



LawCare Ltd.  
Health Support and Advice for Lawyers

# An Alcoholic in our Workplace?

## **LawCare Helplines**

For Solicitors, Law Students and Legal Executives in England and Wales  
0800 279 888

For Solicitors, Advocates and Law Students in Scotland,  
Northern Ireland and the Isle of Man  
0800 279 6869

For Solicitors in the Republic of Ireland  
1800 991801

For Barristers, Clerks and Judges in England, Wales and Northern Ireland  
0800 018 4299



## ***An Alcoholic in our Firm/Chambers?***

This information has been prepared by LawCare in response to a number of requests from legal firms/chambers trying to deal with a colleague whose drinking is leading to problems. If your firm/chambers is facing this particularly difficult situation then this information is designed to help you to deal with it.

Please don't be put off by its length. Alcoholism is a complex disease and with so many issues to consider, we wanted to try and answer all potential questions.

There are five sections, which are as follows:-

1. *Introduction*

What is alcoholism, and why is it the firm's/chambers' problem?

2. *Identifying the Alcoholic Lawyer*

This section will explain what alcoholism is and how the medical profession responds to it, and will particularly help you to identify whether your colleague is indeed an alcoholic.

3. *Helping the Alcoholic Lawyer*

So what action can you take? This section considers all the alternatives, from expulsion from the firm/chambers to intervention and treatment.

4. *Rehabilitating the Alcoholic Lawyer*

How soon can the solicitor/barrister get back to full time work; be trusted; and how can the firm/chambers be sure it won't happen again, either to him or to someone else?

5. *Appendix*

Sample papers which may be useful to you

- an office manual statement on addictive illnesses
- a sample treatment and return to work agreement
- an addiction clause for partnership agreements.

## **Introduction**

LawCare was founded in February 1997 and is a charity funded by the professional bodies of the professions and regions it represents. It has a full time Chief Executive, supported by three part-time members of staff, a board of Trustees and a network of volunteers. Its purpose is to help lawyers and their staff who are impaired by alcohol and/or drug abuse, stress, depression and similar conditions, and to prevent health, family and professional problems, which often develop from these conditions.

These conditions are closely linked to each other. A stressful working environment may lead to heavy drinking. Heavy drinking will also create problems, which in turn will lead to still more stress. A lawyer suffering from clinical depression, or depression caused by his problems, may resort to drinking. In so doing he may aggravate his problems, first because alcohol is a depressive drug and secondly because the problems generated by his drinking will give him more to be depressed about. Many patients seeking medical help are given a dual diagnosis of depression and alcohol dependence. Bipolar affective disorder, or "manic depression", mimics many of the symptoms of alcoholism.

Most doctors receive little training in the treatment of addiction. Some see it merely as a symptom, which will disappear if the primary condition is treated.

"Patients and therapists are as prone as researchers interviewing alcoholics after the fact, to fall victim to the 'retrospective illusion', that is, the view that most alcoholics have been severely disturbed or depressed from the very beginning. The resultant interpretation of heavy drinking as a form of self-medication facilitates collusion with a patient's denial that drinking is a serious problem in its own right."

Other doctors hardly regard alcoholism as a medical problem at all. They expect their patients to conquer it by will power and Valium.

These factors, combined with the social stigma attached to alcoholism, often lead to incorrect diagnoses and, for instance, to the prescription of anti-depressive drugs for patients whose primary problem is alcohol. Patients with conditions which may be alcohol related, will not necessarily be asked about their drinking. Even the most experienced doctor seeking to help an alcoholic patient or client, faces considerable challenges, since the alcoholic will generally lie about the amount of his drinking and blame his problems on everything and everyone except his addiction.

In so doing he is not being deliberately dishonest: he simply cannot face up to reality. The family, friends and colleagues of the alcoholic often share the same "denial". They facilitate his drinking and help him to avoid the natural consequences of his behaviour. This attitude is sometimes described as "co-dependency."

The primary responsibility for dealing with lawyer alcoholism lies with the profession itself and, especially, with the addicted lawyer's partners, colleagues and friends.

## ***Identifying The Alcoholic Lawyer***

For simplicity's sake the alcoholic is referred to throughout this text as "he". There are still more male than female alcoholics, but the number of women is increasing.

