# CHCAOD001

## Work in an alcohol and other drugs context

Aspire
Learning Resources

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## Release 1

### Learner Guide

Aspire Version 1.1

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Learning Resources

**CHCAOD001 Work in an alcohol and other drugs context, Release 1**


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**First published** March 2023

**Cover design** Anne-Marie Reeves Design
**Printer** Doculink Australia Pty Ltd, 1d/28 Rogers Street, Port Melbourne VIC 3207

**e-ISBN** 978-1-76123-137-7 (PDF version)
**ISBN** 978-1-76123-136-0

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# Contents

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# Before you begin

This Learner Guide is based on the unit of competency *CHCAOD001 Work in an alcohol and other drugs context*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

## How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

| Feature of the Learner Guide | How you can use each feature |
|---|---|
| Learning content | Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake. |
| Examples | These highlight learning points and provide realistic examples of workplace situations. |
| Practice Tasks | Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete. |
| Callouts | Callouts reiterate key learning points to help students revise for their assessments. |
| Weblinks | Weblinks provide learners with additional content to contextualise their learning and develop their understanding. |
| Videos | Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access. |
| Glossary/margin definitions | Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts. |
| Summaries | Key learning points are provided at the end of each topic. |
| Learning Checkpoints | There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt. |
| Case studies | Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts. |

# Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

| Foundation skill area | Foundation skill description |
|---|---|
| Reading | • Understanding how documents are presented and being able to navigate through documents<br>• Understanding industry- and job-specific terminology<br>• Interpreting key information in relevant documents<br>• Understanding routine workplace checklists and documentation |
| Writing | • Planning, drafting and writing reports and documents<br>• Communicating through written letters, email and online<br>• Recording progress; reporting incidents |
| Oral communication | • Clarifying instructions<br>• Providing information<br>• Supporting others through encouragement, negotiation and conflict resolution<br>• Using body language to model desired behaviour and responding to others' body language |
| Numeracy | • Calculating costs, weights, measurements of height and distance<br>• Interpreting measurements |
| Learning | • Understanding your job role, organisational procedures and legal responsibilities<br>• Managing your work and seeing how well you are going<br>• Making goals for yourself at work<br>• Seeking professional development opportunities for continuous improvement |
| Problem-solving | • Identifying problems<br>• Working out how to fix a problem using problem-solving processes<br>• Reviewing the outcome |
| Initiative and enterprise | • Recognising opportunities to develop and apply new ideas<br>• Generating ideas by thinking of new ways to do something<br>• Making suggestions to improve work |
| Teamwork | • Working well with other people by cooperating, collaborating, encouraging and building rapport |

| Foundation skill area | Foundation skill description |
|---|---|
| Planning and organising | • Planning your workload and commitments<br>• Implementing tasks<br>• Completing work on time<br>• Knowing how to deal with hazards and risks |
| Self-management | • Understanding and applying decision-making processes<br>• Reviewing your behaviour and the impact of your decisions |
| Technology | • Efficiently using digitally based technologies and systems correctly and safely<br>• Accessing, organising and presenting information<br>• Using equipment correctly and safely |

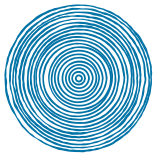
Note: Not every unit of competency will contain all foundation skills.

## What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

| Topic | Key outcome | Rate your confidence in each section |
|---|---|---|
| Topic 1 Establish the context for alcohol and other drugs (AOD) work | 1A Research social, political, economic and legal contexts of AOD | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| | 1B Analyse impacts of AOD policy frameworks on AOD work practice | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| | 1C Apply understanding of historical and social constructs of alcohol and drugs | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| Topic 2 Apply understanding of context to AOD practice | 2A Apply knowledge of broad and specific AOD contexts to work practice | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| | 2B Understand legal frameworks that impact on AOD work | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| | 2C Apply evidence-based models and frameworks of AOD work | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |

| Topic | Key outcome | Rate your confidence in each section |
|---|---|---|
| Topic 3 Integrate the core values and principles of AOD work into practice | 3A Assess AOD practice values and ensure support and interventions are person-centred | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| | 3B Apply a harm minimisation approach to maximise support for the AOD client | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| | 3C Support the client's rights and safety, including access and equity of services | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| Topic 4 Apply understanding of the impact of values in AOD practice | 4A Reflect on personal values and attitudes regarding AOD use | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| | 4B Apply awareness of organisations' values | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |
| | 4C Consider clients' values in determining interventions and supports | ❑ Confident<br>❑ Basic understanding<br>❑ Not confident |



# Topic 1: Establish the context for alcohol and other drugs (AOD) work

1A Research social, political, economic and legal contexts of AOD

1B Analyse impacts of AOD policy frameworks on AOD work practice

1C Apply understanding of historical and social constructs of alcohol and drugs

# 1A Research social, political, economic and legal contexts of AOD

**Approaches to the management of drug use and misuse are influenced by social, political and economic conditions.**

In Australia, AOD experts and policy makers are engaged in an ongoing debate as to which policies are the most effective: those that promote a zero-tolerance approach to drug use or those that attempt to minimise the harm caused by drugs.

