

HIGHLIGHTS

of the American Bar Association Commission on Lawyer Assistance Programs

VOL. 13, NO. 4 ■ WINTER 2011



I Hope You Read This

BY AN ANONYMOUS YOUNG LAWYER IN INDIANAPOLIS

I was first introduced to Indiana's Judges and Lawyers Assistance Program (JLAP) sometime during my first year of law school, but it was not a particularly memorable experience. Recognizing instantly that I neither had nor planned to have any substance or gambling addictions, I permitted the information to float in one ear and out the other.

As I predicted, I completed law school without developing any addictions, and had long forgotten the existence of JLAP. I was on the homestretch, entering my last semester and preparing my application for the bar exam. Apart from a couple of speeding tickets, I had never been in trouble in my life, and I was looking forward to the letter from the Board of Law Examiners welcoming me into that summer's class of bar applicants. That letter never came. While my friends were moving one step closer to admission to the bar, even if it was just being allowed to sit for the exam, I was stuck in limbo.

I have always been cursed (or maybe blessed) with a Catholic conscience that forbids any deviation from the absolute truth, so when I encountered question 23 of the Indiana Bar Application ("From the age of 16 years to the present, have you been diagnosed with or treated for any mental, emotional or nervous disorders?"), I had to answer truthfully: Yes. I then had to supplement my application with Form B-1 to provide details about my "disorders." I explained that I had taken an anxiolytic the previous December in response to my increasing anxiety (I had begun to, quite literally, pull my hair out—trichotillomania—while studying

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All About Drug Testing

BY JEANNE MARIE LESLIE

The 2010 National Commission on Lawyer Assistance Programs Conference was held in the beautiful City of Indianapolis.

Among the speakers this year was my friend and colleague Dr. Greg Skipper. Skipper is the medical director of the Alabama Physician Health Program and clinical professor of medicine at the University of Alabama School Of Medicine. He is certified in internal medicine and is a fellow of the American Society of Addiction Medicine. His presentation "Urine-Luck: All About

Drug Testing" was very informative. Drug testing is beneficial for diagnosis purposes, and is used for accountability for improving outcomes, malpractice liability protection, detection of relapse and to gain support for return to work issues.

Skipper reiterated the limitations of drug testing as well as the importance of proper utilization of testing throughout his presentation. He noted the areas of concern rest mainly with competent collection sites. He suggested regular follow-up for quality control issues to assure proper collection

methods are maintained—questioning participants about collections and improving methods of notifying participants as the most frequent problematic areas.

The drug testing industry in the last ten years has not only increased three fold but has become more centralized and consolidated. The ideal collection site is conveniently located, offers quick services with competent personnel at low cost. New technologies continue to emerge in the drug testing arena, transforming not only the manner in which collections are

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Comments from the Editor

The question of civility in political discourse has been prevalent in the news since the unspeakable tragedies in Arizona in January. I've been thinking about that a lot lately, not in the political sense or just in the context of political discourse, but in everyday dealings with one another as human beings. I've heard and read comments from others about how rampant the loss of civility has become.

When I become discouraged about human interaction I think about my colleagues in CoLAP. I am reminded of the willingness to help one another, to openly share our experiences, our ideas, and our resources. While these concepts of willingness to help and share resources do not directly encompass the concept of civility in discourse, they do demonstrate the fundamental goodness of all of you.

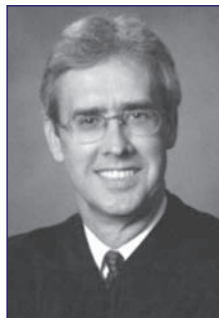
As we begin another year of work I am encouraged by the work we do, by the interactions we have with one another. It helps me to put what we do in perspective with what happens outside of my work. Perspective is important to me. At times I suffer from a "the glass is half empty" attitude. When I think about events like the tragedy in Arizona, I have to counterbalance that with something better or I can become easily angry and depressed.