Alcoholism is a progressive disease: unless treated it will continue to get worse until arrested by death or incapacity. It is also a disease which thrives on denial: the alcoholic will be oblivious to the fact that there is anything wrong, and will often become defensive and even angry when challenged about it. Colleagues of the suspected alcoholic lawyer cannot assume that he will spontaneously stop drinking and get better, recognise his problem or seek and take medical advice.

The firm/chambers has much to lose, especially financially, if the problem is ignored. They cannot rely on the alcoholic's spouse or family to take the initiative, and it is not safe to assume, if the drinking appears to have been as a result of stress, that lowering stress levels will cause the drinking behaviour to stop. Put simply, the colleagues of the alcoholic lawyer need to deal with the issue themselves.

### *Some Signs which indicate Alcoholism*

- The suspected alcohol may have frequent sickness absences, often with little explanation.
- His drinking may follow a number of different patterns:-
  - he may drink in the morning and/or at lunchtime
  - confine his drinking to evenings and weekends (which will not prevent it from affecting his practice.)
  - may be permanently topped up without appearing to be drunk
  - may be a binge drinker who can stay sober for long periods.
- He may be very depressed, or very aggressive or grandiose, sometime by turns. His depression may be accompanied by paranoia.
- He may miss appointments or appearances in court , or deadlines.
- He may fail to reply to correspondence promptly, or at all.
- There will be a general deterioration and coarsening of his behaviour and his professional standards.
  - His attitude may become abrasive, insulting or inconsiderate.
  - He may belittle the achievements of his colleagues.
  - The clarity of his correspondence may diminish.
- He may not care whether he does a good job anymore.
- He may be very negative, or absurdly positive, in the advice that he gives. He may advise a client to accept a settlement even though the claim is worth more than what is offered, especially if the work necessary to achieve something better will interfere with his drinking. Alternatively in his more grandiose moments he will reject a payment into court, which puts his client at risk as to costs.
- He may display resentment towards colleagues and may be very defensive.

- His behaviour will probably be manipulative: he will try to make his colleagues feel sorry for him. He will appear to be genuinely remorseful when he apologises for his behaviour and promises to reform.
- He will blame others for the consequences of his addiction.
- He may get drink driving convictions and give explanations that sound unconvincing..
- He may have a good reference from his former employers despite being dismissed for drunkenness: they probably preferred to pass him over to someone else, with all his problems, rather than help him find a solution to them.
- He will probably look unwell. His eyes may be bloodshot and his face florid.
- He may neglect regular exercise, have little energy and smoke heavily.
- He may appear unkempt and smell of alcohol.
- He may be suffering from a physical condition which is alcohol related.
- He may suffer from blackouts, when he forgets part of what he did the day before.
- He may be taking anti-depressants, since doctors often misdiagnose alcoholism as depression.
- His secretary may be very loyal and defensive of him, or he may lose a succession of secretaries
- He may have family problems or be recently divorced.

Once there are indications that a colleague is addicted, it is important that immediate action should be taken. Alcoholics do not generally seek help unless they come under pressure to do so. Often what will most help the alcoholic is what he least wants, and what he most wants, or thinks he wants, will hinder his recovery.

## ***Helping the Alcoholic Lawyer***

The preferred way, in this country, of handling the problem of the alcoholic colleague is to simply have a private word with the individual concerned. If he is simply "going through a bad patch" and drinking heavily without being addicted, or if he is a young assistant whose drinking is a sign of immaturity, this approach may be successful.

If, on the other hand, he has a long history of addictive behaviour, any promises he gives are likely to be broken. Indeed broken promises are a symptom of the condition. Regrettably, nothing that is said by an alcoholic can be taken at face value. It is best to work on the hypothesis that however much he may want to change his behaviour, nothing will be achieved unless the initiative is taken by the firm/chambers itself.

### *Solution 1: Expelling the Alcoholic*

Expulsion may sometimes be the only option, for a variety of reasons.

- small firms/chambers may not have the resources to carry an alcoholic through the early months of his recovery, when he will be unproductive
- he may have irreparably damaged his relationship with his colleagues
- he may simply be in the wrong job or career but too demotivated to change

The shock of unemployment may be what he needs to find the motivation to stop drinking. But firms/chambers may equivocate for months, or years, before facing up to the problem and taking steps to deal with the alcoholic lawyer.

