist, I suppose, is very much more in terms of talking therapy, group therapy, those sorts of things.

Andrew ([00:11:23](#)):

There's a guy. I don't know if you've heard of him Osher Ginsburg? He's a well he's, you may not have heard of him. He's written an autobiography, he's a television presenter, and he's an author and he's probably best known for his role as the presenter of The Bachelor. So maybe you've heard of him, maybe you haven't. I don't know, but the book I read is quite good. The reason I bring it up is he shares an analogy. Well, he's very candid with the support that he's had a lot of, quite a number of mental health and addiction issues throughout his life. And so he's quite an insightful guy and he talks about the difference between a psychiatrist and a psychologist. And I kind of like it, but I don't know if this will resonate with you. He, he says that, he uses the analogy of rally driving. And he says, the psychiatrist is like being the mechanic, making sure everything's firing properly. And the psychologist is like being the navigator, calling out the corners as your hurtle through the forest.

Mike ([00:12:34](#)):

Yeah, I think that's probably probably right. I mean, I think it's funny, you know, different people have different ways of working. I mean, I like to work with psychologists. I think that comes a bit from, sort of working for a long period of time in a very much team-based system in public hospitals. For a lot of psychiatrists, they'd prefer to work on their own and in isolation a bit, which, but certainly that, analogy works, I think works, but you know, when you're working in, in unison with a psychologist and you know, that you know, you've got a shared goal and, you're talking to each other and, you're trying to provide the, the platform, I suppose, as a psychiatrist, that the psychologist can then, take that person on and mold them into what, you know, what that person wishes to be. And they achieve their goals and, self-esteem improvements, whatever it may be. So, yes, it's a good analogy. I like it.

Andrew ([00:13:40](#)):

Right, Good. So some of the concepts of addiction have been around for a long time. And I remember hearing a story about Bill Wilson and Bill's one of the co-founders of Alcoholics Anonymous. And he was having a conversation when he was in hospital suffering from alcoholism, with, a doctor called Dr. Silkworth and he explained to, yeah, he explained to Bill that it's not a question of willpower or moral character. And he says, it's a peculiar illness of the body and mind. The body of an alcoholic reacts differently to that of others. It produces an actual physical craving and also develop an 'obsession of the mind', an idea so strong that will make you believe in a lie, something that is just not true. And the mind tells you that it's okay to drink. So alcoholism they're saying is being a disease of both a physical and mental nature. And I know that's a pretty basic explanation of addiction, but I think it's not too bad considering that that conversation took place nearly a hundred years ago, that addiction is in factor a complex topic, but no pressure here, Mike, is it possible for you to give us an explanation of the nature of addiction?

Mike ([00:15:06](#)):

Yeah. Look, I think that's a fairly good description as you said, but I think they, you know, you are right, the brain or the mind, I suppose, of an addict is, has been changed. And, you know, it's not the brain of a normal person who doesn't have addiction. It's not the brain of somebody, the brain of that person may have been different, you know, in their childhood, for example. But that through the process of somebody developing an addiction, there is changes that takes place on a neurological level. We sometimes describe that as you know, neuro adaptation. or we can describe it as, you know, in more layman's terms, sometimes the terms 'hijacked', you know, where your brain is to be hijacked by this external process, which suddenly means that you operate differently, in the context of substance use how you perhaps used to, and that neuro adaptation, really takes place, when people are exposed to substances over a significant period of time, for different people, that period of time can be different.

Mike ([00:16:23](#)):

Some people its very quick and it can almost be the first or second hit of some substances, like heroin or methamphetamine, but for other people that takes long periods of time, you know, sometimes, decades for that adaptation to take hold properly and you often see that with alcohol, for example, where many people don't present until they're sort of, you know, thirties or forties, or even later. And, the changes that occur really, are an adaptation of their reward system and their motivation system, which basically means that they no longer, I suppose, respond to the more natural evolutionary kind of reward mechanisms. Their reward system is hijacked or to over respond to those substances, which they become addicted to. And, when those substances are in deficit, when they're, you know, they're not available or they're in short supply, the people experience overwhelming, cravings, and urges to reengage with those, and that's what we talk about called withdrawal, for example, would cause that, but it also by certain cues in their environment or, you know, just being exposed to those drugs, they can develop these overwhelming urges and overwhelming craving to consume these substances.

Andrew ([00:18:04](#)):

So that craving or wanting is often greater than the reward of actually taking the drug itself.

