Can We Finally Talk About The Elephant In the Room? Mental Health Of Lawyers

What is your law firm doing to ensure the wellness of its team?

By JEENA CHO

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The ABA has partnered with Hazelden to study the rates of substance use and other mental health concerns among lawyers, and its findings were reported in the Journal of Addiction Medicine. (See the full study here.)

12,825 attorneys participated in this study and completed surveys, assessing alcohol use, drug use, and symptoms of depression, anxiety, and stress.

None of the findings should surprise anyone. Lawyers are drinking too much, struggling with substance abuse, and suffering from depression, anxiety, and stress.

Here are the findings:

Substantial rates of behavioral health problems were found, with 20.6% screening positive for hazardous, harmful, and potentially alcohol-dependent drinking. Men had a higher proportion of positive screens, and also younger participants and those working in the field for a shorter duration ($P<0.001$). Age group predicted Alcohol Use Disorders Identification Test scores; respondents 30 years of age or younger were more likely to have a higher score than their older peers ($P<0.001$). Levels of depression, anxiety, and stress among attorneys were significant, with 28%, 19%, and 23% experiencing symptoms of depression, anxiety, and stress, respectively.
Younger Lawyers Are More Likely To Abuse Alcohol

Interestingly, the study suggests that younger lawyers or junior associates are more likely to abuse alcohol than older attorneys — senior associates, junior partners, and senior partners.

Our findings represent a direct reversal of that association, with attorneys in the first 10 years of their practice now experiencing the highest rates of problematic use (28.9%), followed by attorneys practicing for 11 to 20 years (20.6%), and continuing to decrease slightly from 21 years or more. These percentages correspond with our findings regarding position within a law firm, with junior associates having the highest rates of problematic use, followed by senior associates, junior partners, and senior partners (emphasis added).

Twenty-three percent of those surveyed reported that “their alcohol use has been a problem” and 44% “indicated that the problem began within the first 15 years of practice.”

The majority of those with problematic alcohol use were under the age of 40 — the “highest rates of problematic drinking were present among attorneys under the age of 30 (32.3%), followed by attorneys aged 31 to 40 (26.1%).”

Lawyers Suffer From High Rates of Depression, Anxiety, and Stress

“61% reported concerns with anxiety at some point in their career and 46% reported concerns with depression.” Not surprisingly, those who suffer from depression, anxiety, and stress are also likely to abuse alcohol: “[o]ur study reveals significantly higher levels of depression, anxiety, and stress among those screening positive for problematic alcohol use.” There is an obvious reason for this correlation. As stated in the study, “ubiquity of alcohol in the legal professional culture certainly demonstrates both its ready availability and social acceptability, should one choose to cope with their mental health problems in that manner.”

Now… About That Elephant
Again, these numbers are nothing new. Decades of research has consistently reported the higher prevalence of suicide, alcohol/drug abuse, depression, stress, and anxiety among lawyers when compared to other professionals, including doctors. Yet, shockingly, there is little if any efforts to have an open dialogue about these issues.

Last year, as I traveled around to over a dozen states to talk about wellness and mindfulness in the legal profession, one consistent theme that came up repeatedly was the deep feelings of shame and isolation from those who are suffering from these issues. Isn’t this ironic? That despite all the studies which shows some very high percentage of lawyers suffer from depression and substance/alcohol abuse that there isn’t more being done to help them?

There is, of course no singular, one-size-fits all solution for this complex issue. However, there are things we can all do to contribute to improvements of the status of mental health in the legal profession.

1. **Start a dialogue.** You — yes, you — can start to move the needle towards fostering a healthier legal profession by creating a space for these discussions to take place. If you are a member of your local bar association, suggest wellness workshops or a support group for those who are struggling. Similarly, law firms can form wellness committees to start talking about the damn elephant in the room.

2. **Gather data.** I recently started working with a Biglaw firm to start a wellness program. My first question was, have you surveyed your employees about the status of your workforce’s mental, emotional, and psychological health? What type of programs are most desired? Data is also important for measuring the effectiveness of the programs.

Without asking such questions, without engaging those people who will be participating in the programs, the program is likely to fall flat. You need buy-in from not only senior management, but also the associates, the legal assistants, paralegals — *everyone* at the firm.

3. **Value your own well-being and the well-being of your workforce.** Your own health — physical, emotional, and psychological health — is one of your most important assets. This requires consistent effort and attention. Stressful times are inevitable in law practice but our mind and body can only handle so much chronic stress before getting ill.
For law firms, your employees are certainly one of your most valued assets. What are you doing to ensure the wellness of your team? How about making small changes and adjustments such as offering yoga, meditation, mindfulness or other programs geared towards wellness rather than that open bar at the next firm retreat?

As always, I appreciate hearing from you! Drop me an email: smile@theanxiouslawyer.com or connect with me over on Twitter: @jeena_cho.

**Earlier:** Stop Living in Misery: You Deserve Better
How to Know Anxiety
Surprise! Lawyers Are Problem Drinkers (And Worse)

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Out of the Darkness: Overcoming Depression among Lawyers

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By
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Whenever Richard Cory went down town,
We people on the pavement looked at him:
He was a gentleman from sole to crown,
Clean favored, and imperially slim.
And he was always quietly arrayed,
And he was always human when he talked;
But still he fluttered pulses when he said,
"Good-morning," and he glittered when he walked.
And he was rich—yes, richer than a king—
And admirably schooled in every grace;
In fine, we thought that he was everything
To make us wish that we were in his place.
So on we worked, and waited for the light,
And went without the meat, and cursed the bread;
And Richard Cory, one calm summer night,
Went home and put a bullet through his head.
—"Richard Cory," Edwin Arlington Robinson

Bob was a practicing lawyer for more than 30 years. He participated in bar association events and was a frequent CLE speaker. Outside of his practice, he attended his local church and sang with community choirs. He fished and hunted and on occasion savored a single-malt scotch. He was gregarious, outgoing, and had more friends than could be counted.

And one cold winter night, in the depth of despair that he never shared, he went into his garage, got behind the wheel, turned on the engine, and went to sleep forever.

"Bob" was a real person. Unfortunately, his story is not unusual for the legal profession.

Depression, suicide, and other mental health issues continue to plague the legal profession in numbers that far outstrip the general population. It is an issue of which the profession, and everyone in it, needs to be aware.

A Special Burden

Simply stated, the legal profession is prone to higher incidences of depression than the general population. One study in 1990 by Johns Hopkins University found that lawyers as a group are nearly four times more likely to suffer from depression than the average person.

As many as one in four lawyers suffer from psychological distress, including anxiety, social alienation, isolation, and depression. Heavy law school debt frequently forces graduates into high-paying jobs at private firms, where intense deadlines, staggering billable-hour requirements, and grinding hours are routine. The conflict-driven nature of the profession also plays a role, as does traditional legal training, which conditions lawyers to be emotionally withdrawn, a trait that can help them professionally but hurt them personally. Additionally, lawyers are known to be high achievers, perfectionists, and workaholics, all of which can lead to high stress and depression rates. According to a 1991 Johns Hopkins University study of 105 professions, lawyers top the list in the incidence of major depression. Other studies indicate that the rate of substance abuse among lawyers is double that of the national average.

https://www.americanbar.org/publications/gp_solo/2015/march-april/out_the_darkness_overcoming_depression_among_lawyers.html
Not surprisingly, there is a correlation between incidents of suicide and depression, substance abuse, and other mental health issues. Statistics suggest that a high percentage of individuals who commit suicide are under the influence of drugs or alcohol. One study showed that one-third of those who committed suicide tested positive for alcohol and one in five had evidence of opiates.

