Alcohol Problems: Signs, Symptoms, Stigmas and Solutions[1]

Law practice provides ready excuses for temper, delay, exhaustion, inattention, and anxiety. Rarely will any of us see the full range of signs displayed by lawyers with alcohol problems. Affected lawyers often try to hide their problems and others often are reluctant to discuss symptoms with anyone else.

Recognizing the danger signals in friends, colleagues, and clients is a first step in getting them the help that they need as quickly a possible.

Learning Objectives

After reading this article and completing the self assessment test, you'll be able to describe:

• The basic facts about alcohol problems and the difference between *at risk drinking*, *alcohol dependence* (popularly known as alcoholism), and *alcohol abuse*.

• The basic *symptoms* (an individual's subjective evidence, *e.g.* pain) and *signs* (objective evidence based on other's perceptions, *e.g.* number of drinks consumed) of alcohol dependence and alcohol abuse.

• How myth and stigma can interfere with recognizing and treating problems.

• What you can do to help.

[1] This article is adapted from materials of the National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health. NIAAA provides leadership in the national effort to reduce alcohol-related problems. The website has extensive resources including fact sheets about a wide range of alcohol-related topics, as well as a variety of publications for researchers and health professionals. http://www.niaaa.nih.gov/

A Widespread Problem

At-risk drinking and alcohol problems are common. About 3 in 10 U.S. adults drink at levels that elevate their risk for physical, mental health, and social problems. Of these heavy drinkers, about 1 in 4 currently has alcohol abuse or dependence.

Alcohol abuse and alcoholism cut across gender, race, and nationality. In the United States, 17.6 million people—about l in every 12 adults—abuse alcohol or are alcohol dependent. In general, more men than women are alcohol dependent or have alcohol problems. Alcohol problems are highest among young adults ages 18-29 and lowest among adults ages 65 and older.

Studies conducted in numerous jurisdictions have pegged the alcoholism rate in the legal profession at between 15% and 24%. Roughly 1 in 5 lawyers is addicted to alcohol. Alcoholism appears to account for 95% of addictions in lawyers and judges.

We also know that people who start drinking at an early age—for example, at age 14 or younger—are at much higher risk of developing alcohol problems at some point in their lives compared to someone who starts drinking at age 21 or after.

A standard drink is one 12-ounce bottle or can of either beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits. (*See Figure 1)*

Drinking becomes too much when it causes or elevates the risk for alcohol-related problems or complicates managing other health problems. According to epidemiologic research, men who drink more than 4 standard drinks in a day (or more than 14 per week) and women who drink more than 3 in a day (or more than 7 per week) are at increased risk for alcohol-related problems. *(See Figure 2)*

Figure 1

What Is a Standard Drink?

A standard drink is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). Below are standard drink equivalents as well as the number of standard drinks in different container sizes for each beverage. These are approximate, as different brands and types of beverages vary in their actual alcohol content.

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
BEER or COOLER	
12 oz.  **~5% alcohol**	• 12 oz. = 1 • 16 oz. = 1.3 • 22 oz. = 2 • 40 oz. = 3.3
MALT LIQUOR	
8-9 oz.  **~7% alcohol**	• 12 oz. = 1.5 • 16 oz. = 2 • 22 oz. = 2.5 • 40 oz. = 4.5
TABLE WINE	
5 oz.  **~12% alcohol**	• a 750 mL (25 oz.) bottle = 5
80-proof SPIRITS (hard liquor)	
1.5 oz.  **~40% alcohol**	• a mixed drink = 1 or more* • a pint (16 oz.) = 11 • a fifth (25 oz.) = 17 • 1.75 L (59 oz.) = 39 *Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.

Figure 2

Drinking Patterns

WHAT IS YOUR DRINKING PATTERN?	HOW COMMON IS THIS PATTERN?	HOW COMMON ARE ALCOHOL DISORDERS WITH THIS PATTERN?
Based on the following limits*— number of drinks: On any **DAY**— Never more than **4**(men) or **3**(women) **– and –** In a typical **WEEK**— No more than **14**(men) or **7**(women)	**Percentage of U.S. adults aged 18 or older****	**Combined prevalence of alcohol abuse and dependence**
***Never* exceed the daily *or* weekly limits** (2 out of 3 people in this group abstain or drink fewer than 12 drinks a year)	 **72%**	fewer than **1 in 100**
Exceed *only* the *daily* limit (More than 8 out of 10 in this group exceed the daily limit *less than once a week*)	 **16%**	**1 in 5**
Exceed *both daily and weekly* limits (8 out of 10 in this group exceed the daily limit *once a week or more*)	 **10%**	almost **1 in 2**

