Drugs and Alcohol

Introduction to alcohol

Turning to drugs and alcohol when under extreme stress or when suffering from varying degrees of depression and anxiety can become a way to escape. However, as this information will explain, taking drugs or drinking excessively can exacerbate the problems and make dealing with issues more challenging.

Anecdotal evidence suggests substance use disorders, characterised by dependence on alcohol or a drug, use of alcohol and drugs that can lead to problems at work, school or home or to legal problems, and use of alcohol or drugs at a level that is damaging to one’s health, are higher in the legal industry compared to the normal population and in comparison to other professional industries. Research undertaken by the Brain and Mind Institute (Sydney 2009) support the claim that mental health is indeed a serious issue within the legal industry. Findings showed there were high levels of psychological distress and risk of depression in law students and practicing solicitors and there was a general reluctance to seek help for mental health issues.

Do I have any problems with alcohol consumption?

The legal profession is both very stressful and usually well paid – a combination that leaves some legal professionals with both a reason and the means to drink heavily. The question is, do you have an alcohol problem? Do you recognise yourself in any of these statements?

• “I go out intending to have just one or two drinks, but then I just don’t seem to be able to stop.”
• “I’ve tried to cut down a couple of times. Once I even managed to go a whole week without drinking, just to prove to myself that I could do it.”
• “Sometimes I feel a bit guilty about my drinking, or about the effect it has on other people. I know I’m letting people down and breaking promises.”
• “Other people sometimes comment on the amount I drink. It really irritates and annoys me. Why can’t they mind their own business?”
• “I really look forward to a drink. Sometimes I even count down the hours until the next one, and if we’re going out and I’m worried there won’t be enough alcohol when we get there I will have a couple of glasses before we leave.”
• “I always feel better if I have a little drink fairly early in the day, just to steady me.”
• “I drink more than some other people, but I know I’m not an alcoholic because I don’t drink spirits/only drink at weekends/I’m never blind drunk/I don’t drink as much as Joe Bloggs.”

If just one of these statements rang true for you, then you could potentially have an alcohol problem and may require some professional help or assistance.

Please note: Whilst this information is about alcohol, addiction to any drug or substance follows similar patterns and requires similar treatment.
What is the recommended weekly consumption limit for men and women?
The Australian government National Health and Medical Research Council’s 2009 guidelines advise both men and women to drink no more than two standard drinks per day to reduce their health risks over a lifetime. The previous guidelines set out were four drinks for men and two drinks for women per day, on average.

What are the dangers of drinking too much?
Alcohol is known to be a major cause of the following ailments and conditions:
- Vitamin deficiency and malnutrition;
- Skin and facial problems;
- Sexually transmitted infections;
- Female or male sexual dysfunction;
- Liver disease/cirrhosis;
- Brain damage/hallucinations/blackouts;
- Gastrointestinal diseases/inflammation of the stomach, gastritis and duodenal ulcers;
- Cardiovascular diseases;
- Dementia/memory loss;
- Infertility/impotence and small genitals;
- Anaemia/hypertension and impaired blood clotting;
- Anxiety;
- Stress;
- Depression;
- Cancers of the mouth, oesophagus, larynx, liver, breast and rectum;
- Stroke;
- Suicide;
- Metabolic syndrome;
- Trembling hands and loss of sensation in fingers;
- In pregnant women, drinking can potentially lead to foetal alcohol syndrome, characterised by varying degrees of lifelong brain and nerve damage and facial deformity in the baby.

The Brain and Mind Research Institute at the University of Sydney recently undertook a comprehensive study where participants were asked to report on what they saw to be the most typical characteristics of a person with depression. Results showed that 49.5 per cent of the 2,414 participants suggested dependence on alcohol, drugs or sedatives were typical behaviours exhibited by students, solicitors and barristers.

