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Substance Use Disorder In the Legal Field – A Focus On Opioids

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Disclosure Statement

- I have no actual or potential conflicts of interest/financial relationships to disclose with regard to this presentation
- Non FDA-approved (off-label) use of medications with be discussed during this presentation

Objectives

- Summarize the background statistics and research involving substance use disorder in the legal profession
- Describe the treatment approach used for opioid use disorder
- Provide non-medication related recommendations for de-stressing and positive change
- Introduce resources individuals can use for opioid use disorder

True or False???

- Lawyers experience a similar incidence of substance use disorder compared to the general U.S. population
- Legal professionals experience high rates of mental health disorders increasing susceptibility to substance use disorder
- Most legal professionals seek help for substance use and mental health disorders

☐ TRUE
☐ FALSE

In The Media

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

The Lawyer, The Addict – New York Times

When a successful law career mixes with addiction

Lawyers struggle with substance abuse at nearly twice the rate of the general population

Younger lawyers are most at risk for substance abuse and mental health problems, a new study reports

Why are lawyers killing themselves?

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Statistics

- 18 – 20 % of lawyers abuse drugs; 8 – 10% of the general population do the same
- 25% of lawyers facing disciplinary action are found to be abusing drugs/alcohol and suffering from mental disorder
- Professionals working > 50 hours/wk are 3x more likely to abuse substances (lawyers average 60 – 80 hours/week)
- 70% of abusing lawyers feel that they can handle this problem on their own
  - 40% fear that treatment will have negative impact on career/reputation

http://interventionstrategies.com/17-statistics-on-drug-abuse-among-lawyers/

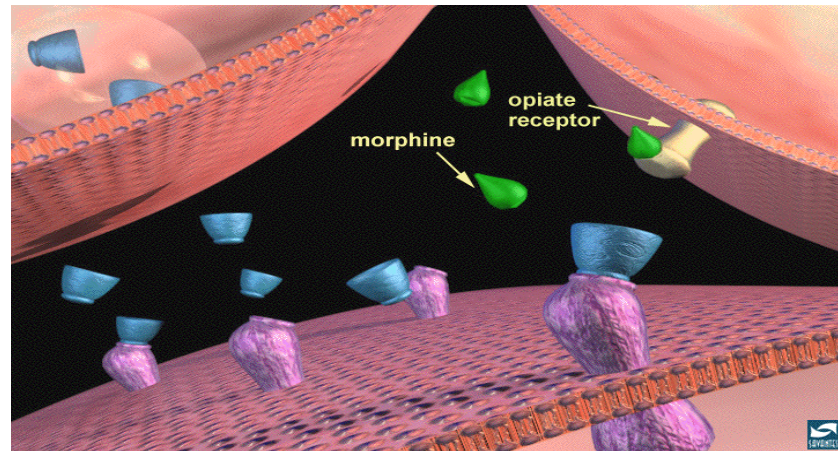
What is drug addiction?

- Addiction is a chronic disease characterized by use that is compulsive, or difficult to control, despite harmful consequences
- Initial use is voluntary, but repeated use leads to brain changes that challenge one's self-control & ability to resist use
- Changes can be persistent, which is why considered a "relapsing" disease
- Common to relapse, but this doesn't mean that treatment didn't work; treatment should be ongoing & modified to fit an individual's needs

https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction

Neurobiology of Substance Use Disorder

- Most drugs affect the “reward circuit” by increasing influx of dopamine
  - Circuit controls pleasure response & increases motivation to repeat pleasurable behaviors
  - Overstimulation of center (i.e. drug use) causes pleasurable “high”
- Over time, brain adjusts to excess dopamine reducing the high that individuals feel (aka tolerance); individuals then use more drug to feel “high” again
  - Tolerance may cause one to feel less pleasure from other activities as well (i.e. social activities, eating)



https://www.drugabuse.gov

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Neurobiology of Substance Use Disorder (cont.)

- Long term use causes changes in other brain circuits affecting learning, judgment, decision-making, stress, memory & behavior
- No one factor can predict if an individual becomes addicted
  - Influenced by biology, environment & development
- Despite adaptive changes in the brain, substance use is treatable & preventable

https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction

Reframing the Issue

The Office of National Drug Control Policy, the AMA, ASAM, and SFDPH all recommend the use of non-stigmatizing language to frame the issue & support treatment for substance use disorder.

