How to Recognize and Address Alcohol and Chemical Dependency in the Workplace

Presented by James L. Walker
Jackson Walker L.L.P.
112 East Pecan Street, Suite 2100
San Antonio, Texas 78205
(210) 978-7700
rwalker@jw.com

Wednesday, May 22, 2002
8:00 – 9:30 a.m.

ALA 31st Annual Educational Conference
San Antonio, TX
"It is not for kings to drink wine; nor princes strong drink; lest they drink, and forget the law, and pervert the judgment of any of the afflicted."
Proverbs 31:4-5

I. **Scope**

The scope of this paper is to present practical means and methods of recognizing alcoholism and chemical dependence in the legal professional arena, and to suggest concrete steps you and your organization can take to assist those who are chemically dependent on drugs or alcohol to become sober and effective members of your team.

II. **Some Definitions**

A. The American Psychiatric Association describes alcoholism and drug dependence as:

"...a cluster of cognitive, behavioral, and physiologic symptoms that indicate that the person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences."


B. The State of Texas (like many states) has defined (somewhat unhelpfully) alcoholism and drug abuse as follows:

"Chemical dependency" means:

(a) abuse of alcohol or a controlled substance;

(b) psychological or physical dependence on alcohol or a controlled substance; or

(c) addiction to alcohol or a controlled substance."

V.T.C.A., Health & Safety § 461.002(1)

C. The Texas Lawyer's Assistance Program has prepared the following description of alcoholism and other chemical dependency:

---

1 Since I am very familiar with the excellent work the Texas Lawyer's Assistance Program does in my state, I will refer to its policies and procedures as a model throughout this paper. Every jurisdiction in the United States and Canada, to one degree or
“Characteristics. In 1956, the American Medical Association officially recognized alcoholism as a primary disease. Until that time, it was viewed as a weakness, a sin, a lack of character, or a symptom of some other emotional or psychological problem. Indeed, some people still hold these views, despite research and medical literature to the contrary.

As a disease, alcoholism, like chemical dependency in general, has certain recognizable characteristics and presents certain predictable symptomatology. First, as noted above, it is a primary disease. It does not arise from another illness or an underlying emotional or psychological problem – much as the flu does not result from fever and congestion, but is likely to cause both. Second, the disease follows a predictable and progressive course. Left untreated, alcoholism and other chemical dependencies will pass through progressively worse states, each with its characteristic symptoms, until the individual with the disease dies. How rapidly each stage progresses may vary widely from person to person. Third, alcoholism or chemical dependency is a multiphasic disease. That is, it affects all aspects of a person’s life: physical, mental and emotional health deteriorates; family, relationships and social life suffer; and professional performance declines. Fourth, the disease is permanent and chronic. While it may be arrested through treatment, it cannot be cured. And finally, alcoholism and chemical dependency is treatable. While the success rates vary and controversy continues over what is the “best” treatment method, millions of recovering alcoholics and chemically dependent people can attest that the disease can be treated and arrested.”

Jones, Don and Foster, Ann  Career Killers, State Bar of Texas, Texas Lawyer’s Assistance Program website 2002 (used by permission).

In summary, alcoholism and chemical dependency is:

1. a primary disease;
2. progressive;
3. multiphasic;
4. chronic; and
5. treatable.

another, has a similar program. In Appendix A you will find telephone numbers and websites to assist you in your state or province.
III. Signs and Symptoms

A. American Psychiatric Association Diagnostic Criteria for Psychoactive Substance Dependence:

"1. At least three of the following:

(a) substance often taken in larger amounts or over a longer period than the person intended;

(b) persistent desire or one or more unsuccessful efforts to cut down or control substance use;

(c) a great deal of time spent in activities necessary to get the substance (e.g., theft), taking the substance (e.g., chain smoking), or recovering from its effects;

(d) frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations at work, school, or home (e.g., does not go to work because hung over, goes to school or work “high,” intoxicated while taking care of his or her children), or when substance use is physically hazardous (e.g., drives when intoxicated);