In 2007 the United States had more than 34,000 suicides, which is a rate of 94 suicides per day, or one suicide every 15 minutes. It is the second leading cause of death among 25- to 34-year-olds and the third leading cause of death among 15- to 24-year-olds.

In 2008 the United States had 376,306 people who were treated in emergency departments for injuries that were self-inflicted. Approximately 163,489 of those individuals were hospitalized.

As with depression, the rate of suicide among lawyers is higher than among all other occupations. The National Institute for Safety and Health found that male lawyers age 20 to 64 are more than twice as likely to die from suicide than are men the same age in a different occupation.

**Depression and the Legal Mind**

Psychologist Martin Seligman notes that the legal profession is unique in that it is the only profession where pessimists—those who see problems as the norm and not the exception—out-perform optimists. According to Seligman, the legal profession calls for skepticism, skepticism, and anticipation that things will go wrong. “Unfortunately, what makes for a good lawyer may make for an unhappy human being” (quoted in “The Dirty Secret in the Lives of Lawyers” by Stephen M. Terrell, *Res Gestae*, June 2006). As such, we must be on the lookout to protect ourselves and our colleagues from the adverse consequences of such tendencies.

Lawyers seem to have a particular reluctance to seek help for depression and mental health issues because they are concerned about appearing weak or negatively affecting their reputation. Lawyers we may be, but we are human, after all. In 2004 a study was completed at Cottonwood de Tucson, a behavioral health treatment center in Arizona, where lawyers recovering from mental illness were interviewed. These individuals indicated that one main obstacle preventing them from accessing care was that they believed they could handle it on their own. Additionally, these lawyers were afraid that seeking help would negatively impact their reputation.

In some states, bar exam applicants are required to disclose whether they have been treated for mental health issues. This could exacerbate the problem; future lawyers may not seek treatment in order to avoid the question of whether they have been treated for mental illness, thereby raising questions as to whether they are “suitable” to practice law.

**Assistance for Lawyers**

Dealing with a mental illness does not make a lawyer less intelligent, less strong, or any less of an attorney. In many instances, it takes more courage to seek assistance than to stay silent. Anyone practicing in the field of law should not be afraid to speak up if they are battling a form of mental illness. We must make sure that we assist ourselves and our colleagues to access help whenever necessary.

There is ample confidential assistance available for lawyers. The ABA provides educational materials for lawyers about substance abuse, stress, depression, and other mental health issues, and it works closely with lawyer assistance programs (LAPs) run by state and local bar associations. The website of the ABA Commission on Lawyer Assistance Programs (americanbar.org/groups/lawyer_assistance.html) is a great tool for any lawyers who find themselves in a battle related to mental health—or know a colleague who is.

**Recognizing Depression**

But just what is depression, and how do we know if we, or someone close to us, is suffering from it? Depression is not simply being sad or having “the blues.” Depression is a gut-wrenching, debilitating, hopeless despair that impacts every phase of life. It is a deep trench. No matter how many people tell you what a beautiful world there is outside the trench, you simply cannot see it.

Depression is not just emotional, but physical. Those who suffer depression may have an imbalance or inadequacy in certain chemicals in the brain that regulate mood (serotonin is the most commonly known). The condition is no different than a diabetic’s inability to process sugar. But the effect of depression does not have an easily measurable physical manifestation such as blood sugar level. Rather, depression is a complex syndrome that produces behavior that alienates its victims from their friends, family, and coworkers. And this alienation exacerbates the isolation, driving the depression deeper and deeper.

Deprived of needed interaction with others, the lawyer withdraws into his or her own thoughts. It becomes a deadly spiral. And when, like “Bob,” word of a suicide comes, friends express surprise, saying, “I never knew he was having those problems.”

What are the signs of depression? The seven most common warning signs of depression consist of the following:

1. Loss of interest in most all activities

https://www.americanbar.org/publications/gp_solo/2015/march-april/out_the_darkness_overcoming_depression_among_lawyers.html
2. Loss of pleasure or enjoyment in what were enjoyable activities
3. Indecisiveness
4. Fatigue
5. Difficulty sleeping or sleeping too much
6. Significant weight gain or loss without dieting
7. Feelings of worthlessness

The U.S. Department of Health and Human Services has issued warning signs for suicide, which include:

1. Threatening to hurt or kill oneself
2. Talking about wanting to hurt or kill oneself
3. Talking or writing about death, dying, or suicide
4. Looking for ways to kill oneself, such as purchase of a gun
5. Making funeral or burial plans, making wills, or organizing insurance documents
6. Withdrawing from friends, family, and society
7. Feeling rage or uncontrolled anger
8. Feeling trapped like there’s no way out
9. Feeling anxious, agitated, or unable to sleep, or sleeping all the time
10. Experiencing dramatic mood changes
11. Increasing alcohol or drug use

If you have a friend or associate who shows any signs of depression, you should never be afraid to ask about suicide. Simply ask, “Has it been so bad that you’ve thought about suicide?” Just the simple act of asking this question can reduce the risk of suicide. Studies show that 75 percent of those who commit suicide talk about it or display other warning signs before attempting it. In fact, a common myth is that people who talk about suicide are simply “seeking attention” and are not “serious.”

If you know a person who is in so much emotional pain that suicide seems an option, act immediately. Call your local suicide prevention number. Contact the judge/lawyer assistance program in your area. (See the list of resources above.) These experienced professionals are ready to help lawyers with the many challenges that accompany our profession. And stay with your friend. Do not leave them alone with their thoughts while professional help arrives.

Whether it is you, or someone you know, the answer is not to hide, not to ignore the issue. Don’t be judgmental if someone confides in you. Don’t be “sworn to secrecy.” Take a single courageous step to seek help and to make “that” call. If you are aware of a person who needs your assistance, guide the troubled person to help.

We must move this hidden secret “out of the darkness.” We must reverse the grim trend of recent statistics by breaking through the confines of stigma and stereotype, by understanding that depression and other mental health issues are real (not contrived, nor a sign of weakness), by recognizing the suffering of our friends and colleagues, and by urgently seeking and encouraging assistance.

There have already been too many “Bobs” in the legal profession. We don’t need more.