This means using language like:

~~Abuse~~ → Use disorder

~~IVDU~~ → PWID (people who inject drugs)

~~Clean/dirty~~ → Abstinent

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The Reality……..

- Incidence of lawyer substance use disorder is higher than other professions (especially alcohol)
- Lawyers work high stress jobs in a high stress world w/ high competitive pressure
- Rewards of the profession are great, but so are the pressures
- When a lawyer loses control to addiction, clients & colleagues usually suffer as well
- With smartphones/tablets, hard to escape job
- Co-existing mental health disorders predispose individuals to a higher potential for substance use disorder

The Reality………Why are Lawyers at risk?

- Learn to exhibit a professional demeanor and to hide own alarm, fear, disgust, abhorrence, boredom, fatigue, etc
- Develop tough exterior & repress own weaknesses
- Learn to expect & give little support to and from colleagues
- Learn to work with other lawyers as professionals and not as people
- Stressful job with long hours away from family and friends

The Practice Of Law
Perfectionism and Pessimism

- Legal professionals sporting pessimism tend to be more successful
  - In one study, optimists outperformed pessimists in every graduate degree program except for law school
  - In another study, pessimists performed better academically, were more likely to make law review & got better jobs
- Another common trait amongst legal professionals is perfectionism
- Combo of introversion, pessimism & perfectionism make great lawyers, but also make more susceptible to mental health and substance use disorders

https://lawreview.law.miami.edu/introverted-pessimistic-perfectionist/

Why Do We Care?

- Substance use disorder, when left untreated in legal professionals, can lead to:
  - Malpractice
  - Neglect
  - Phantom settlements
  - Client defaults
  - Loss of license to practice
  - Destruction of loving relationships

Prevalence of Substance Use Disorder

- Lack of formalized research in recent decades evaluating prevalence in legal field
- 1990 study evaluated 1200 attorneys in Washington State
  - 18% of lawyers were problem drinkers (twice in comparison to American adults at the time)
  - 19% of lawyers suffered from depression (3 – 9% in Western industrialized countries)

Conclusion: additional research needed…but….decades have passed….

Benjamin GA, et al. *Int J Law Psychiatry.* 1990; 13: 233-246
Krill, PR, et al. *J Addict Med.* 2016; 10(1) 46-52.

Prevalence of Substance Use Disorder Prospective Study (2016)

- Total participants included = 12,825 employed in legal field
  - Recruitment through state bar associations via email blasts (anonymous)
- Demographics
  - Men (53.4%), Women (46.5%)
  - Most common age group 31 – 40 years
  - Predominant race/ethnicity: caucasian (91.3%)
  - Most common career length: ≤ 10 years (34.8%)
  - Most common work environment: private firms (40.9%)
  - 67.2% of sample reported working ≥ 41 hours/week

Krill PR, et al. *J Addict Med.* 2016; 10(1): 46 – 52.

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Prevalence of Substance Use Disorder Prospective Study (cont.)

- Participants completed 3 self-report instruments
  - Alcohol Use Disorders Identification Test (AUDIT)
  - Depression Anxiety Stress Scales-21 (DASS-21)
  - Drug Abuse Screening Test-10 (DAST-10)
- Results
  - Positive AUDIT screen in 20.6% of sample w/ highest rates of problematic use in younger men, early in career (first 10 years), in junior associates working in private firms (& senior associates)
  - Levels of depression (28%), anxiety (19%) and stress (23%) extremely high (highest in junior associates early in career)
  - **20.9% of sample had <u>intermediate</u> concern for drug use**

Krill PR, et al. *J Addict Med.* 2016; 10(1): 46 – 52.

Prevalence of Substance Use Disorder Prospective Study (cont.)

- Treatment utilization
  - 174/807 (21.8%) of participants w/ past alcohol and/or drug use utilized treatment programs tailored to legal professionals
    - These participants had significantly lower mean AUDIT scores than those utilizing general treatment programs
- Barriers to treatment
  - Not wanting others to find out they needed help
  - Concerns regarding privacy and confidentiality

Krill PR, et al. *J Addict Med.* 2016; 10(1): 46 – 52.

