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Welcome, Law Students!

WELCOME, BRYAN!

The OAAP is pleased to announce that Bryan R. Welch, JD, CADC candidate, has joined the OAAP as an attorney counselor, after having worked as an intern since January.

Bryan earned his law degree from Northwestern School of Law at Lewis and Clark College in 2003. An active member of the Oregon State Bar and the Oregon Mediation Association, he practiced law for 12 years, focusing primarily on family law and mediation.

Bryan, in recovery since 2001, has been actively involved in the recovery community, including the OAAP, for over 14 years. Prior to joining the OAAP staff this year, Bryan was a member of the State Lawyer Assistance Committee for over five years, including serving as chairperson in 2011 and 2012. He is currently working to earn his certification as a Drug and Alcohol counselor.

Bryan enjoys spending time with his wife, hiking, taking care of his horses, and playing the ukulele.

Bryan joins our four OAAP attorney counselors, Shari R. Gregory, LCSW, JD; Mike Long, JD, MSW, CEAP; Douglas S. Querin, JD, LPC, CADC I; and Kyra R. Hazilla, JD, MSW, assisting lawyers, judges, law firms, and law-related organizations throughout the state with issues related to recovery, mental health, stress management, career satisfaction, and resiliency building.



Finding Meaningful Work: A Job-Search Skill-Building, Networking, and Support Group

This fall, the OAAP "Lawyers in Transition" networking and support group for lawyers making job or career transitions will change to a new name and format. In this new group, "Finding Meaningful Work," lawyers will create and execute a personalized job search plan; develop a mission statement and elevator speech; learn and practice networking skills; and hone their job search skills. Once a month, we will continue to feature a "Lawyers in Transition" guest speaker.

The new group, which will be facilitated by OAAP Attorney Counselor, Shari R. Gregory, LCSW, JD, will meet at the OAAP on Thursdays at noon, beginning in September. To participate, please contact Shari at (503) 226-1057, ext. 14, or at sharig@oaap.org.

MARIJUANA: WHAT PARENTS NEED TO KNOW

Many today consider marijuana to be a long-maligned and essentially harmless drug whose time of public acceptance is long overdue. Others view it as a psychoactive substance whose decriminalization and legalization pose significant health risks and send an entirely wrong message to our nation's youth regarding the use of mind-altering drugs.

Today, for the first time, more Americans favor the legalization of marijuana than oppose it. Much of the shift in public opinion has occurred in just the last few years. Despite evolving public opinion, one thing nearly everyone does agree on is that recreational use of marijuana may be particularly harmful to adolescents and that parents must be alert to the risks posed and proactive in how they respond.

Adolescent Use

Adolescent marijuana use has increased significantly in the U.S. in just the last decade.

- Among illicit drugs, marijuana is the most commonly used substance by adolescents and adults alike.
- By the time they graduate from high school, nearly half (46%) of all teens today will have tried marijuana at least once.
- In 2013, 23% of high school seniors were marijuana users; 6.5% were daily users.
- Adolescent use of marijuana is known to be directly related to how safe they perceive the drug to be. Their perception of the risks has steeply declined since 2000, despite increasing scientific evidence that use during the teen years can be particularly problematic, significantly affecting health and well-being in later years. (Nearly 70% of all Americans believe alcohol is more harmful to a person's health than marijuana.)

The Three Myths

Adolescents typically believe three myths about marijuana that often reinforce their regular use of the drug: Marijuana (1) is harmless, (2) is not addictive, and (3) has no withdrawal symptoms when stopped.

Harmfulness

Two of the primary harmfulness questions are: Does marijuana harm the adolescent brain? Does regular marijuana use by adolescents affect current and future health and well-being?

The human brain develops in stages and at different rates. It is not fully developed until around age 25. Quite literally, the brain is under construction during adolescence. Regular or heavy marijuana use during these developmental years is believed to cause potentially lasting harm to the brain. A recent major long-term marijuana study tested participants' IQs before their first use of marijuana and again after long-term use. It found:

- An average 8-point drop in IQ between the ages of 13 and 38 among those who used marijuana heavily during their teens and continued such use through adulthood.
- The younger participants were when they started using marijuana, the greater the IQ decline.
- This cognitive decline was considered permanent; stopping use did not improve IQ.
- There was no IQ decline among participants who never used marijuana.