Mike ([00:18:14](#)):

Yeah. Well, I mean, these, unfortunately, these cravings and urges that, are not based in necessarily in reality, there can be a distorting of the person's reality to the fact that, you know, they no longer, well, the reality is distorted to the point where they no longer perceive their negative outcomes or using substances, and they only perceive this kind of overwhelming positive reward, which again, is not based in reality. And, when the drug is consumed, often, people can confine themselves to, being quite despondent and dysphoric in actual fact relatively quickly, but the negative consequences of that consumption are real. And I think that the main thing that we find is that, you know, the more people have the more urges, more cravings they have the less regard they have for the negative consequences of that intoxication. And they can take ever-increasing risks, they can take, more dangerous kind of decisions and that can lead them into really dark and dangerous sort of place, which builds, you know, shame and guilt and all of these other emotions that often are a que back into taking those substances again in the future.

Andrew ([00:19:46](#)):

Right. Okay. So you did mention that it's often a function of exposure to that substance, but I guess there's a genetic component that, you know, I heard a story that during the Vietnam war, there was a

fairly significant percentage of, soldiers, US soldiers that used heroin. And then there was this big fear that when they came back into society back onto mainland us, that there'd be this epidemic of heroin addicts, but apparently that wasn't the case. So some were really affected, of course there were a percentage that were addicted, but there were some that once they got back to the U S they just put it down and didn't touch it again.

Mike ([00:20:34](#)):

Yeah. I mean, I think that there's a number of sort of concepts around that. I think that's true, you know, there are significant, genetic and also environmental factors, which can predict, the onset of substance use disorder. The presence of trauma is always talked about and people have traumatic childhoods, for whatever reason, I mean, probably to do with high levels of cortisol, which is a stress hormone, being present in, in their early developmental sort of time, there is changes to their brain which can occur and especially the dopamine reward system and it means it's much more sensitive to the influence of substance use and just seems to be that they have a much more powerful response to substances and therefore will develop addiction more easily, Genetic factors are also important, and we know that there are certain, genetic codes or genes that predict onset of other substance use disorders.

Mike ([00:21:43](#)):

And you'll often find it, you know, as I think you've experienced in your own life, that there is a family history often of addiction in people who develop addiction themselves. And that there is a risk that addiction can be passed down. And in some regards, the combination of these factors also important. So you can get, you know a load from the environmental factor a load from the genetic factor. And, some of these things can combine in the case of cannabis trauma. And, the, an genetic codes can increase the chance to have a cannabis use disorder, you know, after sort of 10 or 12 fold in some individuals, the the is also mental health conditions, ADHD, antisocial personality disorder, bipolar disorder. These are all, conditions, which, for whatever reason, predict higher rates of substance use disorder. And so now when you're investigating causality and what you want to be sort of looking for these other possible, conditions, but also, exploring the presence of trauma and those sorts of things are going to be very important in providing the, the most appropriate treatment to those individuals.

Andrew ([00:23:10](#)):

Right. Okay. So Mike, you've trained in the U S through the organization HIMS, and just for listeners who haven't had a chance to download the previous episodes, HIMS is a supportive monitoring program for commercial pilots, pilots with substance use disorders. It's a not-for-profit that facilitates getting pilots back in the air safely after they lose their aviation medical certificates because of that alcohol and other drug use. So through that training, you became a U S HIMS certified addiction psychiatrist. Can you tell us a little bit about that and why you decided to get into the aviation side?

Mike ([00:23:55](#)):

Yeah, well, after training as a psychiatrist, I worked in inner city Sydney and, a lot of drug and alcohol problems. So I did extra training in that and found that it was something I really enjoyed. And when I went into private practice, I started working with a couple of the airlines in Australia, just by chance, and, you know, developed, I suppose, some knowledge about, the kind of issues that they faced and just happened to be involved with the early development of the Australian HIMS program with the likes of Laurie Shaw. And it really sort of was such an interesting time as we started to learn more and more

about, first of all, the program of HIMS which is so incredibly successful in its ability to, manage addiction and turn around people's lives.

Mike ([00:24:58](#)):

But also, it's a safety tool within aviation in terms of keeping people's jobs, but also keeping the skies kind of safe. So, myself and Laurie, and a few of the other guys, Matt O'Keeffe and, those sorts of people got together with the union. And, we sort of fleshed out this, this HIMS program. And obviously as part of that, we were being driven very marked by the U S model which had been going for so long and so successfully. So, I did a bit of a, spent a little bit of time in Atlanta at the Talbot Recovery Center, Dr. Bedi, who, some people may know from some of the videos and things, and some of the information on the, on the HIMS website, especially the U S program, and, attended the advanced, HIMS training program in Washington DC.

