



Learning Modules:

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An individual may turn to a substance to escape the stresses of life, or personal problems. There may come a time when the individual depends on the substance to feel normal.

This learning module is designed to give you the knowledge and tools to identify an addiction in yourself, your colleagues, friends, and family.



Lesson 1: Introduction to Addictions

Behavioural and Substance Addictions

Behavioural and substance addictions have many similarities. Diminished control is a defining concept of substance or behavioural addiction.

Factors of substance and behavioural addictions typically include:

- Chemical or behaviour numbs or enhances feelings
- Chemical use or behaviour is compulsive
- Chemical use or behaviour leads to adverse consequences
- Attempts to reduce or control substance or behaviour are unsuccessful

Examples of Behavioural Addictions Include:

Gambling and sex addictions are examples of types of behavioural addictions. Other examples include:

- Kleptomania - the inability to refrain from the urge to steal;
- Shopping;
- Skin picking;
- Tanning;
- Computer or internet, or playing video games;
- Exercise; and
- Hoarding.

Behavioural Addictions

Many people with gambling, kleptomania, compulsive sexual behaviour, or compulsive buying addictions report a decrease in positive mood effects with repeated behaviour, or a need to increase the intensity of behaviour to achieve the same mood effect, analogous to increased substance tolerance.

Many people with these behavioural addictions also report a dysphoric state while abstaining from the behaviour, analogous to substance withdrawal. Unlike chemical withdrawal, there are no reports of physiological or medically serious withdrawal states from behavioural addictions.

Substance Addictions

Substance addiction occurs because an addictive substance, over time, changes the brain. Changes range from fundamental, long lasting change in the bio-chemical makeup, to drastic mood changes, to changes in motor skills, and even memory.

The General Stages of Addiction

Early Stage: marked by “relief use,” increased frequency of use and amount, loss of control, blackouts or memory loss.

Middle Stage: family & employment problems; behaviours not consistent with the user’s value system, personality changes, financial difficulties.

Late Stage: physical deterioration, tolerance of the substance, fear and anxiety.

Identifying Addiction

As members of the legal profession, lawyers spend time dealing with client problems, and can sometimes dismiss, or be unaware of their own problems.

Behavioural addictions can be more difficult to identify, lacking physical or physiological signs, for example, the smell of alcohol or a hangover.

Identifying Possible Signs of Addiction in Colleagues

Attendance

- Routinely late, or early
- Returns late from lunch (or fails to return at all)
- Missing appointments and meetings
- Frequent sick days, unexplained absences

Job Performance

- Procrastination, missed deadlines
- Neglects prompt processing or return of calls
- Decline in productivity (not meeting billable targets or not performing at previous levels)
- Overreacts to criticism, shifts blame
- Client complaints
- Missed deadlines

Personal Behaviour

- Deterioration of personal hygiene or appearance
- Loss of professional decorum
- Dishonesty
- Fails to make financial filings or payments on time



Alberta Lawyers'
Assistance Society

Lesson 2: Alcohol Addiction

Alcohol Addiction

Alcohol addiction is a primary, chronic, and lifelong disease that involves the inability to control one's alcohol consumption. It is marked by physical and psychological dependence, including having to drink more to achieve the same level of intoxication (tolerance), experiencing withdrawal symptoms, and an inability to stop drinking despite negative consequences. An individual who is addicted to alcohol is often preoccupied with when and how they will get their next drink.

Stats

11% of Canadians abuse drugs or alcohol (**9%** of drinkers and **18%** of drug users report social and personal harm from use).

2.6% of Canadians are dependent on alcohol.

77% of people with alcohol and illicit drug addictions are employed.

Alcoholism in the Legal Profession

Alcoholism is a potentially fatal disease that has no social or economic barriers. For lawyers, the disease does not discriminate between small, medium, or large firm lawyers.

It may be that sole practitioners who suffer from alcoholism bear a greater risk that their problem will go unnoticed longer than lawyers who practice with other lawyers. They may not have the benefit of early identification of the symptoms of addiction if they practice in isolation and are not part of an association where social and peer activities are involved and signs may be identified.

There is no known cure for alcoholism, but there can be a happy and contented life in recovery.

Alcoholism is a progressive disease and a lawyer may act as a social drinker without any difficulties or repercussions for many years. For example, it could take twenty years before the line is crossed from being a social drinker to a problem drinker. It could take another five or ten years to develop into

alcoholism.

A legal career can be fraught with stress. In many cases, lawyers will turn to alcohol when stress feels out of their control. The tendency may be to isolate rather than access a social support network for help to cope with stress.