An expulsion or dismissal for drunkenness should be carefully handled. It is not clear from the case law of the Employment Appeal Tribunal to what extent alcoholism is to be treated as a medical problem. To the extent that it is, the employer must obtain medical evidence and consult the employee before dismissing him. Most partnership deeds make no express provision on this point.

### *Solution 2: Easing the Alcoholic Out*

One common way of avoiding the inconvenience and awkwardness of expelling the alcoholic, or the expense of supporting him through treatment, is to encourage him to find another job, either directly or indirectly. When the alcoholic finds another job, with a new firm/chambers, he will often be sent on his way with a glowing reference. The problem is then passed on to someone else. Typically the alcoholic will only last a matter of weeks or months in the new job. More damage will be done to his professional career than if he had been expelled.

A variation on this approach, adopted within the civil service or in large corporations, is for the alcoholic to be retired on medical grounds. Often the diagnosis will ignore his drinking and will treat his condition as incurable or terminal. This passes the problem from the employer to the family while ensuring that the alcoholic has a guaranteed source of income cushioning him against the consequences of his behaviour. The "easing out" approach is socially irresponsible.

A responsible, though perhaps controversial, policy would be for the firm/chambers to assure itself of the ex-employee/partner's rehabilitation and sobriety before giving the reference. This would put the maximum pressure on him to face up to his problems.

### *Solution 3: Intervention*

Understandably, solicitors don't much like using the term "intervention". For lawyers with a real concern for the welfare of their colleagues, however, there is a strong case for confronting, by way of an "intervention", a partner or employee who is alcoholic. Employers or Partners are well placed to do this since it can be made clear to the alcoholic that if he does not respond he will lose his job / be expelled from the Partnership. Ideally, the alcoholic's family and friends should also be involved.

The intervention takes the form of a meeting to which the addicted lawyer is invited and from which he will be prevented from leaving prematurely: for example, by making it clear that his employment from the firm/chambers will be immediately terminated if he does so. The meeting should be scheduled for a time when he is most likely to be sober. Present at the meeting should be all those whose lives have been adversely affected by his drinking behaviour, plus, where possible, a professional intervention facilitator.

In a caring manner, making it clear that all present have the lawyer's best interests at heart, each person in turn:

- briefly outlines an example of the alcoholic's behaviour which has caused problems for them or harmed them in some way
- states their reasons for believing the lawyer to be alcoholic
- states their reasons for wishing him to address the problem
- states the consequences of not doing so, e.g., expulsion from the firm/chambers, divorce, withdrawal of friendship. It is important that the person is ready and able to follow through with these promises if the intervention is unsuccessful.

Once each person has spoken, the intervention facilitator or another spokesperson concludes by reminding the lawyer of the evidence of his addiction, of the support and concern of all present, and of the consequences for him of not accepting the help offered. He then goes on to outline the treatment programme which will have been put in place before the meeting—generally an assessment and bed at a treatment centre, and details of local AA meetings. LawCare can make all the arrangements necessary for this, but if an intervention professional is used then he /she will have deal with this aspect.

The lawyer will probably resist initially. He may continue to deny that he has a problem, and even if he reluctantly admits it he will reject any possibility that he can take six weeks off to go into residential treatment. Again, it is important that it is reiterated that the consequences of not doing so are very grave.

If the intervention is successful and the lawyer agrees to attend treatment, he will drop his work immediately to begin his programme of treatment. He will return to work only when considered fit to do so.

One lawyer who was the subject of an intervention commented: "My partners gave me no choice but residential treatment... their generosity cannot be overstated."

**Unless one has previous experience, or is very confident of what one is doing, it is best to get professional advice on how to handle an intervention, to ensure that it achieves maximum impact without causing psychological damage.**

### *Treatment*

Residential treatment usually lasts for about 4-6 weeks or so, plus a period of aftercare. Outpatient treatment may also be available. Patients are treated for the physical and psychological effects of their addiction and are helped to learn to cope without alcohol and drugs, with the first two weeks often being a period of detoxification where the body is weaned off the drug, and the remainder of the time concentrating on teaching the patient to live without alcohol. Many treatment centres introduce patients to the recovery programme of AA and require them to attend regular meetings. The patient's family will usually be invited to sessions at the treatment centre.

### *Paying for treatment*

Alcohol is an expensive habit and however successful the lawyer once was it may well be that he does not have the funds to pay for a course of treatment. Financing for the course of treatment needs to be in place before the intervention takes place.