Mike ([00:26:05](#)):

And then I returned a year or so later to do the training program in Denver and it's very useful to be involved in and to get the literature and the information that's coming from the U S because it is a world leader in this regard. And, and also to sort of network with those individuals involved in the whole HIMS program, both in the U S and worldwide, and, that's led on to me, authoring a chapter on addiction in one of publications from Robert Bor. Who's a clinical psychologist based in the UK and works with the UK Civil Aviation agency on addiction in aviation, and also how to assess and treat that. And, I think one of my roles as an addiction psychiatrist, within the Australian HIMS is really to make sure that we don't stray too far clinically, from what the American system provides in order to try and meet kind of a local market, so to speak. I mean, we have to stay true to what is the clinical provisions of good quality care and good quality procedures, which the us runs. I mean, you have to have an eye on what we need to provide to fit into the Australian system, but you don't want to go too far from that. I think otherwise you lose some of the efficacy of that amazing program.

Andrew ([00:27:48](#)):

Yeah. It is an amazing program. I think so far, they've got over six now, over 6,000 pilots back in the air again, after they've lost their medical through substance use disorders, which is fantastic. And I think the rate of that, the success rates in the 90 something percent range, which is just sensational, you would be one of the few addiction specialists in Australia, that's undergoing that sort of training. I should imagine.

Mike ([00:28:20](#)):

I think I'm the only addiction specialist in this area of the world really, who's got the FAA qualification, obviously COVID sort of come along, I was providing support for a couple of pilots just in terms of being their addiction specialists. And that was, you know, who were based over here that had an FAA qualification. And, but yeah, I've also obviously had the pleasure of working quite a bit with CASA, the Australian Civil Aviation association, and that's been really good as well. So, I mean, I think definitely, the more connected you can be and the more you access and more information and knowledge you have in the different systems, the better able you are to bring your knowledge into line with the specific of aviation, which is such an interesting and an important industry, you know?

Andrew ([00:29:23](#)):

Yeah. Your very significant in the, influence of the Australian system you're, as you said, one of the founding members of HIMS with Laurie Shaw, which is just fantastic. And now we're looking at putting a training course together and you'll be a big part of that. And so, your influence continues there.

Mike ([00:29:46](#)):

Yeah. Well, I think, I mean, very kind words from you there, which is very nice, but I think one of the things that really struck me doing the training in the U S was the presence of the FAA and the presence of those people, who were involved in the system at the training programs, you know, that there were training programs running for the addiction psychiatrists, for the, for the monitors. Everyone was in this all together and the people that were running these programs and the people that you could bump into and have a chat with, in the coffee breaks where the FAA, the people who sign people off, the people who signed people on. And it was just a very, you know, supportive network of people. And I think it's super important that people will have the opportunity to meet face to face and to talk and to see that, you know, we're all on the same side here, so I'm really proud and I'm really grateful to be able to be a part of the training program for the peers.

Mike ([00:30:54](#)):

And, and hopefully in time, you know, we can develop more people with interests in aviation, within the addiction psychiatry network. And there are certainly people around Australia, who are developing an interest. I think. So that's where we are.,

Andrew ([00:31:10](#)):

Yeah, that's, that's good to hear. So, this training course, incidentally, it's going to be a little bit different. We're going to have it out the back of Byron Bay, Mullumbimby it's called, and the accommodation's pretty cool. It's actually in tents. So I'm really hoping that doesn't rain, but I think it's going to be something pretty special. And I'm really looking forward to that. You were talking about going over to Atlanta and having a look at that Talbot Recovery Center. I've had a look at that too, and it's pretty impressive,

Mike ([00:31:44](#)):

You know, a hundred, pilots and doctors and other professionals all sort of housed together. And a lot of people in recovery involved in the training and the therapy sessions, super impressive. I mean, yeah,

Andrew ([00:31:59](#)):

Yeah, yeah. It's pretty awesome. I went and had a look at it and, doc Bedi, who you spoke about, took me on a tour around it. And then he kindly took me out for dinner that night in Atlanta. And it was really nice. And he was saying that, yeah, their main clientele are doctors, physicians, and attorneys. And, I know actually that sounds like a lead into a joke. You know, a doctor, pilot, and attorney walked into a bar, but, hopefully, hopefully they're not going into a bar they're going into the rehab! But he was saying, in order he said, pilots and physicians have this sort of higher than sort of average, they're rated higher than average on the narcissism scale. And he said, for me that initially that sounded like a bad thing, but he said, "no, it's a good thing", because it helps us to perform certain functions in those, those jobs.

