

The Brain Disease of Addiction

The Substance Abuse and Mental Health Services Administration (SAMSHA) defines recovery as: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

Recovery is solution-based. Some of the underlying principles of recovery include surrender, honesty, open-mindedness and willingness. Essential elements in 12-step recovery include being honest, internally examining one’s thoughts, feelings and behaviors, learning how to handle negative feelings without drugs/alcohol/behavior, and being able to enjoy life without drinking/using drugs.

Over time, enriched recovery includes engaging in a process of growth and development, reacting to life’s ups/downs in a more balanced way, and taking responsibility for the things that can be changed.

A word about spirituality and the 12-step programs. The word “God” appears in the steps and literature, and if one attends meetings he/she will hear people talk about God, but it is important to keep in mind that there is typically a broad welcoming approach to one’s individual spiritual beliefs. Some members of the 12-step programs are religious, but Alcoholics Anonymous (AA) and other 12-step programs are not religious. It appears that because of the limbic system short-circuit, which is the basic problem with the addicted brain, recovery works best with a connection to a “power greater than oneself,” which some call “God.” Belief in God is not necessary to successfully participate in a 12-step program, so please don’t throw out the baby with the bathwater here. Atheists and agnostics are welcome. Data supports 12-step programs as effective tools in recovery from addiction.

If you have been reading this article intending to help your clients, terrific. But at least 10 percent or more of you are likely to have an issue with substances of your own. If so, reread the parts about brain disease and treatment with an eye towards how you can take better care of yourself and your family. According to one study, 21-35 percent of U.S. lawyers meet criteria for substance use disorder with alcohol being the most prevalent.

Potential problems for lawyers that put you at risk for addiction include:

- Competition;
- Loss of good, healthy values-turn to external rewards, status, comparative worth;
- Reliance on reputation-loss of self-esteem;
- Isolation, especially in solo practice;
- Anxiety and stress;
- Binge drinking at alcohol-laden events; and
- Concealment is the norm due to multiple barriers.

Addiction in attorneys is a chronic health condition, a brain disease, that is entirely manageable using validated processes and standards of care in occupational addiction medicine (such as physicians and airline pilot programs). Successful sustained recovery with medically monitored return to professional work should be the expectation for lawyers with an addiction problem.

CONTINUED ON PAGE 28

VIRTUAL RESOLUTION NEVER LOOKED SO GOOD

PROVEN | RELIABLE | EFFECTIVE

BECKER GLASS HAIRE SAITTA TOGLIATTI YOUNG

ARM

ALSO OFFERING IN-PERSON CASES
ARMADR.COM **855.777.4ARM**

The Brain Disease of Addiction

Recovery-Focused Mutual-Help Groups:

Name	Year of Origin	Number of groups in U.S.	Location of groups in U.S.	Evidence base* (0-3)
Alcoholics Anonymous (AA)	1935	52,651	all 50 States	1, 2, 3
Narcotics Anonymous (NA)	1940s	Approx. 15,000	all 50 States	1, 2
Cocaine Anonymous (CA)	1982	Approx. 2000 groups	most States; 6 online meetings at www.ca-online.org	0
Methadone Anonymous (MA)	1990s	Approx. 100 groups	25 States; online meetings at http://methadone-anonymous.org/chat.html	1, 2
Marijuana Anonymous (MA)	1989	Approx. 200 groups	24 States; online meetings at www.ma-online.org	0
Rational Recovery (RR)	1988	No group meetings or mutual helping; emphasis is on individual control and responsibility	-----	1, 2
Self-Management and Recovery Training (S.M.A.R.T. Recovery)	1994	Approx. 1100 groups	40 States; online meetings at www.smartrecovery.org/meetings/olschedule.htm	1, 3
Secular Organization for Sobriety, a.k.a. Save Ourselves (SOS)	1986	Approx. 480 groups	all 50 States; Online chat at www.sossobriety.org/sos/chat.htm	1
Women for Sobriety (WFS)	1976	150-300 groups	Online meetings at http://groups.msn.com/WomenforSobriety	1
Moderation Management (MM)	1994	Approx. 16 face-to-face meetings	12 States; Most meetings are online at www.angelfire.com/trek/mmmchat/	1