How governments approach the management of drug use and misuse depends largely on their political ideology. In the simplest of terms, those with more conservative views tend to place more emphasis on law enforcement and crime prevention, and governments that lean towards social democratic principles focus more on public health measures and programs to minimise harm.

Since 1985, Australia has adopted a harm minimisation approach, but there have been periods during this time, such as during the Howard Government (1996–2007), when zero tolerance policies re-emerged. Zero tolerance approaches favour strategies that promote abstinence over harm reduction and view illicit drug use as:

- a moral and criminal issue rather than one requiring public health initiatives
- an illegal activity that must be managed by strict law enforcement strategies.

Critics of the zero-tolerance approach argue that it ignores the broader social and economic factors that may contribute to illicit drug use.

For more information on harm minimisation in relation to alcohol and other drugs, visit: aspirelr.link/aihw-aod-harm-min

## Researching in the AOD context

**Researching for your AOD role can assist you with working legally and ethically in the AOD sector.**

Researching means that you are actively taking an initiative to find out information. Your AOD role may mean that you need to present relevant statistics to your supervisor or manager so that they can make decisions about service delivery available to clients and target groups. Researching can help you, your co-workers and organisation to understand the latest information on the social, economic and legal issues and areas which affect AOD practice.

How can you perform independent research for your role and organisation? Here are some tips:

- Use the internet to find relevant information. Search terms such as: 'alcohol and drugs issues in Australia' and 'AOD context in Australia'. This can lead to a lot of relevant and up-to-date information about Australia.
- Evaluate and analyse information to make sure it fits the Australian work context. Countries such as the USA and UK have a lot of information about drugs and alcohol, but this may not be transferable to the Australian workplace. Service delivery and funding in the USA and UK are very different to Australia, so be sure you are not taking in information which is not relevant to Australian workplaces.
- The Matilda Centre, the Australian Drug Foundation, the Australian Indigenous HealthInfoNet: Alcohol and Other Drugs Knowledge Centre and the Australian Institute of Health and Welfare provide up-to-date information, statistics and resources about alcohol and drug issues in Australia.
- Wikipedia is not considered to be a reliable source of information. It is an open source information website where anyone can add, edit or change information, and therefore is neither valid nor reliable.
- University libraries can provide relevant and up-to-date scientific and evidence-based data and information about AOD issues in Australia.

Further current and relevant information about AOD issues and contexts can be found by:

- participating in professional development opportunities, which can provide relevant and up-to-date information
- attending staff meetings (including work health and safety meetings); these can provide up-to-date information relevant to your workplace
- participating in supervision sessions with your supervisor, which can also help you to work with up-to-date knowledge and practices about all things AOD
- doing shadow or buddy shifts with a more experienced AOD worker, which can give you greater insight into the skills needed to manage a wide range of workplace tasks; this needs to be negotiated with your supervisor.

# Economic and social factors

## Alcohol and drug use has significant economic and social costs on society.

The cost of managing harm caused by the misuse of alcohol and legal and illicit drugs is just under $100 billion dollars every year.

For more information on the cost of alcohol and other drugs cost to society, visit: aspirelr.link/ndri-economic-substance

How governments choose to respond to these economic and social problems depends on political persuasion, lobbying by interest groups, public pressure and the economic conditions of the time. For example, during periods of economic hardship less money may be spent on health and welfare reforms such as AOD initiatives, education and public awareness programs and various treatment options for those who are facing addictions and usage issues.

Social attitudes and public perception also play a major role. For example, people are more likely to reject innovative drug interventions such as medically supervised injecting rooms and heroin trials in community areas which are geographically close to schools and community resources designed for children and families.