Andrew ([00:33:04](#)):

He said, when, when the pilots come in, often they say, Oh, look, you don't understand, I'm a pilot. You know, and I think what they're saying is there's that uniqueness of the job as far as travel and, the job itself. And so on. He said, sometimes he has to sit them down and say, look, I know you're a pilot but you're just like, everyone else that's had suffered from a substance use disorder. And he said, once they understand that, they can get on with the program and that's fine. But he incidentally said the attorneys are a little bit more complicated because he said, they're always trying to find a loophole in the system. So yeah, he's a super nice guy.

Mike ([00:33:50](#)):

He is a lovely guy. I've met him on a number of occasions and he's helped and supported me with information and advice over the years. But yeah, you are right there. Physicians and pilots are really a mixture of narcissism obsessionality and histrionic personality traits in that the narcissism allows them to sort of do, you know, make decisions, when they need to be firm and clear about things and to back themselves in difficult situations, they need to be obsessional obviously to complete all the training and to be safe in the job and to make sure that they check and recheck and they made mistakes. So their histrionic side is, you know, where they get the - they love to be the center of attention and they love the, they kind of the aberration of their colleagues as often as possible. But so, these things sort of marry together to provide a, hopefully an extremely safe, competent, good communicating and meticulous kind of clinician or aviator, but sometimes those qualities can also be very good at covering up or masking an underlying addiction, unfortunately.

Andrew ([00:35:16](#)):

Yeah. Right. So by the time a pilot gets into an airline, they've been pretty well screened. They've gone through simulator tests. They've had a medical and they've been drug screened. They've had psychometric testing, panel interviews they're really been taken through the ringer in some respects. And I guess you would think that the incidents of substance use disorder in that, through that screening and in that environment of constantly being checked and trained would be pretty rare, but they do appear and that sometimes happens when people stick their hand up or they're identified through a drug test. So if they come through either of those places, well, say for example, if they fail a drug test, it doesn't necessarily mean that they do have a substance use disorder, however, I guess when it gets to that stage, they have to, that they really have a requirement to be assessed. And, and you're the guy that would be one of those initial, the first phone call would be to you, either from the person who stuck their hand up, or I guess from the airline, DAME call you. And so just wondering what, once you receive that phone call, what's the process there?

Mike ([00:36:46](#)):

Once that referral processes come in, we try and see these particular people as quickly as possible. And I, personally I have sort of spaces available to fit them in so getting to see these people as quickly as possible. I think is super important just because it's such a distressing time for them, and also you want to strike while the iron's hot, you know, I really, to get them in front of you for an interview in a discussion as soon as possible. So it's really about making sure there's a referral in place. You're getting them into an appointment. And, in some cases, they will be required to undertake, or there'll be advised to undertake some blood tests or some urine testing etc, prior to see me, but, then often we'll say those are requested at the time of the appointment.

Mike ([00:37:40](#)):

And the sort of thing I would say the interview would take place. Normally I see people for 90 minutes, we do some screening tests with questionnaires just about their mental health and also about their substance use. We like to get collateral information, ideally from a family member, a longstanding GP, or DAME as a psychiatrist in this kind of role or a FACHAM a Fellow of the Australasian Chapter of Addiction Medicine, or a medicine addiction specialist. You're really wanting to make the best assessment as possible as to whether this person has an underlying substance use disorder, first of all, and if so, what is it and how severe is it, but also then to be able to determine those kind of more aviation specific questions, for example, does the person have, problematic use of substances as defined by CASA, you know, regulations Part 67. This question about whether that is safety relevant, I suppose, comes into all of that. So the more information you can get from collateral information, the time you sitting and interviewing the person, and, you know, any biomarkers that you might organize, which might be a blood test that you're into extra hair test, for example, you're then going to be able to give the best, you know, advice that you can,

Andrew ([00:39:11](#)):

Right. ok Oh, thanks for explaining that. I'm sure there's a lot of fear out there because it's a really scary time for pilots, all of a sudden life's been going on reasonably well, there's probably been a few things leading up to it, but they've been sort of loosely keeping it together. And then all of a sudden, they're at the Sydney clinic at Bronte in the waiting room waiting for you. So I think if they hear what you've just said there, I think there's a lot of that fear will be allied, which is just fantastic. Thanks very much for that. Now, no interview at the moment would be complete without mentioning the C word.

Andrew ([00:39:54](#)):

So, COVID the current COVID situation. And an outcome of that is of course, many pilots being out of work. So for some pilots around the world, and they may not be flying for some time. And if we just look at the Australian international scene, pilots on the A 380 have been told that they won't be back until 2023, and sometimes they say might not be back until 2023, at least. So there's reports in the broader community, at least that there's large numbers of the population that have changed their drinking patterns. And in some cases they've been increasing consumption. I'm just wondering if you've noticed any of that?