* Men who drink more than 4 standard drinks in a day (or more than 14 per week) and women who drink more than 3 in a day (or more than 7 per week) are at increased risk for alcohol-related problems. Moderate alcohol use—up to two drinks per day for men and one drink per day for women and older people—is not harmful for most adults

** Not included in the chart, for simplicity, are the 2 percent of U.S. adults who exceed *only* the weekly limits. The combined prevalence of alcohol use disorders in this group is 8 percent.

Source: 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationwide NIAAA survey of 43,093 U.S. adults aged 18 or older.

Individual responses to alcohol vary, however. Drinking at lower levels may be problematic depending on many factors, such as age, coexisting conditions, and medication use. Because it isn't known whether any amount of alcohol is safe during pregnancy, the Surgeon General urges abstinence for women who are or may become pregnant.

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Widespread Consequences

The consequences of alcohol misuse are serious—in many cases, life threatening. Heavy drinking can increase the risk for certain cancers, especially liver, esophagus, throat, and larynx. Heavy drinking also can cause liver cirrhosis, immune system problems, brain damage, and harm to the fetus during pregnancy.

Drinking increases the risk of death from automobile crashes as well as recreational and on-the-job injuries. Furthermore, both homicides and suicides are more likely to be committed by persons who have been drinking. In purely economic terms, alcohol-related problems cost society approximately $185 billion per year. In human terms, the costs cannot be calculated.

Alcohol problems in the legal profession are costly. Studies in Canada and in the United States estimate that approximately 60% of lawyer discipline prosecutions involve alcohol problems. Similarly, over 60% of all legal malpractice claims and 90% of serious disciplinary matters involve alcohol abuse.

A Disease: the Brain Hijacked

Alcohol dependence (alcoholism) is a disease. The craving that an alcoholic feels for alcohol can be as strong as the need for food or water. An alcoholic will continue to drink despite serious family, health, or legal problems.

"The fact that alcohol dependence is a disease is now backed by more research than we've ever had. The problem with alcohol dependence is not in the bottle and it's not in the glass. The disease is in the brain. The uncontrolled drinking is just the symptom."[2]

In *Focus on the Neurobiology of Addiction*, a distinguished group of scientists assembled the latest evidence that addiction at its most fundamental essence is a neurobiological disorder.[3] In May 2007, Dr. Nora Volkov, Director of the National Institute on Drug Abuse, lectured on the "The Neurobiology of Free Will." Dr. Volkov described the most complex picture to date of how drugs compromise multiple brain regions and how these effects collectively elevate continued drug and alcohol use as the supreme priority in personal decision-making—a priority that transcends other needs of the individual, his or her family, and society.[4]

The initial decision to take drugs is mostly voluntary. However, when alcohol or drug abuse takes over, a person's ability to exert self control can become seriously impaired. Brain imaging studies from drug-addicted individuals show physical changes in areas of the brain that are critical to judgment, decisionmaking, learning and memory, and behavioral control. Scientists believe these changes alter the way the brain works, and may help explain addiction's compulsive and destructive behaviors.

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[2] Dr. Carl Erickson, distinguished professor in the University of Texas, College of Pharmacy and director of the Addiction Science Research and Education Center. http://www.utexas.edu/features/2006/alcohol/index.html

[3] Nature Neuroscience (multiple authors). Focus on Neurobiology of Addiction [special issue]. *Nature Neuroscience*. (2005), 8(11). at: http://www.nature.com/neuro/focus/addiction/index.html.

[4] http://www.neuropsychiatryreviews.com/07jul/freewill.html. The essence of Volkov's 2007 remarks are in her 2006 ; lecture at http://videocast.nih.gov/Summary.asp?File=13553

Risk Runs in Families

Research shows that the risk for developing alcoholism runs in families. The genes a person inherits partially explain this pattern, but life-style is also a factor. Currently, researchers are working to discover the actual genes that put people at risk for alcoholism. In addition, friends, the stress in a person's life, and the availability of alcohol are other factors that may increase the risk for alcoholism.

