RECOGNIZING AND ADDRESSING STRESS AND SUBSTANCE ABUSE ISSUES AT THE START OF YOUR LEGAL CAREER

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Presented by
The Akron Bar Association
New Lawyer Training Program

Akron, Ohio

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I. The Nature of Substance Abuse.

A. Substance abuse is characterized as a disease.

1. The American Medical Association in 1956 defined alcoholism as a disease because it is:

a. A primary disorder;

b. Chronic;

c. Progressive;

d. Fatal;

e. Treatable.

2. Alcoholism is one form of substance abuse because:

    a. It is a psychoactive dependence, or addiction;

    b. It shares addictive behavior manifestations with other drugs of abuse including, e.g., irrational compulsion to consume, loss of control over intake, and continued use regardless of devastating adverse consequences.

    c. It shares diagnostic criteria with other drugs of abuse such as sedatives, stimulants, narcotics, hallucinogens, inhalants, and cannabis-based substances including:

        i. Ingestion of larger amounts over a longer period of time than intended;

        ii. Persistent desire accompanied by repeated failures to moderate or abstain;

        iii. Inordinate investment of time in activities related to acquiring, partaking, and recovering from effects of drug;

        iv. Frequent intoxication or withdrawal at socially inappropriate times;

        v. Forsaking normal life activities in favor of using;

        vi. Continued use in spite of repeated social or personal consequences that user knows are directly related to use;

        vii. Great tolerance for drug that increases over time as evidenced by inability to achieve intoxicated state;

        viii. Withdrawal symptoms that come to be expected and considered a “normal” part of daily activity;

        ix. Using to diminish or avoid withdrawal.

B. Substance abuse is a genetic, biochemical, psychosocial disease.

    1. Children of addicted parents are more likely to develop addictions.

    2. Ingestion of drug affects brain chemistry.

a. Initial ingestion generally produces feelings of well-being or euphoria.

b. As tolerance builds, withdrawal produces depression and anxiety.

c. Addict then must use to simply return to a "normal" state.

d. Body begins to crave substance, attempting to retain functional capabilities.

3. Psychosocial aspects.

a. There is no stereotypical personality profile on an addicted person.

b. Although frequently diagnosed with mental illness, addicts as a whole experience such disorders at approximately the same level, 10% of the population, as non-addicted persons.

c. Our society's view of drug problems is deeply divided, on the one hand promoting the use of alcohol and tobacco, while on the other declaring "war" on other drugs of abuse.

II. The Nature of Treatment and Recovery.

A. Self-diagnosis.

1. The addict himself must reach the conclusion he is addicted.

2. The addict must possess some, if only a minimal amount of, desire to recover from his addiction.

3. The addict must seek assistance himself.

4. Information must be sought.

a. Information about the disease must be made available and impressed upon him.

b. The addict must be told about the treatable nature of his condition.

B. Self-treatment.

1. The addict must be given the tools to:

a. Maintain abstinence;

b. Prevent relapse.

2. The addict must develop and adhere to a program of recovery.

C. Self-responsibility.

1. The addict must act to:

a. Set his life in order;

b. Repair the past damage caused by his addiction;

c. Full recovery anticipates full reintegration into society;

d. Achieve long-term remission by confronting new problems without resort to use of addictive substances.

III. The Paths of Recovery.

A. Reaching a "bottom."

1. The addict's abuse continues unabated until he reaches the hopeless state of being unable to live with his drug, or conceive of living without it.

2. Such a course is usually accompanied by almost complete abandonment of or ostracism from normal social activities.

a. Near the end stage of such a path, partners and associates may have to assume responsibility for the addict's obligations.

b. Alternatively, the addict's association with a law firm may be terminated for the sake of the firm and its clients.

3. The addicted lawyer almost always comes to the attention of the disciplinary committees of local and state bar associations.

a. Repeated disciplinary complaints are often a clue to well-concealed addictive behavior.

b. When a pattern is seen developing, the grievance committee may refer the matter to an assistance committee for investigation.

i. The assistance committee endeavors to "carry the message" of recovery to the addict.

ii. However, if the person refuses to acknowledge the root of his problems as addiction, the assistance committee's hands are tied to proceed further.

c. A grievance proceeding may ultimately result in the addict, being suspended from the practice of law, in which case his associates must be prepared to assume his workload.

d. A bar association continuity committee can offer support to the solo or small practitioner in the event of suspension of disbarment.

4. When the addict "hits bottom," he may require hospitalization at a treatment facility.

5. Even if admission isn't required, the addict may be unable to maintain work activities in the early stages of recovery.

B. Intervention.

1. A successful intervention is often said to have "raised the bottom."

2. Intervention requires careful preparation.

a. Those closest to the addict–family, partners, associates, friends, clergy, doctors– meet with a psychologist or social worker and express a desire to confront the addict.

b. If it is agreed an intervention will be attempted, those to be involved meet several times with the facilitator to rehearse what will be said to the addict.

i. Simultaneously, the facilitator secures a bed at a treatment facility to which the addict will go immediately after the intervention.

ii. The addict's partners and associates review and anticipate the allocation of his work during the period of in-patient treatment.

3. The intervention is planned to occur without the addict's prior knowledge.

   a. Those who participate in the intervention assemble and the addict is brought to the meeting, usually under a pre-text.

   b. Once before the group, the addict is told the nature of the proceedings by the facilitator and asked to listen without response to the remarks of those present

   c. The addict is assured he is under no obligation and will be allowed to speak his peace at the appropriate time.

   d. The participants convey to the addict how his behavior has affected them and the facilitator then tells the addict that arrangements have been made to immediately transport him to a treatment facility.

   e. The addict is then told he must make a decision to attend treatment or not and is allowed to respond to the remarks of the participants.

4. If successful, the recovering addict is immediately taken to the treatment facility to start a program designed to restore health.

5. A bar association's assistance, grievance, and continuity committees are available to assist in the planning an execution of an intervention.

6. Intervention is not always successful, in which event the addict will follow his own path to a "bottom" or the ultimate end of untreated addiction.

IV. Untreated addiction.

A. Untreated addiction is a terminal disorder.

B. If death occurs, a local bar association continuity committee can assist in distributing the decedent's work among other practitioners should there be no partners or associates to assume the obligations.

C. Prior to death, the untreated addict may become incompetent to manage his own affairs, in which case family members may seek a guardianship through a probate court proceeding.