Prolonged early use of marijuana has also been linked to depression, anxiety, and suicidal thoughts among teens. Additionally, long-term use is believed to cause physical changes in the brain, slowing activity in those structures that facilitate memory, focus, learning, concentration, motivation, and mood stability.

Some short-term effects of adolescent use often include:

- Impairments in memory, learning skills, and problem-solving and reduced academic achievement.
- Adverse reactions such as panic, anxiety, fear, or distrust, often a consequence of amounts consumed, high THC potency, or low tolerance.
- Psychosis, including paranoia, delusions, and loss of sense of personal identity.

Addictiveness

Contrary to popular belief, marijuana can be addictive in the same way other drugs can be addictive. According to the National Institute on Drug Abuse, current addiction rate estimates are:

- 9% of those who use marijuana at least once become addicted.
- 17% of those marijuana users starting in their teens become addicted.
- 25%-50% of daily marijuana users become addicted.

Marijuana accounts for 75% of substance abuse treatment admissions for youth between ages 12 and 17.

The earlier in life a teen starts using marijuana, the greater the chances he/she will become addicted.

Withdrawal

Cannabis withdrawal syndrome is a medically recognized condition with specifically defined criteria that can include irritability, aggressiveness, anxiety, nervousness, sleep difficulty, decreased appetite, weight loss, restlessness, depressed mood, and a variety of physical symptoms that can include stomach pain, shakiness, sweating, fever, chills, or headaches. These conditions typically last a couple of weeks following last use. They do not pose any significant health threats but do account for why many adolescents return to using marijuana to avoid the discomfort of abstinence.

Potency

The concentrations of THC (the primary psychoactive ingredient in marijuana) determine its potency. In 1972, the average THC potency was less than 1%. That rose to 3%-4% in the 1990s and is currently 13%-15%. Some strains today contain over 30% THC. Today's higher concentrations mean:

- Greater chance of adverse or unpredictable physical and psychological reactions.
- Greater risk for addiction, due to the fact that, with regular use, teens are exposed to progressively higher doses and may thus experience an increased tolerance for the drug.
- Greater risk of dangerous behavior, such as intoxicated driving.

Signs of Adolescent Marijuana Use

Parents need to be vigilant, especially in regard to changes in their teen's habits, behaviors, relationships, academics, and interests:

- Mood, disposition, appearance changes.
- Family and social relationship changes.
- School grades and attendance changes.
- Loss of interest in areas of previous interest.
- Changes in eating and sleeping habits.
- Other red flags include forgetfulness, presence of drug paraphernalia, and strange-smelling clothes or bedroom.

Some Other Things to Know

- **Synthetic marijuana.** This term refers to a variety of mixtures of dried plant material sprayed with

potentially dangerous chemical additives, the consumption of which is intended to simulate marijuana use. The chemicals (some illegal, some not) can produce unpredictable and potentially dangerous side effects. These products are often marketed as "safe," "natural," and legal alternatives to marijuana. They are commonly sold under names such as "Spice," "K2," "Yucatan Fire," and "fake weed." Synthetic marijuana can be purchased in some convenience stores, gas stations, head shops, and on the Internet. After marijuana, it is the second most widely used class of illicit drugs among 12th graders.

- **Edibles.** While smoking is the most common way to use marijuana, it can also be ingested via food items, aka "edibles," such as brownies, cookies, candies, and drinks. Consuming edibles typically results in a slower absorption process. THC levels in the body tend to be lower, but the effects last longer. THC potency levels can be harder to control and consumption can be risky, occasionally resulting in ER visits.

Tips for Parents

The National Institute on Drug Abuse strongly encourages parents to act proactively and begin a dialogue with their children about marijuana. They suggest:

- Be a good listener.
- Give clear no-use messages about drugs and alcohol.
- Help your child deal with peer pressure to use drugs.
- Get to know your child's friends and their parents.
- Monitor your child's whereabouts.
- Supervise teen activities.
- Talk to your child often.

Some Resources

There are numerous Marijuana Anonymous meetings (<https://www.marijuana-anonymous.org>) and open AA meetings (<http://www.aa.org>), providing 12-step support meetings throughout most communities. For more references and resources, visit the OAAP website, www.oaap.org, or call the OAAP at 503-226-1057, or 1-800-321-8227.

