

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

And What To Do If There Is.

1. Do You Know a Lawyer who

Drinks or uses drugs a lot?

He binges occasionally, reports a few hangovers now and then and talks about the euphoria of getting high or drinking.

Over consumes 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.

He may be able to moderate use or stop altogether.

Lacks control over drinking or drugging?

She experiences a lack control over her drinking that manifests in drinking or using more than planned or in an increase in the time spent using or drinking.

She feels the need to drink or drug routinely, regardless of the circumstances and may be experiencing the phenomenon of craving or symptoms of physical dependence.

She experiences blackouts, car accidents and feels guilty about her actions while under the influence.

She has a “personality change” when drinking or using.

She 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 drinks, never using or drinking alone, or never drinking or using with others.

She begins to worry about her tolerance to and increasing consumption of alcohol or drugs. She may even try to quit but is unable to stay stopped.

She begins 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 or using bouts, she is remorseful and wants to stop. As soon as she feels better though, she will begin to think that she can really drink or use moderately next time.

□ She still meets 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 to her.

□ She admits that she would like to stop drinking. Tomorrow.

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 tend to isolate and devalue personal relationships. If they socialize at all, they seek out people who drink and drug similarly.

□ They are often underemployed, have moved from job to job, have been fired, or have walked off the job.

□ They 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 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.

□ 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.

Seems beyond help?

□ By now, this individual has been in one hospital or treatment center after another.

□ He has been arrested, incarcerated, grieved against 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).

□ He is volatile, impulsive, angry, violent, appears 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 to help.

2. The Truth.

There are many lawyers representative of these four categories. In fact, it's estimated that , at a minimum, 10-12 percent of all lawyers are challenged by substance abuse or dependency. There are also many lawyers who have

recovered from substance dependency and addiction. TLAP staff, its volunteers and the family, friends and colleagues of lawyers with alcohol or drug problems know what it is like to live with and work around someone challenged by addiction and dependency. We also know that recovery is possible. We hope. We act. We don't give up.

3. 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 despite 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 people challenged by dependency or addiction are sick and suffering from a disease for which there is no known cure. They will never be able to drink or drug moderately or non-addictively 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, they must learn to abstain from alcohol and drugs completely to lead a normal life. Every

man and woman can achieve remission, or recovery.

4. What can you do?

So you've been 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 AA, 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* ready and willing to quit simply because someone suggests it. 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.

5. When is the "right time" to intervene?

Conventional theory indicates that a person must either be ready or “hit bottom” before they will take action to stop drinking. But how do you know 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 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 is individual as one’s fingerprints. Story after story indicates that the events that precipitated people to seek help are many: family intervention, drunken public behavior, police intervention, headlines in the newspaper or 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 (a 12-step groups for friends and family of alcoholics/addicts), therapists, doctors, TLAP and 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, doctors and 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, invitational model interventions and so on and so on.

- Leverage a bad day. Timing is sometimes important. Approaching someone who is struggling with the negative consequences of his addiction or dependency may be more receptive to your suggestions than during the “good” times.
- Don’t try to talk to someone when he is impaired. It doesn’t work.
- 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 backfire.
- Be armed with solutions. Offer ideas 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 what John can do for himself. Stop protecting him 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 his dignity. Be realistic about events. Allow success or failure. Share your hope for recovery. Participate in his good behavior. Offer concrete solutions.

Take a look at your own behaviors and if necessary, get help for yourself. Check out Al-Anon.

6. The Heartbreak 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 AA. is not necessary or right for him. She may argue that her drinking isn't that bad. She will often point out that she is a long way from the bottom of the ladder. She may simply continue to insist that she can stay clean and sober on her own.

Anyone who knows or cares about someone with a drug or alcohol problem may find these reactions and evasions bitter pills to swallow. The simple truth is that you can't always 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 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, AA, CA, NA. 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 to encourage him 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 and leave the individual to face his or her problems alone. Remember that detachment is different from abandonment. A therapist or the principles of Al-Anon can be helpful allies in making these decisions and sticking to them. There are times when you've done enough.

7. Hope and Help.

Whether you are the husband, wife, employee, judge, law student, law partner, law firm associate, friend or colleague of a person 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. Please remember that there is hope and there is help. You are not alone.