



NHLAP

NEW HAMPSHIRE



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Newsletter

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NH LCL Monthly Meeting

Lawyers Concerned for Lawyers is a monthly meeting on the
SECOND TUESDAY OF EACH MONTH
of NH lawyers, judges and law students who come together for
free, confidential peer support for any issue that interferes with
professional competence. Absolutely confidential.

May 14 at 6:00 p.m.

Airport Diner, 2280 Brown Ave, Manchester

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What is Alcohol Use Disorder?

The terms “alcoholism” and “alcoholic” are both fraught with negative stereotypes and inaccurate descriptions of problematic drinking. The correct medical term is Alcohol Use Disorder. According to the National Institute on Alcohol Abuse and Alcoholism, “AUD is a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using.” (See www.niaaa.nih.gov).

NIAAA, a department of the National Institute of Health, has funded that Collaborative Studies on Genetics of Alcoholism since 1989. Epigenetics, the field of medical research which seeks to determine the role genes play in health, is making recent strides in understanding both the risk for developing AUD and what treatment may be most effective in combating it. Recent findings show that genetics play a significant role in Alcohol Use Disorder. Approximately 50% of the risk for developing AUD can be attributed to genes. Therefore, 50% of risk factors are found in environmental interactions. These same studies indicate that genes play a significant role in effective treatment of AUD. Naltrexone can be a very effective drug in helping those with AUD reduce drinking, but it is not effective for everyone. This variable response has been shown to be the result of a specific gene. Those with a variation to this specific gene responded well to naltrexone. Those without such a gene variation to not.

Regardless of the origins of AUD, there is no question that alcohol misuse is a major cause of death and morbidity, not just in the US, but worldwide. The biggest factor in addressing AUD is not medical but cultural. The stigmatization associated with AUD and with seeking treatment for AUD creates significant resistance to treatment. There is also the double stigmatization of the treatment centers themselves that keeps many from entering.

There are many forms of AUD and no one form that is “better” than another. Someone who fits the stereotypical definition of an alcoholic, someone who lives primarily on alcohol, is a Maintenance Drinker. This form of AUD often finds the person never quite drunk and never quite sober, as the alcohol is necessary to maintain daily function.

Risk Factors for Alcohol Use Disorder: In the Past Year, Have You:

- Had times when you ended up drinking more or longer than you intended?
- More than once tried to cut down or stop drinking but couldn't?
- Spent a lot of time drinking? Or being sick or getting over the aftereffects?
- Experienced a craving- a strong need or urge to drink?
- Found that drinking or being sick from drinking often interfered with taking care of your home, family or professional responsibilities?
- Continued to drink even though it is causing trouble with family, friends or co-workers?
- More than once found yourself in situations while or after drinking that increased your risk of injury?
- Continued to drink even though it was making you depressed, anxious or exacerbating another health problem?
- Had to drink more to than you once did to get the same effect?
- Found that as the effects of the alcohol wear off, you had withdrawal symptoms such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating?

There are also Cyclical Drinkers. This form of AUD finds that person drinking at a specific time on a consistent basis. This would be the person who comes home every night and drinks a bottle of wine or a 12-pack of beer to “relax.”

Binge Drinkers are those with AUD who may not drink at all during the week but spend much of the weekend drunk on a “binge.” There are periods of relative or even complete sobriety and then a return to a period of chronic or cyclical use.

Reactive Drinkers are those that use alcohol as their primary coping skill. This type of AUD is someone who seeks alcohol in response to an emotional state: stress, loneliness, anxiety, anger, etc. This is self-medication and not only points to AUD, but likely an underlying mental illness that is not diagnosed nor treated. More than half of people with AUD have an undiagnosed mental illness, also known as a co-occurring disorder.

Because there is no one definition for AUD, there is no one answer to the stereotypical question, “How much can I drink and NOT be an alcoholic?” There is no one measurement, no one guideline, no one all-encompassing answer. If you ask yourself this question, there is likely a problem that needs to be addressed.

Any form of AUD is an addiction. The alcohol is the symptom of the addictive process because the addiction itself is a breakdown in impulse control. Addiction also contains a quazi-obsessive-compulsive dynamic which can be attributed to the changing chemistry of the brain. All addicts are deceptive, sneaky and secretive. No matter what the addiction, the addictive behavior does not make for a “bad” person. It does indicate the presence of addiction with the need for trained medical intervention.