Treatment is notoriously expensive, with renowned centres such as the Priory costing over £3,000 per week. However, there are smaller, less well-known places where prices are below £500 per week, and the cost of the treatment centre bears no relation to the likelihood of the treatment being successful. In some cases treatment is available on the NHS although there is generally a waiting list.

One option is for the firm/chambers to pay. It may be a humane reaction for the firm/chambers to pay, but this may give rise to ill feeling if others in the firm/chambers have suffered from the solicitor/barrister's behaviour when he was drinking. The best solution in many cases may be to treat the outlay, or part of it, as a loan and recover it on agreed terms from future earnings. The firm/chambers always has the option of writing off the balance if recovery goes well but the prospect of such action should never be intimated in advance to the addict. Experience shows that treatment can be more effective when the addict has a financial stake in the outcome.

Many small firms/chambers do not have the resources to fund a colleague's course of treatment and in such cases more creative thinking may be required. There may be medical insurance, although many policies exclude treatment for alcohol dependence. Where this is not available it may be possible to arrange treatment through the National Health Service, which will make payment to the treatment centre by means of an "extra-contractual referral" ("ECR"). Whether an ECR is available will depend on the judgement of the local Health Authority.

LawCare has a Welfare Fund which may be used in such circumstances, but funds are limited and at the time of writing will not stretch to a full course of treatment. Other charities may be approached, including the Solicitor/barristers' Benevolent Association.

### *Ignorance about addiction*

Few solicitor/barristers know anything about addictive illness; in particular how they might themselves have contributed to, or enabled the addiction of their colleague. It is probable that assumptions will be made that may or may not be true. Unrealistic assumptions are less likely to lead to failure and relapse. Everyone needs to be aware that recovery from addictive illness is a process, not an event. The lawyer will never be able to drink alcohol, and others need to be sensitive to that fact. Further information about alcoholism is available in LawCare's Alcohol Information Pack.

### *Need to know*

Who needs to know about the problem? The reason for the addict's absence may or may not be a matter of general knowledge. Clearly all partners must know the full story. They will have to handle the risk management or damage limitation aspects, including any embarrassment to the firm/chambers which may arise from, for instance, a drink driving conviction. Employees, particularly in the same department and at reception, may have to be briefed, preferably with a prepared statement which they can use. A change of the person handling a client's matter may also involve a variation of information given to the client under Practice Rule 15. Clients will need to be told that their solicitor/barrister will not be there for a period and who will be dealing with their work meanwhile

### *Covering the addict's work*

Substance abuse shows up in the quality of work however much the addict may deny this. There is a great potential for past errors leading to compensation claims. A careful audit will often avoid such claims and also complaints, or at least make them easier to handle.

In an ideal world, a Partner/Head of Chambers should talk to the solicitor/barrister immediately before departure, although there may be a tendency for the latter (if in a position to communicate at all) to cover up the extent of any mess. The solicitor/barrister's secretary will be a valuable resource, as will diaries and time sheets. Whether the partners like it or not, someone needs to go through everything on the desk and in the filing cabinet. A senior member of the firm/chambers familiar with the relevant type of work is clearly the most appropriate person to undertake this task. A status report should, if possible, be prepared on each matter.

### *"How did we get into this mess in the first place?"*

Did the firm/chambers contribute to the problem or facilitate its development? Were there stresses which should have been noticed? Does the firm/chambers have a heavy drinking culture? Was there something in the firm/chambers's structure that prevented the solicitor/barrister from seeking help? Does the firm/chambers see stress as a virtue rather than the cause of future problems? How can things be better managed in the future? These issues should be considered and addressed by the firm/chambers as a whole.

## *Rehabilitating the Alcoholic Lawyer*

It may be assumed that the addict will return and pick up the reins again, but this may not be appropriate:-

- the solicitor/barrister may not want to return
- the damage done to the firm/chambers may turn out to have been too extensive.

These matters should be discussed and adequate time allowed thereafter for decisions to be made. It should also be borne in mind that however weak and incompetent the solicitor/barrister appeared immediately before going into treatment, their professional abilities and judgement should eventually return if recovery is maintained.

### *Practical points*

Assuming the decision is that the solicitor/barrister should return, it is desirable that someone should keep in touch with his progress.

