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Issue No. 100

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NATIONAL STUDY ON LAWYER SUBSTANCE USE AND MENTAL HEALTH

For the first time ever, a national research study has been undertaken to empirically quantify the prevalence of substance use and other behavioral health conditions within the lawyer population of the United States. Results of the study, jointly undertaken by the American Bar Association (ABA) and the Hazelden Betty Ford Foundation (ABA-Hazelden Study), have been published in the February 2016 edition of the *Journal of Addiction Medicine*. The study, “The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys,” presents a revealing picture of our profession that is old news to some and disturbing news to many others.¹

Nearly 13,000 currently employed attorneys completed anonymous surveys assessing alcohol and drug use and symptoms of depression, anxiety, and stress. Specifically, the survey utilized (1) the Alcohol Use Disorders Identification Test (AUDIT)², a self-report instrument developed by the World Health Organization to screen for hazardous use, harmful use, and the potential for alcohol dependence; and (2) the Depression Anxiety Stress Scales-21 (DASS-21)³, a widely used self-report mental health questionnaire.

The study sample’s demographic profile was obtained by the participants’ self-reports. The personal characteristics of the group were as follows:

GENDER*	
Men	53.4%
Women	46.5%

*Election options limited to the male-female gender binary.

AGE	
30 or younger	11.9%
31-40	25.2%
41-50	21.0%
51-60	23.2%
61-70	16.1%
71 or older	2.7%

Participants were asked to identify legal, illicit, and prescribed substance use within the preceding 12 months. Participants reported as follows:

Alcohol	84.1%
Tobacco	16.9%
Sedatives	15.7%
Marijuana	10.2%
Opioids	5.6%
Stimulants	4.8%
Cocaine	0.8%

The study also elicited detailed information about the participants’ professional characteristics, asking respondents to identify their age (≤30, 31-40, 41-50, etc.), their years in the field (≤10, 11-20, 21-30, etc.), work environments (solo practitioner, private firm, government, non-profit, corporation in-house, etc.), firm position (junior associate, senior associate, junior partner, etc.), hours worked per week (≤10, 11-20, 21-30, etc.), and whether or not they did litigation. All personal and professional data obtained were statistically analyzed, revealing the following regarding the rates of substance use⁴ among practicing attorneys in the United States:

- Over 20% of the lawyers who responded scored at a level consistent with problematic drinking⁵; that is, using AUDIT criteria, they screened positive for hazardous and/or harmful use, having the potential for alcohol dependence. This rate is over twice that of the general adult population in this country.⁶

- Men scored significantly higher for problematic alcohol use than women, reporting 25.1% and 15.5%, respectively.

- Problematic alcohol use was highest (28.1%) among attorneys in the early stages of their careers (0-10 years), with declining rates reported thereafter:

Years in Legal Field	Problematic %
0-10	28.1%
11-20	19.2%
21-30	15.6%
31-40	15.0%
41 or more	13.2%

- Problematic alcohol use was highest (31.9%) among attorneys ages 30 or younger, with declining rates reported thereafter:

Age Category	Problematic %
30 or younger	31.9%
31-40	25.1%
41-50	19.1%
51-60	16.2%
61-70	14.4%
71 or older	12.1%

- Within different work environments, reported problematic alcohol use rates were varied, though clearly highest in private law firms (23.4%):

Work Environment	Problematic %
Private firms	23.4%
In-house gov't, public, or non-profit	19.2%
Solo practitioner	19.0%
In-house corp. or for-profit institution	17.8%

- Within private firms, reported problematic alcohol use rates tended to be inversely related to law firm seniority:

Firm Position	Problematic %
Junior associate	31.1%
Senior associate	26.1%
Junior partner	23.6%
Managing partner	21.0%
Senior partner	18.5%

The ABA-Hazelden Study produced a second, and equally revealing, set of statistical data concerning depression, anxiety, and stress within the American lawyer population, as follows:

- Utilizing the DASS-21 mental health questionnaire, male respondents reported significantly higher levels of depression than women, a finding generally contrary to conventional findings among the U.S. adult population.⁷

- Female respondents' anxiety and stress scores were higher than corresponding male scores.

- Depression, anxiety, and stress scores among responding lawyers generally decreased as age increased and also as years in practice increased.

- Solo practitioners in private practice reported the highest levels of depression, anxiety, and stress, followed by lawyers working in private firms.

- In private law firm environments, more senior positions were generally associated with lower reported symptoms of depression, anxiety, and stress; that is, fewer senior lawyers reported greater symptom levels of these conditions.

- Significantly, when respondents' AUDIT and DASS-21 scores were compared, a correlation was found – those with problematic alcohol use scores reported higher rates of depression, anxiety, and stress.

- Finally, participating lawyers were asked about past mental health concerns over their legal career. The most common mental health conditions reported were anxiety (61.1%), depression (45.7%), social anxiety (16.1%), attention deficit hyperactivity disorder (12.5%), panic disorder (8.0%), and bipolar disorder (2.4%).

While this study is subject to certain inherent limitations (e.g., participants were not randomly selected, but rather self-selected by voluntarily responding to emails, news postings, and websites; given the nature of the survey, the participants may have overstated or understated their individual symptoms, etc.), it does produce an abundance of data that seem to reinforce in an empirical way what many intuitively suspect represents a fairly accurate description of the behavioral health of our profession. At a minimum, the study does suggest that the prevalence of problematic drinking, depression, anxiety, and stress within the American lawyer population should be cause for significant concern.

In Part II of this article we will discuss some of the implications of the ABA-Hazelden Study and, in particular, provide some recommendations that may be of value in specifically assisting our Oregon legal community.

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References

¹ http://journals.lww.com/journaladdictionmedicine/Fulltext/2016/02000/The_Prevalence_of_Substance_Use_and_Other_Mental.8.aspx

² <http://pubs.niaaa.nih.gov/publications/Audit.pdf>

³ https://www.cesphn.org.au/images/mental_health/Frequently_Used/Outcome_Tools/Dass21.pdf

⁴ For statistical reasons, no significant inferences could be drawn about participating lawyers' use or misuse of substances other than alcohol.

⁵ The AUDIT generates scores ranging from 0 to 40. Scores of 8 or higher indicate hazardous or harmful alcohol intake and also possible dependence. Scores are categorized into zones to reflect increasing severity, with zone II reflective of hazardous use, zone III indicative of harmful use, and zone IV warranting full diagnostic evaluation for alcohol use disorder. The study uses the phrase "problematic use" to capture all three of the zones related to a positive AUDIT score.

⁶ <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders>

⁷ <http://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression/art-20047725?p=1>.