Jerome Braun is a founding partner of one of San Francisco’s most prestigious law firms. At eighty-six, he’s handled countless commercial litigation, securities regulation, and antitrust matters at the trial and appellate levels. So it might surprise most people to learn that twenty years ago, on August 4, 1996, Braun was handcuffed and taken eight blocks from his Kentfield home to Marin General Hospital, where he was put on a seventy-two-hour hold for involuntary psychiatric treatment.

Hours before, Braun had been drunk and slurring about suicide, according to his friend, a physician who’d called the authorities. The seventy-two-hour hold turned into nineteen days in “the psych ward,” recalls Braun, of Farella Braun + Martel. From Marin General, he was sent directly to Serenity Knolls, a Marin rehab center. Braun fought his detainment, but a judge insisted that his abuse of alcohol placed him “under a death sentence.”

David Mann began taking Adderall, a controlled substance prescribed to treat attention-deficit/hyperactivity disorder (ADHD), when he was studying for the LSAT. He continued taking the drug throughout his years at Stanford Law School. “It’s highly addictive. I took it when I was studying for the bar exam and working on jury trials,” recalls Mann, who worked as a deputy public defender in San Francisco. “I was always under the influence. It was my performance-enhancing drug. Then it stopped working. So I turned to crystal meth. Soon, I was homeless, living in a dumpster. If you ever saw some guy on the street corner blabbing about how he went to Stanford Law School, that was me.”

Earlier this year, a landmark national study—the most comprehensive ever—revealed that drinking, addiction, and related behavioral health problems like Braun’s and Mann’s are widespread in the U.S. legal profession. “The Prevalence of Substance Use and Other Mental Health...
Concerns among American Attorneys,” written by Patrick Krill, Ryan Johnson, and Linda Albert and published by the American Bar Association (ABA) Commission on Lawyer Assistance Programs in conjunction with the Hazelden Betty Ford Foundation, first appeared in the Journal of Addiction Medicine and scientifically confirms what many substance abuse and legal professionals have known for decades: that lawyers suffer from addiction and mental illness on far greater levels than the average population.

“This data is very alarming and paints the picture of an unsustainable professional culture that’s harming too many people,” says Patrick Krill, one of the study’s authors, former director, and now consultant to the Minnesota-based Hazelden Betty Ford Foundation Legal Professionals Program. “Attorney impairment poses risks to the struggling individuals themselves and to our communities, government, economy, and society. The stakes are too high for inaction.”

The study reported that 21 percent of licensed, employed attorneys qualify as problem drinkers, 28 percent struggle with some level of depression, and 19 percent demonstrate symptoms of anxiety. In addition, researchers found that younger attorneys in the first ten years of practice exhibit the highest incidence of these problems, representing a reversal of previous research that indicated rates of problem drinking increased as lawyers spent more time in the profession.

The study compared attorneys with other professionals, including doctors, and found that lawyers experience alcohol use disorders at a far higher rate than other professional populations, as well as mental distress that is more significant. The most common barriers for attorneys to seek help, according to the study, were fear of others finding out and general concerns about confidentiality.

“These are headline findings,” according to Krill, who helps attorneys, judges, and law students overcome the challenges they face in recovery from chemical dependency. “This can’t be ignored. The problems are widespread, systemic, and uniform.”

Approximately 15,000 attorneys from nineteen states, including California, and across all regions of the country and all types of law practice participated in the study, which was conducted in early 2015. The widely relied-on previous data, which was collected in the late 1980s and reported in 1990, surveyed only 1,200 lawyers in Washington State. “That study was not very reliable or persuasive, which meant that until now we’ve had very limited data to formulate strategies,” says Krill, who, in addition to working as an addiction counselor, is also a lawyer.

The results of the study were “disheartening but motivating,” says Linda Albert, a coauthor of the study who also manages the Lawyer Assistance Program for the State Bar of Wisconsin. “It’s a call for action. The legal profession is such an important part of our society. That a quarter of lawyers suffer from mental illness or substance abuse impacts discipline, admissions, and the culture within law firms. This good, credible data allows us to do educating.”

Lawyers may be particularly susceptible to addiction and associated mental illness because of their competitive nature and the fact that they handle highly sensitive matters under close scrutiny, work in an adversarial system, and face tremendous competition within the profession. Their exceptionally high billing rates also increase performance pressure.

Given these tendencies, it’s not surprising that addiction and mental illness rates are so high in the profession. “Lawyers are human beings,” says Albert, who notes that she knows of attorneys who suffer from anxiety so great
Alcoholism and other substance abuse can lead to diseases like pancreatitis, throat cancer, and neurological disorders, among many others. The personal implications of addiction include the destruction of family life and social relationships as well as workplace issues such as absenteeism, insubordination, missed deadlines, misuse of client funds, and complaints by colleagues and clients.