Alcohol-related deaths and other relevant statistics
- Alcohol is the second largest cause of drug-related deaths and hospitalisations in Australia (after tobacco) (AIHW, 2005a);
- Alcohol is the main cause of deaths on Australian roads. In 1998, over 2000 deaths of the total 7000 deaths of persons under 65 years were related to alcohol (Ridolfo and Stevenson, 1998);
- In 2004, the age standardised rate for male deaths due to alcoholic liver disease as the “underlying cause” was 5.5 per 100,000, compared with 1.5 per 100,000 for females (ABS 2006b); and
- In 2004, the age standardised rate for male deaths with mental and behavioural disorders due to alcohol as the underlying cause was 1.9 per 100,000, compared with 0.4 per 100,000 for females (ABS 2006b);

These above-mentioned statistics illustrate that excessive alcohol consumption can seriously damage your health, your personal life and the lives of those around you.


### Consumption rates and standard drinks

<table>
<thead>
<tr>
<th>What is a standard drink?</th>
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<tbody>
<tr>
<td>Can/Stubbi low-strength beer</td>
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<tr>
<td>Can/Stubbi mid-strength beer</td>
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<tr>
<td>Can/Stubbi full-strength beer</td>
</tr>
<tr>
<td>100ml wine (13.5% alcohol)</td>
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<tr>
<td>30ml nip spirits</td>
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<tr>
<td>Can spirits (approx 5% alcohol)</td>
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<td>Can spirits (approx 7% alcohol)</td>
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What is the relationship between alcohol and depression?

Those affected directly or indirectly by depression know only too well how crippling the illness can be. It is an all-engulfing, frightening mental disease that can destroy all sense of control, purpose and hope. It frequently kills in the form of suicide. The main symptoms of depression include sleep problems, fear of social situations, inability to relax, incessant dwelling on problems, severe anxiety and desperate black moods. Many alcoholics will admit that they suffer from depression, but are unaware that it is related to alcohol.

Alcohol is a known depressant, meaning that it slows down the body in all ways. The feelings of relaxation and wellbeing it promotes are due to this general slowing down and “depressing” of the body’s systems, in particular the brain. Most cognitive processes, from reaction time to emotional responses, will be dulled.

In individuals who were not depressed when they began drinking, alcohol can cause depression. Consumption of alcohol causes an increase in dopamine levels in the brain, leading to feelings of pleasure. With this artificially increased supply of dopamine, however, the brain compensates by producing less. When consistently stimulated into reducing dopamine by excessive alcohol intake, the brain may cease producing dopamine in response to other stimuli altogether. The result is that the addict now requires the drug just to feel “normal” and finds no pleasure in anything except alcohol.

Many alcoholics will admit that they suffer from depression, but are unaware that it is related to alcohol.

What is denial and how common is denial?

Denial is present in nearly all who have problems with alcohol, and is a primitive psychological defence mechanism by which the person subconsciously rejects the implications of an event or situation. Those affected by excessive alcohol consumption will unconsciously perform often enormous feats of distorted perception and logic to shield them from the truth of destruction.

In addition, admitting that alcohol is the cause of their difficulties means that they must accept the guilt, shame and disgrace their drinking may have caused, and admit that problems they have encountered—such as marriage breakdown, losing a job or losing their driving licence—were, in fact, their own fault. This is an enormous thing to have to admit and take some degree of liability for.

A person suffering from alcohol dependence may be in denial and when challenged about their drinking may typically become very defensive, irritated, annoyed and sometimes even violent. It is for this reason that one must tread lightly, not come across as judgmental and be supportive and positive about the future (with some professional assistance).
What are the treatment options available?

Early stages
If you believe that your alcohol misuse is in the initial stages – you may not yet be physically or psychologically addicted or dependent – then you have a good chance of dealing with it before it develops into a serious and long-term problem. These tips may help you in the early stages of alcohol dependence:

**Keep a drinking diary**
Write down how much you drink each day, in what circumstances, and how it makes you feel. After a couple of weeks, analyse it and count up the number of standard drinks you drank. Look for patterns, be aware of excuses, and be honest with yourself. Be aware that if you are thinking of controlling your drinking, you probably already have a problem. As a general rule, people who do not have a problem do not need to “control” their intake.