Survey of Law Student Well-Being (SLSWB)

- 1st multi-school study in over 20 years to address law student use of alcohol & street drugs
- 1st ever multi-school study to explore prescription drug use, mental health concerns & help-seeking attitudes of law students
- Exploratory survey addressing 4 research questions:
  - 1) Extent of alcohol and **prescription drug use**
  - 2) Extent of mental health issues
  - 3) Extent of seeking assistance or treatment
  - 4) Factors discouraging law students from seeking help

Organ JM, et al. *J Legal Education.* 2016; 66: 116 – 156.

Survey of Law Student Well-Being (SLSWB) Results

Use of Prescription Drugs *with* Prescription During the Prior Year

	Sleeping Medication	Sedatives – Anxiety Medication	Stimulants	Pain Medication	Anti-depressants
All SLSWB Respondents	9%	12%	13%	15%	12%
Male Respondents	8%	7%	13%	10%	8%
Female Respondents	10%	15%	13%	18%	14%

- 14% of respondents reported using prescription drugs w/o a prescription in prior 12 months (stimulants, pain meds & sedatives/anxiolytics)

Organ JM, et al. *J Legal Education.* 2016; 66: 116 – 156.

Survey of Law Student Well-Being (SLSWB) Results

- Most common reason for using stimulants without a prescription:
  - To concentrate better while studying (67%)
  - To increase alertness to study longer (64%)
  - To enhance my academic performance (49%)
  - To increase my alertness to work longer (46%)
  - To concentrate better while working (45%)
  - To prevent other students who also use stimulants from having academic edge (20%)

Organ JM, et al. *J Legal Education.* 2016; 66: 116 – 156.

Survey of Law Student Well-Being (SLSWB) – Seeking Help

Help-Seeking Table 1 - Factors Discouraging Respondents from Seeking Help

Factor	Percentage re. Substance Use	Percentage re. Mental Health
Potential threat to bar admission	63%	45%
Potential threat to job or academic status	62%	48%
Social stigma	43%	47%
Concerns about privacy	43%	30%
Financial reasons	41%	47%
The belief that they could handle the problem themselves	39%	36%
Not having the time	36%	34%

Organ JM, et al. *J Legal Education.* 2016; 66: 116 – 156.

The Opioid Epidemic

- ~3 million people in U.S. & 16 million worldwide have a current or past opioid use disorder
- U.S. is experiencing an opioid overdose epidemic with increases in opioid-related mortality
  - ~17,000 deaths/year related to opioids; leading cause of accidental death in the U.S
- Opioid use disorder seen in persons of all educational & socioeconomic backgrounds
- Recent efforts to change provider prescribing habits & train first responders to administer reversal meds

Schuckit MA. *NEJM.* 2016; 375(4): 357 – 368.

Diagnostic Criteria for an Opioid Use Disorder

Use of an opioid in increased amounts or longer than intended

Persistent wish or unsuccessful effort to cut down or control opioid use

Excessive time spent to obtain, use, or recover from opioid use

Strong desire or urge to use an opioid

Interference of opioid use with important obligations

Continued opioid use despite resulting interpersonal problems, social problems (e.g., interference with work), or both

Elimination or reduction of important activities because of opioid use

Use of an opioid in physically hazardous situations (e.g., while driving)

Continued opioid use despite resulting physical problems, psychological problems, or both

Need for increased doses of an opioid for effects, diminished effect per dose, or both†

Withdrawal when dose of an opioid is decreased, use of drug to relieve withdrawal, or both†

* If two or three items cluster together in the same 12 months, the disorder is mild; if four or five items cluster, the disorder is moderate; and if six or more items cluster, the disorder is severe. Criteria are from the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition.[8]

† If the opioid is taken only as prescribed, this item does not count toward a diagnosis of an opioid-use disorder.

Schuckit MA. *NEJM.* 2016; 375(4): 357 – 368.

