

Identifying Addiction

By Carol P. Waldhauser

"It's just coke that you smoke," the dealer said. "It's direct." John drew on the pipe and blasted off into the ecstatic edge of consciousness. This was John's escape from the problems, as well as the responsibilities, of his practice and his relationships. Although it was not John's intent to become addicted, he did. Within months, the drug owned him. His weight dropped from 200 to 150 pounds, and he lived solely to fill his crack pipe. John's addiction to this insidious drug was so overwhelming that it destroyed his relationships and law practice. How did a prominent lawyer get to this point? How does anyone get to this point?

Many people, including those in the legal profession, find themselves struggling with unhealthy, expensive, and often life-threatening addictions and/or other compulsive behaviors. These include, but are not limited to, alcohol, drugs, compulsive gambling, and compulsive sex. Of course, it is the role of the clinician to diagnose and treat the problem. As a lawyer, however, you can play a significant role in the primary identification and subsequent treatment of the addict by becoming familiar with the signs and symptoms of the disease. Furthermore, you can promote prevention of addiction in your practice, in your community, in your family, and in yourself.

There are several reasons why a lawyer should become involved in the referral processes for the diagnosis and treatment of an addict. First, the National Drug and Alcohol Commission describes substance abuse and addiction as a national public health problem that affects millions of people and imposes enormous financial and social burdens on society. It destroys families, harms both individuals and communities, and chokes the criminal justice system. Further, it is a disease that can affect anyone, regardless of age, cultural background, or profession. Finally, lawyers are in a natural position to make a difference in the lives of their clients, their co-workers, their communities, and even themselves.

Basic Facts

Excessive alcohol consumption causes more than 100,000 deaths annually in the United States, with 24 percent of these deaths due to drinking and driving, 11 percent to alcohol-related homicide, and 8

percent to alcohol-related suicide. Alcohol was found to be a factor in more than 59 percent of all incidents of domestic violence.¹ According to Prevention Online (www.health.org/pressrel/alcart.htm), about 3 million violent crimes occur each year in which the victim believes that the offender was drinking before the crime.

According to the Substance Abuse and Mental Health Services Administration's 1999 National Household Survey on Drug Abuse, an estimated 14.8 million Americans were current users of illicit drugs in 1999, meaning that they used an illicit drug at least once during the 30 days prior to the study interview. Additionally, about one in eight Americans is an alcoholic or experiences problems due to the use of alcohol.² The abuse of drugs and alcohol casts a shadow over virtually every aspect of life in America—be it absenteeism, homelessness, crime, mental illness, the dissolution of families, child abuse, spousal abuse, or the spread of infectious diseases.

Getting to Addiction

In a recent article, Alan Leshner, Ph.D., Director of the National Institute on Drug Abuse, describes how individuals (such as our lawyer, John) go from substance abuse to addiction. He states that in the beginning, many individuals who want to escape the stresses of daily life or other problems often do so with alcohol or drugs. There comes a point, however, when some of these individuals begin to depend on the drug not just to feel good, but to feel normal. Gradually, the occasional use of a drug, including alcohol, turns into weekly use, then daily use, and eventually he or she comes to the distressing realization that he or she is addicted. According to Leshner,

Every drug user starts out as an occasion user and that initial use is a voluntary and controllable decision. But as time passes and drug use continues, a person goes from being a voluntary to a compulsive drug user. This change occurs because over time, use of addictive drugs changes the brain—at times in big dramatic ways that can result in compulsive and uncontrollable drug use. While every type of drug of abuse has its own individual trigger for affecting or transforming the brain, many of the results of the transformation are strikingly similar regardless of the addictive drug used. The brain changes range from fundamental and long-lasting changes in the bio-chemical make-up, to mood changes, to changes in memory processes and motor skills.³ Of course, not all people who use drugs will experience such dramatic changes in brain structure and function.

Some people can use drugs occasionally and remain occasional users. However, other people who start using drugs casually seem to progress quickly and inevitably to addiction.

Addiction and Other Compulsive Behaviors

Alcoholism and addiction are diseases. The disease model has dominated addiction studies for well over 20 years. It suggests that addiction, particularly drug addiction, is a chronic and relapsing disease with prolonged effects on the brain.

Addiction reflects a degree of involvement in a behavior that can both produce pleasure and provide relief from discomfort, to the point that the costs outweigh the benefits. Heavy involvement in an addictive behavior is often accompanied by the recognition on the part of the addict of the physical, social, or psychological harm he or she endures. Although there is usually an expressed desire to reduce or cease the addictive behavior, change is not easy for an addict. This definition has also been applied to gambling and eating disorders, which are considered comparable to alcoholism and drug addiction.⁴ The compulsive behavior of sex addiction, computer addictions, and compulsive exercising also have joined the list of addictive behaviors.