Since a lawyer suffering from alcohol addiction may be consciously attempting to hide the problem, particularly from others in authority, few can expect to see more than a very small part of the problem.

Further, other lawyers or staff may be reluctant to discuss symptoms of addiction with anyone else, possibly because they are, consciously or unconsciously, covering for the person.

The Disease Model of Addiction

The disease model has prevailed in addiction studies for over twenty years and proposes that addiction is a chronic and relapsing disease with long-term effects on the brain.

The disease model has three core components that are frequently used in discussing addiction:

1. **Tolerance:** evident when an increased amount of the substance is needed to produce the desired effect.
2. **Withdrawal:** symptoms experienced when the effects of the substance wear off; common symptoms include tremors, nausea, and hot flashes.
3. **Craving:** The user's irresistible desire to take the substance, even in light of the continuing problems caused by the use.

Symptoms of Alcohol Addiction

Symptoms of alcohol addiction, not previously covered, include:

- Excessive and frequent drinking, possibly drinking in the morning, during business hours, alone, or hiding alcohol consumption
- Inability to stick to a limit while drinking
- Exhibiting withdrawal symptoms (nausea, shakiness, anxiety, irritability, fatigue, mood swings, etc.)
- Trouble at work or home due to alcohol use
- Past attempts to quit drinking have failed

How Alcohol Works

Alcohol travels to the stomach and small intestine, where it is eventually absorbed into the bloodstream. The alcohol is then carried through the bloodstream and into the liver, which metabolizes the ethanol by breaking it down (with the help of enzymes).

The liver can only metabolize an average of one standard drink per hour. When a greater amount is consumed, the blood becomes saturated with

excess alcohol that the liver is unable to metabolize, resulting in a higher blood-alcohol concentration. It then remains in the bloodstream and body tissues until the liver is able to process more alcohol.

Long-Term Consequences of Alcohol Addiction Can Include:

- Liver and brain damage
- Memory problems
- Poor sleep patterns
- Heart problems
- Overdose

Causes & Risk Factors

A combination of genetic and environmental factors can lead to alcohol addiction. Having one or more alcoholic parents or suffering from depression or anxiety can be contributing factors. Peer pressure may also be a contributing factor.

Detox & Withdrawal

In recovery, detoxification is often the first step. Ceasing alcohol consumption can cause shock to the body and will likely produce withdrawal symptoms.

The “cold turkey” method has proven to be most successful and refers to the complete and abrupt cessation of drinking alcohol. This method can quicken the path to recovery; however, it is difficult and should be accompanied by both support group meetings and visits to a physician.

Stages of Alcohol Withdrawal

First stage (~first two weeks):

- Nausea
- Clammy skin and heavy sweating
- Shakiness
- Appetite loss
- Heart palpitation
- Anxiety or nervousness
- Insomnia
- Headaches
- Seizures

Second stage (~6 months):

- Depression
- Fatigue
- Anxiety
- Hyperactivity
- Mood swings
- Restlessness

Intervention

Intervention is a coordinated attempt by one or many people to have someone seek professional help with an addiction. It may often involve family, friends and co-workers who care about the person struggling with addiction. These caring individuals may gather together to confront the person about the consequences of their addiction, and ask the individual to accept treatment. For interventions, people often use the help of a trained professional.

Treatment

Any approach to the treatment of alcoholism must recognize that alcoholism does not exist by itself and is typically one part of a complex conciliation of personal difficulties. Whether or not the person can be successfully treated will depend in large part on resources available, initiative, and motivation.

The recovery process involves identification of the substance abuse problem, intervention (where necessary), treatment, continuing care, and support, all on a confidential basis.

Treating Alcohol Withdrawal

People with moderate to severe withdrawal symptoms may consider in-patient treatment as their best option. If the patient is experiencing delirium tremens (a state of confusion and hallucinations), they will need medical attention. In-patient treatment will include monitoring the patient's blood pressure and toxicology screenings, and, if necessary, provide medication and fluids intravenously. The patient may also receive benzodiazepines, an anxiety-reducing medication.

For those with mild to moderate withdrawal symptoms, out-patient treatment may be an option. In this treatment option, someone (friend, family member, nurse) will monitor the patient's health, and the patient routinely visits a physician and therapist.

Post-Hospitalization Programs

After treatment, recovery can begin as the individual begins to deal with life, without the use of alcohol. Some options available are lawyer twelve-step groups, Alcoholics Anonymous, and Assist's Peer Support program.

Peer Support

A "friend" from a network of recovering volunteers provides support throughout the recovery process. He or she also offers a positive role model of recovery, and can continue to provide emotional support and help to resume regular work and activities.