(e) important social, occupational, or recreational activities given up or reduced because of substance use;

(f) continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of the substance (e.g., keeps using heroin despite family arguments about it, cocaine-induced depression, or having an ulcer made worse by drinking);

(g) marked tolerance: need for markedly increased amounts of the substance (i.e., at least a 50% increase) in order to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount;

Note: The following items may not apply to cannabis, hallucinogens, or phencyclidine (PCP):

(h) characteristic withdrawal symptoms (see specific withdrawal syndromes under Psychotropic Substance-induced Organic Mental Disorders)

(i) substance often taken to relieve or avoid withdrawal symptoms.
2. Some symptoms of the disturbance have persisted for at least one month, or have occurred repeatedly over a longer period of time."

DSM-III-R

B. The Lawyers Assistance Program approach to signs and symptoms incorporates this information and applies it specifically to the drug abuse or alcoholism in a legal organization.

"Many tests and diagnostic tools can determine the presence of substance abuse, chemical dependency, or alcoholism. However, you need not be a trained diagnostician to recognize when alcohol or other drug use might be a problem for a colleague or a client. A simple understanding of how the disease progresses and how this progression is manifested in a person’s life, coupled with a willingness to look with a discerning eye, are all you need to determine at least whether the situation warrants a professional assessment.

While substance abuse, alcoholism, or chemical dependency may manifest differently in each individual’s life, the following are some common and predictable problems. (For simplicity, the second person “you” will be used.):

1. You drink or use to “manage” emotions and stress (e.g., to celebrate winning a case, to relax after a stressful day, to deal with anger). Eventually the alcohol or other drug becomes your primary stress reduction tool.

2. Your behavior becomes less and less responsible. Your work quality may decrease; you may begin drinking or using on the job or at lunch; you may fail to return phone calls or to show for appointments or hearings.

3. Your drinking or use of drugs begins to intensify negative emotions. (You may experience increased anger, resentment, guilt, depression, or anxiety.)

4. Your behavior begins to conflict with your values and ethics (e.g., lying, mishandling funds, getting DWIs).

5. The alcohol or other drug begins to take center stage in your life. You quit socializing unless it involves drinking or using drugs; you are preoccupied with drinking or using; you “protect your supply” to avoid “running out”; you begin drinking or using alone.
6. You may engage in efforts to control your use of substances. You may try to control the substance used (e.g., beer rather than hard liquor). You may try to control the amount used (e.g., only two drinks per day). You may try to control the time of use (e.g., drinking only on the weekends). These attempts may be effective for periods of time, but eventually they fail.

7. Your mental functioning is affected. Your thought system becomes delusional; you may become grandiose; you may have difficulty concentrating; your ability to handle stress decreases; and you may experience blackouts (memory gaps).

8. Your tolerance to the substance increases (that is, more of the substance is needed to obtain the same effect). In late-stage alcoholism, the tolerance becomes wholly unpredictable.

9. Your physical health deteriorates. You experience sleep difficulties, weight changes, malnourishment, intestinal problems, ulcers, and liver problems. Ultimately, the disease is fatal.”

Jones & Foster, Career Killers

These signs and symptoms (with slight modifications) can be applied to judges, court staff, lawyers, legal assistants, administrators, secretaries and other support staff.

C. Denial is a central feature of alcoholism and chemical dependency. It is the only disease I know of that tells the affected person that he or she is not sick at all. In dealing with the alcoholic or chemically dependent person you should recognize that it is likely that such a person will vehemently deny they have such a problem at all. You may want to bear in mind the old aphorism, “If it walks like a duck, and quacks like a duck...” Well, you know the rest.