The disease model of alcoholism contains three core components that are frequently utilized in the discussion of any addiction:⁵

Tolerance. This is said to be evident when, after exposure and repeated use, an increased amount of the drug is needed to produce the same effect.

Withdrawal symptoms. These are experienced when the effects of the drug wear off, and they vary according to the substance taken. Common withdrawal symptoms include tremor, hot flushes, and nausea; these are typically relieved by another dose of the drug.

Craving. This is the addict's overwhelming desire to take the particular drug of choice, even in light of persistent problems caused by the substance.

Sadly, addiction is a chronic, progressive, and incurable disease, but help is available for those desirous of it. Given the right kind of treatment and support, the addict may be able to have a

normal, healthy, and productive life.

Toolbox for Identifying Addiction

You are, of course, a lawyer, not a trained counselor or diagnostician. However, you should be familiar with the general stages of the disease in order to identify it properly.

Early stage. This stage is marked by relief use; blackouts or memory loss; loss of control; and increased frequency of use and amount.

Middle stage. This stage is characterized by family, school, and/or employment problems; financial difficulties; personality changes; and behaviors not consistent with the user's value system.

Late stage. In this stage we see physical deterioration; tolerance of the substance; free-floating fears and anxiety; institutionalization because of a decline in mental health; and death.

Addiction and other compulsive behaviors develop in stages, and denial is a major symptom. You may identify addicts and be involved in outreach efforts in your practice and in your profession and workplace.⁶

In your practice.

Individuals beset with addiction or a compulsive behavior often have legal problems. This puts the lawyer in a unique position to help, as she is usually the first person her client turns to for help. The classic case that raises questions of addiction is the traffic-related offense. Other examples include theft, embezzlement, sex crimes, and assault. Additionally, addicts often find their marriages under severe strain or ending. Clients in a position of personal financial and/or business-related failure may also turn to alcohol or drugs. Of course, not all such cases are a direct result of an addiction. However, the knowledgeable lawyer does not ignore the possibility that addiction may be a factor in a significant number of these situations.

Moreover, the lawyer is free to ask the client many personal and detailed questions. This is critical when representing a client because

legal solutions are often complex. Indeed, the lawyer is remiss if he does not inquire into the client's background and personal habits in addition to the facts and circumstances surrounding the case at hand. The client will generally answer these questions freely and openly because he wants his case resolved satisfactorily. Because the relationship between the lawyer and the client is private and confidential, the client often confides facts and circumstances to the lawyer that a spouse, relative, or best friend may never hear. These facts can give additional insight into possible addiction problems.

As the relationship develops with the client, a lawyer who is familiar with addictive behavior may be able to identify a pattern of abuse and/or addiction in the client's behavior. At that time, the lawyer can discuss with the client the possibility that addiction is a mitigating factor in his case.⁷

By virtue of the special status the lawyer holds in the attorney-client relationship, everything you say is of heightened importance to the client. This gives you an enormous amount of power to help the client identify his addiction and to facilitate treatment for it. You can further motivate your client by detailing the painful consequences that might result should he fail to remedy his particular addictive behavior.

In your profession and workplace.

As members of the legal profession, most lawyers spend their time dealing with other people's problems, often ignoring their own. The day-to-day pressures and deadlines of practice sometimes cause lawyers themselves to succumb to substance abuse, addiction, or other compulsive behaviors. This same distress is often evident in law students and legal staff.

Without treatment, the addicted lawyer's family and work can be drastically affected. Furthermore, feelings of helplessness, frustration, shame, guilt, and even disgust can cause the lawyer (or other staff person) to shy away from addressing health issues squarely. Rather, it is easier to deny that a problem exists.

The difficulty of identifying an impaired judge, lawyer, law student, or staff member is compounded by her sustained efforts to conceal the problem. For example, a typical alcoholic lawyer may drink heavily for years before colleagues at work or in the courthouse began to notice

that something is terribly wrong. Moreover, the self-esteem of a lawyer is often strongly dependent upon the perception of clients and fellow lawyers that she is a competent practitioner. Thus, the lawyer often does everything possible to prevent others from knowing she has a problem.

Facilitating Treatment

You'll want to know how to help others go into treatment. Develop some techniques to encourage your client (peer, employee, family member, or yourself) to be examined and diagnosed by a competent expert in the field of the addiction. If your client's legal problem is alcohol or drug related (such as a DWI), you might inform him that the majority of judges in your state prefer that lawyers obtain alcohol evaluations before trial. (Judges in most states have this policy because they realize that approximately 80 percent of their cases are related to some type of addictive behavior.)

Use all means to get your client (peer, employee, family member, or yourself) into an effective inpatient or outpatient treatment program. Offer your support throughout the recovery. Become familiar with the services offered by your state, state bar association's lawyer assistance program, and in your local community. Order free Alcoholics Anonymous and Narcotics Anonymous directories so that you can have them readily available to refer your client (peer, employee, family member, or yourself) to a 12-step meeting for support.

