When There's One Bar They Just Can't Seem to Pass:

Understanding Alcohol Addiction in the Legal Profession

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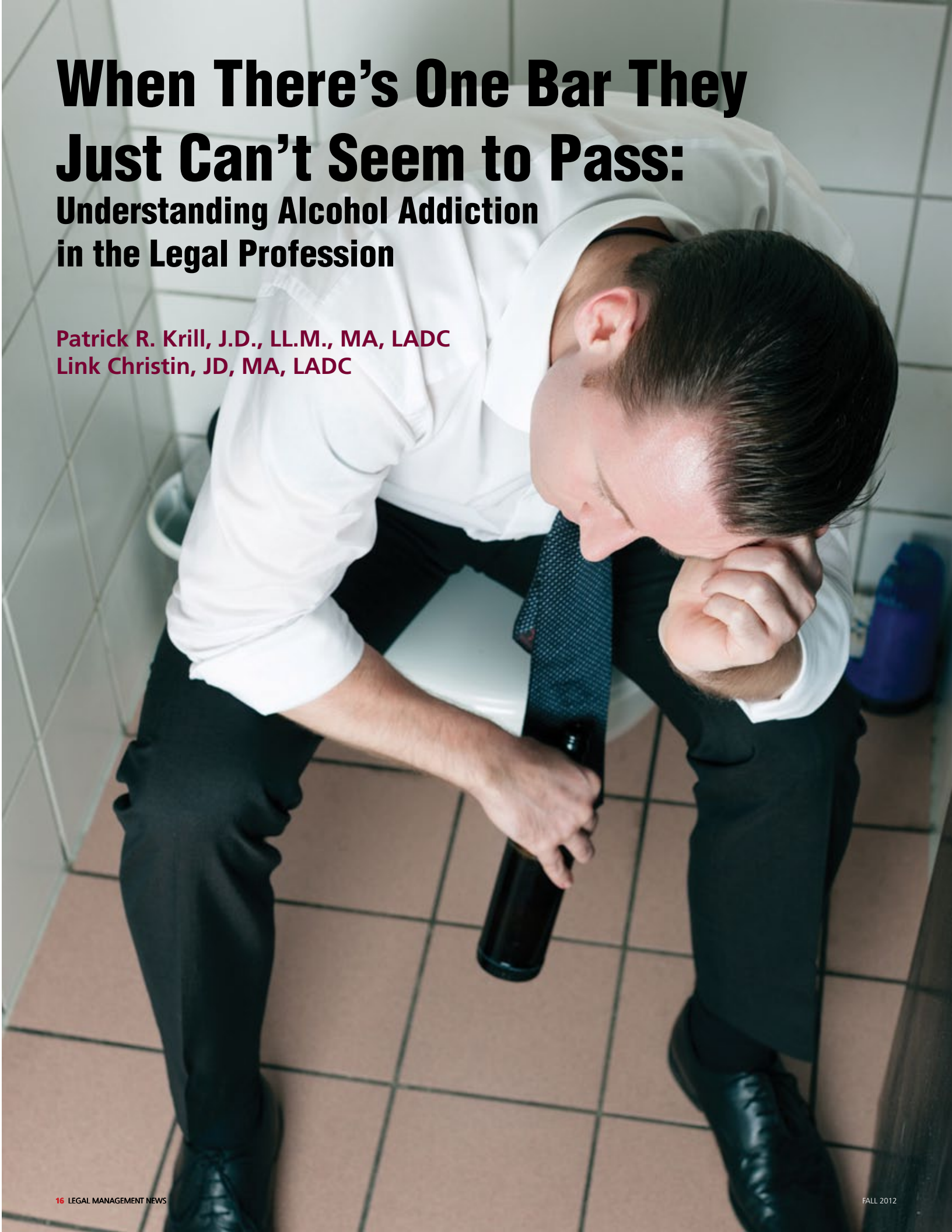

Why do people hire attorneys? Contract negotiations? Sure. Defense against criminal charges? Of course. Filing suit against someone who has wronged them? Naturally. Clearly these are some of the more common reasons, but a comprehensive list could easily span pages. Regardless of the precise reason for which a lawyer's counsel may be sought however, there is one unifying principle, one common and consistent thread woven into all decisions to seek legal representation: Problem-solving. People hire attorneys when they have a problem.

The problem could be immediate, involving physical liberty; it could be ongoing, requiring the steady navigation of a complex transaction. Either way, the client has a problem and their attorney is supposed to solve it. Fair enough - this sounds like a straight-forward relationship between demand and supply, need and provision, expectation and performance. But what if an attorney hired for their very ability to solve someone else's problem is otherwise beleaguered by an unrelenting trouble of their own - an insidious obstacle of seldom insignificance and frequent malignancy? What happens when the individual tasked with resolving a client's pressing issue is secretly buckling under the mounting weight of their own debilitating burden? Unfortunately when that burden is addiction to alcohol or other drugs, what happens is almost never good.