Resources for Help

- National Suicide Prevention Lifeline: 800/273-TALK (800/273-8255)
- State and Local Lawyer Assistance Programs: tinyurl.com/oang22p
- National Helpline for Lawyers: 866/LAW-LAPS (866/529-5277)
- National Helpline for Judges Helping Judges: 800/219-6474
- International Lawyers in Alcoholics Anonymous (ILAA): liaa.org/home
- Other National Resources: tinyurl.com/kvk6pck

Courtesy of the ABA Commission on Lawyer Assistance Programs, americanbar.org/groups/lawyer_assistance.html.
Stress, Depression, And Substance Abuse In The Legal Profession

By Richard Carlton, MPH

The Lawyer Assistance Program

Here is a scenario frequently presented to those of us who work in the field of lawyer assistance:

A colleague or attorney friend is having major problems with his or her practice. You suspect or know that these problems result from substance abuse, depression, other psychological problems, or a combination of these conditions. You know that the road this person is on is downhill all the way, but you feel powerless. You're concerned about your friend's welfare, but you don't want to do anything that will get your attorney-friend in more trouble. Where can you call for free, strictly confidential, knowledgeable advice and assistance with such a situation?

The answer is the Lawyer Assistance Program (LAP). Established by the California Legislature (Business & Professions Code §§6140.9, 6230-6238), the Lawyer Assistance Program is a confidential service of the State Bar of California. Staffed by professionals with many years of experience assisting the legal community with personal issues, the LAP provides assistance to attorneys whose personal or professional life is being detrimentally impacted by substance abuse, other compulsive behaviors, and/or mental health concerns such as depression and anxiety.

The statute that created the program (SB 479, Burton) states that it is the "intent of the legislature that the State Bar of California seek ways and means to identify and rehabilitate attorneys with impairment due to abuse of drugs or alcohol, or due to mental illness, affecting competency so that attorneys so afflicted may be treated and returned to the practice of law in a manner that will not endanger the public health and safety."

The LAP is a comprehensive program offering support and structure from the beginning stage of recovery through continuing care. It includes:

- individual counseling;
- expert assessment and consultation;
- assistance with arrangements for intensive treatment;
- monitored continuing care;
- random lab testing;
- professionally facilitated support groups; and
- peer support groups.

The program also works with family members, friends, colleagues, judges and other court staff who wish to obtain help for an impaired attorney. Financial assistance is available so that no one is prevented from participating in the program due to financial limitations.

Attorneys may self-refer into this program or may be referred as the result of an investigation or disciplinary proceeding (B&P Code § 6232). In some cases, monitored participation may result in a lower level of disciplinary action. When requested by an attorney who is facing disciplinary charges and whose practice has been impaired by personal problems, the LAP can monitor the attorney’s continuing recovery for the State Bar Court’s alternative discipline program and for the probation unit.

One of the unique characteristics of this program is that the confidential nature of participation in the program is mandated in the statute that created the program. The fact that an attorney is participating in the LAP is confidential (B&P Code § 6234). No information concerning participation in the program will be released without the attorney’s prior written consent.

The creation of attorney-only assistance programs is an outgrowth of years of experience in addressing substance-related disorders and mental health issues in professional populations and the unique challenges associated with such efforts. Most licensed professionals in California have some type of assistance resource available through their regulatory agency or otherwise.

**The Brain Diseases: Substance Use Disorders And Mood Disorders**

Substance abuse is often referred to as a “brain disease.” Although the disease has a profound impact on many of the major organ systems in the body, it is altered brain chemistry that creates the craving for mood-altering substances and explains the loss of control that occurs. The differences in brain chemistry that lead to substance abuse occur in the core of the brain where the autonomic nervous system is regulated — not in the frontal lobe area where conscious, rational decision-making takes place. This altered
brain chemistry produces an obsessive, compulsive and irrational need to drink or use drugs despite adverse consequences to the user's own life and health.\(^1\)

With addiction, the compulsion to consume coming from the core of the brain literally overrides the awareness and thought process occurring on the outside of the brain. As the disease progresses, the afflicted individual becomes increasingly unable to accurately perceive what is happening. Perception becomes distorted. The individual denies symptoms of abuse and continues to use. Denial is often mistaken for deceit or dishonesty instead of the distorted perception that it represents.

Substance-related disorders appear to be a more common problem in the legal profession than in most other occupations. While household studies indicate that roughly 10 percent of the adult population experiences a problem at some point in life as a result of the abuse of alcohol or drugs, some studies suggest that the incidence of this abuse among legal professionals may be as much as 50 percent higher than the general adult population. Depression may be even more overrepresented in the legal professional than substance abuse problems. A study of 12,000 adults by a team of researchers from Johns Hopkins University discovered that among all the occupational groups represented in that large sample, attorneys had the highest prevalence of signs and symptoms of clinical depression. The rate of depression among the attorneys studied was 3.6 times the norm for all occupations.\(^2\)

It is now understood that differences in brain chemistry also account for depression and bipolar conditions. In the case of depression, certain neurotransmitters are present in the core of the brain in insufficient quantities.\(^3\) These neurotransmitters are necessary for the experience of normal mood states and positive feelings. Effective antidepressant medications cause the brain to absorb these necessary chemicals more slowly and thereby minimize fluctuations in mood state.

Depression associated with a significant personal loss or bereavement is normal, and not considered a clinical condition unless it lasts for a period of months. Of greater concern is the presence of the above symptoms in the absence of any obvious event or trigger, or symptoms that don't go away. Common forms of depression include a Major Depressive Episode, characterized by some or all of the above symptoms lasting two weeks or longer; and Dysthymia, characterized by less severe, but chronic symptoms lasting two years or longer. Dysthymia can be insidious. Many people cope with
depressive symptoms for years before recognizing or acknowledging that they have a condition that isn’t going to abate without help.

Depression sufferers undergoing treatment typically experience a marked decline in the severity of symptoms. Treatment usually consists of psychotherapy, medication, or a combination of the two. Often, people with depression will begin to see positive results within a month of beginning treatment.

What accounts for higher levels of substance abuse and depression in the legal profession? Certainly the practice of law is a challenging experience for many legal professionals and lawyers are thought to contend with levels of stress that are higher than most other occupations. But stress alone does not account for the higher incidence of substance abuse and depression in the legal profession. While many attorneys experience high levels of stress at times during their careers, only a minority experience substance use and mood disorder problems. As discussed, differences in brain chemistry—not stress alone—distinguish those who suffer from substance use disorders and mood disorders from those who do not.

There may be a natural self-selection process at work in the legal profession. For reasons that we don’t yet fully understand, some individuals who are susceptible to experiencing substance use and mood problems appear to be drawn to the practice of law. The same personality traits that are over-represented in the populations of adults recovering from substance-related disorders and mood disorders—high achievement orientation, perfectionism, obsessive-compulsive—are also common in the legal community.4 Law School Professor and Psychologist Susan Daicoff explains that the law school experience further exacerbates these tendencies, often producing increased aggression under stress, a preference for competition versus cooperation, and a failure to rely on natural sources of social support from ones peers.5 These tendencies, combined with the law school experience, produce individuals with a disproportionate preference for “thinking” versus “feeling” and a pessimistic outlook on life. Lawyers are taught to anticipate and prepare for a whole range of problems that non-lawyers are generally blind to—even far-fetched outcomes need to be considered; this trait that helps lawyers be good at their profession may make many miserable when applied to one’s personal life.6
How Can Attorneys Cope?