Thanks to all of you for helping me to have some perspective.

—HUGH GRADY, IOWA LAWYERS ASSISTANCE PROGRAM

Chair's Column Help CoLAP Continue to Provide Quality of Life Services

BY HONORABLE ROBERT L. "BUTCH" CHILDERS



In 1987 a group of lawyers from the International Lawyers in Alcoholics Anonymous approached American Bar Association (ABA) leadership about creating a vehicle within the

ABA to assist lawyers who were suffering from the effects of alcoholism and drug abuse.

As a result, the ABA created the Commission on Impaired Attorneys in 1988. That same year the Commission held the first National Workshop in Nashville, Tennessee. In 1996 the Commission was renamed the Commission on Lawyer Assistance Programs (CoLAP).

When the Commission was created, there were only a handful of states that had a lawyer assistance program (LAP). Today, through the work of the ABA CoLAP all fifty states have a LAP committee, with approximately forty-five states having a LAP with a professional staff (full or part-time).

CoLAP has also developed policies to assist the LAPs around the country, such as the Model Lawyer Assistance Program, the Guiding Principles for a Lawyer Assistance Program, and the Model Rule on Conditional Admission to Practice Law.

The ABA's CoLAP also provides ongoing services to state LAPs, such as, CoLAP's peer consultation and evaluation services and the annual CoLAP National Conference. CoLAP has also created committees to assist not only lawyers, but judges and law students as well.

The recent ongoing economic downturn has affected the ABA just as it has affected almost everyone. A decline in ABA membership has adversely affected the ABA's budget much the same as it has every state's and the federal budget. As a consequence, CoLAP's budget has been significantly reduced, which has affected the Commission's ability to continue all of its programs and services at the same level.

Because CoLAP provides services that are of assistance to all lawyers, judges, and

Reflections from the Chair of CoLAP Indianapolis, 2010

BY LAURA M. GATRELL

When Michael Cohen asked me to co-chair the 2009 CoLAP conference in Phoenix, I felt both flattered and excited. I don't think the full magnitude of "that means you'll be CHAIR of the 2010 conference in Indianapolis" fully sank in at that time. I'm a person who becomes incredibly enthused when I think I've been "selected" to do something, a little like winning a lottery—only with a catch because there's work involved.

I first panicked about the location. Indianapolis?! Who's going to want to go there? Fortunately, that turned out to be a delightful misconception. I was surprised by the cool factor of the city. It has everything—restaurants, malls, movie theatres, sports, even a canal—all within walking distance of the downtown Hyatt where the conference was held. I later learned from Chuck Beinhauer during the ILAA dinner that I was suffering from a classic case of "contempt prior to investigation."

But the city of Indianapolis was not the only good thing about Indiana. The Indiana volunteers were amazing. They were everywhere—complete with matching t-shirts and positive attitudes. They worked so hard, I almost feel guilty for calling myself chair. Terry Harrell, Indiana's LAP director, and her staff, blew my mind with their organization and commitment.

Because I felt like I needed to be a role

model of exemplary attendance, I went to every event during the conference, sat in the front row, and took notes. What I discovered is this: I should do that every year! It's incredible what you can learn when you pay attention.

I was enlightened during orientation by Bill Kane's history of CoLAP, and inspired enough by Andrea Barthwell's closing presentation to return to my office and implement a new method of monitoring for personality disordered clients. I have quoted Dr. Will Miller, comedic presenter at the dessert reception (held at the regal Indiana Historical Society), to anyone who will listen. I have added comments by Dr. Robert DuPont, the conference dinner speaker, to Tennessee's Annual Report. I was moved to tears by Jennifer Angier's presentation on the "Movement of Grace." So moved, that I booked her to speak at the Tennessee annual retreat this upcoming April. Her presentation was also referenced by Honorable Warren D. Wolfson during his closing remarks at the Illinois Annual Dinner held in Chicago last November, so clearly I was not the only one who found her remarkable.