IV. Why Is This Your Problem?

A. Steven Braun, LMSW, JD, in his comprehensive article, Lawyers and Mental Health (originally published in The Houston Lawyer, May/June 1988 and revised and updated on the TLAP website) cites the following statistics on alcoholism, drug abuse and depression.²

1. Of 103 occupations studied in 1990 by John Hopkins researchers, attorneys lead the nation in the incidence of depression.¹

2. Eleven percent of lawyers polled in North Carolina in 1991 admitted they consider taking their lives at least once a month.²

² Although depression is beyond the scope of this paper, most lawyer assistance programs address this impairment as well. The disease of depression is often associated with alcoholism or drug abuse, even though they are separate disease processes.
3. An ABA Young Lawyers Division survey from the early 1990's indicated that forty-one percent of female attorneys were unhappy with their jobs.iii

4. In 1996, lawyers overtook dentists as the professionals with the highest suicide rate.iv

5. The ABA estimates that fifteen to twenty percent of U.S. lawyers suffer from alcoholism or substance abuse.v

6. In 1997, the Texas Lawyer's Assistance Program (TLAP) estimated it receives between 250 to 300 hotline calls per month from impaired attorneys, or others concerned about them. Approximately eighty percent of these attorneys suffer from alcohol or drug abuse. The other twenty percent suffer from depression, other mental illness, stress problems, and physical impairments.vi

7. Seven in ten lawyers responding to a 1992 California Lawyer magazine poll said they would change careers if the opportunity arose.vii

B. The Texas Lawyer's Assistance Program (in addition to the above statistics) reports:

1. A recent empirical study in the state of Washington revealed drinking problems among eighteen percent of lawyers who have practiced 2 to 20 years and drinking problems among twenty-five percent of lawyers who have practiced 20 or more years.

2. Alcoholism and other chemical dependencies together have been estimated to be a factor in at least twenty-seven percent and possibly as much as seventy percent of professional discipline cases.

---

ii Maura Dolan, Disenchantment Growing Pervasive Among Barristers, Houston Chronicle, June 28, 1995, at 5A.
iii Debra Cassens Moss, Lawyer Personality, ABA Journal, Feb. 1991, at 34.
iv Mary Greiner, What About Me, Texas Bar Journal, Sept. 1996.
v Don Jones, Career Killers (Ch. 8), in A Guide to the Basic Law Practice (Center for Legal Ethics and Professionalism, Austin, TX, forthcoming 1998).
vi Informational Flyer from the Texas Lawyer's Assistance Program sent to Stephen L. Braun (Nov. 7, 1997) (on file with author).
vii Dolan, supra note ii, at 5A.
3. A Florida study revealed that thirty-two percent of the attorneys surveyed reported feeling depressed at least once a week.

Jones & Foster, Career Killers

C. The above figures show that, statistically, you as a legal administrative professional, are likely to have to deal with these problems during your career.

1. Grievances.

Caveat: The following discussion uses examples taken from the Texas Disciplinary Rules of Professional Conduct, cited as “the Texas Rules” or “TDRPC”, which are based on the American Bar Association’s Model Rules of Professional Conduct, cited as “the ABA Model Rules.” Most jurisdictions have relied upon the ABA Model Rules in promulgating their disciplinary rules, but the rules of your jurisdiction should be the final word on grievance and malpractice issues in your state or province.

(a) The rules require that a lawyer be fit to practice law.

(b) Fitness to practice is defined in the following terms:

“Fitness” denotes those qualities of physical, mental and psychological health that enable a person to discharge a lawyer’s responsibilities to clients in conformity with the Texas Disciplinary Rules of Professional Conduct. Normally a lack of fitness is indicated most clearly by a persistent inability to discharge, or unreliability in carrying out, significant obligations.”


(c) Most jurisdictions have enacted a disciplinary rule regarding declining or terminating representation by an unfit lawyer. For example:

“Rule 1.15. Declining or Terminating Representation

(a) A lawyer shall decline to represent a client or, where representation has commenced, shall withdraw . . ., from the representation of a client, if: . . .