**See your doctor**
Explain that you are concerned about your drinking and that you may be drinking to excess. It is important to be honest with the doctor as she/he is best placed to help you manage your early addiction.

**Talk to your family, close friends or work colleagues**
Explain that you are in the process of addressing your alcohol intake, and would like their support. Chances are they have been worried about you for some time and will be happy and relieved to hear that you have accepted it and are dealing with it. If you would prefer to talk to someone independent, you may wish to speak with a doctor, counsellor or registered psychologist in your local area.

Avoid the impulse
Avoid being around people who are drinking and avoid going to pubs and restaurants where you can potentially drink in large volumes.

**Develop new hobbies**
Develop and nurture a new hobby or interest and put lots of time and energy into this to distract you from drinking. Make new friends and surround yourself with plenty of activities.

**Ask someone you trust to be in charge of your money**
Give them your cheque book and credit cards so you will have to think twice before purchasing a large amount of alcohol.

**Non-alcoholic drinks**
Be creative and think outside the box when it comes to drinking. Try exotic fruit juices, healthy smoothies or non-alcoholic cordials if you must have a glass in your hand in the evening.

Dealing with stress
Develop alternative ways of dealing with stress, relaxing and celebrating. Go out in the evening to a coffee shop, the cinema or bowling instead of the pub.

Psychological treatment or counselling
Counselling involves several sessions, usually an hour long, with a trained and qualified counsellor. Various techniques may be used, from hypnotherapy to cognitive behavioural therapy (CBT), but you will probably be encouraged to examine the reason you drink, the feelings you are trying to anaesthetise, and to discuss the effect drinking is having on your life. The counsellor will guide you to decide for yourself to become abstinent, and will help you to achieve this. Your doctor may be able to refer you to a specific counselling service, or you can choose your own counsellor. The Australian Psychological Society lists all accredited counsellors on its website, and includes those who specialise in addictions of any kind.

**Alcoholics Anonymous**
Founded in 1935, Alcohol Anonymous (AA) is the world’s largest alcohol recovery program. It is entirely independent of any outside organisation, and has the considerable advantage of being free. The “anonymous” in the title is taken very seriously. Attendees do not even share their full names and confidentiality is guaranteed. AA is essentially a support group, and has been very effective for millions of people. There are AA meetings across the state, and the general advice is to attend daily for the first three months. No two meetings are ever the same, and you may find some you enjoy more than others, but try to remember that you are not there for entertainment – you are there in an attempt to rectify any problems and issues you have had as a result of being addicted to alcohol.
The program is based on lifelong abstinence, one day at a time. Each new day you make the choice not to drink that day, and you are supported in that choice by your sponsor and other members of AA. Remember that anyone you meet at an AA meeting – and many lawyers fear running into clients – is there for the same reason that you are, and will not mention to anyone that you were there. However, if you are concerned about retaining the respect of your community, why not attend a meeting in a different area?

**Hospital treatment**

Most treatment centres for addiction of any kind follow the “Twelve Steps” used by Alcoholics Anonymous, often in conjunction with one-to-one counselling and often other types of therapy. The most effective treatment for alcoholism has been shown to be inpatient treatment followed by regular follow-up and attendance at AA meetings.

Referral can be either through a doctor, through an organisation such as LawCare, or directly – you can phone the treatment centre yourself and ask to be admitted. You will need to be assessed before admission, ideally in person, but it is sometimes possible to have a telephone assessment as an initial step. You can then be admitted as soon as a suitable bed is available – with private treatment centres there is rarely too long to wait.