Mike ([00:40:38](#)):

Yeah. I mean, it's a slightly tricky one and I'm not entirely around, this that there's been a massive increase, obviously in takeaway alcohol sales, but then of course there's been a massive reduction in the alcohol consumption in you know, in public houses and, and clubs, etc, but certainly there, the anecdotal data and the early evidence says there's been an increase in alcohol use and in substance use, I think. And, then pilots are going to be no different to that. I think the also, you know, we talk about stress, we talk about, cues, you know, there can be no great distress then really losing a job or being stood down for a period. I mean, we've all heard the stories of A-380 Captains staking the shelves at Coles and, driving combine harvesters and, that sort of thing.

Mike ([00:41:38](#)):

And, it's a super stressful time. And stress is one of the biggest drivers into increasing alcohol consumption. The uncertainty that that provides, and also just the amount of time and downtime. I mean, operating on these rotating rosters and, there can be quite tight turnarounds often in the modern sort of day. So, there is a huge amount of time on their hands, uncertainty, stress around finances. So it

is a really difficult time, certainly in every patient that I've seen, that is a factor of some level, whether it be, and it's a factor based in their presentation, but it's also a factor in their treatment, because you know, one of the great benefits of HIMS over the more traditional method of proving one's suitability to return to flying is the speed with which people can get back to their profession.

Mike ([00:42:41](#)):

I mean, under the old system, if you were felt to have a problematic use of substances, you could be two years, on the ground before you were able to convince CASA that you were somebody who was reasonable to recertify, but with the HIMS program, if a person is fully compliant with their HIMS contract and monitoring, they could be back flying within six months. So this is a huge kind of incentive for people to put their hand up early or to, you know, to, accept what the doctors are telling them, et cetera. But you've got a system now where, you know, people are not looking at getting back to flying for quite some time. And so, there is a potential hindrance for them to be as receptive around HIMS. I mean, that said I haven't experienced that. Everyone I've seen has still been wanting to get their medical back as soon as possible and wanting to commit.

Andrew ([00:43:39](#)):

Yeah. Yeah. I'm finding as a narcissistic alcoholic pilot that, there is that uniqueness at the moment. And, I'm finding that there is the initial shock when COVID first happened, there was that almost panic, what's going to happen now. But then when I realized that the world's going to keep turning and I'll wake up in the morning and everything's okay between you and me and, whoever else is listening, I'm quite enjoying a lot of aspects of not going to work, but having said that, I'm pretty productive with what I do, because you know, of the consequences, one of the consequences of, not drinking for a number of years, but there are guys out there, as you say, they've got more time, guys and girls,, they've got more time on their hands.

Andrew ([00:44:33](#)):

There's also that financial stress and so on, but one of the factors that's in there is I haven't been into the simulator for months and months, and I haven't had to commute from the Sunshine Coast down to Sydney, get up at three in the morning for nearly a year. I've been sleeping in my own bed and all that sort of stuff, but the consequence of not having to turn up for a duty or not having to study for simulator and so on, I'm just wondering if there's pilots out there that, and I think this may be the case, that because there's not that accountability, they may be drinking a little bit more without that constraint there. What do you think?

Mike ([00:45:22](#)):

Yeah, well, I mean, everybody's different. I mean, we talked about those different, personalities traits earlier and, you know, and everybody is different though. I mean, there are commonalities and there are differences in our personalities. I think that, for some people can, one man's trash is another's treasure. You know, there's, some people are loving this time, you know, they're becoming the most productive they've ever been. They've been time to, you know, they'd never had to engage in some of their interests. I've seen guys who are sort of, playing the money markets of the world, of seeing the people who, you know, building their homes and their dream homes and, people that have taken up, you know, sort of, poetry and all sorts of things.

Mike ([00:46:09](#)):

But, you know, for other people, it's a really difficult time. And then as you say, the accountability where they were constantly being monitored, constantly being needing to perform. And, the accountability is an extremely important factor in aviation and it's extraordinarily, you know, well demonstrated by the HIMS program, which is to say that, you know, the accountability that you have, you know, you have to do these things. They want to get back to be able to fly again. And if you don't do them, then you won't be able to fly. So we're going to be really, really accountable to your HIMS contract. So when you don't have accountability, just the day-to-day sort of accountability of your job. A lot of people, you know, could certainly see that as a, or that can be a real trigger into increasing some of your unhelpful coping strategies like alcohol.