No, as it turns out, attorneys who struggle with alcohol dependence, who struggle with the disease of addiction, are substantially more likely to under-serve their clients, commit malpractice, face disciplinary action and disbarment, fall victim to mental health problems and even to take their own lives. Notably, at least 25 percent of attorneys who face formal disciplinary charges from their state bar are identified as suffering from addiction or other mental illness, with substance abuse playing at least some role in 60 percent of all disciplinary cases! Furthermore, approximately 60 percent of all malpractice claims and 85 percent of all trust fund violation cases involve substance abuse.

In short, attorneys and alcohol addiction are an ill-fated duo, an especially incompatible pair often bound for disastrous horizons at the end of a high-stakes sail through personal anguish and professional negligence. Sadly though, that grim forecast doesn't keep them from dancing together; it doesn't stop them from meeting in a bar and forging a bond of toxic inseparability capable of steadfastly enduring beyond any professional oath or personal vow. In fact, attorneys are more than twice as likely to struggle with alcoholism as the general population and some estimates peg the number of alcoholic attorneys at one in five. (A 2010 Department of Justice Report indicated that eight percent of full-time workers have a substance abuse problem, whereas estimates on the percentage of attorneys who suffer from addiction range from 17-22 percent). Not surprisingly, depression is a frequent co-conspirator to the disease of addiction and attorneys are also approximately four times as likely to battle depression as any other profession. The numbers are, in a word, sobering.

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But now that we've pulled the curtain down from around this worrisome and inconvenient topic, how are you supposed to interpret the provocative yet delicate picture presently standing before you? What are you supposed to make of this confounding portrait that you've likely known someone in your firm to be painting, possibly for years? Essentially, the path forward involves three steps, a treble road to efficacy against addiction that begins here. First, you have to understand the basics of why addiction to alcohol or drugs is, in fact, a disease. Secondly, you must learn to identify the behaviors associated with the disease and how they might manifest in the context of a law practice and, thirdly, learn how to confront and combat the disease through practical strategies after familiarizing yourself with available resources and treatment options.

Though still difficult for some laypeople to fully accept or acknowledge, addiction to alcohol or drugs is a disease – a primary, chronic, progressive, and often fatal disease that has been classified as such by the American Medical Association for decades. Addiction shares many features with other chronic illnesses, including a tendency to run in families (genetic heritability), an onset and course that is influenced by environmental conditions and behavior, and the ability to respond to appropriate treatment, which may include long-term lifestyle modification. Importantly, a 2000 article in the Journal of the American Medical Association drew a comparison between alcoholism/drug addiction and three other chronic illnesses: type 2 diabetes mellitus, hypertension, and asthma. The authors of the article identified many similarities among these conditions and concluded that alcoholism and drug addiction should be evaluated, insured, and treated just like these other chronic illnesses.

Furthermore, addiction requires medical treatment because it is a brain disease. Research has shown

that addiction is not a matter of an individual's strength, moral character, willpower, or weakness. Instead, it can be attributed to the way a person's brain is hardwired. By way of example, the brain of a non-addict engaging in healthy, pleasurable activities will release dopamine - a naturally produced brain chemical known as a neurotransmitter. Dopamine effectively produces a feeling of pleasure, reward, and satisfaction. In other words, dopamine can be described as a natural high. Dopamine is also released from the use of alcohol and other drugs and if the body becomes accustomed to receiving large amounts of this neurotransmitter due to the use of these substances on a regular basis, the brain's own natural capacity for producing it is diminished and the individual in question essentially becomes dependent on their drug of choice for feeling good and sometimes just for feeling normal. Eventually, the brain's own internal circuitry for assessing reward begins to identify the alcohol or other drug as more desirable and important than just about anything else in life and the individual in question will begin to act accordingly, engaging in a spectrum of increasingly problematic behavior in order to satisfy an ever-heightening and typically intense reliance upon and craving for that substance. In short, once the disease of addiction begins to take hold, it "hijacks" the brain of the alcoholic/addict, typically muting their capacity for sound judgment and overriding their will to behave congruently with their ethics, morals, standards, values, and responsibilities.

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By way of contrast with other chronic and oftentimes fatal diseases however, there is one very profound difference between addiction and, say, cancer, that merits brief mention and draws the sinister nature of the affliction into sharper focus. Specifically, when a person is diagnosed with cancer, it wouldn't be uncommon for them to find themselves immersed in an outpouring of sympathy, support, love, and concern from family, friends, and coworkers. In short, people tend to feel bad for someone who has fallen victim to cancer; cancer makes us want to help the sufferer. In turn, the person struggling with that disease frequently embraces the warmth and positivity in which they suddenly find themselves awash - they tap into the pool of support around them and draw strength from their family's well of optimism even as their own might run dry. Sadly, people struggling with the disease

of addiction usually find themselves in a different boat altogether–marooned on opposite emotional shores from family and friends, separated from empathy by the very gulf of deception and dishonesty their disease has spilt forth into their lives. Furthermore, as the behaviors and words of an alcoholic/addict might continue to alienate those who would otherwise care for and love them, the disease gains strength and momentum through their growing isolation, lack of support, and absence of accountability. Clearly, this is a very problematic cycle and one which, quite frankly, makes the disease that much harder to overcome.