Once admitted, the first step in the treatment is detoxification. This is a two-week period of withdrawal from alcohol which can be extremely unpleasant for the patient, but in most centres will be well supervised and medically aided via drugs to reduce the withdrawal symptoms. This medical supervision means that detox is often the most expensive part of the treatment in centres that offer stand-alone detox and treatment. Once the body is clear of the drug you can begin therapy.

This is done via group meetings, one-to-one counselling, and attendance at AA meetings, which may take place on the premises, or may involve groups of supervised patients attending meetings elsewhere.

The treatment centre aims to educate the patient to live in the outside world without alcohol. To aid this, many have a follow-up program of regular meetings and outpatient appointments, and most will encourage former patients to attend AA meetings as often as possible.

### Private hospitals in the Melbourne metropolitan area with drug and alcohol treatment programs:

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Albert Road Clinic</td>
<td>31-33 Albert Road, Melbourne</td>
<td>9256 8311</td>
</tr>
<tr>
<td>Beleura</td>
<td>925 Nepean Highway, Mornington</td>
<td>5976 0888</td>
</tr>
<tr>
<td>Dalmont Private Hospital</td>
<td>300 Warrigal Road, Glen Iris</td>
<td>9805 7333</td>
</tr>
<tr>
<td>DAS West Drug and Alcohol Services</td>
<td>Drug &amp; Alcohol Service, 3-7 Eleanor Street, Footscray</td>
<td>8345 6682</td>
</tr>
<tr>
<td>Epworth Hospital</td>
<td>89 Bridge Road, Richmond</td>
<td>9426 6666</td>
</tr>
<tr>
<td>Mitcham Private Hospital</td>
<td>27 Doncaster East Road, Mitcham</td>
<td>9210 3222</td>
</tr>
<tr>
<td>Northpark Private Hospital</td>
<td>Cnr Plenty &amp; Greenhills Road, Bundoora</td>
<td>9467 6022</td>
</tr>
<tr>
<td>St John of God – Pinelodge</td>
<td>1480 Heatherton Road, Dandenong</td>
<td>8793 9444</td>
</tr>
<tr>
<td>The Melbourne Clinic</td>
<td>130 Church Street, Richmond</td>
<td>9429 4688</td>
</tr>
<tr>
<td>The Victoria Clinic</td>
<td>324 Malvern Road, Prahran</td>
<td>9526 0200</td>
</tr>
<tr>
<td>Vaucluse Private Hospital</td>
<td>82 Moreland Road, Brunswick</td>
<td>9383 1155</td>
</tr>
</tbody>
</table>
The importance of staying sober

Whatever method has led you to conquer your addiction to alcohol, achieving sobriety is just the first step on a lifelong path.

Most alcohol experts have found, for practical purposes, that once the “addiction switch” to alcohol is thrown “on”, it rarely returns to “off”, even after years of abstinence from the drug. You cannot become complacent, and think that, after five years without a drink, you could start drinking again as a normal, social drinker. You will find that you return very rapidly to the alcoholic pattern of drinking you had before you went into treatment. It is for this reason that alcoholics in treatment are educated to call themselves a “recovering alcoholic”. They can never safely return to even moderate social drinking. Living each day free of alcohol can be a tremendous challenge, but it is necessary and certainly very possible.

The following tips have been provided to LawCare UK by alcoholics in recovery:

• Understand that it may be necessary to lose contact with certain people.
  Your “friends” at the local pub weren’t necessarily friends, but drinking buddies. Your real friends will support you in your sobriety, not challenge it.

• Think “HALT”.
  Do not allow yourself to get Hungry, Angry, Lonely or Tired.

• Make full use of your AA sponsor or a close and understanding friend.
  Phone or call regularly whenever you are feeling weak or falling prey to distorted thinking.

• Be kind to yourself.
  Forgive yourself when you make genuine mistakes, even if these involve letting others down. Accept that these things are inevitably going to happen.

• Relapses happen.
  Accept them as just that – a relapse, a one-off obstacle, not the end of the road to your sobriety and new life. Start again the next day.