Challenge of Detection

- In early stages very easy to hide substance use as still high functioning
- Progression is usually measured in years before undeniable, highly visible symptoms appear
- Most professionals don’t receive any training in recognizing symptoms of substance use disorders
- Few individuals in lawyer’s professional life will be exposed to lawyer frequent enough to make substance use symptoms obvious
- Pressures & difficulties of practice provide ready excuses for outbursts of temper, confusion or delay, exhaustion, inattention or anxiety

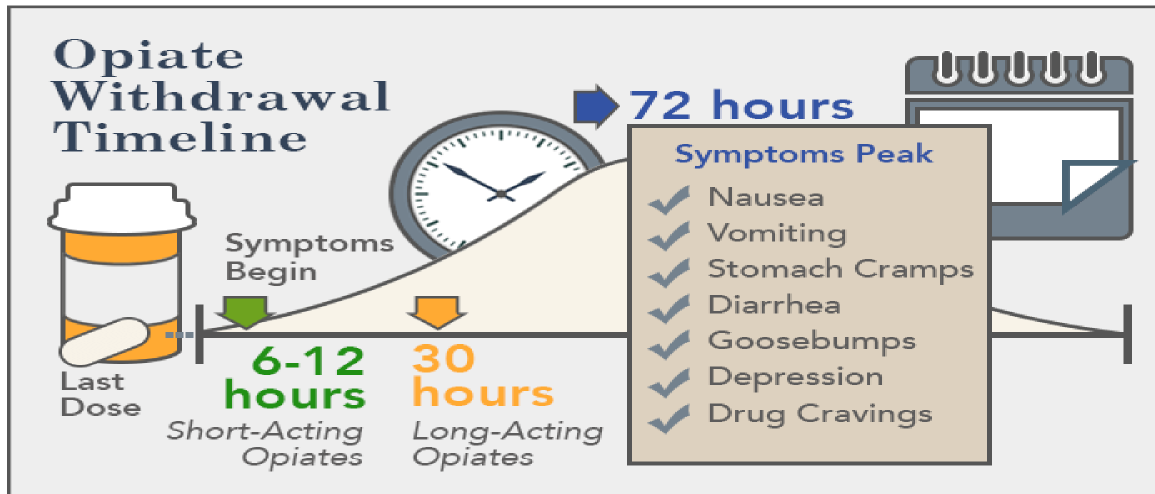
Signs of Potential Opioid Use Disorder

- Bloodshot eyes or smaller pupils
- Changes in appetite or sleep patterns
- Secretive or suspicious behaviors
- Failure to return from lunch or break
- Pattern of being late or non-show on Mondays
- Leaving early from work
- Unexplained need for money or financial problems
- Lack of motivation
- Failure to return phone calls
- Missing appointments
- Failure to meet deadlines
- Change in mood or general demeanor
- Deterioration of personal appearance or hygiene
- Unusual smells on body, breath or clothing
- Tremors, slurred speech or impaired coordination
- Sudden changes in friends, hangouts or hobbies

https://www.americanbar.org/groups/lawyer_assistance/resources/drug_abuse_dependence.html

Treatment
Medically Supervised Withdrawal

- Improves individual's health and facilitates participation in a rehabilitation program
- Not sufficient to produce long-term recovery
- May increase risk of overdose in individuals who have lost their tolerance
- Repeated misuse of opioids produces tolerance & long-lasting cravings requiring additional treatment to prevent relapse



Schuckit MA. *NEJM.* 2016; 375(4): 357 – 368.
www.americanaddictioncenters.org

Clinical Opiate Withdrawal Scale (COWS) for Measuring Symptoms

- Increased heart rate
- Sweating
- Restlessness
- Pupil size
- Bone or joint aches
- Runny nose/tearing
- Gastrointestinal upset
- Tremor in outstretched hands
- Yawning
- Anxiety or irritability
- Piloerection (“goose bumps”)

Symptoms can be reduced by administering other opioids to diminish symptoms then wean the individual off the new drug over time (referred to as medication-assisted treatment [MAT])

Schuckit MA. *NEJM.* 2016; 375(4): 357 – 368.