Because of the pressures associated with early recovery, the impaired lawyer is often encouraged to return to work, initially, on a reduced workload basis. The firm and colleagues of the returning lawyer also face adjustment. Often, the impaired lawyer's work and relationship with colleagues may have been adversely affected by his or her substance abuse.

It is useful for a recovering lawyer to arrange for counselling for the firm or for individual colleagues to provide education, reduce concern, and help plan for the adjustment period. A positive role model in the form of a rehabilitated lawyer can offer excellent guidance and reassurance to members of a firm and other professional colleagues.

Twelve-Step Groups

Twelve-step methods have been adapted to address a range of addictions. It is based on a first step of admitting that one cannot control one's alcoholism, addiction or compulsion.

Auxiliary groups include Al-Anon and Nar-Anon, for friends and family members of those who suffer from addiction.

Available Resources

The Alberta lawyer assistance program (Assist) has trained psychologists to identify, assess, and treat alcohol addiction issues.

For a professional, confidential Assessment, at no cost to you, or if you would like coaching to help a colleague, friend or family member, call Assist's Professional Counselling Services at 1 877 498-6898.

For access to free, confidential, professional counselling, twelve-step or peer support, call Assist at 1 877 737 5508.



Lesson 3: Drug Addiction

Drug Addiction

Drug addiction is a dependence on a legal (prescription) or an illegal substance. A person addicted to drugs may not be able to control their drug use, and may continue using despite negative consequences.

Prescription Drugs

If lawyers and judges become addicted to or dependent on drugs, it is typically following legitimate prescriptive use and therefore the patient may be unaware of the risks of addiction, until it is too late.

Three main classes or types of drugs that cause addiction:

Narcotics: Codeine, Demerol, and Percodan.

- Used to control pain.
- Prolonged use under medical supervision has caused many cases of addiction, even with patients following their doctor's instructions.
-

Stimulants: Benzedrine, methamphetamine, and methylphenidate.

- Used to control behaviour, often prescribed on a long-term basis.

Depressants: Nembutal, Butisol, and Phenobarbital.

- Used to treat minor pain, insomnia, and convulsions.
- Tolerance can lead to greater usage and higher dosage and both psychological and physical dependence can occur.

Illegal Drugs

Cocaine and Crack

- Highly addictive and some users are addicted after their first use. Some may turn to these types of drugs initially, if seen as performance enhancing chemicals.

Hallucinogens

- LSD, PCP, inhalants, marijuana and hash

Treatment and Recovery

It is common for treatment and recovery for drug addiction to be followed by relapse. With rehabilitation and a good follow-up program and peer support, many recover and maintain a sober life.

For many, recovery will require a life-long commitment to a twelve-step recovery group, and peer support, and may include residential treatment and Narcotics Anonymous.

Twelve-Step Groups

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Auxiliary groups include Al-Anon and Nar-Anon, for friends and family members of those who suffer from addiction.

Available Resources

The Alberta lawyer assistance program (Assist) has trained psychologists to help identify, assess, and treat a drug addiction, and can provide help and coaching for individuals helping someone with a drug addiction problem.

For a professional, confidential assessment, at no cost to you, or if you would like coaching to help a colleague, friend or family member, call Assist's Professional Counselling Services at 1 877 498 6898.

For access to free, confidential twelve-step or peer support, call Assist at 1 877 737 5508.



Lesson 4: Gambling Addiction

What is Compulsive Gambling?

Pathological gambling is persistent and recurrent maladaptive gambling behaviour, as indicated by five or more of the following signs:

- Needing to gamble with increasing amounts of money.
- Repeated unsuccessful attempts to control, cut back, or stop gambling.
- After losing money gambling, often returning another day to get even ("chasing" one's losses).
- Lying to family members or others to conceal the extent of gambling.
- Committing illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling.
- Jeopardized or lost significant jobs, relationships, or career opportunities because of gambling.
- Relying on others to provide money to relieve a desperate financial situation caused by gambling.

Compulsive Gambling

The three biggest pitfalls of a compulsive gambler:

- Proximity of a casino, within a 60-mile radius.
- Proliferation of Video Lottery Terminals and online gambling sites.
- Access to funds.

Lawyers at Risk

Lawyers addicted to gambling may be susceptible to increased risk in terms of access to their client's trust funds that they may use illegally to gamble or pay for problems caused by their gambling. Two out of three compulsive gamblers will commit an illegal act to get money for gambling. Many gamblers believe they are "borrowing" money, not stealing it.

What are the Signs?

