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National Opioid Epidemic is Cause to Examine the Legal Profession's Own Problems with Addiction

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As the United States wrestles with what the Centers for Disease Control and Prevention (CDC) has called the worst drug addiction epidemic in U.S. history,¹ it is imperative that healthcare attorneys understand both the dimensions of the larger societal problem with opioids and the unique vulnerability that their

own profession has to problematic substance use. With an important role to play in the creation, enforcement and interpretation of the myriad laws implicated in the opioid epidemic — now and in the future — attorneys', and particularly healthcare attorneys', credibility in this realm rests upon an earnest acknowledgment that many in the legal profession also face the same challenges of addiction currently facing the country.

The National Opioid Crisis

Over the past two decades in the United States, the use of opioids – the group of drugs that includes heroin and prescription painkillers such as oxycodone, hydrocodone, codeine, morphine, fentanyl and others² – has exploded. Unsurprising to anyone familiar with the powerful nature and highly addictive potential of those drugs, that explosion has cut a wide swath of destruction throughout the country. Blowing holes in families, communities, and workplaces with stunning lethality, an entire class of drugs designed to kill pain is sadly now killing far more than that. In fact, more people died from drug overdoses in 2014, the most recent data available, than in any year on record,³ and the majority of those deaths (more than six out of ten) involved an opioid.⁴ Currently, drug overdose is the leading cause of accidental death in the United States, with 47,055 lethal overdoses in 2014. Opioid addiction is driving this death toll, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.⁵ More people now die from accidental overdoses than in car accidents and homicide in most states, with an average of 110

overdose deaths per day in America and with more than half of these deaths involving opioids.⁶ Of the 21.5 million Americans 12 or older that had a

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substance use disorder in 2014, 1.9 million had a substance use disorder involving prescription pain relievers.⁷

One reason for the rise in opioid use and abuse is the increased ease by which individuals can obtain prescription medications. Since 1999, the amount of prescription opioids sold in the United States nearly quadrupled.⁸ In fact, according to the CDC, in 2012 259 million prescriptions were written for opioids, which is more than enough to give every American adult his or her own bottle of pills.⁹ Yet, despite the aggressive proliferation of these drugs, there has not been an overall change in the amount of pain that Americans report.¹⁰

As evidence of the devastation wrought by excessive availability of opioids began to mount, so did public outcry. Government crackdowns to address the unscrupulous and shortsighted overprescribing of opioids ensued¹¹ and, eventually, the previously free-flowing prescription supplies began to shrink while doctor-shopping became more difficult. In turn, some addicted individuals began seeking illegal alternatives such as heroin to satisfy the intense cravings that opioid dependence causes. An astonishing 94 percent of respondents in a 2014 survey of people in treatment for opioid addiction said they began using heroin because prescription opioids were more expensive and harder to obtain.¹²

In addition to the enormous human costs, the economic consequences of the prescription drug crisis are also staggering. Studies estimate the cost of opioid abuse to be between \$53 and \$56 billion annually, accounting for medical and substance abuse treatment costs, lost work productivity, and criminal justice costs.¹³

These are alarming statistics. The fact that the ABA Health Law Section has published a special edition of the ABA Health eSource on the United States opioid epidemic shows just how visible and serious opioid addiction has become. That this is a crisis that demands attorneys' attention and commitment as concerned citizens, in general, and as healthcare attorneys, in particular, is irrefutable. As noted, however, as attorneys we cannot credibly and ethically approach this subject from a detached perspective that overlooks, discounts or ignores that the profession has its own longstanding and ongoing struggles with addiction which also demand our attention.

Addiction in the Legal Profession

In February 2016, a study published in *The Journal of Addiction Medicine* revealed that more than one-third of licensed, currently practicing attorneys qualify as problem drinkers based on the volume and frequency of their alcohol consumption.¹⁴ To be clear, the study did not state that more than one-third of attorneys are "alcoholics" as the term is commonly understood, but rather that they are drinking at hazardous, harmful, and potentially alcohol dependent levels that may amount to alcoholism or, at a minimum, place them at significant risk for alcoholism and other serious problems.

Titled "*The Prevalence of Substance Use and Other Mental Health Concerns among American Attorneys*," the study was the result of a joint undertaking by the ABA and the Hazelden Betty Ford Foundation — the nation's largest nonprofit addiction treatment organization — to gather data on what had long been understood as a very serious and significant problem among lawyers. When contrasted with the rate of problem drinking in the general population — a seemingly paltry seven percent — the perilous relationship between lawyers and alcohol becomes even more glaringly acute. To provide some perspective, physicians experience substance use disorders at a rate similar to that of the general population.¹⁵

similar to that of the general population.¹⁶

As bad as the legal profession's drinking problem is, and despite the fact that alcohol is overwhelmingly the primary drug of choice among most attorneys, it is not the only drug being used. As reported in the ABA/Hazelden Betty Ford study, alcohol ranked highest in use (84 percent), but respondents also reported using sedatives (15.7 percent), marijuana (10.2 percent), opioids (5.6 percent), stimulants (4.8 percent) and cocaine (0.8 percent) within the past year.¹⁶ Given how serious and far reaching the prescription drug abuse epidemic is throughout the general American population, it is naïve to think that the legal profession, with higher than average addiction rates, will be insulated from the opioid epidemic. It may be only a matter of time before the level of opioid misuse among lawyers rises.