And did I mention the Thursday night dinner? The dinner is always the pinnacle of the conference, but this year it reached new heights. Held at the Indiana Repertory Theatre, it was a fantasy of stars, thunder, lightning flashes, jazz music, dancing, and delicious food.

I have to stop here for a special "shout out" to the CoLAP exhibitors. We had a record number of exhibitors at the conference this year. They sponsored speakers and events, provided wonderful prizes, took participants to dinner, and engaged in good conversation during breaks. The exhibit hall was one of my favorite places to hang out, and it is solely due to the quality of the company. I cannot be effusive enough in my gratitude to them.

All in all, as trite as this is going to sound, I walked away from the conference a better person. I made new friends. I publically conceded that Tennessee is not the only "volunteer" state. I ate a shockingly hot shrimp cocktail (okay, maybe that doesn't make me a better person, but it does add a story to my repertoire). I was sorry when it was over.

Thank you Michael Cohen for having faith in me. Thank you Bill Leary for giving me pep talks along the way (you haven't experienced life, until you've had a pep talk from Bill Leary). Thank you Barbara Harper and Bonnie Waters for empowerment. Thank you Janice Jones and Leigh Stewart for being both competent and fun. Thank you CoLAP for being a part of my life.

I hope to see you all in Tampa next year! I'll save a seat for you in the front row. **H**

LAURA M. GATRELL is the executive director of the *Tennessee Lawyers Assistance Program*.

CALENDAR OF EVENTS

2011

AUG 04-09 ABA ANNUAL MEETING
COLAP BUSINESS AND COMMITTEE
MEETINGS (8/5-8/7)
Toronto, Ontario

SEP 13-16 2011 NATIONAL CONFERENCE FOR
LAWYER ASSISTANCE PROGRAMS
Tampa Marriott Waterside Hotel & Marina
Tampa, Florida

SEP 16-18 ILAA ANNUAL MEETING
TAMPA MARRIOTT WATERSIDE HOTEL
& MARINA
Tampa, Florida
www.ilaa.org

2012

DATES TBD 2012 NATIONAL CONFERENCE FOR
LAWYER ASSISTANCE PROGRAMS
Grand Rapids, Michigan

Around the LAPs

WANT TO SHARE NEWS ABOUT YOUR LAP?

Send your submissions for the spring edition of Around the LAPs to Hugh Grady, help@iowalap.org, by March 21, 2011.

Arkansas

Arkansas JLAP is on a roll! We are very proud to announce that in November our Supreme Court gave JLAP authority to work with law students. The deans of Arkansas' two law schools joined JLAP in presenting the need for this program to the court. The students at each school (Fayetteville and Little Rock) are holding fund-raising events for the new program in spring 2011. In addition, we have 20 newly trained volunteers (our first!) and will have a second training in spring 2011. —SARAH CEARLEY

Indiana

A few updates from 2010: In June one of JLAP's clinical case managers, Tim Sudrovech, became the 78th licensed addiction counselor in Indiana. Indiana has had certification for addictions counselors for several years, but just began licensing addictions counselors and Tim was one of the first!

JLAP co-sponsored four full-day retirement planning seminars at the end of August. The seminars featured Pat Funk, one of the co-authors of the book, *Lawyers at Midlife: Laying the Groundwork for the*

Road Ahead. Mike Long, another co-author of the book, assisted us in making these seminars a success. As we co-sponsored the seminars with the Indiana State Bar Association and held three of the seminars in conjunction with local bar associations it was also a successful effort in collaboration around the state.