Practical issues include:

- What has happened to his secretary? Has she been laid off or is she now working for someone else? Does she want to work with this person again?
- Does reception know that the solicitor/barrister is returning, and when?
- What work are they going to do? Do they have a client base to return to? Other people have been dealing with their matters and it cannot be assumed that it can all be dropped back on the solicitor/barrister's desk on day one.
- What kind of tasks should they be assigned? Preferably, these should initially be non-critical. It would not make sense to put them in charge of a major marketing initiative. Recovery is not complete the moment someone comes out of treatment, but is ongoing. A period of easing back to full time work is preferable, to enable them to get back their concentration, their professional confidence and the respect of their colleagues.
- Who is going to monitor his work? His condition will probably have led to unacceptable errors and the firm/chambers cannot run the risk of a repetition.

### *"Last Chance" Agreement*

On what terms and conditions should he return to work? A "last chance" agreement may be effective because it clearly establishes the boundaries of what is and what is not acceptable. It can also be a constructive part of recovery, providing work related motivation and responsibilities which in turn relate to treatment and recovery. In the case of partners there may be justification for imposing this and if the partnership agreement has a "conduct unbecoming" provision you will probably be able to insist. The position may be easier where assistants are concerned.

The agreement should commit the solicitor/barrister to maintaining both the firm's/chambers' and the profession's ethical standards and to adhering to treatment recommendations. Some inclusions may be as follows:-

- Some level of verification that the patient is participating in a treatment programme.
- A commitment to remain drug and alcohol free.
- A commitment to adhere to specified standards of behaviour.
- Provisions for drug or alcohol testing if appropriate.
- A commitment fully to participate in any recommended aftercare, meetings of Alcoholics Anonymous or similar appropriate fellowships or other therapy recommended by treatment centres or treatment counsellors.
- An acknowledgement that any breach of the agreement or any standards incorporated in it may result in an immediate termination, and
- Authority for the firm/chambers to communicate with treatment counsellors or any agreed monitor to obtain information about compliance with treatment requirements, aftercare conditions and to get advice about the return to work.

A "last chance" agreement should not merely be viewed as a disciplinary matter. It is also an effective way for colleagues to support a solicitor/barrister. It can make all the difference between recovery and relapse. The firm/chambers and its partners must, in this and other matters, draw a line between unnecessary intrusion into the solicitor/barrister's treatment and ignoring an issue which is of legitimate interest to them.

### *Supporting Recovery*

There are other ways in which a firm/chambers can support the solicitor/barrister's recovery.

- have a responsible attitude to alcohol consumption within the firm/chambers, on the part of all lawyers, whether having an alcohol problem or not.
- develop a culture, at Partnership level, where it is legitimate to discuss issues of addiction, stress or mental illness in an open way, without fear of ridicule or recrimination.
- no solicitor/barrister should not be put under any pressure to drink, or be given the message that there is something wrong with them when they abstain.
- it can be equally unhelpful to exclude anyone, even unintentionally, from the firm's/chambers social activities by focusing those activities around alcohol consumption.

### *The Welcome Back*

It is usually a good idea to designate an individual or possibly a small group to be the solicitor/barrister's designated contacts during the treatment period. This will ensure that a consistent flow of information takes place about progress, prognosis, return dates and similar details. It can also help to avoid the risk of a solicitor/barrister

walking back totally unexpected to find someone else working at his/her desk, secretary reassigned, no clients, no work and no friends. This need not happen and the contact person can be responsible for seeing that it doesn't.

It is suggested that firm/chambers should give some thought to the solicitor/barrister's return to the office. About a week before the solicitor/barrister's scheduled return, two work related things should happen.

- First, those solicitor/barristers who were assigned the pending matters should prepare brief status reports on what was done in the solicitor/barrister's absence.
- Second, the appropriate person (Senior Partner, Head of Department) should give some thought to the work which the solicitor/barrister will be doing on his return. It is unrealistic to expect him to undertake a full workload from day one. A controlled increase in the work level is highly desirable.

It is important not to neglect the other staff in the firm/chambers. Some of them will have a right, and a need, to have some information about the return to work. It will also be necessary to address their expectations about the return. It is possible that the solicitor/barrister will return ready to dive into a full workload. However it is more likely that he/she will return to a somewhat damaged practice and to some possibly resentful colleagues.