(2) the lawyer’s physical, mental or psychological condition materially impairs the lawyer’s fitness to represent the client; . . .”
(d) Not only do the rules subject the impaired lawyer to a grievance if he or she accepts representation on a matter for which he is unfit, they also subject supervising lawyers to discipline if the supervisor allows the conduct of the unfit lawyer, or fails to take remedial steps. For example:

“Rule 5.01. Responsibilities of a Partner or Supervisor Lawyer

A lawyer shall be subject to discipline because of another lawyer’s violation of these rules of professional conduct if:

(a) The lawyer is a partner or supervising lawyer and orders, encourages, or knowingly permits the conduct involved; or

(b) The lawyer is a partner in the law firm in which the other lawyer practices, is the general counsel of a government agency’s legal department in which the other lawyer is employed, or has direct supervisory authority over the other lawyer, and with knowledge of the other lawyer’s violation of these rules knowingly fails to take reasonable remedial action to avoid or mitigate the consequences of the other lawyer’s violation.”

(e) Many state rules subject a supervisory attorney to discipline for the conduct of nonlawyer assistants as well as other lawyers in the organization:

“Rule 5.03. Responsibilities Regarding Nonlawyer Assistants

With respect to a nonlawyer employed or retained by or associated with a lawyer:

(a) a lawyer having direct supervisory authority over the nonlawyer shall make reasonable efforts to ensure that the person’s conduct is compatible with the professional obligations of the lawyer; and
(b) a lawyer shall be subject to discipline for the conduct of such a person that would be a violation of these rules if engaged in by a lawyer if:

(1) the lawyer orders, encourages, or permits the conduct involved; or

(2) the lawyer:

(i) is a partner in the law firm in which the person is employed, retained by, or associated with; or is the general counsel of a government agency’s legal department in which the person is employed, retained by or associated with; or has direct supervisory authority over such person; and

(ii) with knowledge of such misconduct by the nonlawyer knowingly fails to take reasonable remedial action to avoid or mitigate the consequences of that person’s misconduct."


(f) Many states have a “snitch rule:”

“Rule 8.03. Reporting Professional Misconduct

(a) Except as permitted in paragraphs (c) or (d), a lawyer having knowledge that another lawyer has committed a violation of applicable rules of professional conduct that raises a substantial question as to that lawyer’s honesty, trustworthiness or fitness as a lawyer in other respects, shall inform the appropriate disciplinary authority.

(b) Except as permitted in paragraphs (c) or (d), a lawyer having knowledge that a judge has committed a violation of applicable rules of judicial conduct that raises a substantial question as to the judge’s fitness for office shall inform the appropriate authority.

(c) A lawyer having knowledge or suspecting that another lawyer or judge whose
conduct the lawyer is required to report pursuant to paragraphs (a) or (b) of this Rule is impaired by chemical dependency on alcohol or drugs or by mental illness may report that person to an approved peer assistance program rather than to an appropriate disciplinary authority. If a lawyer elects that option, the lawyer’s report to the approved peer assistance program shall disclose any disciplinary violations that the reporting lawyer would otherwise have to disclose to the authorities referred to in paragraphs (a) and (b).

(d) This rule does not require disclosure of knowledge or information otherwise protected as confidential information:

(1) by Rule 1.05 or

(2) by any statutory or regulatory provisions applicable to the counseling activities of the approved peer assistance program.”


(g) In short, we are our sister’s/brother’s keeper regarding the conduct of the impaired lawyer or assistant. This is a conversation each of us should have with the managers of our organizations. Ignoring the conduct of the alcoholic or chemically dependent person in our midst has potentially grave ethical consequences.

2. Malpractice

(a) Missed deadlines, poor preparation of closing documents, and poor trial preparation are but a few examples of substandard performance by an attorney impaired by drugs or alcohol that can give rise to malpractice liability.

(b) Not only is the impaired professional exposed to such liability, but also, the supervisory professional and the entire organization is similarly exposed.

