

Is There a Substance Dependent or Addicted Lawyer in Your Life?

And

What To Do If There Is.

Do you know another lawyer who:

1. Drinks or uses drugs a lot? Maybe he binges occasionally, reports a few hangovers now and then, talks about the euphoria of getting high or drinking. Perhaps his consumption is very great only on occasion but he seems to use alcohol or drugs as an escape from stress or for pure pleasure. When he drinks or uses drugs, his behavior is sometimes embarrassing yet he may continue to assert that he can handle it and that using is just part of life. He would be insulted if someone called him an alcoholic or addict. At this stage, he may be approaching the borderline that separates social from compulsive drinking or drugging. Some individuals are able to moderate use or stop altogether. Others may increasingly lose the ability to control their drinking or drugging.

2. Lacks control over drinking? She may be experiencing a lack control over her drinking that manifests in drinking more than planned or an increase in the time spent using or drinking. She may feel the need to drink or drug routinely, regardless of the circumstances and thus may be experiencing the phenomenon of craving or symptoms of physical dependence. She may experience blackouts, car accidents, and feel guilty about her actions while under the influence. You may notice she has a “personality change” when drinking or using. She may begin attempts to control: drinking only wine or beer, limiting her drug use to prescription rather than street drugs, drinking only on weekends or during certain hours of the day or evening, working out a formula for spacing drink, never using or drinking alone, or never drinking or using with others. She may begin to worry about her tolerance to and increasing consumption of alcohol or drugs and may even try to quit, but is unable to stay stopped. She may begin to experience signs of withdrawal after a period of not drinking or using: anxiety, shakes, elevated heart rate, nausea, decreased appetite, insomnia, sweating, confusion and in some cases, paranoia. When these symptoms occur, she may need a drink or drug in the morning to quiet those nerves. After serious drinking bouts, she is remorseful and wants to stop. However, as soon as she feels better, she will begin to

think that she can really drink moderately next time. She can still meet responsibilities fairly well on the job or at home. The idea that drinking will probably become progressively worse and may cause the loss of family, job, or the affection of others seems ridiculous. She may admit that she would like to stop drinking, tomorrow.

3. Has suffered negative consequences because of drinking? These drinkers have begun to experience adverse consequences as a result of their drinking or drugging. They have lost friends, experienced marital and family difficulties, separation or divorce. They may tend to isolate and devalue personal relationships. If they socialize at all, they seek out people who drink and drug similarly. They may be underemployed, have moved from job to job, fired, or simply walked off the job. They may have tried “geographical cures” by moving from job to job, city to city or state to state hoping that each situation will be different. They may have sought help from therapists or doctors and may even have been to treatment, hospitals, and may even have tried AA or NA or CA. They know that they cannot drink or use drugs like others but are unable to understand why. They honestly want to stop but cannot. No one seems able to help them stay sober or clean. In searching for a path to sobriety, they become increasingly desperate. Usually, they have tried some form of counseling, a special diet or vitamin therapy and for a little while the situation may have improved, but then they return to old patterns and the progression downward continues. They lose all interest in constructive social relationships, in the world around them, and perhaps even in life itself.

4. Seems beyond help? By now, this individual has been in one hospital or treatment center after another. They may have been arrested, incarcerated, grieved upon again or disbarred. There is evidence of physical deterioration and illness including hepatitis, pancreatitis, and cirrhosis and withdrawal symptoms of hallucinations, seizures and delirium tremors (DTs). They may be volatile, impulsive, angry, violent, appear dangerous or insane and oblivious to reality when drunk or high. Friends, family, colleagues want nothing to do with this drunk/addict. The courthouse gossip is rampant. People may say that he is beyond help and have stopped trying. The police know his name. A mental health or substance use commitment proceeding seems imminent.

The Truth.

There are many lawyers representative of these four categories. In fact, it's estimated that 10–12% of all lawyers are challenged by substance abuse or dependency. There are also many lawyers who have recovered from substance dependency and addiction. There is hope and there is help.

These statements are supported by the concrete experiences of TLAP staff and volunteers and family, friends and colleagues of lawyers with alcohol or drug problems. We know what it is like to live with and work around addiction and alcoholism and yet we have seen that recovery is possible. We hope. We act. We don't give up.

An incurable illness.

There are many paths to dependency and addiction. Some drink in an out-of-control way from their first drink. Some are vulnerable to the illness because of a genetic predisposition. Others become dependent or addicted through decades of use. Some are daily drinkers. Some only indulge on the weekend. Others may be able to abstain for long periods.

The hallmark behaviors of dependency and addiction include continued and compulsive behavior in spite of medical or adverse consequences and loss of control. The behaviors are supported by an elaborate defense system designed to sustain use, escape the consequences of alcohol or drug use and maintain self-esteem. Manifestations of this defense system include denial, minimization and projection of blame.

The individual challenged by dependency or addiction is a sick person suffering from a disease for which there is no known cure to be able to ever be able to drink moderately or non-alcoholically for any sustained period. It is also a progressive, multi-systemic, chronic and terminal illness that affects physical, mental, emotional and spiritual health and development. Because of these characteristics, the affected individual must learn to abstain from alcohol and drugs completely in order to lead a normal life. Every man and woman can achieve remission, or, in the vernacular of the day, recovery.

What can you do?