• Look after yourself physically.
  Eat a good breakfast, don’t rush or get stressed during the day, and get to bed early.

• Look after yourself spiritually.
  If it helps you, pray, meditate or read something spiritually uplifting each day.

• If possible, let those around you know that you are in recovery and should not be offered alcohol.
  If you prefer not to admit that you are an alcoholic, use another excuse to explain why you don’t drink. “I’m on antibiotics” or “I’m driving”.

• Get out of the house, even if only to the shops, and enjoy watching life going on around you.

It is not easy to beat any addiction, or to maintain that sobriety over time. But it can be done, one day at a time, and it is well worth the effort.
Drug dependency

Introduction to drugs
The legal profession is a stressful one, and although it can be extremely rewarding, challenging and varied, long hours and high demands can take their toll. Lawyers respond to this stress in different ways. Some leave the profession, some turn to alcohol, and many feel that stimulant drugs help them get through the difficult times – perhaps by keeping them alert, or helping them to unwind at the weekend. With drug-taking being an illegal activity, many lawyers are reluctant to admit to anyone that they have a problem with drugs. Even more cannot admit it to themselves. Like any addiction, denial is a real cause for concern.

What is drug dependency?
The term “drug dependency” describes a situation where a person is using drugs in such a way that their social relationships and physical or emotional welfare are affected significantly. A person who is drug dependent will have a strong desire for their drug of choice and will increasingly need larger amounts of the drug to achieve the same effect as beforehand. If they stop using the drug for a while and then start taking it again the craving for the drug quickly reappears. Stopping the drug can lead to physical “withdrawal” symptoms such as nausea and shaking (and if this happens the person is most probably physically dependent on the drug).

Drug use becomes centrally important to an affected person’s life, and other activities and pleasures are progressively neglected in favour of the drug. As a result, relationships with family, friends and others may suffer. Their employment can also be negatively affected.

How common is drug use?
According to the Australian Bureau of Statistics’ 2001 National Health Survey, marijuana remains the most widely used illicit drug in Australia, with 37 per cent of males and 29 per cent of females reporting having used it at some time in their life.

Around one in five males and one in seven females used at least one illicit drug in the 12 months before the National Drug Strategy Household Survey. Use of other illicit substances is low relative to marijuana and less than 1 per cent of Australians injected an illicit drug in the prior 12 months. There is anecdotal evidence to suggest that illicit drug use among the legal profession is much higher than the general population. The anecdotal evidence suggests that many lawyers use cocaine and similar drugs because they think it will help them cope with the pace of work. Short-term, they may be provided with an artificial high, however the long-term consequences of drug taking is damaging in many ways.

Am I addicted?
If you have any of the following, you may be physically and/or psychologically addicted to a drug and you should make an appointment with your medical practitioner to discuss and plan for the future:

- You find you need to take more and more of the drug to have the same effect (in effect you have built up a tolerance);
- You find yourself becoming preoccupied with the drug – when you will next take it, how it will feel, how much you will take – and looking forward to it;
- You no longer have interest or enthusiasm for things that you once enjoyed;
- You continue to use the drug even though it is causing problems in your life and relationships;
- You have tried to give up using the drug, but have not been able to succeed in the long term. It all seems too hard; and
- You suffer from withdrawal symptoms or unpleasant feelings when you have been off the drug for a while.
How is drug dependency treated?

Treatment of drug dependency involves treating both the physical and psychological problems that result from regular drug use. Medical treatment may be necessary for health problems related to drug use, such as liver disease. If a person is physically dependent on a drug he or she will need to undergo detoxification. This involves replacing the drug with a prescription medicine and gradually reducing the dose to minimise the occurrence of withdrawal symptoms.

A treatment option for drug dependency could be attendance at an intensive program of group work and individual counselling aimed at helping the person to develop strategies to cope without the use of drugs and to adopt a healthy lifestyle. Various activities may be used to encourage the person to recognise the problems that led them to become drug dependent and to overcome these problems by developing self esteem and positive attitudes.