(c) When the Texas Lawyer’s Assistance Program began its work in earnest in 1989, the Texas Lawyers Insurance Exchange funded the entire budget. In other states, the story is the same. Insurance professionals know the malpractice cost of alcoholism and substance abuse.
V. What To Do

A. GET HELP!

B. Alcoholism or drug abuse in the legal organization is not a problem that will go away or improve over time without some sort of intervention.

C. Most of us are not equipped to deal effectively with an abuse of alcohol or drubs, and our efforts to help could make matters worse.

D. There is, however, a great deal of help available:

1. Lawyer’s assistance programs;

2. Alcoholics Anonymous;

3. Narcotics Anonymous;

4. Cocaine Anonymous;

5. Treatment centers; and

6. Outpatient psychiatric or psychological treatment, and intervention.

E. Lawyer’s Assistance Programs

1. There is a program in each state or province that is specifically designed to assist the chemically impaired lawyer, judge or their colleagues.

2. Access to the applicable program in your state or province is found in Appendix A.

3. How they work.

   (a) Lawyer’s Assistance Programs (LAPs) were created to assist in the identification of, intervention on and rehabilitation of lawyers or judges that suffer from alcoholism, chemical dependency, or physical or mental illness. By far, the bulk of their work is with the alcoholic or chemically impaired lawyer or judge.

   (b) The core of the LAP is the availability of a confidential hotline that is served around the clock by professional staffers or volunteers.

   (c) The LAPs maintain a list of persons throughout the state or province who will personally work with the impaired lawyer or judge and get them the appropriate assistance.
(d) The LAPs act on self-referrals or on calls from others, such as partners, legal administrators, spouses, clients or court personnel.

(e) All calls are confidential.

(f) In Texas, and many other states or provinces, such calls, and the follow up conversations with the impaired professional are absolutely privileged and confidential and cannot be discovered. See, e.g., V.A.T.S. Health & Safety Code, Ch. 467.

(g) The paid staff and volunteers can assist in interventions, assisting in admission to treatment programs, getting the impaired professional to Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, et cetera, and peer support.

F. Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous are time-tested programs that rely on a 12-step solution to the addiction along with intense peer support. Such programs are available in virtually every town and city of any size in North America. Contact information for these excellent programs is found in Appendix A, or may simply be accessed through the telephone book in your community.

G. Treatment centers for alcoholism and drug dependency exist throughout the United States and Canada. Typically, they offer detoxification, counseling and peer support during the in-patient period and after-care support. Such a treatment option can be accessed through your area LAP, local healthcare professionals, and your HMO or PPO.

H. In an intervention, an alcoholic or chemically dependent person is confronted with his or her addictive behavior and offered a solution to such behavior. Interventions range from a visit by one or two peers, one usually being a recovering alcoholic or addict, to the formal and structured Johnson Institute model wherein a trained professional facilitator assists colleagues, family and friends in confronting the addict or alcoholic with specific examples of bad conduct and an offer of help, usually in the form of prearranged in-patient treatment. Information on interventions can be accessed through LAPs, healthcare professionals, HMOs, PPOs and treatment centers.

I. There is a great deal of very effective help available to you as a legal administrator in dealing with an alcoholic or drug abuser. Most of it can be accessed through your LAP or the ABA Commission on Lawyer Assistance Programs.

VI. Conclusion

The problem of alcoholism and drug abuse is pervasive and potentially destructive to every legal organization in North America. Not only does it affect the impaired individual, but it also impacts clients, colleagues and families. There is help available and I hope this paper will assist you in identifying those persons in your organization that might need help, and in obtaining effective help for them... and for you.
Appendix A

1. The ABA Commission on Lawyer Assistance Programs publishes a Directory of State and Local Lawyer Assistance Programs. Additionally, the Commission’s website contains an extraordinary amount of useful information regarding lawyer assistance. It also has an on-line directory of state and local LAPs.