You've read about alcoholism and drug addiction in the Texas Bar Journal, you've done your own internet research at reputable sites, you've witnessed some behaviors that you've identified as possible symptoms of alcoholism or drug addiction in your colleague and now you want to do something. You may want to explain to your friend that you know that alcoholism is an illness. You now know that treatment works so you want to urge your colleague to get an assessment, go to treatment or even head straight for the nearest A.A. meeting. But will this work?

Sometimes, it does. There are those who call for help on their own, go to A.A., go to out-patient or in-patient treatment and stop drinking or drugging. But the truth is that most active alcoholics and drug addicts are *not* eager and ready to quit simply because someone suggests it. In fact, TLAP's experience is that lawyers may be particularly resistant to admitting a drinking or drug problem.

Here's why: Research suggests that the illness is firmly rooted in brain chemistry and that the compulsion to drink or drug, located in the primal midbrain, trumps the cerebral cortex's 21st century messages to stop. In short, in his mind, the need to drink or use may literally seem like a matter of life or death.

How to stop biology or, when is the right time to intervene?

Conventional theory indicates that a person must be ready or "hit bottom" before they will take action to stop drinking. But how do you tell if that person has hit bottom and may be receptive to your concerns? No one really knows. You may think your colleague should be ready but in TLAP's experience, we find that what constitutes a bottom for one person will not necessarily constitute a signal to stop in another. In short, one person's moment of clarity where the decision is made to seek help often turns out to be a moment as individual as one's fingerprints. Story after story indicates that the situation or events that caused someone to seek help are myriad: family intervention, drunken public behavior, police intervention, headlines in the newspaper or simply a look from your child on the morning after.

So you may try to get the individual's attention in myriad ways and times. Of course, there are some general guidelines:

- Get some education about the illness that you're up against – Al-Anon, therapists, doctors, TLAP, other AA members all have some practical experience with the disease and may be helpful.

- Get assistance and coaching from the experts – Again, members of AA, NA, CA in recovery, TLAP staff and peer volunteers, local treatment centers, knowledgeable therapists, or ASAM doctors, professional interventionists are some great resources. Someone who has recovered from the same illness may be an ally when you have these conversations. They have instant credibility; you may not. Other interventions come in a variety of flavors from intimate one-on-one conversations to 12-step calls, peer interventions, Johnson model interventions or invitational model interventions and so on and so on.

- Leverage a bad day. Timing is sometimes important and approaching someone who is struggling with the negative consequences of their addiction or dependency may be more receptive to your suggestions.

- Don't try to talk to someone when they're impaired. Don't bother; it's a waste of time and frustrating. Try it if you don't believe. You will learn.

- Don't label the individual with a diagnosis. Expressions of concern, offers of hope and specific ideas for a solution are helpful. Speaking honestly about how the individual's drinking or drug use has affected you, giving specific examples, is recommended. Labeling someone an addict or an alcoholic will probably backfire.

- Be armed with solutions. Offer information about ideas about how to get help. Have phone numbers available and offer to get the individual to help immediately. If your friend seems even remotely receptive, act quickly; the small opening in the hard shell of addiction won't stay open long. You may not get another chance.

- Don't enable. This means: Never do for John that which John can do for himself. Stop protecting her from consequences. Be honest. Don't cover up, lie, stand in or do his work. Don't ignore the problem. Don't be a

scapegoat. Don't try to control her drinking or his drug use. Respect her dignity. Be realistic about events. Allow success or failure. Share your hope for recovery. Participate in their good behavior. Offer concrete solutions. Take a look at your own behaviors and if necessary, get help for yourself. Check out Al-Anon (12-step groups for friends and family of alcoholics/addicts).

The Reality of Dependency and Addiction

It may take some time to get your friend's attention. He may protest that his problems are different and that treatment or A.A. is not necessary or desirable for them. She may argue that her drinking isn't that bad, yet. Many will often point out that they are a long way from the bottom of the ladder. Listen for clues that tell you that what they consider "the bottom" keeps getting lower and lower. He may simply continue to insist that they can stay sober on their own. Rarely is this true.

Anyone who knows or cares about someone with a drug or alcohol problem finds these reactions and evasions bitter pills to swallow. The simple truth is that you can't force recovery on someone but you can be available for the moments when your friend or family member may be more receptive to the idea of getting help. If the person you care about refuses waffles or hesitates to accept help, there are things you can do:

- Be prepared for the next opportunity. Get educated about available resources: TLAP, therapists, doctors, treatment centers, A.A., C.A., N.A. Call TLAP to talk to us confidentially about the issues. Visit a local treatment center or get online and search the internet to become acquainted with local and national treatment options for professionals, Attend an open meeting of AA, CA or NA to get some personal knowledge about the program. Be in the best position to help when the time comes.

- Cultivate confidence and patience in order to encourage her to begin the process of recovery.

- Draw appropriate boundaries. Sometimes, because of the disruption caused or because the situation has become intolerable, you may decide to detach from the situation or problem and leave the individual to face his or her problems alone. A therapist or Al-Anon can

be helpful allies in making these decisions and sticking to them. There are times when you've done enough.

In conclusion

Whether you are the husband, wife, employee, judge, law student, law partner, law firm associate, friend or colleague of an individual challenged by drugs or alcohol, your understanding of the nature of the problem can play a vital part in helping that individual to achieve and maintain recovery.

There is hope and there is help. You are not alone.