Andrew ([00:46:58](#)):

Yeah because before COVID, uh, there were pilots being identified through drug testing. And I must say, I almost, I don't know if it'd be the majority, but quite a significant amount were self identifying. Since COVID, we're looking after the ones that were already in the system before the whole shutdown of the industry. There's not really any new people coming in. So I guess one of my concerns is with this, these dynamics of that lack of accountability and people aren't identifying or, being, identified that maybe there's a bit of a condition bubbling away that supposing if all of a sudden, the vaccine works and everything's great in a perfect world. And we get back to work a lot quicker than we anticipate that some of these people might be caught unaware and they might, we might have to go through a bit of a reactive stance because there'll be people coming to work and after they've modified their, or change their lifestyles through this lockdown or the stand down.

Mike ([00:48:18](#)):

Yeah, you're right. I mean, if you do have an emerging substance use disorder within, you know, and especially pilots and doctors we're very good at masking that are very good at organizing our lives so that it doesn't interfere with our job. You know, somebody can be meticulous about how often we drink when we drink, you know, and how many days we allow ourselves to be sober before we returned back to work. And so, you know, but when all of those accountability requirements are relaxed, often there can be an escalation in the substance use. And, it's very hard to put it back once it's got away from you. And I think, you know, you may find that we may find the day that, you know, as people start to get back and they're having to be sort of shoe horned back into that accountable structure of their work, that you find, that there are people who are either putting their hand up or being unable, to bring it back under control, because you know, the core feature of addiction of course, is that lack of ability to control your substance use disorder.

Mike ([00:49:28](#)):

And, so that might be the case. I mean, it certainly, I think, the case, with the sort of, you know, the rapid turning or turn around and the stress of flying, there's no doubt that it is a very, it's a stressful, very rewarding, I understand, but very stressful job. And so that in itself creates you know, some of the, this, the sort of fertile ground for these addiction issues to sort of develop and present. But, yeah, we may we'll find is that stress is reimplemented, that people will struggle. You know,

Andrew ([00:50:07](#)):

Now the first time we met, I think, was at a HIMS conference, but I don't know if we had a conversation there, but the first time I can recall meeting is when you put up the idea of establishing the Birds for Feather group in Australia. So Birds of a Feather it's an international support group modelled on that AA

template, but it's really Alcoholics Anonymous for flight crew. And so you approached me, I think it was in 2019, and we, you offered some space in the Sydney Clinic at Bronte, and handful of us got together, and that's just been such a fantastic initiative on your part. And so it started off, as I say, with just a small handful, with a handful and it's growing in numbers, and actually the transition to Zoom due to the whole social distancing thing has actually worked in its favor. And so we've developed this Australian flavor now, which is really cool. It's just, just morphed into something. And it's a really close group of people, and there's a whole lot of honesty there, vulnerability, and we're just really telling it how it is and and sharing our experiences. And that development of connection I'm finding is, is one of the significant or one of the most important elements of the group. So do you see that element of connection is something that's vital in the recovery process?

Mike ([00:51:47](#)):

Oh, it's, I think it's fundamental, you know, and there are many people who describe the, you know, I've heard this a lot 'the antidote of addiction is connection', you know, and and I certainly got the motivation to start or to try and start a Birds of Feather group here. My understanding of a Doctors in Recovery group, which runs in Sydney and has been running for a number of years, a colleague of mine, who's an addiction specialist, who's in recovery himself has been running that for many years, Stephen Jerd, Professor Jerd, and just a really, really important place for doctors to be able to go and be honest and find support because, you know, it's been hard turning up at your local AA, if you're a doctor and, seeing some of your patients there, they're all being worried that your patients would like to see you there.

Mike ([00:52:44](#)):

And, also some of the digressions that are made in addiction can be quite confronting to the average person and, things to talk about that, be honest within your addiction. So that was a really important group there. And I was - when I went to the U S for the HIMS training and HIMS groups, and there were Birds of a Feather groups running regularly, and they were really impressive. I spoke to a number of people that just found overwhelming support for those, and being such a powerful part of the pilots experience. And I found that, you know, for many people, it was, it would being part of that group that really brought the awareness and the insight into their condition for the fall, or even, you know, even after they'd been told they had addiction, they lost their license, they were in HIMS contract, or what have you.