In October we hosted the 2010 National Conference for Lawyers Assistance Programs and truly enjoyed showing Indianapolis off to the larger LAP family. Looking forward to seeing everyone in Tampa next year! —TERRY HARRELL

Kansas

Kansas is happy to report that the IRS has approved 501(c)(3) status for the new KALAP Foundation. A fund-raising campaign is planned for early 2011. Lawyers who need detox, treatment, an evaluation, or short-term therapy and cannot afford it may be eligible for a loan or grant from the foundation. Folks from the Tennessee LAP (Stephenson Todd) and Alabama LAP (Jeanne Marie Leslie) were particularly helpful in sharing forms and procedures and we are grateful for the "plagiarizing" we were able to do. —ANNE MCDONALD

Maine

The Maine Assistance Program for Lawyers and Judges is happy to introduce our new website, www.me-lap.org. —BILL NUGENT

New York

Some 2010 highlights: The presentation of the Ray of Hope Award to Mark Ochs (Third Department Grievance Committee, Chief Attorney, ret.) and the Sweisgood Award to Peter Schweitzer (Nassau Bar Lawyer Assistance Program); recognition of Prof. Marjorie Silver by the ABA Commission on Lawyer Assistance Programs; NYLAT Law Student award to Larwence King; and reflections by columnists NYLAT Chair Mike Cooper, NYSBA LAP Director Patricia Spataro, and NYSBA LAC Chair Lawrence Zimmerman; and information on the impact of aging provided by Dr. W. van Gorp in "Judging Aging," and insights gleaned from the personal story of "Attorney Arrested" show the range of

topics dealt with by the lawyer assistance community. Let me share with you a quote from former President Lyndon Johnson: "There is no problem that we can't solve together, and very few that we can solve by ourselves." Let us work in 2011 and beyond to provide the resources and assistance required by lawyers, judges and law students affected by alcoholism, substance dependency and mental health disorders.

—BARBARA F. SMITH

Tennessee

The 6th Annual CAMP TLAP will be held at Montgomery Bell State Park near Nashville, April 1-3. Keynote speaker: Jennifer Angier; Saturday night dinner speaker: Michael Cohen. For more information, call 877-424-TLAP, or e-mail emily.lacey@tncourts.gov. —LAURA GATRELL



WANT TO LEARN
MORE ABOUT
THE COMMISSION
ON
LAWYER
ASSISTANCE
PROGRAMS?

VISIT
[www.abanet.org/
colap](http://www.abanet.org/colap)

for my penultimate set of finals, and needed to save my eyebrows). Unfortunately, the strong “downer” drug made me really weepy, and I stopped taking it after only a few days, deciding that my eyebrows would, after all, grow back.

Then, in February of that last semester, a listserv e-mail from the university appeared in my inbox. These were always good for information about goings on at the medical school, and I always skipped through them to the opportunities to participate in studies, which were almost always paired with the chance to earn some extra cash. I rarely qualified for the studies, but on this occasion, I thought I had a chance: Researchers were looking for people with depression. I was fairly confident that I met the criteria; that, coupled with the prospect of a little spending money, was enough for me to sign up.

As I knew I would be, I was accepted into the study. It was pretty basic—start taking a low dose of Lexapro (an antidepressant), do blood tests, do a few MRI scans, and that was it. I went through the motions, and dutifully performed all of the tasks requested. I felt almost smug, knowing that I had duped the researchers into thinking that I actually had a serious problem. But then a strange thing happened: I started to feel better. I wasn’t pulling my hair out. I wasn’t staying up all night ruminating over how I wasn’t good enough at this, or how I had messed up that. I wasn’t feeling anxious that I wasn’t anxious about anything, or guilty that I wasn’t feeling guilty about anything. I stopped scratching myself when I said or did something I thought was stupid, and I stopped wishing that I had the guts to use a knife instead.

Feeling better was strange, because I didn’t know that there was a “better.” I’d felt the same way as long as I could remember. When I was six, I started staying awake at night wracked with guilt for everything that I had done, every word that I had said, and everything that I had thought, even if I hadn’t actually thought it, but just in case it was lurking in my subconscious.

The first time I thought about killing myself, and the closest I ever came to it, was when I was eleven. I straddled the railing of my parents’ third floor balcony before deciding to just go inside instead. At twelve, I had a constant urge to kill myself. I know that the only reason I didn’t do it was because another girl in my class committed suicide that same year and I saw the devastation it caused. I didn’t have a *desire* to kill myself, I just always felt compelled to do it.