Absence of control over the outcome of one's efforts, inadequate time to complete work satisfactorily, constant pressures to produce faster, the adversarial nature of most legal work, the dire consequences of an error in judgment or oversight—all are common sources of considerable stress in legal practice. In a recent sample of North Carolina lawyers, 31 percent of the respondents strongly agreed or agreed with the statement "I often feel worried or anxious." Still, the majority of attorneys learn to cope successfully with these challenges.

There are differences in how people experience challenges. Stress is a physical reaction—it is our body's way of rising to the occasion and responding to any demand. This response (commonly referred to as “fight or flight”) is a good thing, because it allows the body to be optimally prepared for any situation. It is precisely how we interpret or perceive any challenge—the degree to which we feel "threatened" by that challenge—that determines the level of stress we experience. Temperamentally, some people are drawn to and invigorated by challenges, while others fear challenges and become overwhelmed. The extent to which we are naturally optimistic or pessimistic plays a role here as well. While some see a catastrophe around every corner, others are more naturally optimistic.

Because so much of an attorney's work requires anticipating and preparing for outcomes, coping with the stress of legal practice requires a certain amount of mental discipline. Learning to prepare for, but not obsessing, about potential negative consequences will significantly reduce stress. Keeping such situations in perspective will help as well. Since doing your job dictates that you may not flee from most challenges, it helps to occasionally ask yourself whether or not a particular matter really justifies your current stressful reaction to it—or, whether it will appear to be so consequential a month later. This approach, practiced regularly, may help to ensure that the stress experienced is appropriate relative to the importance of the situation.
Getting Help

Attorneys may be less likely to take care of themselves than medical doctors and other professionals. Psychologists have observed that attorneys, who are trained to be impersonal and objective, often apply the same approach to their personal problems and are reluctant to focus on their inner emotional lives. Some attorneys believe they should be able to handle their personal problems just as effectively as they handle their clients' problems.

Emotional distress, if not managed or treated, can lead to adverse impacts on an attorney’s professional practice, clients, colleagues and personal life. Concerned colleagues and friends, therefore, should encourage a depressed or substance abusing attorney to seek professional help from available resources such as the LAP.

Legal professionals need an assistance program specifically geared to the unique pressures of legal practice and to the unique recovery support needs of attorneys. The Lawyer Assistance Program is that resource for all legal professionals licensed by the State Bar. Call toll-free 877-LAP 4 HELP (877-527-4435) for confidential assistance for yourself, a friend, colleague or a family member.

- Richard Carlton is the Acting Director of the Lawyer Assistance Program at the State Bar of California.

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5 Daicoff, note 4.
What’s behind these extreme rates of depression and problem drinking? The answer is less straightforward, but the rampant, multi-dimensional stress of the profession is certainly a factor. And, not surprisingly, there are also some personality traits common among lawyers—self-reliance, ambition, perfectionism, and competitiveness—that aren’t always consistent with healthy coping skills and the type of emotional elasticity necessary to endure the unrelenting pressures and unexpected disappointments that a career in the law can bring.

Clinicians, researchers, and members of the legal profession themselves have written, theorized, and debated about whether it’s the culture and structure of the profession that is more to blame, or whether it’s the personality types of people who are drawn to law school in the first place that make them more susceptible to developing these problems. In reality, it’s a combination of both, and more. Not only does the culture of the legal profession encourage and foster some very unhealthy behaviors—beginning in law school when these behaviors are deeply ingrained in the psyches of would-be attorneys—but the personalities and values of those attracted to the law as a career often provide fertile ground in which these behaviors can take root.

A NEW AND GROWING CONCERN
It’s important to be aware that when it comes to substance abuse, it isn’t just alcohol that is threatening the health and productivity of many in the legal community these days. While drinking certainly remains the primary substance of choice for most attorneys and legal professionals, sobriety has another enemy growing in the ranks. And more times than not, that enemy is born on a prescription pad.

In fact, when Hazelden Betty Ford Foundation and the ABA announced last year that we would be conducting an authoritative new study of the substance use rates in the legal profession, it came as no surprise that one important difference between our project and the existing research on attorney addiction would be an in-depth look at Percocet are among the most commonly abused drugs in this class and are frequently prescribed by physicians in greater quantities and for longer periods of time than they should be. Long-term use of opioids can lead to physical dependence and addiction, and taking a large single dose of an opioid could cause severe respiratory depression that can lead to death. Although these drugs may at first be legitimately prescribed as the result of an acute injury or physical ailment, they are highly seductive for their euphoria-inducing and stress-relieving properties. In short, prescription painkillers generally make people feel good, a feeling that is easy to overindulge in and become hooked on without even trying. Of the lawyers whom we regularly treat for opioid addiction, very few if any knew just how dangerous the drugs could be when they started taking them.

- Central nervous system (CNS) depressants. CNS depressants, sometimes referred to as sedatives and tranquilizers, are substances that can slow normal brain function, which makes them useful in the treatment of anxiety and sleep disorders. Given the high-stress nature of the legal profession and the high rates of anxiety reported among many in the field, it is not surprising that these drugs would be especially attractive to this population. Among the medications that are commonly prescribed for these purposes are barbiturates and benzodiazepines (e.g., Valium, Xanax, Klonopin). These medications are rarely appropriate for long-term use, can often lead to physical and psychological dependence, and can be very dangerous when combined with other substances such as alcohol.
Stimulants. As the name suggests, stimulants increase alertness, attention, and energy, as well as elevate blood pressure and increase heart rate and respiration. They are prescribed to treat the sleep disorder narcolepsy and attention-deficit hyperactivity disorder (ADHD). More and more these days, stimulant use in the legal profession starts in law school, with students commonly turning to these medications to enhance their focus and attempt to increase their competitive edge. Withdrawal symptoms associated with discontinuing stimulant use include fatigue, depression, and disturbance of sleep patterns. Repeated use of some stimulants over a short period can lead to feelings of hostility or paranoia. Further, taking high doses of a stimulant may result in a dangerously high body temperature and an irregular heartbeat. There is also the potential for cardiovascular failure or lethal seizures.

MOVING TOWARD THE SOLUTION
So what can you do if you or an attorney you know is struggling with a mental health issue such as depression or anxiety? The most important thing you can do is also, for many attorneys, the most difficult: reach out for help. If this sounds easy to you, or you think that a struggling colleague would find it easy, you’re certainly in the minority.

The general climate in the legal profession tends to be emotionally isolating, rigorously demanding, anxiety provoking, and lacking in adequate consideration for balance or personal wellness. Most attorneys wear their hard-earned ability to swim in such rough professional waters as a badge of honor, and they aren’t inclined to let others know they suddenly “can’t cut it.” And it’s this fear—that others will find out they’re weak, vulnerable, or troubled—that is one of the most common reasons that attorneys cite when asked why they believe seeking help isn’t a good option for them.