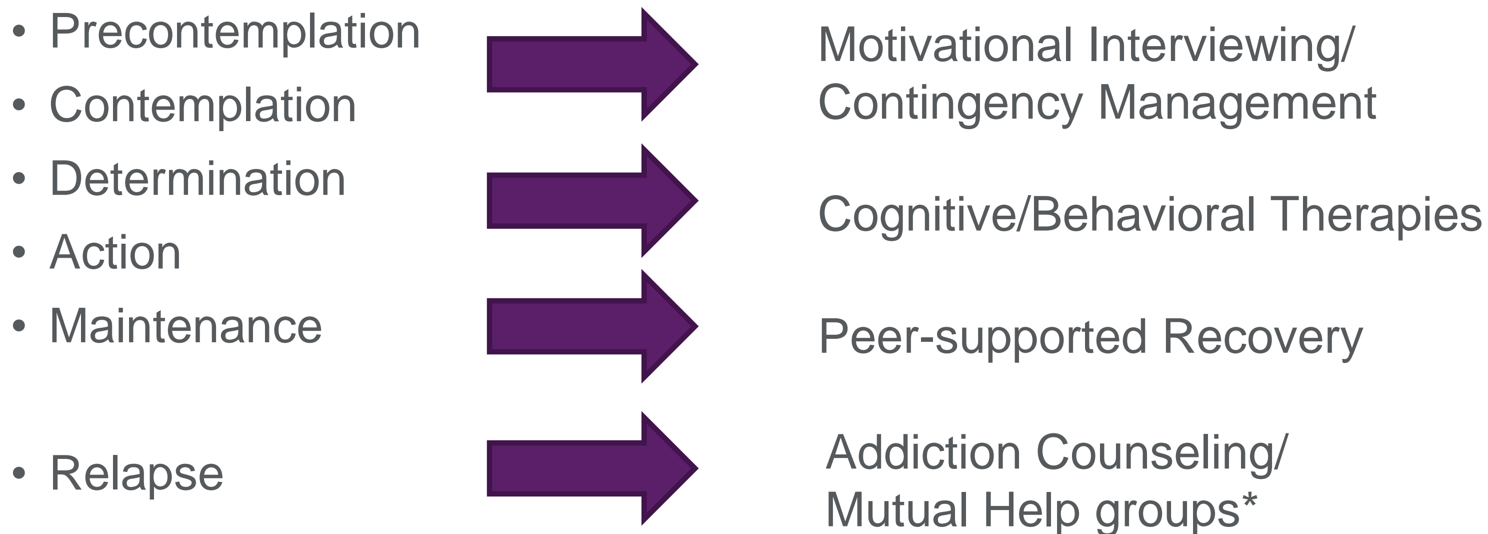
Treatment

- MAT + psychosocial intervention is recommended first-line for most individuals after medically supervised withdrawal in moderate – severe opioid use disorder
  - MAT more likely to maintain abstinence compared to psychosocial intervention
- Psychosocial interventions alone might be reasonable alternative in mild opioid use disorder if highly motivated
- Some individuals prefer abstinence-based therapy consisting of multiple psychosocial services
- **Treatment of any kind should be ongoing, not episodic, with routine monitoring and adjustment of treatment as needed**

www.uptodate.com

Psychosocial Interventions

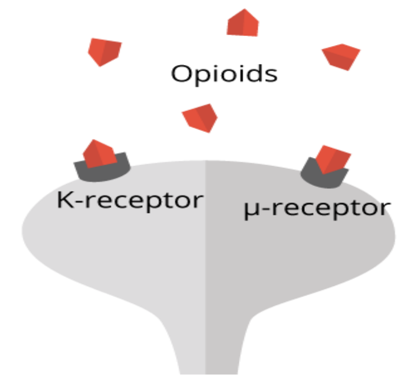
- Information on comparative efficacy of psychosocial interventions is limited
- Recommended to sequence interventions based on Readiness to Change Model:



* Narcotics Anonymous, Methadone Anonymous, Medication Assisted Recovery Services

www.uptodate.com

MAT Options



Step	Oral Methadone	Sublingual Buprenorphine
Preparation	Perform physical examination	Perform physical examination. Administer buprenorphine approximately 12–48 hr after most recent opioid use and while patient is having early withdrawal symptoms (e.g., score >10 on the Clinical Opiate Withdrawal Scale†)
Initial dose	If patient is participating in a methadone program, verify dose; start taper 10 mg below that level; if patient is not participating in a methadone program, start at 10–30 mg administered in divided doses	4–8 mg
Stabilization at effective dose	7–14 days	2–5 days
Taper	Administer 10–20% of initial dose every 1–2 days over 2–3 wk or more	Decrease dose to 0 by reducing dose 10–20% every 1–2 days over 2 wk or more

Schuckit MA. *NEJM.* 2016; 375(4): 357 – 368.