Mike ([00:53:38](#)):

They were still pushing back against that and trying to find ways that, maybe this didn't actually, refer to them, or it didn't was naturally, they'd been some mistake somewhere along the line, but, you know, the involvement of other partners and recovery with positive stories and, good relationships, it was really such an important thing. So, you know, I was incredibly indebted to yourself. We, we tried to run a group for a short period for about a year and a half from the Sydney Clinic. We had a core group of people, which it ran pretty well, , for a period of time, but it just didn't have the sustainability of being run properly, by someone who had a long-term recovery, like yourself. And so, you know, meeting you and hearing your enthusiasm for that, and being able to take up that which was really important. And then, yeah, I mean, I'm really grateful to yourself, Andrew for taking on that idea, because I think it's something that is so important within the community, as we go forward with this new concept.

Andrew ([00:54:48](#)):

Yeah. Thanks Mike. I think it's from what I - you know, 20 years ago when I first stopped, well, when I last stopped drinking, I gave it a few goes, but I went to AA a few times. However, I had that fear you were talking about, you know, your friend who's, who's organized the support group for doctors, and I had this fear that I'd get found out that I was going to AA and for want of a better term in a generic AA group. So I stopped going because I thought the company would find out that I didn't drink and I'd get the sack [fired]. That's the fear. So I spent years and years of this isolation. And then when I heard about Birds of a Feather, I was just blown away. I thought, I wish I heard about this years and years ago. So it's just for me, it's something that I really enjoy and the whole Zoom thing. Now there's people from all over the world, we can Zoom in to, you know, somewhere, a meeting in Atlanta or, over in the UK or whatever, it's really actually been quite a benefit.

Mike ([00:56:06](#)):

Yeah, definitely. I think that's, I mean, out of every cloud has a silver lining, and I think that's one of the things that people have actually realized, especially in this, where you've got, you know, niche groups like ours, like yours, you know, it's been a really important and, there, there's nothing, in a way that you can replace face to face, but the sorts of groups, it's just such a great development. So yeah, it's been good to hear that it is flourishing.

Andrew ([00:56:38](#)):

Yeah, it is. And having said that, I'm really looking forward to having a face-to-face meeting. And probably when we do that training course in the, in the Bush, we'll probably end up organizing a Birds of a Feather group around the fire or something. So I think that's, that's going to be pretty special Your field that is psychiatry and addiction is always looking for better ways of doing things. I assume there's still plenty of research into the science of addiction going on. And of course that will continue forever. We'll never have all the answers and evidence-based strategies, I guess, constantly being refined. But I remember hearing a story, about back to Bill Wilson, the cofounder of Alcoholics Anonymous and the other founder, Dr. Bob, and they were conducting experiments back then. And they had one therapy, which was sauerkraut mixed with honey and the sauerkraut gave all the vitamins and the honey made it palatable.

Andrew ([00:57:54](#)):

And, occasionally one of the people that they were giving it to, it would drop dead. And probably from other reasons than that they drank this elixir. And as the story goes, Bob turned to Bill and said, ah, we better not try that again. So they weren't exactly ticking all the boxes of experimental design. And I do like the story, I don't know if it's a hundred percent true, but you know, this was a hundred years ago, but on the subject of research, have there been any recent developments in the area of addiction that have caught your attention in recent times?

Mike ([00:58:30](#)):

You know, the area of addiction research is moving pretty fast. I mean, the, the area which has fascinated me in recent times has been the development of all the interest is developed in psychedelics and, the role of psychedelics potentially in the future of psychiatry and the future of addiction medicine. I mean, I think there's probably a lot more hype than perhaps there is actual, hard findings at the moment. Yeah, the development of psychedelics I think is absolutely fascinating. I mean, we already know that they have a role in the treatment of PTSD and trauma, which, you know, we've already mentioned is a huge factor in the development of addiction, but certainly there is interest in using them

in detoxing patients, but also developing a sense of connection and hope and, spirituality, I suppose, in a way that that is a cornerstone of many people's recovery from addiction, you know, that it's a sense that it's actually going to turn out alright in the end. And that, I can keep going and tomorrow might be a day, that is worth living for sort of thing, and so, if there are many people find spirituality through AA and other organizations and through their connections that they find, but many people, they, for whatever reason, don't make that, that leap into that sort of area. And so, I think that's is definitely going to be a very interesting area development over the next sort of 10 to 15 years. Yeah,

Andrew ([01:00:18](#)):

Yeah. Right now that is interesting talking about spirituality and so on and, I guess the emerging mindfulness therapies as well as meditation and so on is that's really important, you're talking about psychedelics. I often wonder when I hear, you know, podcasts with, you know, certain people talking about it and they're not really experts. And so I'm glad I've heard that from you. That's great because there's that a bit of a joke in support group circles that,, if they invented a pill that cured addiction, what would happen if I took two? So I just wonder if, some people just, and myself included enjoy the whole journey of sobriety with, I guess, that, that toughing it, it out and doing it without, I guess, that sort of support. But as you say, everyone's different and some people, that may be the only what they considered the only answer available for them.