During high school, I became so obsessed about germs that I washed my hands until they bled, and my siblings had

Feeling better was strange, because I didn’t know that there was a “better.”

to abide by the single-spaced page of rules I posted in our bathroom. I started hurting myself around that time, too. I would scratch myself or press a fork into my skin to the point just shy of drawing blood.

In my first year of undergrad, the walk to my first class of the morning was spent wondering how I would kill myself that day. Again, it was never something I *wanted* to do—just something I thought I would do. I can’t really explain the feeling any other way and I can’t think of anything to compare it to. Out of boredom one day, (in retrospect it was probably apathy), I sewed my fingers together. I stitched myself up when I got paper cuts and signed up for whatever vaccines I could just to feel the pain in my arm. I also gave blood as often as I could so I could feel the needle pierce my skin and watch my blood drain away.

In grad school, I became so anxious about

even numbers that I avoided them at all costs. I became ill whenever I encountered one. I hated being in crowds or anywhere noisy. I became obsessed with punctuality; tardiness enraged me and made me sick to my stomach. I discovered that I liked gin and that Nyquil worked even better when I didn’t bother with the little measuring cup. I was still scratching myself and still constantly thinking about death.

It may seem ludicrous, but by the time I got to law school, all of this was normal for me. I was content knowing that my thoughts, obsessions, and compulsions were just a part of my personality. There was no other way to feel. There was no other way to be.

You can understand, then, why it was so strange to feel better. It was as if I had spent my entire life living in a shadow, not knowing that the sun even existed.

Back to Form B-1: I disclosed that I was taking Lexapro, why I was taking it, and that I was feeling better. I felt sure that the board would reward my honesty and appreciate the steps I’d taken by admitting me to sit for the bar, so when my letter came telling me that I could not take the exam until I had met with a person named Tim at JLAP, I am not exaggerating when I say I was furious. On the phone, he told me that our meeting would have several possible outcomes: I could be cleared to take the bar unconditionally; cleared, but on a probationary basis; or told that I couldn’t take the bar at all that year, and that I’d basically have to cross my fingers for the next year. WHAT?! Surely this process was only necessary for psychotic or drug-addicted bar applicants, not young men and women with improving depression. If the board was trying to encourage disclosure about mental difficulties, they were going about it the wrong way!

I showed up to this meeting with this person named Tim in my most angry clothes—a blouse with military buckles on the sleeves, a black pencil skirt, and heels that could poke out an eye if wielded in the correct manner. I pulled my hair back into its tightest possible bun and set my face in the most irritated look I could muster. Throughout our meeting, I sat with my arms crossed defensively. I spat out monosyllabic answers to questions, and

Here is what I hope you'll take away from my story

Feeling blue, or anxious, or guilty, or nothing all—or even most—of the time is not normal, and it doesn't have to be that way.

- ❖ If you're a bar applicant reading this and you got the same kind of letter from the board that I got, don't worry, it's going to be okay. It's also okay to be mad, though, and if you are, talk about it with your person at your local LAP. I promise that they understand.
- ❖ Remember that LAPs are there. They are a resource available to all lawyers and judges, not just those of us with a diagnosis. If you're stressed, or overwhelmed, or abused, or just not feeling right, for your own sake, call them.
- ❖ Be kind to others. You never know what people are going through on the inside.

told Tim how stupid I thought this entire charade really was.

Looking back at it now, I don't think I made the best first impression, particularly considering how much was at stake. Tim has since told me that he thought I was going to jam his desk pen through his forehead. (An act that wouldn't be entirely out of the realm of possibility, but after 20 years of successfully *not* killing myself, I had developed an extraordinary amount of self control.) Curiously, I was much more relaxed during our second meeting, and was cleared to take the bar exam. Tim explained that I was referred to JLAP because of the recency of my symptoms and so that I would know it was an available resource. He said that it was a good thing, after all, that I had disclosed my depression—if I ever got called before the Disciplinary Commission for any reason, they would know to take it into consideration. Of course, that was never going to happen to me, but I let Tim give me the pithy script justification all the same.