Whether it’s their peers, colleagues, clients, friends, or even family members, lawyers are overwhelmingly reluctant to let anyone in their universe know about a personal problem that could make them appear incompetent, unreliable, untrustworthy, or otherwise not up to the job. Sometimes their fears are exaggerated and out of touch with the reality of their situation, but sometimes with these problems—mental anguish, physical decline, spiritual vacuums, and untimely death—perhaps none are as avoidable, and interruptible, as the isolating shame and guilt that often ride shotgun as addiction or depression settles into the driver’s seat. As your addiction or depression grows, you can begin to lose control of your life, subsequently resulting in feelings of frustration, failure, or worthlessness—feelings that are easy to internalize if you aren’t willing to discuss your struggles with someone. In turn, isolation or self-medication may follow—a maladaptive coping strategy that leads to the problems growing further still. It’s a predictable cycle, universal in its rhythms and consistent in its manifestation. But here’s the thing: It’s also entirely breakable—if you are willing to acknowledge that there might be a problem and reach out for help. It’s not an easy step for any attorney to take, but it’s imperative if the lawyer hopes to avoid the litany of unfortunate consequences and unnecessary pain that can come from attempting to ignore or keep secret problems that tend to be progressive in nature.

CONCLUSION
For a variety of reasons, lawyers struggle with mental health and substance abuse problems at a heightened rate. Although they may face a variety of challenges in their efforts to overcome these problems—including many of their own personal attributes, the chronic pressure of their work environments, and the disincentives toward help-seeking that these environments contain—lawyers can and do recover when they acknowledge their struggles and become willing to involve others in their efforts to get well. By reaching out and availing themselves of assistance, lawyers take what is usually the most difficult but the most important step toward reclaiming their well-being: not going solo.

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Prescription Medication: Abuse, Addiction and Complicating Factors for Attorneys

By Linda Albert, LCSW, CSAC, WisLAP Manager

Cindy is a 37 year old attorney, mother of two, married and working full time for a large law firm. Cindy has struggled to maintain her assumptions that she can make the billable hours towards the partnership track, meet the needs of her children in a way that her stay at home mother met hers, keep physically fit and be a supportive partner to her husband. She started taking Vicodin, prescribed by her physician, following surgery for a knee injury. Cindy noticed that she began needing more Vicodin to manage her pain than her physician was willing to prescribe. She started borrowing Vicodin from friends and family members in order to feel better because when she didn’t take enough medication she began to feel physically ill. She reported the Vicodin gave her more energy and allowed her to be more productive at work, and assisted her in keeping up with the kids and her home responsibilities. She resorted to buying her Vicodin off the internet in order to have enough of the medication to feel functional. Over time, the quality of her work was slipping, the pressure and tension in her life was rising and the relationship with Vicodin as the solution was deepening. Eventually, Cindy found herself in a colleague’s office crying and explaining that trying to obtain enough Vicodin had taken over her life. This task consumed her thoughts and behaviors each day and the pills no longer gave her the relief she sought. Her colleague arranged for Cindy to meet confidentially with the State Bar’s Wisconsin Lawyers Assistance Program (WisLAP) Coordinator. Cindy had developed an addiction to the medication her physician had prescribed for her.¹

Most people take their prescription medications as prescribed. However, according to the National Center on Addiction and Substance Abuse at Columbia University, over 14 million Americans admit to abusing prescription drugs. The abuse of prescription medications, as well as dependence on these medications, is on the rise. One of the challenges for attorneys is recognizing that abuse of prescription medications can lead to addiction. Most people assume that prescribed medications are safe and cannot result in physical or psychological addiction. But if the directions are not followed or if the use is long term, there can be problems. Statistics cited by the American Bar Association illustrate that attorneys have twice the rate of substance dependence compared to the general population; attorneys may be more vulnerable to dependence upon prescription medications.

The National Institute of Drug Abuse states that the most commonly abused prescription medications fall into three categories: the Opioids, which are prescribed for pain, such as Vicodin, Oxycodone, Hydrocodone and OxyContin; the Central Nervous System depressants often prescribed for anxiety or sleep problems, such as Clonazepam,
Valium, Xanax and Lorazepam; and the Central Nervous System stimulants frequently prescribed for attention deficit, such as Ritalin, Adderall and Dexedrine.

Living with chronic pain or any chronic medical or mental health condition, coupled with the stress of life may motivate drug seeking behavior in a misguided attempt to improve quality of life. However, for Cindy and an increasing number of others, this often results in a reduced quality of life, as addiction to the medication can leave the person with yet another illness to treat.

**Defining Addiction.** Addiction is simply defined as compulsive use of a substance despite the negative consequences resulting from the use. However, in reality addiction is a complex illness that can be difficult to identify and to treat effectively. Similar to other substances of abuse, prescription medications such as Opioids, and the CNS depressants and stimulants, activate the reward system circuitry of the brain. When this reward circuit is activated the brain notes that something important is happening. The pleasurable effect of the medication is perceived as a reward and this tells the brain to look for that feeling again. With repeated use, resulting in repeated rewards, the system looks for increased amounts of pleasure from the medication and eventually dulls the effects of naturally rewarding behaviors such as exercising, eating or sex. Thus the person takes more of the medication seeking to maintain or increase the reward, but eventually the attainment of pleasure eludes them yet the craving for pleasure continues due to the reward system within the brain. The body can become physiologically dependent upon the medication demonstrating the development of tolerance where more of the substance is needed to gain the same desired effect. When the person tries to reduce or arrest their use, they experience withdrawal and quickly learn that by returning to use or increasing their amount they can feel better simply by warding off the physiological withdrawal. This response is both physiologically and psychologically reinforcing. Psychologically the person believes that the use of the substance is helping them; this belief contributes to compulsive use. With alcohol or drug dependence the person is typically using to seek a state of "normalcy" only to find a vicious cycle of using, withdrawing and or craving, seeking, using and so forth. Hence, Cindy ended up in the circular cycle of an addiction. This resulted in drug seeking behaviors and an overall decrease in her functioning. Substance dependence is defined in the scientific literature as a medical illness because the brain chemistry and functioning has been altered leaving certain functions of the brain dysregulated. Recent research postulates this dysregulation remains permanent and requires abstinence from use for stabilization.²

**Co-Occurring Disorders.** Prescription drug dependence, along with other substance dependence, frequently contributes to other conditions such as depression, bringing with it fatigue, problems with concentration, sleep and appetite disturbance, feelings of hopelessness and helplessness and thoughts of death or dying. When this happens it is not uncommon for the person, most often women, to seek treatment for the depression without divulging the drug seeking and using behaviors in yet another attempt to solve the problem. However, treatment for depression is most successful

when the brain receptors are available to engage the medication being prescribed and when cognitively the person is not under the influence of a mood altering substance. When another substance is being abused, the brain may not be able to benefit from the antidepressant or do the process therapy (i.e., talk therapy) necessary for improved mood. Without disclosure, the treatment provider is often on a fishing expedition trying to offer relief without knowing all contributions to the disturbance. Likewise, people who suffer from clinical depression or other mental illness may self-medicate with substances, such as alcohol, in order to numb the severity of the symptoms. Research demonstrates the compulsive use of an addictive substance can result in substance dependence.

According to a 2004 report from the Substance Abuse and Mental Health Services Administration (SAMHSA), adults with a substance use disorder were almost three times as likely to have a serious mental illness (20.4%) as those who did not have a substance use disorder (7.0%). In most instances both disorders must be addressed as primary illnesses and treated as such for optimal results and stabilization.