DOUGALAS QUERIN, JD, LPC, CADC I
OAAP ATTORNEY COUNSELOR

BRYAN WELCH, JD, CADC CANDIDATE,
OAAP ATTORNEY COUNSELOR

MARIJUANA: MY PATH FROM ADDICTION TO RECOVERY

Marijuana was a lot of fun for me at 14. The first time I smoked pot, my friends and I went to a bohemian park in the city to get it. We bought a dime bag and got high. The light went on! At the time, I had a generally positive outlook on life – and still do – but the effect produced by marijuana was magnificent. It made me feel funnier and brighter and enhanced my innate sense of optimism. It also felt harmless. All my friends were doing it, and the collective sense about this soft drug was that it was no big deal.

There were drug addicts in the rough neighborhood in which I grew up, but I was not like them. I had potential. My goals were to stay busy at school, do well, and get out of that neighborhood. I wound up attending college in the city, near the park where I first got high. Pot was available and affordable, but my focus remained on doing the work.

In college, I pledged a fraternity and made friends with guys who drank a lot. Most of these guys were from privileged families. Everyone worked and partied hard. I wasn't much of a drinker at the time, but I held my own to get along. Although, like life in the neighborhood, I didn't feel that I truly belonged in the fraternity either. Drinking and smoking pot allowed me to feel at ease.

My pot consumption was moderate throughout college but increased towards the end of law school and at the beginning of my legal career. I was then married to a woman who smoked pot, so the amount we smoked at home seemed normal. The pot use went from weekends to small amounts during weekday evenings. I then considered it to be the equivalent of an after-work martini. Although buying and using pot was illegal, I rationalized it to be a victimless situation. I wasn't hurting anyone. Regardless, I kept a tighter reign on where and with whom I smoked. Most of my colleagues and clients were pretty straight-laced. It was rare to see a career person in his early thirties getting high. My pot use became more isolated, done mostly at home with my wife and close friends.

When that marriage ended in divorce, the pain was great. I began smoking more regularly to numb my feelings. At the same time, my career was progressing.

Mindfulness Group

Beginning October 26, 2015, the OAAP will be forming a six-session group for lawyers who want to learn how to implement mindfulness-based practices in their lives. The group will be facilitated by OAAP Attorney Counselor Kyra Hazilla, JD, MSW. If you are interested in this group, or for more information, please contact Kyra Hazilla at 503-226-1057 or 1-800-321-6227, ext. 13, or at kyrah@oaap.org.

I developed a niche practice that I was good at and began making money. As things at work got better and better, I smoked more and more to reward myself for a job well done. I ultimately married again – to another pot smoker – but after we had kids, she became critical of my excessive pot smoking. My living at home was ultimately conditioned on attending a drug rehabilitation program.

Although rehab educated me on the adverse effects of drugs and alcohol, it did not cure my problem. I mainly attended to get the heat off, not because I really wanted to quit. After the program ended, the counselor suggested that I attend a 12-step recovery program. At first I did so and enjoyed the fellowship. Recovery meetings are structured in such a way that personal stories of experience, strength, and hope are shared with the group. I related to stories about the negative effects of marijuana use – the isolation and sense of despair that come from wanting to stop, but not being able to. However, I didn't feel a part of the group. I was enjoying success at work, and the family situation stabilized. I had the illusion of functionality because I was not like the people in recovery who could not get or keep jobs or who didn't have resources. I then thought that marijuana use had not prevented me from doing what I set out to do. After a couple of years, my attendance at recovery meetings eventually dropped. I also hadn't done any of the things they suggested I do to stay sober.

I then began to drink socially. My wife did not complain because my addictive behavior involved pot rather than alcohol. I quickly began to drink less socially and more alcoholically. Ultimately, the door opened to getting high again. Pot was being passed around at a party

one night. I was already drunk and thought, “Sure, why not?” I then began sneaking pot behind my wife’s back, getting caught, promising to stop, getting caught again, being asked to leave our home, and on and on. This nasty cycle lasted for about four years.

It ended abruptly. While high and drunk, I engaged in inappropriate behavior which led to severe consequences. The pain and embarrassment I caused opened my eyes to the fact that I have no off-switch for drugs or alcohol. I needed to stop doing both and was finally ready to do what was necessary. I sought help at the Oregon Attorney Assistance Program and began attending recovery meetings. This time was different because I was out of bright ideas and was ready to listen to what people had to say. A successful recovering lawyer related to me that his recovery began when he realized a simple truth: “I am not special and I need help.” Another one said, “You don’t have to live like this anymore.” Those sentiments hit home and at the right time for me.