Mike ([01:01:25](#)):

On that, note that's a very funny, cartoon. I think it's a play on the Matrix, there's the blue pill and the red pill. And then before you can say anything more, the person's taken both of them, you know, both of those, no point to choosing between the two. So yeah,

Andrew ([01:01:51](#)):

Yeah. If someone's listening to this and they're questioning if they have a problem with alcohol and other drugs and that they generally like to know, if they really do have a problem, what advice would you give them?

Mike ([01:02:04](#)):

One of the things, I mean, obviously within the aviation circles, be, a good thing to do would be to have a look at the website of HIMS, you know, and to explore the Australian website, the American HIMS website, and just, you know, start to read some of the stories and start to read some of the the information there, watch some of their videos, maybe, there's going to be a good idea, you know, with the availability, these podcasts, maybe to have a little listen. I mean, there's some really fascinating and useful resources there. The second thing I think is to talk to somebody, we hope, and certainly, in the future, and certainly after our HIMS training, program, that there will be more people, more visible people around who are going to be available to talk confidentially about, you know, the options available to people.

Mike ([01:03:03](#)):

Yeah, that could be a hypothetical conversation. It can be anonymous conversations, or reaching out to a medical professional, talking to your doctor, your GP about, about the options or your DAME but, you know, I think the most important message that we want to convey and we've always wanted to convey since the very start of this journey with HIMS is that, just talking to somebody about your, what may or may not be a problem with addiction is not the end of your career. You know, it may be actually the

start of the best part of your life, and, so it's okay to have conversations. It's okay to talk. And, there is information out there for you, which hopefully will be reassuring, but you know, that there is a pathway for you that it's not just all or nothing, you know?

Andrew ([01:03:58](#)):

Yeah, no, you're right there. Just say it could be the beginning of the best part of your life. And speaking of that, one of the best parts of your life, you've got any more surfing adventures planned for the time when we can travel to the edges of the earth again?

Mike ([01:04:12](#)):

Well, interestingly, I was supposed to go down to the, the dark recesses of Victoria, in about a month's time to the artificial wave pool down there. But I decided not to book it in the end, based on the unpredictability of the the border closures. So, that was one thing but yeah, no, I'm, I'm always - I'd love to go back to Papua New Guinea actually. I mean, it was fantastic place,.

Andrew ([01:04:47](#)):

So that's a little different to the wave pool in Victoria, isn't it?

Andrew ([01:04:54](#)):

Yeah. That's awesome. Yeah. Thanks very much for all these words of wisdom today. When your name's mentioned in the Bird's meetings the pilots that have been under your care often express their gratitude, how you've contributed to making their life a better one. And I'm convinced that it's not just because you're skilled at what you do and that you are, but it's because you have a real concern for these guys as individuals. And I think one of the things that's really important is that you're really upfront and honest with these people. And, you know, if it wasn't for you, we wouldn't have formed these important connections and friendships made in that Birds of a Feather group. And so, yeah, you're a lifesaver really, and thanks also for all the significant contributions in the formation of HIMS in Australia. So I hope we'll catch up face to face soon.

Mike ([01:05:53](#)):

Yeah. And thanks to you, Andrew, for your support and help, with the HIMS and, yeah. And just a personal friend and being able to to assist with some of the guys that have come through as they are monitoring and what have you, because yeah, there's nothing better than seeing people getting their jobs back, getting their lives back. And, unfortunately in addiction, you know, that can be difficult for the average Joe, you know, it's a rarity rather than a regular thing. And, I think so to have a system like this in place where there is so much hope I think it's fantastic for me as an individual than a professional, and it's also great for those people who have problems. So yeah, thanks a lot for everything you've done as well.

Andrew ([01:06:46](#)):

Ah, thanks Mike. Thanks for your time. It's been fantastic. It's been really good to catch up. Well, I hope you enjoyed hearing Dr. Mike Atherton's story. He selflessness in supporting those with substance use disorders really shines through if you'd like to contact Mike or anyone from AusHIMS, check out the website. Aushims.org.au, And for HIMS information in the U S, their website is HIMSprogram.com and in New Zealand, HIMS.org.NZ. And if you have any feedback, I would love to hear that from you. And my email is andrew@flyingstraight.com.au. I look forward to sharing another story with you soon.