That summer, I upped my Lexapro dose to deal with the additional stress in the months before the exam, and continued to

notice improvements. I passed the exam, was sworn in last October, and began my job as an attorney.

My life was coming up roses. I was working at a great firm and continually looking for ways to develop professionally. I had discovered what it was like to not be depressed and enjoying every minute of it. The feeling lasted until this past January when I first became a bit down. I noticed that I was sleeping in, arriving late to work, and unable to concentrate throughout the day. Looking back, I don't know how I got anything done at all. I was forgetting assignments, barely making important deadlines, and certainly not endearing myself to the partners.

By February, I could hardly work at all (although I sat in my office for more than

It was getting harder and harder to appear fine and sneak under the radar at work.

eight hours each day). I could think of nothing but cutting my throat. I thought about which knife I would use and where I would first press it into my neck. I thought about who I wanted to find me and how to leave as little mess as I could. I thought about the feeling of the blade against my throat and the way my skin would cut like butter underneath it. In the evenings after work, I drank more than I ever had before—not enough to constitute a problem, but just enough to make it impossible to concentrate, which meant that I didn't have the psychic capacity to feel guilty or anxious about anything. One night I crossed the street only to be barely missed by an oncoming car. My thought in that moment was, "Well that would be inconvenient." I couldn't have possibly cared less.

Apathy, in my estimation, is the worst feeling of them all. My body and mind felt nothing. I was empty—a void. The thoughts that I did have were fantasies of cutting my throat. It was getting harder and harder to appear fine and sneak under the radar at work. I figured out what Tim had meant when he referred to the Disciplinary Commission—if I hadn't had higher-ups keeping tabs on the cases I was working on, things could have gotten really bad for me. My mind was using what little focus I had left to keep me from absentmindedly killing myself; attending to work was on the back burner. When I finally reached my limit and knew I couldn't keep going by myself anymore, I e-mailed Tim at JLAP, and met with him the next day.

I knew that talking about it would make me feel better, although I had always been staunchly opposed to formal therapy. I fell apart in Tim's office and he listened. Together we decided that, while the drugs had helped a lot, they had done all they could do. I gave into the fact that I needed more, and Tim recommended a therapist who he thought would be a good match with me. I e-mailed her that day.

JLAP was there for me when I needed it, and I had really, really needed it. When I started going to therapy, it was taking every ounce of my self-control not to scrape my knuckles against concrete walls, just to feel something—anything. I had started to think a lot more about the razor blade in my desk drawer, which I don't know why I keep, but it somehow makes me feel secure. My throat-cutting imaginings were becoming more and more vivid and invasive.

Since I started therapy, I'm doing really well. I still go once a week. My therapist recommended a psychiatrist, whom I meet with for medication management, and a really wonderful acupuncturist. I finally feel in control. I'm not cured, and I don't think I ever will be. I see depression as a condition, not a disease, no more amenable to a cure than diabetes, although equally manageable. There are still times when I want to hurt myself, still times when I think about killing myself, but I don't, and I won't. I know how to process those feelings, I know how to feel about having them, but most importantly of all, I know where to go when they get too big for me to handle on my own. **H**

All About Drug Testing

CONTINUED FROM PAGE 1

obtained, but also the types of specimens that are being used and the frequency in which tests are administered. Any tissue can be tested, however urine and blood are the most available. New alcohol bio markers with potential include ethyl glucuronide (EtG) and Ethyl sulfate (EtS) in urine and Phosphatidyl ethanol in blood. Skipper helped innovate and develop EtG testing in the United States, and has published and testified widely regarding this new test.