Methadone vs Buprenorphine Advantages

Methadone	Buprenorphine
• Potentially better treatment retention • May be easier to initiate treatment • No maximum dose • Potentially better alternative if buprenorphine was unsuccessful in relieving withdrawal symptoms, or was associated with severe side effects	• Less risk of overdose due to partial agonist effect & ceiling effect for respiratory depression (in the absence of other meds/alcohol) • Reduced risk of injection, diversion, overdose due to naloxone component (Suboxone), allowing for safer take home doses • Milder side effect profile • Shorter time to achieve therapeutic dose (1-3 days) • Fewer drug interactions • Milder withdrawal symptoms and easier to discontinue • Alternate day dosing schedule option

Schuckit MA. *NEJM.* 2016; 375(4): 357 – 368.
Nielson S, et al. *JAMA.* 2017; 317(9): 967 – 968.
ASAM Guideline Opioid Use Disorder. 2015

Methadone vs Buprenorphine Disadvantages

Methadone	Buprenorphine
• Higher risk of overdose, particularly during treatment initiation • Most often requires daily witnessed ingestion • More severe side effect profile • More expensive if daily witnessed ingestion required • Longer time to achieve therapeutic effect • More difficult to transition to buprenorphine if necessary • More potential drug interactions • Higher risk of problematic use • Increased risk of cardiac arrhythmias • At high doses, may block analgesic effect of other opioid meds used for pain	• Potentially higher risk of drop-out • If appropriate dose induction schedules are not used may cause precipitated withdrawal • Doses may be suboptimal for individuals with high opioid tolerance • At high doses, may block analgesic effect of other opioid meds used for pain • Reversing effects of overdose can be challenging

Schuckit MA. *NEJM.* 2016; 375(4): 357 – 368.
Nielson S, et al. *JAMA.* 2017; 317(9): 967 – 968.
ASAM Guideline Opioid Use Disorder. 2015

Abstinence – Oriented Rehabilitation

- Naltrexone is opioid receptor antagonist that blocks opioid effects & helps maintain abstinence in highly motivated people
  - Available in many formulations (i.e. oral tablet, monthly injectable, etc)
- Most effective when administered as part of a cognitive behavioral approach
- Requirements for initiation
  - >7 days since last opioid and withdrawal symptoms
  - Absence of severe liver disease