This is especially true given that the stresses of the legal profession frequently cause anxiety and depression issues among attorneys, and mental health disorders are known to increase an individual's susceptibility to addiction. Approximately 28 percent of respondents in the ABA/Hazelden Betty Ford study reported symptoms consistent with mild or higher levels of depression, and 19 percent with similar levels of anxiety, both of which are significantly higher than the general population.¹⁷ As some attorneys turn to prescription medication or self-medication to help them manage these conditions, the risk of addiction grows. Substance use disorders and mental health conditions frequently co-occur and, in fact, attorneys screening positive for problematic alcohol use in the ABA/Hazelden study had significantly higher levels of depression, anxiety and stress, while those with depression, anxiety and stress scores in the normal range reported significantly fewer behaviors associated with problem drinking.¹⁸ While it is unclear if the mental health conditions of lawyers are driving their problematic substance use or if it is the other way around, the nexus between the two is clear and compelling.

Given the legal profession's overly high levels of addiction in general, it is doubly imperative that attorneys take heed of the significant addiction issues facing the country and the profession and begin focusing their collective efforts on helping the nation and their colleagues to recover.

What is Addiction?

Regardless of whether an individual is struggling with alcohol or other drugs, many aspects of the underlying disease — addiction — are the same.

Defined as a primary, chronic, progressive, and often fatal disease that is characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors,¹⁹ addiction has been recognized as a disease by the American Medical Association since 1956.

The exact cause of the disease is still debated. Research indicates that a person's susceptibility to addiction is 50 to 60 percent genetically determined,²⁰ with environmental and personality factors accounting for the remainder of the risk.²¹ Similarly, the reason behind the prevalence of addiction in the legal profession has also been extensively debated.²²

Whether it's the culture and structure of the profession itself (long hours, constant stress and deadlines, the ubiquity of alcohol) or the personality of those who choose to become lawyers (competitive, Type A, perfectionists) that accounts for lawyers' heightened susceptibility to addiction is unclear. Since the publication of the ABA/Hazelden study, attention to this issue has intensified greatly, with honest and open conversations about the nature, scope and cause of the problem becoming increasingly common in bar

scope and cause of the problem becoming increasingly common in bar associations, law firms and law schools across the country.²³ As these discussions continue and a consensus view of the structural causes for the problems begins to emerge, developing effective solutions will hopefully become easier.

Irrespective of causation however, the potential impacts and consequences of addiction are clear, consistent and undeniable. Wrecked families and careers, health problems, financial losses, criminal charges, and death are all predictable and frequent results of untreated addiction. With lawyers, the career consequences in particular are noteworthy. 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.²⁴ Furthermore, approximately 60 percent of all malpractice claims and 85 percent of all trust fund violation cases involve substance abuse.²⁵ As these numbers suggest, however, it is not just the impacts on a lawyer's career that should be of concern. When it comes to addiction among members of the bar, the suffering often extends to the client, as well.

Clients depend on their attorneys to assist them with everything from their civil and physical liberties to complex contracts and property rights. The United States is, after all, a nation of laws, and without legal assistance some clients may not receive the full benefits they are entitled to under the American legal system. Impairment due to drug or alcohol addiction denies these clients those services and their legal rights. Moreover, the country also needs healthcare attorneys now more than ever to help it sort through the laws and options for addressing the national opioid crisis.

Treatment Options

If there is anything positive about the opioid crisis it is that more and more Americans are becoming aware of fact that addiction is a disease and can affect anyone. As a result of this enlightenment, some of the stigma associated with addiction is diminishing and people are talking more openly about and seeking help for their addiction issues.²⁶ For example, in October 2015, tens of thousands of people attended a rally sponsored by [Unite to Face Addiction](#) at the Washington Monument to launch a national advocacy group dedicated to finding solutions to the addiction crisis and decrease the stigma associated with addiction.²⁷

There are many resources for addressing and overcoming addiction. Intervention, detoxification, individual counseling, support groups, outpatient treatment and residential treatment are among the many options available. There are even specialized programs for attorneys. Nearly every state has some form of a lawyers' assistance program (LAP).²⁸ Typically funded by bar membership dues, these organizations have for years been providing mental health and substance abuse counseling and resources for attorneys. Although they have typically been understaffed, under-funded

and, worst of all, underutilized, they can hopefully provide a framework for expanded and better funded outreach to impaired attorneys. Due to the increased demand, the federal government has committed additional funding to expand treatment facilities and options. In 2014, the Health Resources and Services Administration (HRSA), a division of the Department of Health and Human Services, awarded \$51.3 million in Patient Protection and Affordable Care Act funding to support 210 health centers in 47 states, the District of Columbia, and Puerto Rico to establish or expand behavioral health services²⁹ for nearly 440,000 people nationwide. Additionally,

President Obama's FY2017 budget proposal included \$1.1 billion in new funding to address the prescription opioid abuse and heroin use epidemic.³⁰ Hopefully, the legal profession can also dig a little deeper and allocate additional monies to LAP programs.

