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The Current Rates of Substance Use, Depression and Anxiety within the Legal Profession: A Review of the Results of the ABA/Hazelden-Betty Ford Foundation Collaborative Research Project

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The Current Rates of Substance Use, depression and Anxiety within the Legal Profession: A Review of the Results of the ABA/ Hazelden-Betty Ford Foundation Collaborative Research Project

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The American Bar Association Commission on Lawyer Assistance Programs and the Hazelden Betty Ford Foundation present the results from their collaboration on a groundbreaking new research project that collected data on the current rates of substance use, depression and anxiety among licensed attorneys throughout the United States. The ABA Commission on Lawyer Assistance Programs has the mandate to educate the legal profession concerning alcohol and substance use disorders, anxiety, depression and other mental health issues and to assist and support bar associations and lawyer assistance programs in developing and maintaining methods of providing effective solutions for recovery. Their ability to effectively perform this critical work will be greatly enhanced and supported by this current, reliable data that will more accurately define the scope of the problems they are tasked with addressing and offer insight into the roadblocks that legal professionals face when seeking help.

Presentation Outline:

1. History and background of the project
   a. Benefits of forming a collaboration between the ABA and Hazelden Betty Ford Foundation
   b. Historical efforts to understand the impact of behavioral health problems on the legal community

2. Importance of having new data.
   a. Review of past research in the legal field
   b. Understanding the interface between impairment and ethical violations
   c. Identification of prevention efforts

3. Review of the results:
   a. Top five takeaways related to alcohol use disorders and their prevalence
   b. Top five takeaways related to depression, anxiety and stress and their prevalence
   c. Identification of the barriers legal professionals experience when needing treatment
   d. Awareness of LAP’s, likelihood for utilizing them, and effectiveness of lawyer specific treatment
   e. Setting the stage for additional research in the field

4. Project status
   a. Publication status, projected availability for dissemination
   b. Suggestions for using the data

5. The benefits of this research
a. The establishment of a new baseline understanding of where the legal profession currently stands in relation to the historically substantial challenges presented by substance abuse and other mental health problems.

b. An increased spotlight on these issues, presenting both the impetus and opportunity to revisit, update and innovate in terms of profession-wide practices and cultural norms related to drinking, drug use and psychological wellbeing. This research will provide a sturdy springboard toward proactive improvement on all of these fronts.

c. A persuasive fund of knowledge to initiate, inform and guide decision making and policy development in the following key areas: funding of Lawyer Assistance Programs, continuing legal education requirements, bar examination and admission requirements, discipline guidelines and procedures, malpractice, prevention, diversion, monitoring, early intervention, referral to treatment, strategies to reduce stigma, and increased career satisfaction and longevity among members of the bar.

d. The tools to commence a rehabilitation of the legal profession’s image and public trust through an eventual increase in attorney wellness, competence and ethical behavior.

6. Conclusion
If there’s one common denominator among lawyers, especially in a solo or small firm setting, it’s the tendency to work long hours. Either out of necessity or passion, you’re probably more than familiar with early mornings, late nights, and shrunken weekends. Keeping such hours may be necessary and good for business, but chances are it’s not good for your relationship with addictive substances or your mental health. In fact, according to a new study that made headlines earlier this year (tinyurl.com/o6myh9), people who work in the neighborhood of 50 hours per week are significantly more likely to engage in risky drinking than people who work 35 to 40 hours per week. And unfortunately for many lawyers, even 50 hours per week doesn’t cut it. Binge drinking, probably the single riskiest form of drinking, is on the rise in America and killing six people a day according to another recent study (tinyurl.com/pna7t2m). Notably, it’s a behavior that is most common among the same group that represents the largest demographic in the legal profession—middle-aged men. Furthermore, the link between working long hours and depression is also well established, with one study in particular linking long hours to more than double the risk of becoming depressed (tinyurl.com/nzbup65).

If none of this sounds especially foreign or surprising to you, it may be because you can personally relate, or maybe it’s just because you’ve been in or around the legal profession long enough—starting with the experience of law school—to have seen your fair share of behavioral health problems such as substance abuse and depression. While the exact dimensions of these problems in the legal profession have been difficult to pinpoint, owing mostly to a limited amount of reliable data, the consensus among many in the field has always been that the problems are substantial.

A new, nationwide survey of licensed attorneys is currently being administered by the Hazelden Betty Ford Foundation and the American Bar Association to determine present rates of substance use, depression, and anxiety in the legal profession (tinyurl.com/kqxozo). Until this data is analyzed and the study released later in 2015, however, the old numbers are what we have to work with, and the old numbers aren’t good: Available estimates peg the problem drinking rate among attorneys to be roughly twice that of the general population. That’s right, nearly double. Perhaps even more alarmingly, attorneys are more than three times as likely to struggle with depression as the average adult.
and Mental Health
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.

Increasing numbers of lawyers are seeking help for addiction to prescription drugs.

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 how prescription drugs are impacting the field. Although we don’t yet have an accurate sense of exactly how widespread the problem of prescription drug abuse is in the profession, we do know that treatment programs and lawyer assistance programs throughout the country are seeing increases in the number of clients who struggle with painkillers, stimulants, and anti-anxiety medications. And, given how serious and far-reaching the prescription drug abuse epidemic is in the American population generally, it would be naive to think that the legal profession is somehow insulated from this trend.

There are three classes of prescription drugs that someone in the legal profession is most likely to abuse:

- **Opioids.** Commonly prescribed because of their effective analgesic, or pain-relieving properties, medications that fall within this class include morphine, codeine, oxycodone (e.g., OxyContin, Percodan, Percocet), and other related drugs. OxyContin and 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 possibly struggling with substance abuse or 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 an imperative one 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,

¹ Cindy is a composite person.
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 dyregulation 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

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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/co-Occurring/co-Occuring.htm](http://www.oas.samhsa.gov/2k4/co-Occurring/co-Occuring.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

Kreiger, L.S. Psychological Insights: Why Our Students and Graduates Suffer, And What We Might Do About It. Florida State University College of Law. 2002.

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*
pain management. A trained WisLAP attorney volunteer continued to meet with Cindy to provide support and guidance as she struggled to make needed changes in her life. Cindy also chose to attend a local support group which proved to be invaluable to her recovery.

REFERENCES


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If you are concerned about substance use, please contact the Missouri Lawyers’ Assistance Program at 800-688-7859 for free, confidential assistance.
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 to identify the behaviors associated with the disease and how they might manifest in the context of a law practice. Finally, 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 laypersons to fully 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 congenitally 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 enough, 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 led 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.

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 demeanor, 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

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;
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 than 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 activeenablement. 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

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's 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 naïve 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 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).