Risk is not destiny

Risk is not destiny. Just because alcoholism tends to run in families doesn't mean that a child of an alcoholic parent will automatically become an alcoholic. Some people develop alcoholism even though no one in their family has a drinking problem. By the same token, not all children of alcoholic families get into trouble with alcohol. Knowing who is at risk is important, though, because then individuals can take steps to protect themselves from developing problems with alcohol.[5]

Alcohol-Related Disorders: Alcohol Dependence and Alcohol Abuse

Alcohol Dependence

In 1980, the term "alcoholism" was replaced in favor of two distinct categories: "alcohol abuse" and "alcohol dependence".

Alcohol dependence, popularly known as alcoholism, is a disease that includes these four symptoms:

***Craving*—**-A strong need or urge to drink.

***Loss of control*—**Not being able to stop drinking once drinking has begun.

***Physical dependence*—**-Withdrawal symptoms after stopping drinking such as nausea, sweating, shakiness, and anxiety.

***Tolerance*—**The need to drink greater amounts of alcohol to get "high."

[5] *See also* No. 60: The Genetics of Alcoholism (2003) http://www.niaaa.nih.gov/Publications/AlcoholAlerts/

For clinical and research purposes, formal diagnostic criteria for alcoholism are included in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM IV), published by the American Psychiatric Association, as well as in the *International Classification Diseases*, published by the World Health Organization.[6]

Alcohol abuse

The main symptom of alcohol abuse occurs when someone continues to drink after their drinking reaches a level that causes recurrent problems such as missing work, driving drunk, shirking responsibilities or getting in trouble with the law.

The *DSM IV* defines alcohol abuse as drinking despite alcohol-related physical, social, psychological, or occupational problems, or drinking in dangerous situations, such as while driving. The World Health Organization's *International Classification of Diseases* refers to "harmful use" of alcohol, or drinking that causes either physical or mental damage in the absence of alcohol dependence. In other words, alcohol abuse is any harmful use of alcohol.

People may abuse alcohol without actually being alcoholics; they may drink too much and too often but still not be dependent on alcohol.

Dependence vs. Abuse

One reason it's hard for people to understand that dependence is a brain disease is because they don't understand that there are actually two major drug and alcohol problems. One is willful drug abuse. The other is the brain disease of chemical dependence. People assume they are one and the same, but they aren't.

"There's no way that you can stand and look at an abuser and a dependent person and see any difference," Dr. Carl Erickson says. "They look the same. But one has the ability to stop on his own and one doesn't. The latter will drink until he dies if he's not intervened upon. Clinicians

[6] http://allpsych.com/disorders/substance/index.html *See also* No. 30: Diagnostic Criteria for Alcohol Abuse and Dependence (1995) http://www.niaaa.nih.gov/Publications/AlcoholAlerts/

now have the tools to tell the difference. It's an important fact to have out there."[7]

For example, if two people drink heavily, one might simply abuse alcohol and stop when circumstances change or the costs associated with drinking outweigh the perceived benefits. The other might end up with a lifelong dependence on alcohol.

"That's because one has what it takes to become dependent and the other one doesn't have what it takes," Erickson explains. "What's involved in having what it takes is mainly genetics, but there's a 40 percent fudge factor in there that we call 'triggering factors' or 'environmental factors' that we have not yet identified that make some people more vulnerable when they have genetics and some people less vulnerable."

The move from abuser to dependent happens in the brain in one of two ways. In some cases, genetics are so ingrained in an individual that dependence is almost ordained. Such people experience what scientists call "instant dependence." They're so heavily genetically loaded that unless they avoided all alcohol their entire lives, it would be difficult for them not to become dependent.

Others experience "neuroadaptation" in which the brain adapts to the drug's presence to the point where there is no turning back. This may happen in people with a genetic predisposition and also in those without one. Scientists are still trying to understand why.

Treatment

Treatment has helped many people stop drinking and rebuild their lives.[8] Alcoholism treatment programs use both counseling and medications to help a person stop drinking.

At this time, alcohol dependence can be treated but not cured. Even if an alcoholic hasn't been drinking for a long time, he or she can still suffer a relapse. Not drinking is the safest course for most people with alcoholism.

Signs and Symptoms

Long before drinking problems are diagnosed in a healthcare setting, they are usually recognized by friends, family, and co-workers. Those close to the drinker see someone continue to drink in spite of all the problems it causes, and they correctly diagnose that the person has a drinking problem.