Before he was handcuffed at his Marin home, Braun was a longtime maintenance drinker, using alcohol around the clock—to wake up, to get to sleep, to stay asleep. “The life I was leading, it was ugly. I was killing myself,” recalls Braun, who’d damaged his body so thoroughly from alcohol that he required a cane to walk. Now, at eighty-six and sober, he no longer needs it.

After rehab, Braun attended regular Alcoholics Anonymous meetings, which he hated, and meetings at the Other Bar, a network of recovering lawyers, law students, and judges throughout California, which he says he also hated, but a little less. Eventually, with the help of those meetings, Braun settled into recovery and decided that his “salvation would be spending the rest of my life helping others.”

Today, Braun still attends five meetings a week, one of which his firm hosts. He also leads thirty-five MCLE talks a year, lecturing about lawyer addiction. Braun is now president of the Other Bar, which serves more than six hundred lawyers a year, and the CFO of the Other Bar Foundation. “The Other Bar helped save my life,” insists Braun, who in 2013 received the Excellence in Legal Community Leadership award from the Hazelden Legal Professionals Program.

Braun is not at all surprised by the new study’s findings. “I get many knocks on my door from people who are concerned about themselves or someone else,” he says. “I explain that this is a serious, deadly disease that won’t go away by itself. There’s no doubt it’ll kill you—it’s just a matter of when.”

That newer lawyers are at a particular risk, according to the study, is a distinct call to action, Braun adds. “It’s a disease that’s not a respecter of person or ages.” And while Braun was able to salvage his law practice because he worked at a larger firm where he received support for his clients, solo and small-firm practitioners are usually not as lucky. “Drinking is a factor in most trust fund violations and malpractice cases,” he notes.

For Mann, after twelve years of practice, substance abuse–related issues caused him to resign from the bar with dis-
ciplinary charges pending. He’s been sober since 1998 and now works as a drug rehabilitation counselor. He’s the northern California consultant to the Other Bar, answering the hotline twenty-four hours a day for the last seven years. Leading sixty MCLE programs a year, Mann includes in his presentation a self-test questionnaire to assess alcohol and dependency as well as tips for law firms dealing with a lawyer who is abusing substances.

“Drug addiction starts because people are looking for a shortcut to help them do what they need: they need more energy, need to relax, need to escape,” Mann explains. “Attorneys are short on time—they can’t take a nap, can’t meditate, can’t do yoga, can’t take a vacation. It’s the plight of the attorney and they’re uniquely susceptible. They might start with opiates they were prescribed for a back spasm or pain killers for surgery. Before long, they’re turning to those drugs to relieve stress. They can end up as heroin addicts.”

For any lawyers who think they have a problem, Mann recommends turning to someone else for information. “Your own brain is not the best authority when your thinking is impaired,” he explains. “That’s the biggest obstacle with lawyers: the lawyer ego. They think they don’t have this problem or, if they do, they can fix it. But being smart doesn’t help. In this case, your brain is actually your enemy.”

Similarly, for anyone concerned about another lawyer’s drinking, substance abuse, or mental health, Mann recommends consulting the Other Bar. “You can remain anonymous and even report it generically. It’s all confidential,” Mann explains. “We’ll approach that person and ask, ‘Do you want our help? We’ll meet you in person, we’ll give you a loan.’ A lot of times they hang up. But a lot of times they say, ‘It must be time.’ The bottom line is it’s the humanitarian thing to do. No one has ever been harmed by a call like that. The worst thing that happens is they reject our help. Sometimes they hang up but we then get a call from them six months later.”

Now that the research on lawyer addiction and mental health is clear, the next step is “widespread dissemination of these findings,” says Krill, who has himself been in recovery for many years. “There must be ongoing dialogue within the profession—not just a random CLE here and there, not just when the issue arises in a firm. It must stay on the front burner.” Then, Krill adds, comes action. “We must move towards solutions. I have thirty or forty ideas that could move the needle.”
Bar associations like BASF can help, he says. “They need to look at the culture they’re propagating and dial back the relationship between bar functions and alcohol. I understand that it can be hard to get attendance otherwise. But this is not where we want to be. It’s not good for our image or the level of service or our society. I was recently talking with a judge in California who aptly noted that all justice flows from the legal profession.”

Albert similarly recommends that law firm leaders who are concerned about these issues work with the Lawyer Assistance Program director in their state to conduct a needs assessment. “Improving health decreases turnover and increases productivity,” she explains. Although addiction cannot be cured, it is treatable. In Albert’s eight years as a clinician working with her state’s Lawyer Assistance Program, she’s found it disheartening that many lawyers “wait ’til the wheels have fallen off. They’re so impaired that discipline is involved. We’d like to get to people earlier.”

A former lawyer, Leslie A. Gordon is a freelance journalist living in San Francisco. She is the author of Cheer: A Novel and Heads or Tails, both available on Amazon. She can be reached at leslie.gordon@stanfordalumni.org.

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