*0= None 1=Descriptive studies only 2 = Observational (correlational, longitudinal) 3= Experimental (random assignment, controlled). Source: Kelly & Yeterian, 201

ENDNOTES

- Hartman RL, Huestis MA. Cannabis effects on driving skills. *Clin Chem.* 2013;59(3):478-492. doi:10.1373/clinchem.2012.194381
- Wang GS, Hall K, Vigil D, Banerji S, Monte A, VanDyke M. Marijuana and acute health care contacts in Colorado. *Prev Med.* 2017 Nov;104:24-30.
- Whitehill JM, Harrington C, Lang CJ, Chary M, Bhutta WA, Burns MM. Incidence of Pediatric Cannabis Exposure Among Children and Teenagers Aged 0 to 19 Years Before and After Medical Marijuana Legalization in Massachusetts. *JAMA Netw Open.* 2019 Aug 2;2(8):e199456.
- Lozier MJ, Wallace B, Anderson K, et al. Update: Demographic, Product, and Substance-Use Characteristics of Hospitalized Patients in a Nationwide Outbreak of E-cigarette, or Vaping, Product Use-Associated Lung Injuries — United States, December 2019. *MMWR Morb Mortal Wkly Rep* 2019;68:1142–1148.
- Elsohly, M. A., Mehmedic, Z., Foster, S. (2016). Changes in Cannabis Potency Over the Last 2 Decades (1995-2014): Analysis of Current Data in the United States. *Biological Psychiatry*, 79(7), 613-619. doi:10.1016/j.biopsych.2016.01.004.
- Volkow, N., Baler, R., et al. (2014) Adverse Health Effects of Marijuana Use. *N Engl J Med* 2014; 370:2219-2227.
- Petrangelo A, Czuzoj-Shulman N, Balayla J, Abenheim HA. Cannabis Abuse or Dependence During Pregnancy: A Population-Based Cohort Study on 12 Million Births. *J Obstet Gynaecol Can.* 2019 May;41(5):623-630.
- NIDA. 2020, May 27. Letter From the Director. Retrieved from <https://www.drugabuse.gov/publications/research-reports/marijuana/letter-director> on October 19, 2020.

MEL POHL, MD, DFASAM is a family practitioner and is the chief medical officer of Las Vegas Recovery Center (LVRC). Dr. Pohl was a major force in developing LVRC's Chronic Pain Recovery Program. He is certified by the American Board of Addiction Medicine (ABAM), and he is a clinical assistant professor in the Department of Psychiatry and Behavioral Sciences at the University of Nevada School of Medicine. He is the author of *A Day without Pain, revised edition* (Central Recovery Press, 2011) and *The Pain Antidote - Stop Suffering from Chronic Pain, Avoid Addiction to Painkillers, and Reclaim Your Life* (DaCapo, 2015). Dr. Pohl filmed a show for PBS on chronic pain that aired around the country in 2016.



THE NATIONAL ACADEMY OF DISTINGUISHED NEUTRALS

NEVADA CHAPTER MEMBERS

Check Available Dates Calendars Online for the following attorneys, recognized in 2020 for Excellence in the field of Alternative Dispute Resolution



Hon. Janet Berry
(775) 220-7555



Robert Enzenberger
(775) 786-7000



Hon. Jackie Glass
(702) 960-4494



Greg Hafen
(702) 384-5800



Hon. Gene Porter
(702) 932-2600



Hon. Nancy Saitta
(702) 960-4494



Ara Shirinian
(702) 496-4985



William Turner
(702) 525-4888



Hon. Jerry Whitehead
(775) 825-7770

www.NevadaMediators.org

The National Academy of Distinguished Neutrals is an invitation-only professional association of over 900 litigator-rated Mediators & Arbitrators throughout the US and a proud sponsor of both the DRI & AAJ. For info, visit www.NADN.org/about