Attorneys and Substance Abuse

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I. Introduction

Attorneys are at a heightened risk to develop problems with substance abuse (Beck et al. 1996; Benjamin et al. 1990; Frances et al. 1984; Shore and Pieri 1992). In a study published in the *International Journal of Law and Psychiatry* it was reported that the rate of problem drinking for attorneys was 18% compared to 10% in the general population (Benjamin et al. 1990). Evidence suggests that individuals in the legal profession experience problems with substance abuse early in their careers and these problems worsen over time. According to one study, 8% of prelaw students, 15% of first-year law school students, and 24% of third-year law students reported concern with alcohol problems. In addition, 18% of attorneys who practiced for 2 to 20 years reported drinking problems and this increased to 25% for attorneys who practiced for over 20 years (Benjamin et al. 1990).

The American Bar Association reported that 27% of disciplinary cases involved alcohol misuse by attorneys (Brooke 1997), and the longer attorneys with substance-related problems remain untreated the more likely they are to be defendants in malpractice suits (Benjamin et al. 1990). For example, of the 100 attorneys that entered the Oregon State Bar Professional Liability attorney assistance program, 60% had a malpractice suit filed against them while suffering from substance abuse (Benjamin et al. 1990). Taken together, these data highlight the prevalence and consequences of substance abuse among legal professionals.

II. Primary Factors Related to Substance Abuse in the Legal Profession

Why are legal professionals at a heightened risk to develop substance abuse problems? One possibility is that the legal profession contains fundamental characteristics that may facilitate the development of substance abuse (Benjamin et al. 1990). These characteristics include social influences within the work environment, heavy workloads, stress attributed to working with clients, family issues, and co-occurring psychological illnesses that precede and/or exacerbate substance abuse problems.

*Socio-cultural Influences within the Work Environment*

Research suggests that attorneys' work culture may influence susceptibility to substance abuse. Workplace culture is one of the most consistent predictors of workplace drinking (Ames and Delaney 1992; Bacharach et al. 2002; Bennett and Lehman 1998; Kishchuk et al. 1994; Towers et al. 1994), and workplace cultures that accept alcohol use (to socialize or as a means to facilitate business) are more likely to contain employees that are prone to alcohol problems (Bacharach et al. 2002; Bennett and Lehman 1998). Attitudes and norms within the work culture are important determinants of what constitutes acceptable drinking behaviors both within and outside of the work environment (Ames and Rebhun 1993; Trice and Roman 1978; Trice and Sonnenstuhl 1988). These norms can either facilitate or limit drinking behaviors in employees through creating physical and psychological conditions of permissiveness or restriction toward drinking (Janes and Ames 1993; Trice and Sonnenstuhl 1988).
Some reports indicate that the work culture of many law offices is highly permissive of drinking (Silver 2004). In some practices it is acceptable and common for attorneys to drink with clients or colleagues during work hours, to drink in celebration of winning a case, or to drink alone or with a colleague to mark the end of a work day (Ames and Rebhun 1993). In a sample of 559 attorneys, 66% reported social drinking connected to work (Shore, 2001). Similarly, Brooke (1997) reported that 77% of attorneys in the study with self-reported alcohol problems reported drinking alcohol during lunch (Brooke 1997). It has been suggested that members of law firms may drink more than attorneys who work alone due to the greater number of drinking opportunities (Shore 1997). Coworkers in permissive work environments may also unintentionally contribute to problem drinking in their peers by concealing, tolerating, or enabling alcohol use (Ames and Delaney 1992; Roman and Blum 1995). For example, only 30% of attorneys who indicated a personal loss of work-related enthusiasm and efficiency experienced a formal intervention by co-workers acknowledging their poor work performance (Brook, 1997).

**Stress within the Legal Profession as a Function of Workload and Time Constraints**
An additional characteristic intrinsic to the legal profession that may contribute to substance abuse vulnerability is stress. Stress is regarded as one of the most important predictors of substance abuse in the addiction literature (Sinha 2008; Sinha et al. 2011; Weiss et al. 2001) and research indicates that attorneys and law students experience significant levels of stress (Beck et al. 1996; Kozich 1989). Some theorists have suggested that the exceedingly high number of work hours, the unpredictability of trials, and the heavy workloads that need to be completed under tight time constraints contribute to stress in attorneys (Benjamin et al. 1990; Regehr et al. 2004; Lynch 1997). Attorneys may also experience an extraordinary amount of pressure to win cases. For example, losing a case could be highly publicized and may even result in prison or death for a client (Corey 1992). Attorneys working in the public sector experience higher levels of work-related burnout compared to individuals in the general population (Kessler et al. 1994), and work-related burnout is strongly related to drug and alcohol abuse in other professions (Balch et al. 2009; Cunradi et al. 2003).