I also began taking the actions suggested to me to stay sober. I got a sponsor and worked the 12 steps of my recovery program. I also stay connected to other recovering people, including other lawyers. Some days

As you build your practice, we’ll help with any baggage.



The *Oregon Attorney Assistance Program* is here to help you through any personal or professional issue – confidentially and free of charge.

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+ MIKE LONG + DOUGLAS S. QUERIN + BRYAN R. WELCH

Men’s Work-Life Balance Workshop

If you find it challenging to achieve a healthy balance between work and the rest of your life, the OAAP is here to help. Our confidential men’s workshop, “Practicing Law While Practicing Life,” provides practical techniques for lawyers to use while exploring topics such as unhealthy stress; self-care; and balancing the demands of work, family, and friends.

This six-week workshop will meet at the OAAP from noon to 1:15 p.m. on Tuesdays, beginning September 22, 2015. The workshop facilitator will be OAAP Attorney Counselor Douglas S. Querin, JD, LPC, CADC I. There is no fee, but advance registration is required as space is limited.

To participate in this workshop, please call Douglas Querin at 503-226-1057, or 1-800-321-6227, ext. 12.

when I am feeling low or disconnected, I just don’t drink or use drugs. When playing my “A” game, I am on the beam, spiritually, and live life in the moment.

I have now been on this road for a little over five years and, over that time, I have grown up. I now feel a wide array of emotions. I have better laughter and joy than I ever did while high. However, being sober also brings into sharp relief the resentments, fears, and insecurities that I used to numb out. I try to deal with these issues head-on when they come up. I also consciously avoid making messes. When I do (and I do), I clean up my mess. I work at communicating appropriately and authentically. In short, I recognize that I have very little agency over anyone or anything – including my own feelings. With the help of others, I take better care of how I act. I feed my spiritual essence by attending recovery meetings, which serves to reinforce in my heart and mind that living a sober life is the better path. Among my tribe of recovering people – red ones, blue ones, rich ones, poor ones – I relate and belong. Today, I am comfortable in my own skin. This allows me to be better in all aspects of life.

THANKFUL FOR MY SOBRIETY

COPING TIPS FOR FAMILIES OF PERSONS WITH A MENTAL HEALTH CONDITION

If you find it difficult to come to terms with the challenges presented by a family member's mental health condition, you are not alone; there are many others who share your difficulty. Most families find that it changes everyone's life in many fundamental ways. Strange, unpredictable behaviors in a loved one can be devastating, and your own personal anxiety can increase as you struggle with each episode and worry about the future. It seems impossible at first, but most people find that over time they do gain the knowledge and skills to cope with the challenges effectively. They find that they have strengths they never knew they had, and they are able to meet situations that they never anticipated facing. Here are some tips for coping effectively:

- You cannot cure a mental health condition for someone you love.
- No one is to blame for the one you love developing the condition.
- Mental health conditions affect more than that person who is ill; they affect everyone who cares about them.
- Despite your best efforts, your loved one's symptoms will change for the better or sometimes for the worse; it is out of your control.
- It is important to learn to separate the condition and its symptoms from the person you love.
- Remember that it is often quite difficult for the person you love to accept his or her condition. This is a process that you may also struggle with.

Strategies and Realities

- Acknowledge the remarkable courage and strengths your family member may show when dealing with a mental health condition.
- After denial, sadness, and anger over learning about your loved one's mental health condition comes acceptance. Acceptance and understanding of the condition itself yield compassion for the person you love.

- The symptoms presented by the condition may change with time and circumstance. This can make expectations of your loved one a challenge – stay flexible.
- If you are involved with your loved one's treatment, obtain permission from the loved one to request the actual diagnosis and its explanation from the mental health treatment team to deepen your understanding of the condition.
- Mental health professionals have varied degrees of expertise and competence. If your loved one isn't getting what is needed, assess your ability to engage with him or her to see how a case manager or other professional can help.
- Unusual and uncharacteristic behavior may be a symptom of the condition. Don't take it personally.
- Don't be afraid to ask your family member if he or she is thinking about hurting himself or herself. The possibility of suicide is a real concern, and asking about it will not give your loved one the idea. See if there is a safety plan to address these concerns.