Denial

Friends and family may try to talk to individuals about their problems, encouraging them to get help, but denial comes into play. *Denial is so common in people with alcohol problems that denial itself is a warning sign of alcohol problems.* Drinkers simply do not see, or refuse to admit, that alcohol use is the source of problems.

Moreover, alcohol problems are rarely diagnosed during routine visits to the doctor or even during hospitalizations. People with alcohol abuse disorders are diagnosed properly less than 30% of the time. Physicians routinely do not recognize the symptoms, and when they do, they may be reluctant to confront their patients about their drinking problems.

Screening Tests

Use screening test questions to determine whether you, or someone close to you, may have a drinking problem.

Doctors use screening questions to identify people who are *likely* to have a disorder. People with positive screening results may be advised to undergo more detailed diagnostic testing to definitively confirm or rule out a disorder.

To deal with the denial problem, most of these tests do not ask direct questions about how much a person drinks, but ask questions about problems associated with drinking instead.

Although hundreds of alcohol screening tests are available, including some elaborate ones with up to 100 questions, short screening tests with only

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[7]Dr. Carl Erickson, distinguished professor in the University of Texas, College of Pharmacy and director of the Addiction Science Research and Education Center. http://www.utexas.edu/features/2006/alcohol/index.html

[8]*See also* No. 49: New Advances in Alcoholism Treatment (2000)http://www.niaaa.nih.gov/Publications/AlcoholAlerts/

a few questions have been developed to encourage diagnosis in primary and emergency health-care situations.[9]

One Question Test[10]

One study has shown that a positive response to this one question accurately identifies people who meet NIAAA's criteria for at-risk drinking or the DSM IV criteria for alcohol abuse or dependence:

"On any single occasion during the past 3 months, have you had more than 5 drinks containing alcohol?"

The CAGE Test

One of the oldest and most popular screening tools for alcohol abuse is the CAGE test, which is a short, four-question test that diagnoses alcohol problems over a lifetime.

C - Have you ever felt you should **cut down** on your drinking?

A- Have people **annoyed** you by criticizing your drinking?

G - Have you ever felt bad or **guilty** about your drinking?

E - **Eye opener**: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

Because denial usually accompanies alcohol abuse problems, the CAGE test, like most alcohol screening tests, asks questions about problems associated with drinking rather than the amount of alcohol consumed.

One "yes" answer suggests a possible alcohol problem. More than one "yes" means it is highly likely that a problem exists. The test's disadvantage is that it is most accurate for white, middle-aged men and not very accurate for identifying alcohol abuse in older people, white women, and African- and Mexican- Americans.

The T-ACE Test

This test is only four questions, including three from the CAGE test, but it has proved to be more accurate in diagnosing alcohol problems in both men and women.

T - Does it **take** more than three drinks to make you feel high?

A - Have you ever been **annoyed** by people's criticism of your drinking?

C - Are you trying to **cut down** on drinking?

E - Have you ever used alcohol as an **eye opener** in the morning?

"Yes" answers to two of these questions indicates possible alcohol abuse or dependence.

The AUDIT Test

The **A**lcohol **U**se **D**isorders **I**dentification **T**est, which can be accurate 94% of the time, is also accurate across ethic and gender groups. The test contains 10 multiple choice questions that are scored on a point system. A score of more than eight indicates an alcohol problem.

The AUDIT includes questions about the quantity and frequency of alcohol use, as well as binge drinking, dependence symptoms, and alcohol-related problems (*See Figure 3*).

AUDIT's strength lies in its ability to identify people who have problems with alcohol but who may not be dependent. Its disadvantage is that it takes longer to administer and is more difficult to score than the shorter tests. Note also that AUDIT detects alcohol problems experienced in the last year.

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[9] http://alcoholism.about.com/od/tests/a/tests.htm

[10] Taj. N.**;** Devera-Sales, A.; and Vinson, D.C. Screening for problem drinking: Does a single question work? *Journal of Family Practice* 46(4):328–335, 1998 cited in No. 65: Screening for Alcohol Use and Alcohol-Related Problems (2005) http://www.niaaa.nih.gov/Publications/AlcoholAlerts/

Alcohol Use Disorders Identification Test (AUDIT)				
1. How often do you have a drink containing alcohol?				
Never	Monthly or less	Two to four times a month	Two to three times per week	Four or more times per week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?				
1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
4. How often during the last year have you found that you were not able to stop drinking once you had started?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
5. How often during the last year have you failed to do what was normally expected from you because of drinking?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
7. How often during the last year have you had a feeling of guilt or remorse after drinking?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?				
Never	Less than monthly	Monthly	Two to three times per week	Four or more times per week
9. Have you or someone else been injured as a result of your drinking?				
No	Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?				
No	Yes, but not in the last year		Yes, during the last year	
The Alcohol Use Disorders Identification Test (AUDIT) can detect alcohol problems experienced in the last year. A score of 8+ on the AUDIT generally indicates harmful or hazardous drinking. Questions 1–8 = 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored 0, 2, or 4 only.				