   Commission on Lawyer Assistance Programs
   American Bar Association
   541 North Fairbanks Court
   13th Floor
   Chicago, IL 60611-3314
   (312) 988-5359
   Fax: (312) 998-5483
   E-mail: spilisd@abanet.org
   www.abanet.org/legalservices/colap.home.html

2. International Lawyers in AA (ILAA)
   c/o Ben Graham
   200 S. Third
   Las Vegas, NV 89155
   (702) 455-4827
   Fax: (702) 455-5597
   E-mail: GRAHAM@co.clark.nv.us

3. Alcoholics Anonymous (AA)
   AA World Services, Inc.
   11th Floor
   475 Riverside Drive
   New York, NY 10115
   (212) 870-3400

4. Narcotics Anonymous (NA)
   P. O. Box 9999
   Van Nuys, CA  91409
   (818) 773-9999

5. Cocaine Anonymous (CA)
   3740 Overland Avenue
   Suite C
   Los Angeles, CA  90034
   (310) 559-5833
   (800) 347-8998
Appendix B


A HARD CHARGING, HARD DRINKING TRIAL LAWYER

I am trial partner in a large metropolitan law firm, a former grievance committee chairman, a speaker at numerous seminars, and an alcoholic. The purpose of this article is to give you some idea of what it was like before I began a program of recovery more than 11 ½ years ago, what happened to me, and what it is like now. My message is a message of hope to those of you suffering from alcohol or drug addiction, and to your families, colleagues, the courts before whom you appear, and the members of the Bar with whom you practice.

The title “alcoholic” was not an entry I expected to add to my resume when I began law school at a fine southeastern university in the fall of 1969. Prior to law school I had achieved a measure of success in high school, college, and the military. I was a “student leader” in high school and a scholarship student in college. During my service years the Vietnam War was in full fury. With fairly hard work and by generally avoiding the alcoholic scrapes that curtailed the military careers of some of my drinking companions, I managed to emerge from the Army in 1969 with a few modest decorations and the rank of a captain.

My father was an alcoholic who left home when I was five years old. I was raised in fear of alcohol and did not drink until I left home for college. At college I chose to drink and dismissed my fears with the hollow self assurance that what happened to my father would never happen to me, because I knew what alcohol could do to a person, his home, and his family. During my college years I was a periodic drinker, with most of my drinking centered around fraternity parties and assorted weekend escapades. With 20-20 hindsight I can see that a relatively young age I had lost the ability to control the consumption of alcohol. Once I began to
drink, I could no longer guarantee my behavior. During my junior year after an extended bout of drinking, I left college for several weeks because of my “nerves,” but I know that I was suffering from withdrawal. I was, however, able to talk my way back into school and graduate on time. We alcoholics often are graces with a glib tongue and the ability to rationalize about anything.

In the army, I slipped into a pattern of daily drinking. At that time, it was a tradition that no junior officer left the officer’s club until the “Old Man” left. Having minored in history, I certainly approved of tradition in general and I embraced this particular one with enthusiasm. I was also “blessed” with commanding officers who drank as I did. Consequently, excessive daily drinking became my pattern in my army years.

When I began law school, however, I reverted to periodic binges, for I knew it would be impossible for me to complete law school and drink as I had in the army. Through sheer force of will (a will that later failed me), I was able to refrain from drinking until semester breaks and vacations when I would drink myself into blackouts, unable to recall where I had been, with whom I had been, and what we had done. During my “dry” periods, I can remember desperately wanting a drink while studying, during class recitation, and exams. At times, the anticipation of when I would drink without restraint was overwhelming and I would plan on the next occasion on which I could drink with great care and precision.

I finished near the top of my class and was inducted into Order of the Coif. With a Coif key on my watch chain, a law degree in my pocket, and a job offer from a large Houston firm, I came to Texas to live out the American dream in that boomtown in the 1970's. I, however, went bust before Houston did.