In-patient treatment for drug dependency in a specialised hospital normally lasts approximately six weeks but, depending on the degree of addiction and desire of the addict to break free, out-patient treatment or even voluntary attendance at self-help groups such as Narcotics Anonymous may be effective. Referral would be through your general practitioner.

There are a number of organisations and support networks available to help the person and guide them into recovery:

**Direct Line**
Direct Line provides a 24-hour, seven-day counselling, information and referral service. It is a Victorian Government initiative.

**Odyssey House Family Drug Helpline**
The Odyssey House Family Drug Helpline is a 24-hour service offering support, information and strategies for change, as well as providing referrals to anyone affected by another’s alcohol or other drug misuse. The helpline is staffed by trained helpline volunteers from 9am to 5pm, Monday to Friday.

**Contact Information**
- **Direct Line**: 1800 888 236
- **Odyssey House Family Drug Helpline**: 03 9573 1780
  - Melbourne only
  - or
  - 1300 660 068
  - Country & after hours
Prescription drugs

The harmful nature of some prescription drugs

In the early sixties big drug companies such as Roche and Wyeth developed a new “miracle drug”. Known as benzodiazepines, this group of drugs dampens down activity in the brain and is highly effective in treating acute anxiety.

Doctors started expressing concerns about these drugs when they found that patients experienced withdrawal effects when they tried to stop taking them. These were similar to the withdrawal symptoms of alcoholics and drug addicts and included confusion with trembling and hallucinations, sleeplessness and intense anxiety. Since the drugs had originally been prescribed for anxiety, many doctors assumed that these effects were a return of the original symptoms caused by stopping the medication and simply re-prescribed the tranquiliser. Hence there were — and still are — many patients regularly taking benzos just to prevent withdrawal.

There are still occasions, however, where benzodiazepines are still the most effective treatment. These include a life-threatening condition called status epilepticus (repeated seizures), severe disabling anxiety and acute insomnia. In such situations they should be prescribed in the lowest possible dose for no more than four weeks. It is important to continually touch base with your medical practitioner in regards to dosages and treatment options.

Almost all drugs are potentially physically or psychologically addictive. Whenever you are prescribed a medicine, ask your doctor whether it is addictive, whether it has side effects, whether it can be taken with any condition or medication you already have and how long you will need to take it for. If you find that you have been prescribed benzodiazepines, ask whether an alternative drug might be just as effective.

Some brand names of benzodiazepines to look out for are:
- Valium (Diazepam)
- Librium (Chlordiazepoxide)
- Mogadon (Nitrazepam)
- Ativan (Lorazepam)
- Oxazepam
- Loprazolam
- Temazepam

Addiction to legal painkillers is extremely common, with more people seeking help for this than for heroin addiction. Patients experiencing chronic, long-term pain may find that they need to take more and more of their prescribed or over-the-counter painkiller to achieve relief, and can soon find that in addition to their pain, they experience withdrawal symptoms if they do not keep a baseline of the drug in their system. If this is a problem for you, seek help from your medical practitioner. They should be the source of all information and advice.

Getting help

As previously mentioned, drug and alcohol addiction is a medical issue and your first port of call should be your general practitioner. There are several treatment options and these can be discussed during your appointment. Your general practitioner may also supply you with a referral for further assistance. You are also welcome to contact LawCare, the LIV’s confidential counselling service for further information about this or any other issue of concern.

LawCare
LIV Counselling Service
P: 0408 586 966
E: clarebrough@gmail.com

VLHL – Victorian Lawyers’ Health Line
P: 1300 664 744
Monday to Friday, 8am-6pm

Acknowledgement

We wish to extend our gratitude to the chief executive of LawCare in the UK, Hilary Tilby. Please note that much of the material contained in this section has been reproduced with the permission of LawCare UK.

www.lawcare.org.uk/stressanddepression.htm