Substance dependence and mental illness among attorneys is also correlated with disciplinary complaints and troubles. A 2001 Oregon study demonstrated that malpractice and discipline complaint rates for lawyers, before recovery, are nearly four times greater than those in recovery. An ABA study indicated that more than 50 percent of all disciplinary cases involve impaired lawyers. It isn’t hard to believe that the incidence of malpractice insurance claims is significantly higher among impaired attorneys. This data lends itself to place attention on prevention of addiction or mental illness among legal professionals. One might start by assessing “how” we reduce tension in our lives. If we engage in using an addictive substance to reduce tension or solve a problems we augment the chances of imbalance and decreased well-being both personally as well as professionally.

**Denial.** Recognition of the core problem(s) is difficult for others to identify and understand but it typically is even more of a challenge for the attorney who is impaired. Lawyers suffering from substance dependence or mental illness often deny they have a problem. Denial is considered a significant component in the illness of addiction. Considering the involvement of the brain’s reward circuitry and the psychological belief that the substance is what is promoting the ability to cope and function, denial of substance use as the primary problem seems inevitable. If the problem is acknowledged then the person may have to face physiological withdrawal and intense fear of exposure which they often believe threatens their job, reputation and competence in their role as a mother, father, lawyer, community leader and so forth. In addition, shame is a powerful emotion that feeds denial as a self-protective mechanism. Attorneys are particularly noted for their intellectual ability to win an argument with all of their skills to deny, defend, articulate reason and justify cause. When they apply those

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3 See report at: [http://www.oas.samhsa.gov/2k4/coOccurring/coOccuring.htm](http://www.oas.samhsa.gov/2k4/coOccurring/coOccuring.htm)
same skills to justifying the use of a substance as necessary for survival their sophisticated denial system quickly deflects typical intervention strategies. Couple this with the culture of practicing law, a profession which doesn’t readily lend itself to the identification of an impaired attorney and problems multiply. Lawyers are in the helping profession, they are to be in the position of providing expertise and fixing other people’s problems. There is little room within their role for identification of themselves or others as impaired professionals. Striving for perfection, achievement and winning is inherent in the law school culture and documented as a part of the typical attorney personality.  

Contributions to imbalance. Some attorneys may push themselves beyond their capabilities; some question whether this drive contributes to the higher rate of substance dependence and mental illness among attorneys. Attorneys are human beings first. Self-determination theory proposed that human beings have three primary psychological needs: the need for competence, autonomy and relatedness. For attorneys this might translate to: what I do I do well, I have control over what I do and I don’t work or live in a vacuum as I have quality interpersonal relationships.

Change. Attorneys need to go toward the parts of this challenge that they can impact as there is so much in life which is beyond our control. As Albert Einstein put it “insanity is doing the same thing over and over again and expecting different results.” Whether you have developed an addiction or your life is out of balance in some other quadrant you may need to engage in change. A change in life style, work patterns, assumptions and expectations may be required. Change can be hard; possibly because change requires us to take a risk and realign our thoughts and behaviors and this feels unfamiliar.

The etiology of addiction is currently under research and has been for many years. It is well documented that the development of an addiction can have a multitude of origins. Genetics, brain chemistry, stressors, life styles and using patterns can all contribute. We can all acknowledge that our jobs, families, personalities and life events can result in stress. Chronic stress results in tension in our lives. The way we reduce tension can contribute to balance or unbalance. If we use substances to reduce tension, or not as prescribed, this behavior may contribute to the development of an addiction and or mental illness. The risk increases if we are predisposed to these conditions by our family histories and genetic markers.

Conclusion. Cindy did not ask for this addiction, nor did she believe she developed it by engaging in immoral, illogical or otherwise irrational behavior. She was trying to fix a

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complex problem in her life, the problem of pain, the need to be functional and effective in spite of it, the fear of her life being out of control and a decreasing sense of competence. However, the way she attempted to solve the problem, by surreptitiously taking more medication than prescribed, seeking that medication outside of her prescribing physician and eventually obtaining it illegally through the internet, resulted in hurting her more than helping her. This is not an uncommon road to addiction. Alcohol and other drugs, including prescription medications are sometimes sought as a way to reduce tension resulting from the problems and events in our lives. Anyone who has experienced an addiction or mental illness will likely share with you the illness did not increase their sense of competence, their sense of control or improve their interpersonal relationships. So often addiction and mental illness, when left untreated, results in ruination of a life and of the lives of those attached to the one with the illness.

**Who is at risk?** Attorneys and others can ask themselves the following questions to screen for a potential problem:

- Do you ever use more of your medication than prescribed? Do you ever use more of any substance than you intend to?
- When you stop taking your medication, or stop using a substance, do you experience any aches or pains, nausea, vomiting, tremors, fatigue, anxiety or insomnia?
- Have you had unsuccessful attempts to reduce or arrest your substance use?
- Do you ever borrow prescribed medication from a friend or family member?
- Have you ever bought prescription medication on the internet?
- Does your use of medication, or the use of any substance, ever negatively affect your ability to work, care for your family or your social life?
- Is anyone in your life concerned about your prescription medication use, or your use of any substance? Are you concerned about it?
- Do you continue to use substances even though you know they are not good for your other medical or psychological conditions?

If the answer is ‘yes’ to any of these questions, then seek consultation from a qualified health care professional or make a confidential call to the LAP Program.

**Lawyer assistance programs.** The first lawyer assistance programs were established in the mid 1970’s and early 1980’s. These programs initially focused on lawyers who were impaired due to substance abuse and dependence. Groups of lawyers, some of whom were in recovery from alcohol or drug dependence volunteered to assist their colleagues find recovery and stabilization. The dedication of these lawyers led to an invaluable resource for those in the profession of law. Lawyer assistance programs have currently expanded to address mental health concerns as well as multiple troubles a judge, lawyer or law student may experience which decreases their will being and ability to practice law.

*Cindy did meet with the WisLAP Coordinator, was evaluated confidentially and then referred to an appropriate treatment program. She worked with her medical provider on*
If There Is One Bar a Lawyer Cannot Seem to Pass: Alcoholism in the Legal Profession

BY PATRICK R. KRILL

Why do people hire attorneys? Generally speaking, because they have a problem. The problem could be immediate, involving physical liberty; it could be ongoing, requiring the steady navigation of a complex transaction. Either way, the client has a problem, and the attorney is supposed to solve it. Fair enough—this sounds like a straightforward relationship between demand and supply, need and provision, expectation and performance. But what if an attorney hired for his or her ability to solve someone else’s problem is otherwise beleaguered by an unrelenting trouble of his or her own—an insidious obstacle of frequent significance and malignancy? What happens when the individual tasked with resolving a client’s pressing issue is secretly buckling under the mounting weight of his or her own debilitating burden? Unfortunately, when that burden is addiction to alcohol or other drugs, what happens is almost never good.
No, as it turns out, attorneys who struggle with alcohol dependence—who struggle with the disease of addiction—are substantially more likely to underserve their clients, commit malpractice, face disciplinary action and disbarment, fall victim to mental health problems, and even take their own lives. Notably, at least 25 percent of attorneys who face formal disciplinary charges from their state bar are identified as suffering from addiction or other mental illness, with substance abuse playing at least some role in 60 percent of all disciplinary cases. Furthermore, approximately 60 percent of all malpractice claims and 85 percent of all trust fund violation cases involve substance abuse.