Alcohol Use Disorder is a condition that can happen to anyone. Genetics, risky lifestyle choices, traumatic events and poor coping mechanisms for anxiety and stress can all lead to AUD. It is a medical condition that can be addressed and cared for with professional and scientifically validated tools and treatments.

If you have any of these symptoms, your drinking may already be a problem. The more “yes” answers, the more urgent the need to seek help from a qualified medical provider to conduct a formal assessment.

36 % of lawyers self-reported as problem drinkers.

44% of that 36% reported the problem drinking started sometime in the first 15 years of practicing law.

29% of lawyers practicing 10 years or less self-reported as problem drinkers.

Problem Drinking was identified as “hazardous, harmful, potentially alcohol-dependent drinking.”

Krill, Johnson & Albert. (2016). The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys. *The Journal of Addiction Medicine.*, Volume 10, Issue 10. Doi: 10.1097/ADM.0000000000000182

Otherwise referred to as the **ABA/Hazelton Betty Ford Foundation Report.**



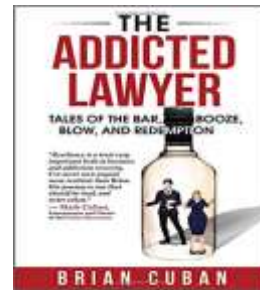
MONTHLY RESOURCE



SPOTLIGHT

BOOK PICK:

The Addicted Lawyer: Tales of Booze, Blow and Redemption by Brian Cuban. Moody Publishers (2014) The story of a lawyer with a famous last name and a successful legal career who hid his clinical depression and addictions to alcohol and cocaine until it brought him to the brink of suicide. He is now an inspirational speaker in long-term recovery, telling his story of addiction and redemption in the hope of inspiring others to face their addictions.



PODCAST PICK: Voice of Recovery: An ABA/CoLAP Podcast Series. Lawyers overcoming substance use disorder, mental health issues and addiction.



Available free through the ABA CoLAP Website and accessible through SoundCloud
www.americanbar.org/groups/lawyer_assistance



Free, Confidential, On-Line Peer Support

The **Lawyers Depression Project (LDP)**, a group of attorneys who themselves suffer from depression, have launched a grassroots project aimed at addressing depression and other mental health issues in the legal profession. The group hosts a confidential forum at www.knowtime.com and weekly online peer-to-peer support group meetings, offering members the option of anonymity. To participate, members need only share emergency contact information with the group's founders (Joseph Milowic III & Aaron Kaufman, both attorneys who suffer from depression) to receive an anonymous knowtime email address for use with group meetings and to participate in the group's web forum. For more information, please contact Joe@knowtime.com



WHAT IS NHLAP?

We are a confidential, independent 501(c)(3) non-profit to assist NH lawyers, judges and law students with any issue that may impact or impair the ability to practice law. Many lawyers think we only help with substance misuse. Although that is a very important part of NHLAP, it is not the sole focus of our work. We help with anything that has become problematic. Just some examples are depression, anxiety and other mental health issues; grief; cognitive limitations resulting from aging; eating disorders; professional dissatisfaction and burn-out; work-life imbalance and time management strategies.

We are here to help before consequences of these issues become problematic, public or both. We are not part of the NH court system nor the NH Bar. Because we are solely funded by a per attorney mandatory assessment, we are akin to an additional lawyer insurance policy- we can help individuals or legal employers understand the risks in ignoring these very real issues and point to concrete solutions.

We are your resource. We are here to help make your legal practice something you enjoy, not something you endure.

1-877-224-6060

QUIK TIP

Have Non-Alcoholic Alternatives on the Ready

Whether you are hosting a business function, leading a team building exercise, throwing a party or just rethinking what you want to have on hand in your fridge, having non-alcoholic alternatives ready to consume is an easy way to signal that drinking alcohol is not necessary. Having pitchers of lemonade or iced teas on tables, seltzer waters with beer in coolers or new and interesting “mocktails” at the bar can help cut alcohol consumption at your next gathering. Small, easy steps go a long way in changing the attitude that alcohol is needed to have a good time.