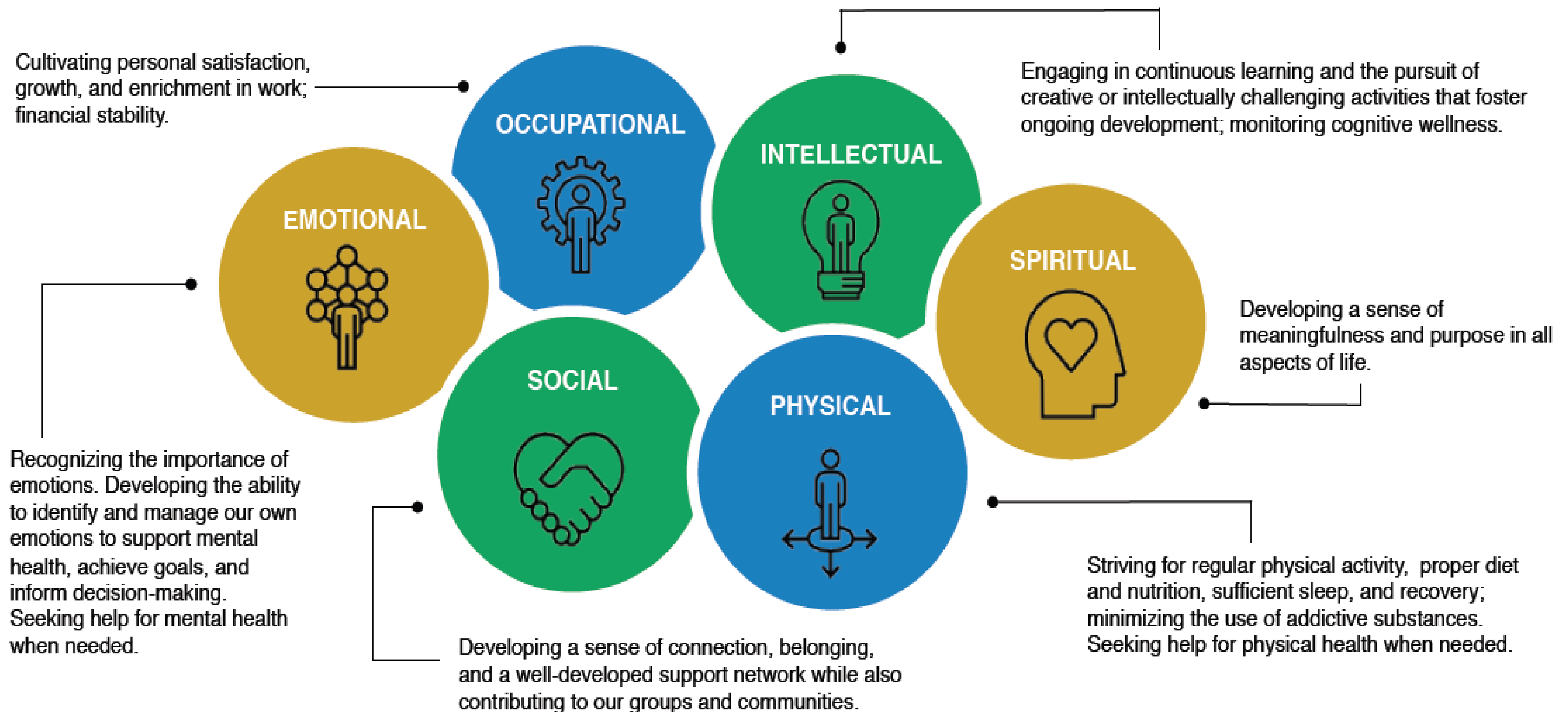
Schuckit MA. *NEJM.* 2016; 375(4): 357 – 368.

Opioid-free Treatment of Opioid Withdrawal

Medication†	Target Symptoms	Dose‡
α_2-Adrenergic agonist		
Clonidine (Catapres)§	Increased pulse rate and blood pressure, anxiety, chills, piloerection	0.1–0.2 mg orally every 4 hr up to 1 mg/day; hold dose if blood pressure <80 mm Hg systolic or <50 mm Hg diastolic; by day 5, start to decrease dose by 0.2 mg/day
Clonidine patch	Increased pulse rate and blood pressure, anxiety, chills, piloerection	The patch is an alternative for patients 100–200 lb (45.4-90.7 kg), with oral dose augmentation, but few data are available
Benzodiazepine		
Temazepam (Restoril)	Insomnia	15–30 mg orally at bedtime
Diazepam (Valium)	Anxiety	2–10 mg orally as needed every 4 hr, up to 20 mg/day
Gut-acting opioid: loperamide (Imodium)	Diarrhea	4 mg orally initially, then 2 mg as needed for loose stools, up to 16 mg/day
NSAID: naproxen (Aleve)	Bone, muscle, joint, or other pain	500 mg orally twice daily as needed (take with food)
Antiemetic		
Prochlorperazine (Compazine)	Nausea and vomiting	5–10 mg orally every 4 hr as needed
Ondansetron (Zofran)	Nausea and vomiting	8 mg orally every 8 hr as needed

Schuckit MA. *NEJM.* 2016; 375(4): 357 – 368.

Lawyer Well-Being



National Task Force On Lawyer Well-Being. August, 2017.

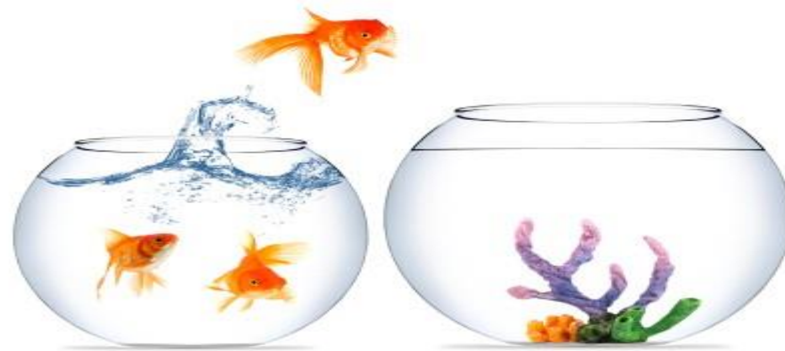
Reason To Take Action

- Lawyer well-being contributes to **organizational success**
- Lawyer well-being influences **ethics and professionalism**
- From a **humanitarian** perspective, promoting well-being is the right thing to do

National Task Force On Lawyer Well-Being. August, 2017.