In short, attorneys and alcohol addiction are an ill-fated duo, an especially incompatible pair often bound for disastrous horizons at the end of a high-stakes sail through personal anguish and professional negligence. Sadly though, that grim forecast doesn’t keep them from dancing together; it doesn’t stop them from meeting in a bar and forging a bond of toxic inseparability capable of steadfastly enduring beyond any professional oath or personal vow. In fact, attorneys are more than twice as likely to struggle with alcoholism as the general population, and some estimates peg the number of alcoholic attorneys at one in five.

The numbers are, in a word, sobering.

So what do you do if you or a colleague is facing this issue? First, you have to understand the basics of why addiction to alcohol or drugs is, in fact, a disease. Second, you must learn how to confront and combat the disease through practical strategies after familiarizing yourself with available resources and treatment options.

Alcoholism is a Disease?

Though still difficult for some to accept or acknowledge, addiction to alcohol or drugs is a disease: a primary, chronic, progressive, and often fatal disease that has been recognized as such by the American Medical Association and World Health Organization for decades. Addiction shares many features with other chronic illnesses, including a tendency to run in families (genetic heritability), an onset and course that is influenced by environmental conditions and behavior, and the ability to respond to appropriate treatment that may include long-term lifestyle modification.

Specifically, alcohol addiction is a brain disease. Research has shown that addiction is not a matter of an individual’s strength, moral character, willpower, or weakness. Instead, it can be attributed to the way a person’s brain is wired. By way of example, the brain of a nonaddict engaging in healthy, pleasurable activities will release dopamine—a naturally produced brain chemical known as a neurotransmitter. Dopamine effectively produces feelings of pleasure, reward, and satisfaction. In other words, dopamine can be described as a natural high. Dopamine is also released from the use of alcohol and other drugs. If the body becomes accustomed to receiving large amounts of this neurotransmitter due to substance use on a regular basis, the brain’s own natural capacity for producing it is diminished. The individual essentially becomes dependent on his or her drug of choice for feeling good and sometimes just for feeling normal.

Eventually, the brain’s own internal circuitry for assessing reward

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his or her capacity for sound judgment and overriding the will to behave congruently with his or her ethics, morals, standards, values, and responsibilities.

By way of contrast with other chronic and oftentimes fatal diseases, however, there is one very profound difference between addiction and, say, cancer, that merits brief mention and draws the sinister nature of this brain disease into sharper focus. When a person is diagnosed with cancer, he or she commonly becomes immersed in an outpouring of sympathy, support, love, and concern from family, friends, and coworkers. People tend to feel bad for someone who has fallen victim to cancer; cancer makes us want to help the sufferer. Sadly though, people struggling with the disease of addiction usually find themselves in a different boat altogether—marooned on opposite emotional shores from family and friends, separated from empathy by the gulf of deception and dishonesty their disease has often spilt forth into their lives.

Furthermore, as the behaviors and words of an alcoholic might continue to alienate those who would otherwise care for and love him or her, the disease gains strength and momentum through the alcoholic's growing isolation. Lack of support, and absence of accountability—clearly, a very problematic cycle that makes the disease that much harder to overcome.

Finally, it is worth noting that, similar to other diseases with certain risk factors (e.g., heart disease and smoking, diabetes and diet), the disease of addiction also has risk factors that can markedly increase one's vulnerability. In addition to the already mentioned genetic component, susceptibility to addiction is also influenced by stress and social environments. Given the high-stress nature of most legal practices and the always tacit—and many times explicit—approval of alcohol as both a stress reliever and "social lubricant" for the professional interactions of most attorneys, it is easy to understand how they might find themselves at an increased risk for succumbing to addiction. The historically accepted role of alcohol in law school and law firm cultures has done nothing to help this problem, with both anecdotal and factual data to suggest that many attorneys consider heavy drinking something of an occupational hazard. Unfortunately for some, that hazard ultimately becomes peril, both for themselves and their firms.

Attorneys are more than twice as likely to struggle with alcoholism as the general population.

How Is the Disease of Alcoholism Diagnosed?

An actual diagnosis relating to one's alcohol use requires a structured clinical interview with a licensed professional, but a look at some of the general diagnostic criteria that would be used in such an interview is instructive. These criteria come from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and span a wide variety of problems that may arise from the use of alcohol:

1. Taking the substance in larger amounts or for longer than you were meant to;
2. Wanting to cut down or stop using the substance but not managing to;
3. Spending a lot of time getting, using, or recovering from use of the substance;
4. Cravings and urges to use the substance;
5. Not managing to do what you should at work, home, or school because of substance use;
6. Continuing to use, even when it causes problems in relationships;
7. Giving up important social, occupational, or recreational activities because of substance use;
8. Using substances again and again, even when it puts you in danger;
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance;
10. Needing more of the substance to get the effect you want (tolerance); and
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

While these criteria seem straightforward enough, it's not always an easy task to recognize their manifestation in ourselves or those around us, especially when we and those around us are attorneys—highly persuasive professionals endowed with advanced reasoning and verbal abilities, outwardly confident demeanors, and a knack for working very hard to accomplish goals.

Further complicating the addiction scenario for most attorneys is their own well-oiled denial machine—a finely tuned mechanism fueled not only by their disease, but also by their years of legal training in which the ability to craft a convincing argument demonstrates professional competence and skill. "Making the case" for why they couldn't possibly be an alcoholic is something that comes naturally to attorneys and frequently results not only in their keeping others in the dark, but also in their having a sometimes wildly inaccurate self-perception surrounding their alcohol/drug use.

Although many attorneys will deny their addiction to alcohol well
beyond the ostensible point of reason, there are a number of common telltale behaviors that tend to emerge with these individuals. A noncomprehensive list of these behaviors might include:

- Blowing deadlines or neglecting work;
- Diminishing quality of work;
- Suddenly closing their office door more frequently and otherwise attempting to avoid colleagues, partners, and administrative staff;
- Unexplained lack of interest and enthusiasm toward their practice;
- Unexplained change in appearance or disposition;
- Missing or arriving late to meetings, court appearances, or depositions;
- Drinking before meetings, depositions, court appearances, or otherwise at inappropriate times;
- Willingness to drive under the influence;
- Drinking before interactions with difficult clients in order to maintain their calm and composure;
- Blaming others (colleagues, support staff, or outside contractors) for errors and missed deadlines; and
- Minimizing, downplaying, hiding, or lying about frequency and/or amount of drinking.

What Can Be Done about It?
While it may never be the easy thing to do, taking action against addiction is, in fact, many times unavoidable from a business and human perspective—times when doing nothing would simply fail to qualify as a legitimate, ethical, or financially responsible decision. Perhaps more so in the legal profession then anywhere else, a duty to confront addiction should attach, with ignoring the problem or participating in a cover-up amounting to either tacit consent or active enablement. While different jurisdictions employ different specific standards regarding the duties of attorneys to report themselves or others for misconduct, blatantly disregarding a colleague’s chemical impairment is widely acknowledged to violate the spirit, if not the letter, of the Model Rules of Professional Conduct. To that point, the ABA ethics committee has concluded that a mental condition which materially impairs an attorney’s ability to practice law gives rise to a duty to report; such impairment may be the result of alcoholism, drug addiction, and substance abuse. Indeed, a “head in the sand” approach to a lawyer’s chemical impairment is an unwise flirtation with debacle—an invitation to disaster whose acceptance is all but certain with the passing of time. Assuming that doesn’t sound good to you, there is another alternative; approached thoughtfully and resolutely, there is a solution. In order to get to that solution, however, you need to start with a plan.