### *Basic Lawyer Skills*

There may be a number of surprises on the solicitor/barrister's return. Alcohol or drug use can mask many other problems, and may have contributed to a false impression of the solicitor/barrister's skills and abilities. He may have forgotten, or never learned, good lawyer skills. He may have lost the knack / confidence to achieve effective research, advocacy, effective oral presentation. This may also include "office" skills such as timesheets, billing practices and client relationships.

Firms/chambers need to be on the lookout for such problems. They can be corrected, but not if you don't know about them.

### *A better lawyer for the experience*

If the situation is handled sensitively and intelligently, there is every chance that the formerly addicted solicitor/barrister will be able to pick up the traces of their professional career. They will probably be a better lawyer for the experience than if they had not been addicted. Many within the firm/chambers will learn something about alcohol and other addictions, so the next time such a problem is identified it will probably be at an earlier stage, hopefully before addiction has taken hold, and the situation should be correspondingly easier to handle. The knowledge gained about addiction will also help when dealing with clients with addiction problems. Alcohol and drugs are often at the bottom of crime and family break up.

### *How Can LawCare Help?*

Advice on dealing with alcohol or drug problems at work and on all aspects of alcohol and drug policy and related problems such as stress and depression is available in strictest confidence through LawCare. Freephone numbers are on the back of this booklet.

LawCare also has a number of articles relating to alcoholism, including:

- Alcohol Information Pack. *General information about alcoholism*
- Caring for a Problem Drinker. *Advice for the family of an alcoholic lawyer*
- Staying Sober. *Tips from other recovering alcoholic lawyers*
- Christmas without Alcohol. *Tips for the lawyer in recovery, and his friends, on minimising temptation during the festive season.*

In addition, LawCare has a network of volunteers across the country, many of them lawyers who are in established recovery from alcohol addiction. If the alcoholic lawyer contacts LawCare on the helpline, then he can be put in touch with a volunteer who may be local enough to accompany him to AA meetings, and will certainly be able to offer him a good deal of support and encouragement.

## Appendix 1

### Solicitors Office Manual

#### **Sample Policy Statement on Addictive and other Illnesses**

1. The firm regards alcoholism, illicit or prescribed drug addiction and other addictions such as gambling and eating disorders as illnesses, and wishes to help partners or employees ("members of the firm/chambers") suffering from such illnesses and stress and depression to obtain effective treatment.
2. The unauthorised possession and distribution of controlled substances is a crime and the firm will discipline any member of the firm proved(?) to be involved in such a crime whether or not they are or may be addicted to drugs. The nature of the discipline will depend on the circumstances of each case and in particular on the member's co-operation under paragraph 4 below. As part of the disciplinary process the member may be required to enter into a Last Chance agreement.
3. The impairment of any member's performance due to drug or alcohol addiction or any other addictive or related illness is deemed to be properly the firm's concern and not a reserved aspect of the member's private life. It is the firm's policy to encourage disclosure of such illnesses and to offer professionally qualified medical assistance in a non-judgmental manner to any member of the firm/chambers who appears to the firm's management to suffer therefrom or admits doing so. Early diagnosis and treatment is considered preferable to the termination of the member's position with the firm/chambers.
4. No member of the firm will be disciplined for impairment due to any such illness so long as he/she co-operates with a qualified diagnostic and treatment programme agreed to by the firm and the member. The member's choice of treatment will be accepted only if approved by a specialist retained by the firm after consultation with the member's personal physician or consultant. Any treatment undertaken in accordance with this policy shall be entirely confidential and no disclosure by the member to any treatment personnel will be reported to the firm/chambers nor will any such disclosure be available to any legal authority whatever except in accordance with the requirements of applicable law.
5. The firm will name a supervisory member of the firm as administrator of this policy and as the firm's representative in all matters pertaining to its execution. No other person within the firm shall be informed of any consultation or referral under this policy without the consent of the affected member except as necessary to complete his/her ongoing work.

## Appendix 2

### Sample Treatment and Return to Work Agreement

By signing this agreement I [*Name and Address of solicitor/barrister*] accept and agree to the following terms and conditions which will govern my (continued) employment with and my return to work with [*Name and Address of firm/chambers*] ("the firm/chambers").