**Stress within the Legal Profession Due to Exposure to Trauma-Exposed Clients**
Research has shown that PTSD is an additional predictor of substance abuse severity (Reynolds et al. 2005). In addition to having a higher prevalence of job-related burnout, attorneys working in the public sector also experience higher levels of Post Traumatic Stress Disorder (PTSD) compared to individuals in the general population (Kessler et al. 1994). Research also indicates that family and criminal court attorneys experience greater levels of trauma compared to other high-stress jobs in the mental health and social service fields. The need to understand intimate details of a client’s trauma history is sometimes required of criminal attorneys and can lead to the formation of Secondary Traumatic Stress (STS) (Allegretti 1993; Meier 1993; Silver 1999). Symptoms of STS mimic those of PTSD and include intrusive thoughts, social avoidance and withdrawal, and disturbed sleep (Figley 1995). Despite the high prevalence of this disorder in attorneys (Levin et al. 2011), STS has largely been overlooked by the research community (Elwood et al. 2011). In a study by Levin et al. (2011), criminal litigation attorneys were compared to a group of legal administrative support staff members on several stress-related measures. Compared to administrative staff members, attorneys were significantly more likely to meet the criteria for STS (10% vs. 34%), PTSD (1% vs. 11%), and depression (19% vs. 40%). Furthermore, attorneys with more frequent, prolonged contact with trauma-exposed clients experienced more stress, burnout, and functional impairment (Levin et al. 2011). Similarly, other studies have shown that the number of hours worked by asylum attorneys and prosecutors was related to symptoms of trauma (Piwoowarcyzy et al. 2009) in
addition to symptoms of demoralization, anxiety, helplessness, exhaustion, and social withdrawal (Gomme and Hall, 1995). In summary, workload and frequent exposure to tense social interactions may increase stress and lead to increased drug abuse vulnerability in attorneys.

**Co-occurring Psychological Illness and Social Relations in Legal Professionals**

Research indicates that the presence of a co-occurring psychological illness can drastically increase the severity of substance abuse (Schafer and Najavits 2007). Attorneys with substance abuse are also more likely to have an additional psychological disorder beyond substance dependence. Sweeney et al. (2004) found that among a sample of individuals attending a recovery center specializing in the care of impaired professionals, 60% of attorneys had a co-occurring psychological disorder compared to 46% of healthcare professionals and 28% of nonprofessionals. Of attorneys with a co-occurring disorder, 32% had Major Depression, 14.6% had Bipolar Disorder, and 13.4% had an anxiety disorder (Sweeney et al. 2004).

**III. Potential Solutions to the Problem of Substance Abuse in the Legal Profession.**

*Treatment Approaches Addressing Work Culture*

The need for a customized approach for the treatment of substance abuse in legal professionals is great given the prevalence of substance abuse in attorneys and the multiple vulnerability factors intrinsic to the legal profession. As discussed earlier, previous reports indicate that the working environment of attorneys is often permissive and supportive of alcohol use (Ames and Rehun 1993; Shore 1997, 2001; Trice and Sonnenstuuhl, 1988). The primary mechanism used by employers to address concerns of alcohol use is formal written policies; however, if these policies are not enforced employee drinking problems can continue (Bennett et al. 2004). Previous research has shown that team-based interventions designed to prevent permissive attitudes towards substance use in the working environment can effectively decrease the prevalence of alcohol use by individual employees (Bennett et al. 2004).

As previously mentioned, heavy workloads, strict deadlines, and stressful working conditions may contribute to drug abuse vulnerability among attorneys (Benjamin et al. 1990; Regehr et al. 2004; Lynch 1997). Research suggests that rapid identification and treatment of symptoms of stress and depression are important in managing work-related stress (Levin et al. 2011). There is also a need to train attorneys on how to deal with potentially intense client relationships that contribute to stress (Allegretti, 1993). After showing a significant relationship between symptoms of STS, magnitude of workload, and frequency of contact with trauma-exposed clients, Levin et al. (2011) suggested that attorneys experiencing these symptoms could benefit from peer support, increased time spent with leisure activities, development of resiliency skills, and participation in counseling and psychiatric treatment. The authors also suggest that emphasis should be placed on reducing long work hours and limiting the extent to which attorneys are exposed to traumatized clients through job rotations between different types of services (Levine et al. 2011).

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References


