In the brightly lit, frigid hospital corridor, John waited on the hospital gurney, twisted in pain. With nothing left but his thoughts, John remembered a time when all he wanted was to be an attorney. And, he was. To John it did not seem so long ago that he was regarded as an American success story. As a brilliant criminal defense attorney, John earned the respect of his peers. He received enormous accolades for his outstanding work in the community and as a father.

Suddenly, and in sharp contrast, these positive thoughts were interrupted with more recent negative thoughts. “It’s just coke that you smoke,” the dealer said. “It’s direct.” John remembered when he first drew on the pipe and blasted off into the ecstatic edge of consciousness. It was John’s escape from problems, as well as the responsibilities of his professional and personal life. Within months, the drug owned him. Soon, John lived solely to fill his crack pipe. John’s addiction 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 struggle with unhealthy, expensive, and often life-threatening addictions or other compulsive behaviors. These include alcohol, drugs, compulsive gambling, and compulsive sex. Lawyers should be aware of the signs and symptoms of the disease in order to promote prevention of addiction in your practice, your community, your family, and yourself.

Why should a lawyer 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 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**
According to the most recent figures from The Substance Abuse and Mental Health Administration, substance use, including underage drinking and the non-medical use of prescription and over-the-counter medications,
significantly affects the health and well-being of our nation’s youth and people of all ages:
• An estimated ten million people aged 12 to 20 report drinking alcohol during the past month. More Americans have engaged in underage drinking than the number of people who live in Michigan.
• About twenty-three million Americans — roughly the population of Australia — are current illicit drug users. Marijuana use and non-medical use of prescription medications are the most common types of drug use in America.
• Almost eighteen million Americans are classified with alcohol dependence or abuse.
• Heavy alcohol use can cause serious damage to the body and affects the liver, nervous system, muscles, lungs, and heart.
• Alcohol is a factor in about 41 percent of deaths from motor vehicle crashes.¹

Stopping substance abuse before it begins can increase a person’s chances of living a longer, healthier, and more productive life.

Alan Leshner, former Director of the National Institute on Drug Abuse, describes how individuals go from substance abuse to addiction. He says that many individuals who want to escape the stresses of daily life or other problems often do so with alcohol or drugs. Some of these individuals begin to depend on the drug not just to feel good but also to feel normal. The occasional use of a drug, including alcohol, turns into weekly use, then daily use, and eventually he or she becomes addicted.²

According to Leshner, every drug user starts out as an occasional user. But as time passes and drug use continues, a person goes from being a voluntary to a compulsive drug user. This change occurs because of addictive drugs change 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 biochemical 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 twenty years. It suggests that addiction, particularly drug addiction, is a chronic and relapsing disease with prolonged effects on the brain.

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. Change is not easy for an addict. Gambling and eating disorders are considered comparable to alcoholism and drug addiction.⁴ The compulsive behaviors of sex addiction, computer addictions, and compulsive exercising also have joined the list of addictive behaviors. The disease model of alcoholism contains three components that are frequently mentioned:⁵
• Tolerance. After exposure and repeated use, an increased amount of the drug is needed to produce the same effect.
• Withdrawal symptoms. Symptoms vary according to the substance taken. 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 a drug, even with persistent problems caused by the substance.

Addiction is a chronic, progressive, and incurable disease, but help is available. 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
Lawyers should be familiar with the general stages of the disease.
• 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 employment problems; financial difficulties; personality changes; and behaviors not consistent with the user’s value system.
• Late stage. Here 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. 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 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. Addicts often find their marriages under severe strain. Clients in a position to know how to help others seek treatment. 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 D W I), inform him that the majority of judges in your state may 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.)

Enroll 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 twelve-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.

**Promoting Prevention**

Organize workshops for your practice to educate colleagues about prevention. Invite health and prevention professionals to speak. 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 enforce-
ment, 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. By skillfully applying one’s knowledge about the causes, signs, and consequences of addiction, a lawyer can change an individual’s life. Combining justice with compassion, an astute lawyer can help an addict recover.

Lawyers can save lives.

Endnotes:
2 Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 1999-2011
3 Alan Leshner, Oops: How casual drug use leads to addictions, Sept. 2000 (www.drugabuse.gov/Published_Articles/Oops.html).
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 or smells of alcohol in the office or during court appearances

Personal behavior
• Gradual deterioration of personal appearance, hygiene, and 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 individual seeks to blame others for problems related to chemical abuse
• The user may experience temporary amnesia (i.e., blackouts)
• The individual 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

Carol P. Waldhauser is the executive director for The Delaware Lawyers Assistance Program. It offers confidential assistance to judges and lawyers to help them identify and address problems such as depression, stress, substance abuse and dependence, gambling addiction, and other illnesses and to assist them in developing effective solutions to enhance both their quality of life and work.