#### 1. TREATMENT

- 1.1 I acknowledge that my work performance and/or professional behaviour have resulted in the need for intervention and have provided a basis for the termination of my position with the firm/chambers. As a consequence, and in order to avoid the termination of my position, I voluntarily accept the terms of this agreement.
- 1.2 I agree to submit to an immediate evaluation by a health care professional of the firm/chambers's selection.
- 1.3 I will follow all treatment recommendations of that professional including (without limitation) entry into a residential treatment programme.
- 1.4 I understand that I am responsible for all costs associated with the treatment programme to the extent that they are not covered by insurance or by separate agreement with the firm/chambers.
- 1.5 I will authorise regular progress reports to be made to the firm/chambers during the course of treatment.

#### 2. RETURN TO WORK

- 2.1 Upon completion of the recommended treatment programme I understand that the firm/chambers will allow me to return to work.
- 2.2 Upon my return I will review all aftercare requirements and recommendations with [*Name of person nominated by firm/chambers*].
- 2.3 I understand and acknowledge that my return to work will be conditional upon my strict compliance with the following:
  - a. Strict compliance with the treatment recommendations made by the treatment professionals with whom I have been working. Upon completion of my treatment programme a summary of those recommendations will be prepared and attached as Annexe A to this agreement and I will re-execute the agreement at that time.
  - b. Complete abstinence from all mood altering substances except in strict accordance with the written authorisation of my General Practitioner and/or my treatment counsellors.
- 2.4 For a period of [2] years from the date of my return to work I agree to submit to testing to detect the presence or use of drugs or alcohol on any basis including random or unannounced, and at the time and on the terms that are communicated to me by [*Name of person nominated by firm/chambers*]. I understand that at the conclusion of the [2] year period the firm/chambers, in its sole discretion, may extend the period during which I will submit to such testing for an additional period not exceeding one year.

2.5 I understand and acknowledge that I continue to be bound by and must adhere to all standards of professional conduct, behaviour and performance, that are required of solicitor/barristers with the firm/chambers including but not limited to those set out in the firm/chambers's policy and procedure manual.

2.6 This agreement does not guarantee my employment or compensation for any period of time, nor does it in any way alter my status as an employee/partner of the firm/chambers. I understand and acknowledge that strict adherence to these terms and conditions is a requirement of my continued position with the firm/chambers and that any violation of the terms of this agreement (including any incorporated standards) may result in immediate termination.

By my signature of this agreement I confirm/chambers that I have reviewed and considered these terms and accept them voluntarily as a constructive part of my recovery. I also acknowledge that these terms are being provided to me as an alternative to the termination of my position with the firm/chambers. I understand that I may withdraw my consent at any time during the period of this agreement but acknowledge that such withdrawal will constitute a voluntary termination of my position with the firm/chambers.

Signature no. 1 .....

(at the time of Intervention)

Signature no. 2 .....

(upon return to work and incorporating aftercare recommendations)

### *Appendix 3*

#### **Suggested "Addiction Clause" for Partnership Agreements**

1. (i) If in the opinion of the majority of the (equity) partners any of the partners shall be suffering from any form of depressive illness or addiction to any substance then that partner shall forthwith submit to a diagnostic consultation with a psychiatrist (nominated by the other partners) who specialises in addiction or depressive disorders as the case may be.
  - (ii) The cost of such consultation shall be borne by the partnership and in the event that half of the other partners make the proposal herein then this clause shall operate in any event.
2. The partner who is the subject of a referral shall agree to such treatment or course of action as prescribed by the aforesaid consultant psychiatrist and the cost thereof shall be claimed from the medical insurers of the partnership (or paid from partnership funds if such insurance is inoperative or not available).
3. In the event that in-patient treatment is recommended for the relevant partner following such consultation as aforesaid then the partner's absence from the firm/chambers shall be treated as under clause (X) of this deed as a medical condition.
4. If the relevant partner is unable to resume his/her duties within (6) months of the commencement of the treatment or course of action as aforesaid s/he shall retire from the partnership under the terms of clause (Y) of this deed.
5. The relevant partner may return to the firm only when permitted to do so by his/her consultant psychiatrist at the relevant time and only if any variation to his/her working practises prescribed by such consultant is acceptable to (all/the majority of) the other partners.
6. If the relevant partner shall relapse at any time thereafter with the same condition or any condition connected therewith s/he shall forthwith be dismissed from the partnership under the terms set out in clause (Z) of this deed.