Practical Recommendations for Positive Change

- Identify stakeholders in reducing toxicity in profession
- End the stigma surrounding help-seeking behaviors
- Emphasize that well-being is indispensable part of lawyer's duty of competence
- Expand education outreach & programs on well-being issues
- Changing tone of profession one small step at a time



National Task Force On Lawyer Well-Being. August, 2017.

Recommendations For “De-Stressing” In the Workplace

- Get your office organized; hire profession organizer if necessary
- Make a to-do list each day with highest priorities listed first and don’t deviate from list
- Take mini-breaks throughout the day (take 5 slow, deep breaths and/or exercise at desk for 5 – 10 min.)
- Create “focused sessions” at work & say no to all distractions
- Set specific times to check email/text messages
- Delegate when you can & use support network
- Use technology to make job easier

“The time to relax is when you don’t have time for it”

~Sydney J. Harris

Frank MJ. MCLE Self Study CA State Bar. 2014

Recommendations For “De-Stressing” At Home

- Breath deeply
- Meditate
- Exercise
- Listen to guided imagery
- Eat stress-reducing foods
- Talk positively to yourself
- Get enough sleep
- Spend time with good friends or play with a pet

Frank MJ. MCLE Self Study CA State Bar. 2014

Guidelines For Helping

- Get educated about the illness you are up against
- Talk to therapists, providers, lawyer services, current recovering individuals to seek help/advise
- Leverage a bad day….timing is important!
- Do not talk to someone when they are mentally impaired
- Do not label the individual with a diagnosis
- Be armed with solutions
- Do not enable
- Use preferred terminology

For the Law Student

- Student Bar Associations (SBA) have large influence over student body…this is how they can help:
  - Build a foundation by raising awareness
  - Creative programming
  - Implement continuing participation
- Law school administrators can do the following:
  - Ensure a substance abuse policy exists
  - Address mental health/substance use issues during first-year orientation
  - Make students aware of available health resources
  - Use affirmative message supporting students
  - Train faculty to recognize signs & symptoms of substance use disorders

Substance Abuse & Mental Health Toolkit ABA Law Student Division, CoLAP, Dave Nee Foundation

Resources for Lawyers
Lawyer Assistance Program (LAP)

- Free & confidential program helps lawyers struggling w/ substance use disorder, mental health concerns, stress, burnout, etc
- Peer group support & individual counseling

LAP Mission Statement:

“support recovering attorneys in their rehabilitation and competent practice of the law, enhance public protection and maintain the integrity of the legal profession”

Resources for Lawyers

- The Other Bar www.theotherbar.org
  - Network of recovering lawyers, law students, judges & families throughout state dedicated to helping those w/ substance abuse disorder
  - Voluntary and provides services in strict confidentiality
  - Over 30 peer support meetings throughout state of CA, often meeting weekly
  - 24 hour support hotline, assessment & referral, education and prevention, links to additional resources

Resources for Lawyers

- Narcotics Anonymous www.na.org
  - Peer-based support based on 12-step principles
- The Substance Abuse and Mental Health Services Administration

  www.samhsa.gov
  - 24 hour, 7 days a week national hotline: 1-800-662-HELP (4357)
- Hazelden Betty Ford Foundation www.hazeldenbettyford.org
  - Largest non-profit addition treatment organization with programs geared toward different professional groups (including lawyers)
- American Society of Addiction Medicine (ASAM) www.asam.org
  - Provides free information on opioid use disorder treatment with treatment/provider locator

Summary

- Substance use disorder is highly prevalent in the legal profession due to various reasons discussed
- Opioid use disorder can be difficult to detect in professionals
- Various treatment options, both pharmacologic and non-pharmacologic, are available for those with opioid use disorder
- Many resources are available for those with substance use disorder

Thank you

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