Having bought a house with a pool, and having two children in private school, I felt I had truly arrived. To the world I appeared to be the very model of a very successful young lawyer on
his was up in a powerful corporate law firm- or so I thought. I drank a lot because that was what successful trial lawyers did- or so I thought. The reality was different.

Again my drinking pattern changed and I returned to daily drinking. As a result of my alcoholic behavior I was eventually fired. My first years, however, were exciting and successful. I advanced steadily and began handling even more complex matters, all the while receiving assurances that I was on the inside track to partner. Having bought a house with a pool, and having two children in private school, I felt I had truly arrived. To the world I appeared to be the very model of a successful young lawyer on his way up in a powerful corporate law firm- or, so I thought. I drank a lot because that was what successful trial lawyers did- or, so I thought.

The reality was different. Long after my successful colleagues went home from our favorite bar, I stayed behind to drink. I would go to lunch only at places that served alcohol. Often, I would not make it back to the office after lunch for several hours- if at all. Telephone calls went unreturned. Depositions were missed and rescheduled. Hearings were set and reset. Trial continuances were routinely filed because I was not prepared. Promises of status reports to clients went unfulfilled. The last straw for this firm was the occasion when I sat in the office of my supervisor and lied to him. He knew I was lying and I knew I was lying. The subject was my neglect of my work and the truth was too painful to admit because the truth was that my drinking was out of control and I was not, in fact, doing my job.

Although it had been coming for years, my fall from grace seemed sudden and precipitous. Within two months I had been asked to leave the firm and had to take a much lower paying job. During this short time I also divorced, and was arrested for driving intoxicated (DWI). I was desperately lonely and desperately afraid. I could no longer live with alcohol, but I
feared I could not live without it. Some alcohol-related health problems frightened me to the point that, by sheer force of will, I stopped drinking on my own.

The ensuing months were a nightmare. The symptoms of physical withdrawal were uncomfortable but they soon passed. But, from a mental and emotional standpoint, it was the worst period of my life. I was still plagued by fear, anxiety, and loneliness, but I no longer had alcohol to blunt their effects. Alcohol, my friend and comforter, had turned like a boomerang in mid-flight, and cut me down.

In this darkness, a friend who was a member of Alcoholics Anonymous reached out to me and showed me there was a way to live comfortable without alcohol. With her help, and the help of many other A.A. members, I began this program of recovery and for more than 11 ½ years the program has worked beyond my wildest hopes.

There are several methods available to recover from alcoholism’s effects and I feel that none are exclusive. Often a combination of approaches are effective. None, however, seem to work without the help of others. If you are suffering from the effects of this disease, it is essential that you get help, and willing help is there for the asking.

After I had asked for help and was willing to accept it, my life changed dramatically. As the direct result of accepting the help of the program of recovery I chose, I have received so much more both professionally and personally than I ever expected, or felt I deserved. For several years I have been a partner in my firm, able to practice the kind of trial work that I always wanted to do. Because I have taken those depositions I once avoided, returned those phone calls I once ignored, argued those motions when set, and tried those cases when called, I have been able to develop a little expertise in my little niche of the law that I have been asked to
speak at several professional seminars. When I was drinking, no-one wanted to hear what I had to say in spite of my assumption to the contrary.

After my recovery from the effects of alcohol abuse I was a member and a chairman of the grievance committee for several years. In that position I was able to see the inevitable results of drug and alcohol abuse on lawyers. My very unscientific estimate is that at least 50 percent of the grievances that came before our committee were the result of conduct by impaired lawyers, though drugs and alcohol were seldom cited as reasons for the misconduct. Had these attorneys sought and accepted help, the vast majority of them never would have been called before the committee and their professional licenses would not have been placed in jeopardy.

There is help. If drugs and alcohol are playing any part in your professional or personal problems, then you should seek help. Help is available through hospitals, religious organizations, and self help groups like Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous. If you do not know where to seek help, get in touch with the Texas Lawyers’ Assistance Program which can refer you to organizations that have helped literally millions of people like you and me.