Finally, it is worth noting that similar to other diseases with certain risk factors (e.g. smoking and heart disease, diet and diabetes, radiation exposure and cancer) the disease of addiction also has risk factors that can markedly increase one's vulnerability. In addition to the already mentioned genetic component, susceptibility to addiction is also influenced by stress and social environments, among other notable factors. Given the high-stress nature of most legal practices and the always tacit, and many times explicit, approval of alcohol as both a stress-reliever and "social lubricant" for the professional interactions of most attorneys, it is easy to understand how they might find themselves at an increased risk for succumbing to addiction. The historically accepted role of alcohol in law school and law firm cultures has done nothing to help this problem, with both anecdotal and factual data to suggest that many attorneys consider heavy drinking something of an occupational hazard. Unfortunately for some, that hazard ultimately becomes peril, both for themselves and their firms.

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While a full discussion and explanation of the disease concept of addiction to alcohol or other drugs is beyond the scope of this article, we have at least breached the surface of the issue and established some of the fundamentals; understanding how to identify the disease is the next step.

The most frequently cited and currently relied upon criteria for the diagnosis of addiction come from the Diagnostic and Statistical Manual, Fourth Edition or "DSM-IV." Regarding alcohol addiction (or dependence) specifically, the DSM-IV states that it is "a maladaptive pattern of

drinking, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:

- A need for markedly increased amounts of alcohol to achieve intoxication or desired effect; or markedly diminished effect with continued use of the same amount of alcohol.
- The characteristic withdrawal syndrome for alcohol; or drinking (or using a closely related substance) to relieve or avoid withdrawal symptoms.
- Drinking in larger amounts or over a longer period than intended.
- Persistent desire or one or more unsuccessful efforts to cut down or control drinking.
- Important social, occupational, or recreational activities given up or reduced because of drinking.
- A great deal of time spent in activities necessary to obtain, to use, or to recover from the effects of drinking.
- Continued drinking despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to be caused or exacerbated by drinking.

While these diagnostic criteria seem straightforward enough, it's not always an easy task to recognize their manifestation in those around us, especially when those around us are attorneys–highly persuasive professionals endowed with advanced reasoning and verbal abilities, outwardly confident demeanors and a knack for working very hard to accomplish their objectives. Speaking of objectives, it is not surprising that concealment, minimization, denial, obfuscation of the truth and consequence avoidance are commonplace goals of people struggling with addiction, as they will most times do just about anything to dodge confronting their disease. Importantly, when the addicted person seeking to achieve those goals has an attorney's skills at their disposal, it becomes increasingly clear why spotting their addiction can be especially challenging and why lawyers have conventionally been very slow to address their addictions–why they have by and large been treatment–resistant. Further complicating the addiction scenario for most attorneys is their own well-oiled denial machine–a finely tuned mechanism fueled not only by their disease, but also by their years of legal training in which the ability to craft a convincing argument demonstrated professional competence and skill. "Making the case" for why they couldn't possibly be an alcoholic is something that comes naturally to these individuals and frequently results not only in them keeping others in the dark, but also in the attorney themselves having a sometimes wildly inaccurate self-perception surrounding their alcohol/drug use.

Leaving aside the propensity of many attorneys to deny their addiction to alcohol well beyond the ostensible point of reason, there are a number of common telltale behaviors that will tend to emerge with these individuals. A non-comprehensive list of these behaviors might include:

- Blowing deadlines or neglecting work
- Diminishing quality of work
- Missing or arriving late to meetings, court appearances or depositions
- Suddenly closing their office door more frequently and otherwise attempting to avoid colleagues, partners, and administrative staff
- Drinking before meetings, depositions, court appearances, or otherwise inappropriate times
- Willingness to drive under the influence
- Drinking before meetings or phone calls with difficult clients in order to maintain their calm and composure
- Blaming others (colleagues, support staff, or outside contractors) for errors and missed deadlines
- Minimizing, downplaying, hiding, or lying about frequency and/or amount of drinking.

Obviously there are situation-specific and office-unique behaviors and concerns that may arise for different individuals in various contexts, but the above list provides a general outline of some things to watch for in those that may be struggling with alcohol or other drugs. In closing, while the information contained in this article is very helpful and important for understanding and identifying the disease of addiction, its practical value is diluted without a complimentary understanding of what to do next, or where to go from here. In the second part of this series, we will explain some of the more salient issues surrounding the confrontation and management of the disease, including an overview of available resources for individuals and for law firms. Additionally, part two of this article will discuss a number of post-intervention and post-treatment considerations for improving the odds of both a successful recovery and a smooth, effective reintegration into the workplace. Stay tuned! LMN

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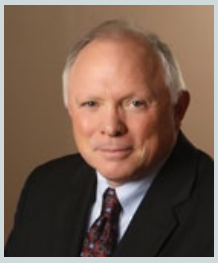

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