Provide pro bono services to indigent families with substance abuse, addiction, or other compulsive behavior problems. Place a priority on the assessment and treatment of your client's problems. You may even encourage your client to get help by offering a discount if he successfully completes treatment.

Promoting Prevention

Organize workshops for your practice to educate colleagues about prevention. Invite health and prevention professionals to speak. They are more than enthusiastic to get their message out. Educate clients about the legal consequences of addiction.

Encourage participation in a drug and alcohol-free workplace. Organize or participate in a comprehensive community action program that draws participants from the legal, law enforcement, medical, educational, and religious communities. Adopt a school with other

lawyers, law firms, medical societies, and corporations; and develop an effective school-based prevention plan.

Although judges have the power to force someone into a rehabilitation program, a lawyer can also have an awesome effect on an addicted colleague, friend, or client. By skillfully applying one's knowledge about the causes, signs, and consequences of addiction, a lawyer can serve as the change-agent in an individual's life. Combining the legal tool of justice with human compassion, an astute lawyer can help an addict take the first steps on the road to recovery. Consequently, you, as a lawyer, can save lives-perhaps even your own.

Notes

1. National Council on Alcoholism and Drug Dependence, Inc., NCADD Fact Sheet, Alcoholism and Alcohol-Related Problems: A Sobering Look, pp. 1-4, 1998; *The Economic Costs of Alcohol and Drug Abuse in the United States*, 1992; National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism National Institute Health, 1998. 2. Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse*, 1999. 3. Alan Leshner, *Oops: How casual drug use leads to addictions*, Sept. 2000 (www.drugabuse.gov/Published_Articles/Oops.html). 4. Miller, THE ADDICTIVE BEHAVIORS, Pergamon Press, 1980. 5. Lesieur, H.R. and Blume, S.B., *Pathological Gambling, Eating Disorders, and the Psychoactive Substance Abuse Disorders*, J. ADDICTIVE DISEASES, Vol. 12, No. 3, 1993, pp. 89-102. 6. Gambling Recovery Center, *Out-Patient Services for Pathological Gamblers and Their Families*, Evanston, Ill. 7. Special Committee on Alcohol and Other Drug Problems, Maryland State Bar Association, *Identification and Effective Referral of the Alcoholic Client*, 1990.

Spotting Addiction in Colleagues

A basic checklist for signs of impairment in a legal professional:

Attendance

Routinely arrives late and or leaves early.

Regularly returns late or fails to return from lunch.

Fails to keep scheduled appointments.

Has frequent sick days or unexplained absences. *Job performance*

Procrastinates; has a pattern of missed deadlines.

Neglects prompt processing of mail or timely return of calls.

Shows decline in productivity/number of hours worked each month or year.

Overreacts to criticism; shifts blame to others.

Is unable to get along with or withdraws from fellow lawyers and other staff.

Performance declines throughout the day.

Clients complain about performance/accessibility/communication.

Co-mingles or borrows clients' trust funds.

Appears under the influence and/or smells of alcohol in the office or during court appearances. *Personal behavior*
Gradual deterioration of personal appearance/hygiene/health.
Loses control at social gatherings, even where professional decorum is expected.
Distorts the truth; is dishonest.
Manages finances poorly; fails to make tax filings and payments on timely basis.

Early Symptoms of Chemical Dependency

An increase in the frequency and amount of chemicals used, with repetitive intoxication.
The user recognizes her ability to consume more than her peers (development of tolerance).
An attraction to suppliers and places where chemicals are readily available (i.e., parties, bars, nightclubs).
Avoidance of activities that do not involve chemicals.
Use of chemicals at times or on occasions that are socially unacceptable.
Anticipation of the next opportunity to get "high."
Occasional absences from work.
The use of chemicals becomes a way of coping with emotional upsets and other problems.
The user shifts from one chemical to another in an effort to avoid some of the problems associated with abusive consumption.
The spouse may complain that family problems are related to chemical abuse.
The individual seeks to blame others for problems related to chemical abuse.
The user may experience temporary amnesia (i.e., blackouts).
The user hides the chemicals and abuses alone.
The individual may evade or be annoyed by attempts to discuss chemical use.
Excessive rationalization to justify chemical use (i.e., finding many reasons, situations, or excuses to indulge).
Source: Alcohol and Drug Administration

Identifying Alcoholic Behavior

Individual has a high breathalyzer test result.

Individual attends office meetings, court appearance, or other functions after drinking.
Individual drinks in the morning or during business hours.
Individual drinks substantial amounts of alcohol and drinks often.
Individual becomes defensive about drinking.
Individual experiences memory loss (blackouts).
Individual experiences increased or decreased tolerance.
Legal problems in combination.
Individual has made past attempts to stop drinking.
Individual makes statements about his or her drinking that signal a drinking problem

The Spectrum of Addictive Substances

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