Self-Care

- Be sure to prioritize your own self-care. Exercise, good rest and nutrition, loving relationships, spiritual or religious support, support groups and hobbies are common avenues to support self-care.
- It is important to establish boundaries and to set clear limits for yourself.
- It is natural for you to experience a variety of emotions, such as grief, guilt, fear, anger, sadness, hurt, confusion, and more. You, not the person with the condition, are responsible for your own feelings. Getting support can often be quite helpful for these experiences.
- You are not alone. Sharing your thoughts and feelings in a support group has been helpful and enlightening for many. The shared experience found in support groups reduces isolation and stress.

Source: The National Alliance on Mental Illness, www.nami.org.

Do You Know Someone Going Through the Disciplinary Process?

Dealing with a discipline complaint can be an extremely difficult, stressful, and isolating experience. From October 5 through November 2, 2015, the OAAP is offering a confidential, five-week support and discussion group to help lawyers through these challenging issues.

This five-week group will meet at the OAAP on Mondays from noon to 1:15 p.m. starting October 5, 2015. The workshop facilitator will be OAAP Attorney Counselor Douglas Querin JD, LPC, CADC I.

There is no fee for this group. To participate, please call Douglas Querin at 503-226-1057, ext. 12.



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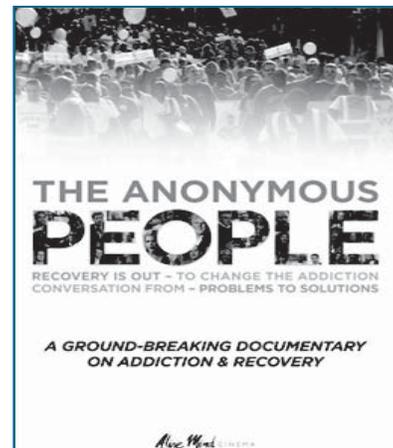
Thursday, October 15, 2015

5:30 p.m. - 8:30 p.m.

for lawyers, judges, and law students

This ground-breaking documentary is about the millions of people successfully living in recovery from addiction...and how today many are stepping out of the shadows to speak publicly and passionately about their own recoveries and how their lives have changed.

The film is a message of Hope and a Call to Action. In honoring recovery, it challenges us to move the focus of the addiction conversation from one of problems to solutions...and to do so while still respecting the fundamental tradition of anonymity.



The Sentinel Hotel (formerly The Governor Hotel)
Library Room, 2nd Floor
614 SW Eleventh Avenue, Portland, OR 97205

You're welcome to bring a friend or family member. After the film, we invite you to join our panel of lawyers, judges, and other professionals in recovery to discuss the documentary and its message about recovery and addiction.

Beverages and appetizers will be served. **Admission is free**, but registration is required as space is limited.

For more information or to register, call 503.226.1057, or e-mail jeanneu@oaap.org. Registration deadline: Tuesday, October 13, 2015

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Finding Meaningful Work is a confidential networking and support group for lawyers making job or career transitions. In this group, lawyers will create and execute a personalized job search plan; develop a mission statement and elevator speech; learn and practice networking skills; and hone their job search skills. If you are interested in attending, please contact OAAP Attorney Counselor Shari R. Gregory, LCSW, JD, at 503-226-1057, ext. 14, or at sharig@oaap.org.

Career Self-Assessment Workshops

The OAAP also offers career self-assessment workshops several times each year to assist lawyers, judges and law students in identifying satisfying job and career opportunities. These workshops typically meet one evening per week from 5:30 to 8:00 p.m. for five consecutive weeks. If you would like additional information about the OAAP career self-assessment workshops, contact Mike Long at 503-226-1057, ext. 11, or mikel@oaap.org or Shari R. Gregory, LCSW, JD, at 503-226-1057, ext. 14, or sharig@oaap.org.

Lawyers in Transition Presentation Calendar

A "Lawyers in Transition" guest speaker is featured on the first Thursday of each month at noon. These presentations are open for anyone to attend. See the calendar below for scheduled speakers.

Sept. 10, 2015* *Second Thursday of the month.	Rachel Arnold	from private practice to Contracting and Provider Relations Manager, Health Share of Oregon
Oct. 1, 2015	Fritz Paulus	from real estate negotiator, Metro, to conservation real estate attorney
Nov. 5, 2015	Rebecca Hillyer	from private practice to Director of Legal Resources, Chemeketa Community College
Dec. 3, 2015	Tonya Alexander Forrest Collins	transitioning from litigation to collaborative law practice
Jan. 7, 2016	Lynetta St. Clair	from private practice to OHSU attorney

For current information on upcoming Lawyers in Transition speakers and topics, please visit the OAAP website at www.oaap.org and click on CLEs/Workshops