Most compulsive gamblers will answer "yes" to at least 7 of the following 15 questions.

- Did you ever lose time from work or school due to gambling?
- Has gambling ever made your home life unhappy?
- Did gambling affect your reputation?
- Have you ever felt remorse after gambling?
- Did you ever gamble to get money to pay debts or otherwise solve financial difficulties?

- Did gambling cause a decrease in your ambition or efficiency?
- After losing did you feel you must return as soon as possible and win back your losses.
- After a win did you still have a strong urge to return and win more?
- Did you often gamble until your last dollar was gone?
- Did you ever borrow to finance your gambling?
- Have you ever sold anything to finance gambling?
- Were you reluctant to use "gambling money" for normal expenditures?
- Did gambling make you careless of the welfare of yourself and your family?
- Did you ever gamble longer than you had planned?
- Have you ever gambled to escape worry, trouble, boredom, or loneliness?
- Have you ever committed, or considered committing, an illegal act to finance gambling?
- Did gambling cause you to have difficulty sleeping?
- Do arguments, disappointments, or frustrations create within you an urge to gamble?
- Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
- Have you ever considered self-destruction or suicide as a result of your gambling?

Treatment & Recovery

Gamblers Anonymous has helped many achieve abstinence from gambling through the twelve steps of the self-help recovery program. In addition to emotional and personal issues, gambling addiction may leave a financial devastation to be assessed and dealt with.

Community resources such as hotlines, education and awareness programs, assistance and development of referral resources, professional training, counselling, outreach programs, and speaker bureaus are available.

Treatment Facility

The phase after the assessment process includes intensive group therapy, counselling, exercise, addiction education, physician lectures, meditation, and relaxation techniques. Specific problem gambling sessions are held daily. Clients also work with budgeting and financial issues.

Another important phase is the family program – for those who have been closely connected to the problem gambler.

Continuing care programs are available for 5 or more years. Clients can participate in weekly group sessions and refresher mini-programs.

Twelve-Step Groups

Twelve-step methods have been adapted to address a range of addictions. It is based on a first step of admitting that one cannot control one's alcoholism, addiction or compulsion.

Auxiliary groups include Al-Anon and Nar-Anon, for friends and family members of those who suffer from addiction.

Available Resources

The Alberta lawyer assistance program (Assist) has trained psychologists to assist to identify, assess, and treat a gambling addiction, and can provide help and coaching for individuals helping someone with a gambling addiction.

For a professional, confidential assessment, at no cost to you, or if you would like coaching to help a colleague, friend or family member, call Assist's Professional Counselling Services at 1 877 498 6898.

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Lesson 5: Sex Addiction

What is Sex Addiction?

Sex addiction is compulsive participation or engagement in sexual activity, regardless of negative consequences. Usually the addictive behavior intensifies over time to achieve similar effects.

Symptoms may include:

- Compulsive sexual behaviour that dominates one's life
- Takes priority over family, work, and friends
- Uses of sexuality to regulate emotional life
- Willing to sacrifice other values to preserve and continue the behaviour
- Willing to engage in dangerous, exploitative acts that can cause shame
- Feel lonely and non-intimate
- Sexuality is used as a pain reliever or a way to relieve anxiety
- Pathological relationship to a mood-altering behaviour
- Induced by preoccupation, fantasy, and ritual behavior

Criteria

- Frequently engaging in sexual behaviour to a greater extent or over a longer period of time than intended
- Inordinate amounts of time spent obtaining sex, being sexual, or recovering from sexual experiences, including preparatory activities
- Frequently engaging in the behaviour when expected to fulfill occupational, academic, domestic, or social obligations
- Persistent desire or unsuccessful efforts to stop, reduce, or control those behaviour, including the sexual impulse to engage in behaviour
- The need to increase the intensity, frequency, number, or risk level of behaviour to achieve the desired effect; or diminished effect with continued behaviour at the same level of frequency, intensity, number or risk
- Distress, anxiety, restlessness, or irritability if unable to engage in the behaviour.
- Continuation of the behaviour despite knowledge of having a persistent or recurring social, financial, psychological, or physical problem that is caused or exacerbated by the behaviour
- Giving up or limiting social, occupational, or recreational activities because of the behavior

Collateral Indicators

There are 20 collateral indicators in the assessment of sexual addiction, with a minimum of 10 criteria to be met.