Figure 3

The Michigan Alcohol Screening Test
The Michigan Alcohol Screening Test (MAST) is one of the oldest and most accurate alcohol screening tests available, effective in identifying dependent drinkers with up to 98% accuracy. [11] The MAST includes questions about drinking behavior and alcohol-related problems; it is particularly useful for identifying alcohol dependence

Helping Patients Who Drink Too Much: A Clinician's Guide, Updated 2005 Edition
Written for primary care and mental health clinicians, this *Guide* describes practical steps to screen, treat and educate people for alcohol problems.[12]

California Lawyer Questionnaire for Their Colleagues[13]

1. Have you ever failed to show up at the office because of a hangover?
2. Failed to appear in court for the same reason?
3. Neglected to process mail promptly?
4. Neglected to pay State Bar dues on time?
5. Frequently failed to keep appointments?
6. Showed up in court or at depositions under the influence?
7. Are you drinking in the office during office hours?
8. Have you used - misused - co-mingled or borrowed clients' Trust Funds?
9. Have you failed to accept or answer telephone calls because you didn't feel good?
10. Have you gotten other attorneys to make court appearances on your behalf?
11. Are you avoiding the resolution of problems?
12. Are you regularly partaking of noontime cocktails?
13. Is your ability to perform diminished in the afternoon?
14. Are you frequently blaming your secretary for the things that go wrong?
15. Are your relationships with your clients, staff and friends deteriorating?
16. Do you get drunk at bar association meetings and social gatherings?
17. Does your spouse/partner complain that you are drinking too much?
18. Are you missing deadlines for performance like allowing the statute of limitations to run out?
19. Are you losing control at social gatherings when professional decorum is called for?
20. Are these occurrences increasing in frequency?

Myth and Stigma Busting[14]

Certain myths have harmed alcoholics and hampered those who would help them. These stigmas come from ingrained public attitudes that see alcoholism and other drug problems as personal misconduct, moral weakness, or even sin.

They are expressed in such declarations as, "Nothing can be done unless the alcohol abuser wants to stop," or "They must hit bottom," that is, lose health, job, home, family, "before they will want to get well." These stubborn myths are not true, and have been destructive. One may as well say that you cannot treat cancer or tuberculosis until the gross signs of disease are visible to all.

With alcohol and other drug problems, as with other kinds of acute and chronic illness, early recognition and treatment intervention is essential.

Hiding Families go to great lengths to conceal a member's alcoholism. Fellow workers of people with alcohol problems—including their immediate superiors—cover up for them, keep giving them "one more chance to straighten up." The friends, neighbors and others in more casual contact with alcoholics look the other way. All are participating in a conspiracy of silence, many mistakenly believing that they are protecting alcoholics when actually they are preventing them from getting help.

[11] http://alcoholism.about.com/od/tests/a/mast.ht

[12] http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm

[13] The State Bar of California Law Assistance Program has another questionnaire at http://calbar.ca.gov/calbar/pdfs/LAP/LAP_20-Questions-Test.pdf

[14] For more on stigmas, *see* **http://www.ncaddnj.org/FOARNJ/reducingStigma2.asp**

Stigma drives alcoholics and their families underground, isolates them from their fellows, twists and distorts them psychologically as they cringe under the heavy burden of shame. They feel disgraced and so they hide—and keep quiet.

Married with children Contrary to another false belief fostered by stigma, the large majority of our alcoholic population is married, living at home, with children, and with a job.

Denial Stigma also plays a part in the almost universal characteristic of alcoholics: denial. Who has not heard someone who "drinks too much" declare flatly, "Who, me? Trouble with drinking? Nonsense, I can quit any time I want to." Or use the even better known phrase, "I can take it or leave it alone." Stigma's role in denial is simple: no one willingly admits to being a moral delinquent, a weakling, or any other of the many misinformed characterizations that have for so long been applied to alcoholics.