Your plan should reflect deliberation and care, but also a clear predisposition toward action: analysis paralysis is just as unhelpful in this situation as hasty effort. You must prepare, but then act—don’t let perfect be the enemy of good. One of the most widely known facts about the disease of addiction is that the sooner it is arrested, the better the chances are of lifelong recovery taking hold.

Whether for yourself or an impaired colleague, an atmosphere of dignity, respect, confidentiality, and empathy is critical to successfully confronting a legal professional’s addiction. These four principles should be the framework around which any plan for addressing this issue is constructed. (Remember though, we’re talking about a serious brain disease, with hallmark characteristics including denial, minimization, dishonesty, and rationalization; hauling it into the light and exposing its malevolent rancor will undoubtedly involve some level of collateral discomfort and unpleasantness. Doing the best you can in these four areas will have to suffice.)

Moving forward with those principles in mind, the flexibly linear steps in the process are assessment, intervention, treatment, and reintegration. By flexibly linear, I mean that an assessment will typically precede an intervention (formal or informal) but not always; treatment should come next, and workplace reintegration will frequently—but not necessarily—be the end goal. For the sake of clarity, defining our terms is helpful:

Assessment. Assessment refers to a chemical dependency assessment. A thorough assessment should involve a telephonic or in-person interview with a licensed clinician in which the individual’s chemical use is reviewed in tandem with the impact of that use on his or her daily life, relationships, and so-called “global functioning.” The assessment may also include an individual diagnostic test such as a questionnaire, a review of relevant medical, legal, mental health, and prior treatment records; a physical screening and assessment for detoxification needs; and interviews with other people in that individual’s

Remain cognizant of two paramount considerations: Reputation matters, and change takes time.
life. Ideally, an assessment should address an individual's unique needs (i.e., his or her profession as an attorney) and the associated challenges they may present to his or her potential treatment and recovery.

**Intervention.** Intervention refers to a structured process or event designed to draw the chemically dependent individual into a space of clarity and awareness about the extent of his or her problem and need for help. It's important to note that while the intervention may or may not include the use of trained professionals, it should never be an impromptu proceeding cobbled together on the fly or in the heat of passion. Instead, a successful intervention will be scripted, planned, and orchestrated with forethought to maximize a climate of dignity, respect, and love. For individuals who are open, receptive, and aware of their problem and need for help, intervening may be completely unnecessary, and the emphasis should therefore shift to providing support and encouragement.

**Treatment.** Treatment refers to participation in an addiction treatment program, either residential or outpatient, which could involve a variable length of time ranging from 28 days to several months.

**Reintegration.** Reintegration refers to a return to work following treatment and during the newly entered process of ongoing recovery. Clearly, not all legal professionals who take a leave of absence from their employment to address their addiction will ultimately return to the same employer—sometimes severing ties is inevitable. Still, for many who do seek treatment and successfully embark upon recovery, a return to their previous employment may be in the cards.

**Reputation Matters, and Change Takes Time**

In pursuing each of these goals—whether for a professional colleague, family member, or even yourself—it is important to remain cognizant of two paramount considerations: reputation matters, and change takes time. Regarding professional reputation, every stage of confronting and managing the disease of addiction is appropriate for the enlistment of professional assistance (with treatment unarguably taking precedence in this regard), and you should be thorough and diligent in selecting who will help you. Just as it would be negligent to assume that "any old lawyer will do" in regard to an important legal matter, it would be equally naive to view all professionals, programs, and available resources in the addiction field as somehow interchangeable, equal, or suitable for every individual.

Among the important factors to weigh in this decision are: whether the program or professional in question operates from a widely accepted and evidence-based treatment and recovery philosophy or whether the approach seems more experimental, ad-hoc, or untested; licensure and credentialing; years of experience/number of years in operation; cost; consumer and peer reviews; and, finally, your own reaction to the level of customer service and professionalism when you make an inquiry. As a rule of thumb, state lawyer assistance programs (LAPs) are generally a good starting point for seeking input, direction, and referrals. Employee assistance programs (EAPs) will typically be able to offer helpful guidance as well.

The second fundamental issue for you to remember is that change takes time. This is true not only in terms of the individual's making important lifestyle adjustments and learning new coping skills for a successful recovery, but also in terms of his or her workplace reintegration. One of the most common mistakes an attorney attempting recovery can make is rushing back to work too soon or under too heavy of an initial workload; reintegration into the practice of law after such a profound event as getting clean and sober should be approached with patience and respect for the process.

**Conclusion**

Confronting the disease of addiction in others or oneself is a no small feat; no minor hurdle. Indeed, its unique challenges and sometimes intimidating dilemmas make it a trial unlike any other, and, for what it's worth, this is one trial where speediness is not the goal.

**Notes**


3. These numbers regarding attorney addiction rates are approximately 20 years old. The American Bar Association Commission on Lawyer Assistance Programs and the Hazelden Betty Ford Foundation are collaborating to develop and administer a new nationwide survey of the current substance use rates of attorneys. Results of the survey will be published in 2015.

4. See A. Thomas McLellan et al., *Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation, 284 JAMA 1689 (2000)* (comparing alcoholism/drug addiction with type 2 diabetes mellitus, hypertension, and asthma, and concluding that, based on the many similarities, alcoholism/drug addiction should be evaluated, insured, and treated just like these other chronic illnesses).

Long-term alcohol effects excluding pregnancy

Potential long-term effects of Ethanol

Large consumption

- Impaired development
- Wernicke-Korsakoff syndrome
- Vision changes
- Ataxia
- Impaired memory
- Psychological
  - Cravings
  - Irritability
  - Antisociality
  - Depression
  - Anxiety
- Panic
- Psychosis
- Hallucinations
- Delusions
- Sleep disorders
- Mouth, trachea and esophagus:
  - Cancer
- Blood:
  - Anemia
- Heart:
  - Alcoholic cardiomyopathy
- Liver:
  - Cirrhosis
  - Hepatitis
- Stomach:
  - Chronic gastritis
- Pancreas:
  - Pancreatitis
- Peripheral tissues:
  - Increased risk of diabetes type 2

Small to moderate consumption

Systemic:
- Increases insulin sensitivity
- Lower risk of diabetes
- Reduce the number of silent infarcts

Brain:
- Increases HDL
- Decreases thrombosis
- Reduces fibrinogen
- Increases fibrinolysis
- Reduces artery spasm from stress
- Increases coronary blood flow
- Higher bone mineral density

Blood:
- Increased risk of rheumatoid arthritis
- Reduced risk of developing gallstones
- Reduced the risk of developing kidney stones

Dr. Stephen Dell, May 3, 2014