Similarly, treatment centers themselves are developing specialized opioid addiction programs, and some now offer treatment programs designed just for legal professionals. For instance, for years Hazelden Betty Ford had a program specifically for medical professionals because of the unique hurdles they faced in overcoming addiction – a tendency to be self-reliant, reluctance to seek treatment because of fears of confidentiality, and licensure concerns.³¹ In 2011 Hazelden Betty Ford developed a program for lawyers to address their unique barriers to recovery – many of which are similar to those of medical professionals – and other addiction treatment providers are actively developing lawyer-specific programs as well.³²

Moreover, federal legislation has finally been enacted to further assist individuals suffering from addiction. Although the Mental Health Parity and Addiction Equity Act (MHPAEA),³³ which was enacted to prevent group health plans and health insurance issuers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical and surgical benefits, was enacted in 2008, it was not until January 2014 that the final regulations became effective and even then they applied to benefit plans adopted or renewed on or after July 1, 2014.³⁴

More recently, on July 22, 2016, President Obama signed into law the Comprehensive Addiction and Recovery Act (CARA Act).³⁵ This is the first major federal addiction legislation in 40 years, and implementing regulations still need to be developed.

Conclusion

As legal professionals whose profession has a higher than average rate of addiction itself, attorneys have a vested interest in the outcomes of these problems both for the future of the country and for the profession. Healthcare attorneys, in particular, hold a unique position – right at the intersection of law and addiction – that allows them to utilize their skillsets and their specific knowledge of the healthcare laws and industry to assist the nation as it grapples with the opioid crisis, as well as colleagues and the legal profession as it attempts to address its own addiction issues. Whether by helping to ensure that MHPAEA regulations are enforced to ensure individuals' use of mental health and substance use disorder benefits are treated the same as their use of medical and surgical benefits, assisting with the development and implementation of regulations under the CARA Act, or other initiatives, healthcare attorneys' efforts can have a profound impact on

individuals' and the nations' ability to recover from addiction. Given their expertise in healthcare laws, healthcare attorneys have an obligation that neither the country, their colleagues nor they themselves can afford not to act upon.

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School. Ms. Harris' practice focuses on transactional and regulatory healthcare law on behalf of all types of health care providers and entities, including, hospital systems, physicians, IPAs, ambulatory surgical centers and other healthcare professionals, managed care companies, pharmaceutical companies, and HMOs. Her practice includes experience in drafting physician employment agreements, asset and stock purchase agreements, management services agreements and other contracts, as well as advising clients on healthcare regulatory issues, such as corporate practice of medicine, Medicare and Medicaid fraud and abuse, Stark, HIPAA, fee-splitting, antitrust, certificate of need, national practitioner data bank and patient rights, healthcare compliance programs, and reproductive law. Her achievements include members in the American Health Lawyers Association, Black Women Lawyers Association, Committee on Minorities in Large Law Firms, Illinois Association of Healthcare Attorneys, Chicago Bar Association, Health and Hospital Law Committee, and the Arnstein & Lehr Committee on Diversity & Inclusion. Ms. Harris is also a prolific author and speaker. She can be reached at kkharris@arnstein.com.

Recognized globally as a leading authority on addiction and mental health issues in the legal profession, Patrick R. Krill is an attorney, licensed and board certified alcohol and drug counselor, author, advocate, and thought leader. His groundbreaking work in the area of attorney behavioral health includes initiating and serving as lead author of the first and only [national study](#) on the prevalence of attorney addiction and mental health concerns, a joint undertaking of the American Bar Association [Commission on Lawyer Assistance Programs](#) and the [Hazelden Betty Ford Foundation](#). Mr. Krill's highly specialized background and unique breadth of knowledge relating to the substance use and mental health of lawyers make him a widely sought after expert and trusted resource for solving one of the legal profession's most difficult problems. Mr. Krill is the former director of the Hazelden Betty Ford Foundation's Legal Professionals Program, a preeminent clinical treatment program for addicted attorneys, judges and law students. While leading that program, he counseled many hundreds of legal professionals from around the country who sought to better understand and overcome the unique challenges faced on a lawyer's road to recovery. He continues to serve as Public Affairs and Policy Advisor to the Hazelden Betty Ford Foundation. Mr. Krill has authored more than thirty articles related to addiction and other mental health concerns. He has been quoted in dozens of national and regional news outlets and is a frequent speaker on the subject of addiction and its intersection with the law. He is also authoring a comprehensive guide to addiction and recovery in the legal profession, currently slated for publication in 2017. Mr. Krill also serves on the Advisory

Board of the [Dave Nee Foundation](#), whose mission is to eliminate the stigma associated with depression and suicide in the legal profession by promoting and encouraging not only the diagnosis and treatment of depression, but also the education of law students, their families, and friends about the disease of depression. In addition to his work with the legal profession, Mr. Krill is also actively involved with bringing addiction and recovery expertise to the entertainment industry. He may be reached at patrick@prkrill.com.

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