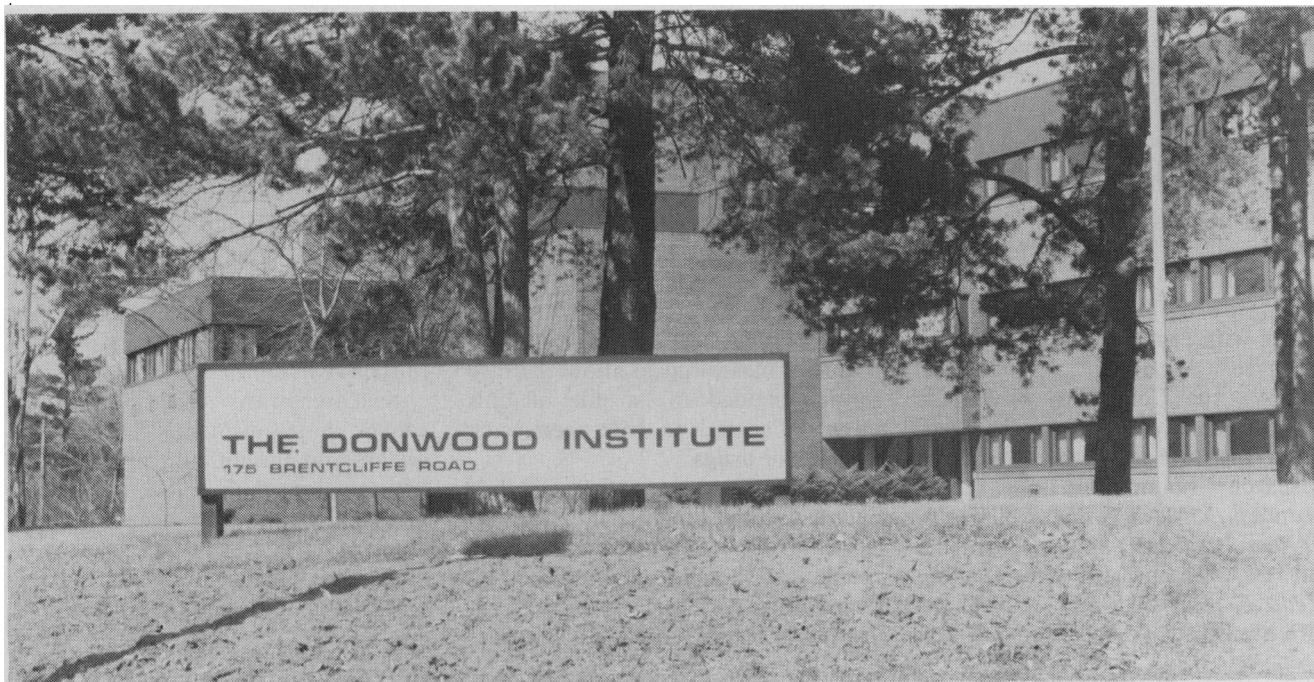

The Donwood Institute: resort of last resort

GREG SHILLIDAY



In the shaded, park-like grounds of Toronto's Donwood Institute, administrator David Woods is poking through some bushes that ring the parking lot. After a moment's digging, he pulls out an object that flashes brightly in the sunlight and then drops it, clanking, into the green plastic garbage bag he is trailing behind him. Taking a few steps, he reaches behind a tree and repeats the maneuver, twice. The garbage bag is far from empty.

Later, confronted with this somewhat unusual behaviour, Woods throws back his head and laughs. "Well, I guess that sums up this place in some ways. Those were bottles. Vodka, gin. You've got to remember, no matter how attractive our setting here, this is still a hospital. And some of our patients can't resist having one last shot before they check in."

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1967 — go when their drinking or drug taking transcends the sociable and becomes an addiction. And, reflecting the alarming number of doctors now thought to be suffering from some kind of addiction to alcohol or drugs, the Donwood staff treats between 40 and 50 physicians each year.

Actually, despite its reputation for exclusiveness, Donwood couldn't be more egalitarian. It is qualified as a public hospital and operates under

Ontario Hospital Insurance Plan payment schedules. Anyone with an addiction problem can be admitted, as long as they are prepared to wait. For those who require hospitalization, the waiting list is 4 months; the hospital's 47 beds are always filled. The day and evening out-patient programs are also greatly in demand, with a 2½ month waiting period. But the wait appears to be worth it. Donwood officials claim a 65% recovery rate for general population patients and an extraordinary 85% success rate for addicted physicians.

Dr. H. William Henderson, deputy registrar of the College of Physicians and Surgeons of Ontario, says Donwood's reputation for successful treatment of doctors and its extended out-patient programs account for the high number of physicians who check into the institute. "They have tried to develop programs suited to doctors. There are several good clinics in Ontario but Donwood seems to have taken that extra step. Its location doesn't hurt either."