1. Severe consequences because of sexual behaviour
2. Meets the criteria for depression that appears related to sexually acting out
3. Meets the criteria for depression and it appears related to or sexual aversion
4. History of sexual abuse
5. History of physical abuse
6. Patient reports emotional abuse
7. Describes sexual life in self-medicating terms (intoxicating, tension, relief, pain reliever, sleep aid)
8. Persistent pursuit of high risk or self-destructive behaviour
9. Sexual arousal for high-risk or self-destructive behaviour is extremely high compared to safe sexual behavior
10. Meets diagnostic criteria for other addictive disorders
11. Simultaneously uses sexual behaviour with other addictions (gambling, eating, substance abuse, alcoholism, compulsive spending) to the extent that the desired affect is not achieved without sexual activity or other addictions present
12. Has history of deception around sexual behaviour
13. Other members of the family are addicts
14. Expresses extreme self-loathing because of sexual behaviour
15. Has few intimate relationships that are not sexual
16. Is in crisis because of sexual matters
17. History of crisis around sexual behaviour
18. Experiences diminished pleasure for same sexual experiences
19. Comes from a "rigid" family
20. Comes from a "disengaged" family

Levels of Severity

Level One:

- Masturbation
- Affairs, chronic infidelity, romance addiction
- Sexual relationships with multiple partners
- Pornography use and collection (with or without masturbation)
- Phone sex, cyber sex
- Prostitution, strip clubs

Level Two:

- Illegal prostitution
- Public sex (bathrooms, parks, etc)
- Voyeurism – online or live
- Exhibitionism
- Obscene phone calls

- Frotteurism
- Stalking behaviours
- Sexual harassment

Level Three:

- Professional boundary violations (clergy, police officers, teachers, physicians, lawyers, etc.)
- Molestation, Rape
- Incest
- Child molestation
- Obtaining and viewing child pornography
- Obtaining and viewing rape, snuff pornography
- Sexual abuse of older or dependent persons

Types of Sex Addiction

There are ten types of sex addiction:

- Voyeurism – Usually means objectifying the other person, so it is not a personal relationship.
- Exhibitionism – From a relationship perspective, it is introducing oneself in an inappropriate way or seeking attention from others with no intent of going further.
- Seductive Role Sex – Often there is a fear of abandonment so having more than one relationship is a way to prevent hurt from rejection. An individual addicted to sex may be crippled in their ability to form lasting bonds and enduring relationships.
- Trading Sex – The goal is to simulate flirtation, demonstration, and romance. What actually happens in many cases is about replication of childhood sexual abuse in which the child gained power in a risky game of being sexual with the caregiver.
- Intrusive Sex – People who engage in intrusive sex, such as touching people in crowds or making obscene phone calls, are perverting the touching and foreplay dimension of courtship. Their behaviours represent both intimacy failure and individuation difficulties.
- Fantasy Sex – Many find refuge in fantasy sex because other forms of acting out are too complicated, too risky, or too much effort. It is about fear of rejection, fear of reality, and reduction of anxiety.
- Paying for Sex – An individual addicted to sex is a willing participant in simulated intimacy. They are focused, however, on the touching, foreplay, and intercourse without the “hassle” of a relationship. Often, the failure is about the individual’s inability to communicate feelings to his or her partner or to be willing to work on his or her own attractiveness behaviours.
- Anonymous Sex – Having to experience fear for arousal or sexual initiation. One does not have to attract, seduce, trick, or pay for sex. Frequently, part of the high is the risk of unknown persons or situations.
- Pain Exchange Sex – An individual addicted to sex may be aroused if

someone is hurting them. Specifically, touching, foreplay, and intercourse become subordinated to some dramatic story line that is usually a re-enactment of a childhood abuse experience.

- Exploitive Sex – Addicts in this category will use “grooming” behaviour, which is to carefully build the trust of the unsuspecting victim. Attraction, flirtation, demonstration, romance, and intimacy are all used. Arousal is dependent on the vulnerability of another.

Treatment & Recovery

Behavioural addictions and substance use disorders often respond positively to the same treatments: psychosocial and pharmacological. The twelve-step self-help approaches, motivational enhancement, and cognitive behavioural therapies are commonly used to treat substance use disorders. They have often been successfully used to treat pathological gambling, compulsive sexual behaviour, kleptomania, pathologic skin picking, and compulsive buying.

Psychosocial intervention for both behavioural addictions and substance use disorders often rely on a relapse prevention model that encourages abstinence by identifying patterns of abuse, avoiding or coping with high risk situations, and making lifestyle changes that reinforce healthier behaviours.

Twelve-Step Groups

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Auxiliary groups include Al-Anon and Nar-Anon, for friends and family members of those who suffer from addiction.

Available Resources

The Alberta lawyer assistance program (Assist) has trained psychologists to help identify, assess, and treat a sex addiction.

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