Skipper explained that alcohol is still the number one abused drug. Detecting alcohol consumption before EtGs was a process of simply measuring for the existence of ethanol alcohol in the body. Blood alcohol tests had short duration for detection. Urine alcohol tests reported positive results due to fermentation. Both of these tests lacked sensitivity and specificity and were influenced by age, gender, other substances as well as non-alcohol related diseases. EtG is a more accurate indicator of recent alcohol consumption because it is only evident when ethanol is ingested and is not produced as a result of fermentation. Treatment programs, licensing monitoring programs, probation and parole programs, as well as military and life insurance companies all utilize EtG/EtS testing.

The EtG test is so sensitive to the presence of alcohol, that even low-levels, can be detected in the urine several days after consumption. Unfortunately there are hundreds of household products that contain ethanol, which could possibly cause a false positive with the EtG urine test. The concentration of EtG can also be effected by genetics, foods, medications, and disease.

Understanding cutoffs when interpreting results is important. Primary cutoffs are set by labs. These are associated with limits of the machines to provide reliable data. Secondary cutoffs are used to differentiate actual use versus secondhand, incidental, or accidental exposure. The higher the EtG/EtS level, the more likely the results are due to drinking. However setting a higher cutoff means choosing to officially ignore

Alcohol is still the number one abused drug.

lower levels of positive because they are less likely due to abuse. Low levels can be from drinking and if you set a high cutoff to eliminate “false-positives,” you miss more true positives.

Skipper suggested using the lowest possible cutoffs 100 ng/ml EtG and 25mg/ml EtS to determine alcohol use, understanding that this is only one of several screening tools. It is important that a detailed monitoring agreement with each participant includes a clause that the participant agrees to avoid substances known to contain ethanol. Skipper suggested that when a positive test is reported, the participant should be confronted and offered as much support as possible if they “get honest.” If they deny drinking, a blood phosphatidyl

ethanol and/or hair EtG test can be performed or you can provide the participant with information and warning regarding incidental exposure—and continue testing. The EtG test remains extremely useful. A negative EtG score appears to represent persuasive evidence of sobriety (Kevin Helliker, “Federal Agency Aays Urine-Alcohol Test Isn’t Totally Reliable,” *The Wall Street Journal* (Oct. 6, 2006). About 10 percent of EtG tests that have turned up positive, in participants who are required to remain abstinent from alcohol and illicit drugs, reflect genuine violations of sobriety requirements (*Ibid.*). These new biomarkers remain superior for detecting recent alcohol use—they are present in urine and hair and serve to document abstinence, deter drinking, and detect relapse better than previously used tests.

Skipper has worked in the arena of physician health and medical staff administration for more than 25 years. He has published widely in addiction medicine—both in books and peer review journals and speaks frequently, both nationally and internationally, regarding various aspects of addiction treatment, drug testing, ethics, and behavior among professionals. He has appeared on the *Jim Lehrer News Hour*, *The Today Show*, and other media venues and has been featured as an expert on drug testing in the *Wall Street Journal* and other newspapers. He is a strong advocate for recovery, an exceptional speaker and a true friend. A special thanks to Affinity Health for sponsoring Dr. Skipper at this years conference. **H**

JEANNE MARIE LESLIE is the director of the Alabama Lawyers Assistance Program and a member of the Highlights editorial board.

Chair’s Column

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law students, not just those who are ABA members, it is incumbent on each of us to encourage our colleagues to become members or associate members of the ABA.

Through its funding of CoLAP, the ABA provides services to enhance the quality of life for lawyers, judges, and law students from all across the country who suffer from the diseases of alcoholism or substance abuse or from mental health concerns.

This service alone makes it well worth the cost of ABA membership or associ-

ate membership. Our goal should be that every attorney volunteer, LAP director/staff, judge, and law student who is involved with CoLAP’s work be an ABA member or associate member. In that way we can help to assure that the ABA remains fiscally strong and continues to provide these essential services. **H**



HIGHLIGHTS

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Commission on Lawyer Assistance Programs

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