What Can You Do?

• *Be compassionate, be patient —but be willing to act.* You cannot cure the illness, but when the crucial moment comes you can guide the person to competent help. Preaching doesn't work. A nudge or a push at the right time can help. It also shows that you care.

Push may even come to shove when the person with alcohol troubles must choose between losing family or job, or going to treatment. Thousands of alcohol and other drug abusers have been helped when a spouse, employer, or court official made treatment a condition of continuing family relationships, job, or probation.

• *Give support when and where you can.* What may be needed in most is human concern. The kinds of support given depend, of course, on finding out from the person what they feel they need. Strained family and friend relationships, money troubles, worry about the job or business, sometimes matters that may seem trivial to us, all confuse their situation and may contribute to their drinking.

What Not To Do...

- Don't attempt to punish, threaten, bribe, or preach.
- Don't try to be a martyr. Avoid emotional appeals that may only increase feelings of guilt and the compulsion to drink or use other drugs.
- Don't hide or dump bottles, or shelter them from situations where alcohol is present.
- Don't argue with the person when they are impaired or high.
- Don't try to drink along with the problem drinker or take drugs with the drug abuser.
- Above all, don't feel guilty or responsible for another's behavior.

What If They Are Unwilling To Get Help?

This can be a challenge. People with alcohol problems can't be forced to get help except under certain circumstances, such as a traffic violation or arrest that results in court-ordered treatment. But don't to wait for someone to "hit rock bottom" to act. Many alcoholism treatment specialists suggest the following steps to help an alcoholic get treatment:

Stop all "cover ups." Family, friends and co-workers often make excuses or try to protect alcoholics from the results of their drinking. Stop covering for people who have alcohol problems so that they experience the full consequences of drinking.

Time your intervention. The best time to talk to someone is shortly after an alcohol-related problem has occurred—like a serious argument or an accident. Choose a time when he or she is sober, both of you are fairly calm, and you have a chance to talk in private.

Be specific. Tell the person that you are worried about his or her drinking. Use examples of the ways in which the drinking has caused problems, including the most recent incident.

State the results. Explain to individuals what you will do if they don't go for help—not to punish, but to protect yourself from their problems. What you say may range from refusing to go with the person to any social activity where alcohol will be served, to moving out of a shared

office. Do not make any threats you are not prepared to carry out.

Get help. Gather information in advance about treatment options in your community. If the person is willing to get help, call immediately for an appointment with a treatment counselor. Offer to go with a family member or friend on the first visit to a treatment program and/or an Alcoholics Anonymous meeting.

Call on a friend. If individuals still refuse to get help, ask a friend to talk with them using the steps just described. Friends who are recovering alcoholics may be particularly persuasive, but any person who is caring and nonjudgmental may help. The intervention of more than one person, more than one time, is often necessary to coax an alcoholic to seek help.

Find strength in numbers. With the help of a health care professional, some families join with other relatives and friends to confront a person with alcohol problems as a group. This approach should only be tried under the guidance of a health care professional who is experienced in this kind of group intervention.

Get support. Remember that you are not alone. Support groups offered in most communities include Al-Anon, which holds regular meetings for spouses and other significant adults in an alcoholic's life, and Alateen, which is geared to children of alcoholics. These groups help family members understand that they are not responsible for an alcoholic's drinking and that they need to take steps to take care of themselves, regardless of whether the alcoholic family member chooses to get help.

Lawyer Assistance Program
A comprehensive program for California attorneys challenged with substance abuse or mental illness includes individual counseling, referral assistance, consultations for rehabilitation, and private peer support groups. The program also works with family members, friends, colleagues, and judges who wish to obtain help for an impaired attorney. Contact 877-LAP 4 HELP (877-527-4435)
LAP@calbar.ca.gov

The Other Bar
A confidential counseling and referral resource for California lawyers, judges, law students and their families for help with alcoholism, drug abuse and related personal problems.
www.otherbar.org

Message of Hope

Millions of individuals have achieved complete long-term recovery from alcohol dependence, ended alcohol abuse and stopped at risk drinking and have gone on to experience healthy, meaningful, and productive lives.

With abstinence and proper care, even addiction-induced brain impairments rapidly reverse themselves.

As lawyers we should not only work to help our co-workers, friends and family, but help establish a social climate in which addiction recovery flourishes and recovered and recovering people have access to the opportunities and relationships available to everyone.