Dr. Henderson is also chairman of a coordinating committee made up of representatives from the college, the Ontario Medical Association, the Addiction Research Foun-

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dation and the Donwood Institute. He says any Ontario doctor facing dependency problems can count on support from the committee, regardless if they are being treated elsewhere in Canada or even the United States. "Donwood is very successful but it is by no means the only such facility. There are many throughout this country and in the United States", he says.

Donwood Executive Director Dr. Douglas MacDonald is proud of the high success ratio that the institute boasts for its treatment of physicians, but he is not surprised. "Let's face it, doctors have a lot going for them", he says. "They tend to be uniformly intelligent, motivated, and well-trained, with a good background support system. We should expect 85% [success]."

One surprising statistic offered by Dr. MacDonald concerns the number of doctors addicted to prescription drugs. He says fully one-third of the MDs admitted to Donwood suffer from drug dependency, with another one-third addicted to alcohol. "The final group suffer from polydrug dependency. For example, booze and tranquillizers", he says. "Polydrug dependency is very tough because you get a guy down from the booze and suddenly he's twitching for tranquillizers."

General population statistics show only 5% of patients are addicted to drugs exclusively. MacDonald attributes the discrepancy to the high pressure demands of a physician's job and, especially, the availability of drugs.

But regardless of the drug of choice, Dr. MacDonald and his staff are more concerned about a patient's physical and mental predisposition. "The important thing is drug taking behaviour", he says. "We don't care about a particular drug because experience shows us that a patient can relapse into any drug. It's the behaviour that has to change."

Any discussion of Donwood's success in treating physicians (and the general population) should take into account two essential ingredients: its holistic and lengthy "total health" approach to treatment and the extensive use of protective drugs like the alcohol-reactive Antabuse (disulphiram).

What distinguishes Donwood's program from most other clinics' is its length. In three phases, the program lasts for 2 years. The initial phase, for severely dependent patients, or patients from out of town, takes place in the hospital wing and lasts about a week. Here patients receive medical care and go through an assessment and orientation procedure. Assuming the first week's treatment was successful, patients are moved to their own rooms in another wing for 3 weeks of counselling and individual and group therapy. After this, the patients are usually ready to return, at least tentatively, to families and jobs. And it is at this point Dr. MacDonald says, that Donwood's treatment philosophy becomes most clear. "We don't leave them dangling", he says. "For the next 2 years we keep in touch with our after-care program. In some ways, this is the most important part of the recovery process."

Groups of patients meet one evening a week with counsellors to discuss their gradual return to a normal lifestyle and any attendant problems they may have. Alcoholic and drug dependent physicians form their own groups but attend meetings with the other patients as well.

Administrator Woods, a recovered alcoholic and graduate of the Donwood program, says it is during this stage that the alcoholic begins to once again "experience the joy of life". "Recovery of your lifestyle is one of the nice things that happen when you're sober. Your neighbour is smiling at you, your boss likes your work, even your family likes you again. It's nice", he adds with a shrug of understatement.

If counselling is the soul of the Donwood program, administering protective drugs is the heart. Ninety percent of all patients are given Antabuse (or Temposil, a non-sulfa based drug that provides similar results). And most patients keep a supply at hand even after they cut down the initial intake of one pill a day. As Woods puts it, "It reduces the decision-making process to one a day in the beginning. And later you keep some around for a particularly stressful situation — like having to fly across the country."

Antabuse is a powerful drug. Even a small amount of alcohol will

induce dizziness, pounding heart and severe nausea. Its effects can continue for days after the last dose is taken. This, in fact, is one of its great advantages. If a patient experiences a crisis and stops taking his Antabuse in order to go on a bender, he may find he will have to wait a week or more for his body not to react to alcohol. By that time the crisis will probably have passed or the patient will have found another way to deal with it.

Donwood staff are quick to dispel, however, any notion that the Antabuse treatment reflects a "Clockwork Orange" mentality. "We do not practise aversion therapy", Dr. MacDonald says flatly. "The patient is never given alcohol after Antabuse. Some patients may themselves experiment but I don't think it happens very often. The idea of a reaction is enough to stop most people."

Dr. MacDonald explains that Antabuse provides a patient with a mental as well as physical bolstering of resolve. It buys a patient "dry time" until he is ready to begin the rest of the program.

"And that's the really important part — a patient beginning to learn he can find other ways to deal with problems", he says.

It is happy hour time in the Donwood Institute lounge. Milling about the orange and grape juice punches at the bar, several dozen patients, staff and volunteers mix and talk animatedly. The mood isn't much different from a downtown bar, except that people are a little quieter and tend to be listening to their companions a little more closely. Sitting on one of the sofas, a past patient, who now spends much of his time counselling on a volunteer basis, talks about his former life as a drunk.

"I don't remember a lot, you know. Near the end, I guess I was drinking a bottle a day. My career was sliding, my friends cooling fast. But I didn't care. It was hard to get me to care about anything."

He takes a sip of his orange juice and looks around at the crowd. "In a way, that's what this is all about. Depending on yourself and friends instead of booze or drugs. And remembering how to care. It's not much of a life without that." ■