There are numerous economic and social impacts of drug use.

| Impacts |
| --- |
| • Disruption to community and social harmony |
| • Increased incidents of family violence |
| • Increased incidents of crime and community violence |
| • Poor physical and mental health outcomes |
| • Perpetuation of problems through the early uptake of drug and alcohol use by children and young people |
| • Disempowerment of individuals and communities |
| • Breakdown of community values and pride |
| • Lost productivity related to work and employment |
| • Family breakdown and dysfunction |
| • Increased engagement with justice departments and child welfare departments |
| • Puts stress on individual and family finances and income |

For more information on identifying risk factors to using drugs and alcohol, visit: aspirelr.link/adf-aod-risk-factors

## Example

### COVID-19 pandemic and AOD use

The Australian Government anticipated increased alcohol and drug usage at the beginning of the COVID-19 pandemic and, as lockdowns began, it increased funding for online and phone support services for alcohol and drug usage. However, the challenges faced by AOD support services during the pandemic were still apparent due to two key issues which pre-dated the pandemic:

- the long-term underfunding of treatment
- the challenges in employing and maintaining a specialist workforce.

Generally speaking, people did report a slight increase in the amount they drank as lockdowns began; however, most people adjusted their drinking habits to pre-lockdown levels as lockdowns ended.

For more information on the various impacts of the pandemic on the AOD sector, visit: aspirelr.link/une-covid-aod

## Health promotion

**International, national, state and territory government health policies incorporate health promotion and education strategies.**

Health promotion strategies as described by the Ottawa Charter for Health Promotion (1986) enable people to increase control over and improve their health. The Ottawa Charter advocates that governments should strive to deliver the best health outcomes to all citizens and identifies three main strategies for health promotion. These are outlined below.

| Ottawa Charter's three main strategies | |
|---|---|
| Advocate | Health promotion fosters and promotes the political, economic, social, cultural, environmental, behavioural and biological factors that promote good health. |

| Ottawa Charter's three main strategies | |
|---|---|
| Enable | Health promotion aims to achieve equity in health outcomes by ensuring everyone has equal access to resources that enable people to achieve their full health potential. |
| Mediate | Health promotion requires integrated and coordinated action by many different sectors and interest groups. |

Areas for priority action in the Ottawa Charter include:

- creating healthy public policy, which includes identifying obstacles that prevent adoption of these policies by non-health sectors; and developing ways to remove these barriers
- creating health promotion strategies that support environments, focusing on protecting both natural and built environments and conserving natural resources
- strengthening community actions by providing continuous access to information and opportunities that support learning, self-help, social support, and participation in, and direction of, health matters
- developing personal skills by providing people with information and education that allows them to prepare themselves for all life stages, including managing chronic illness and injuries
- reorienting health services beyond the current focus of providing clinical and curative services to one that is increasingly focused on health promotion.

### Video: Health promotion

Watch the following video on health promotion: aspirelr.link/yt-health-promotion

Pay particular attention to the importance of health promotion in minimising and modifying risks to health. Also, take note of the social determinants of health. What are they? How can they be addressed through health promotion?

Information on health promotion can be found at: aspirelr.link/vh-health-promotion

## Upholding social justice values and philosophies

Social justice refers to a set of values that support equality through the provision of services to people who are disadvantaged or face discrimination in society.

Social justice is underpinned by the following principles:

- Access: providing equal access to resources, such as education for all areas of society
- Equity: removing barriers to promote equal opportunities, such as inclusive education

- Diversity: acknowledging that differences exist between individuals and groups and embracing and celebrating these differences
- Participation: providing individuals with the opportunity and platform to participate in decision-making that directly affects their wellbeing
- Human rights: recognising that the principles of social justice also define our basic human rights.

The Ottawa Charter uses social justice principles when:

- advising on the development of health promotion campaigns to support individuals who experience disadvantage
- enforcing action areas.

For example, 'developing personal skills' promotes access and equity. It facilitates an individual's access to health information and services, thereby allowing them to make informed health decisions; and also supports equity by ensuring that every Australian child attending school will receive mandatory health and physical education lessons to learn health behaviours.

## Early intervention through education and awareness

Early intervention strategies are focused on educating children, teens and young people about the harms associated with alcohol and drug use, and supporting families to recognise the impact of alcohol and drug use on children and young people.

Examples of early intervention strategies include:

- preventive strategies that focus on information and education, including school and community drug education programs
- family-focused strategies to help parents who have alcohol and other drug problems to address their substance misuse
- outreach services designed to meet the needs of children and young people
- responses designed to recognise and intervene early in the course of children and young people's hazardous drug use
- targeting of specific drugs as patterns and trends of use change
- promotional and marketing campaigns to support and encourage young people to make informed choices about alcohol and drug use.

For an evaluation on recent early intervention programs for children and teens about alcohol and drug usage, visit: aspirelr.link/dro-aod-review

## Example

### The social, political, economic and legal contexts of AOD

The following is an example of a campaign that considers social, political, economic and legal factors associated with alcohol and other drug use.

The National Drugs Campaign is part of the National Drug Strategy. It uses early intervention and health promotion strategies including TV advertisements, booklets, online information and printed material to increase young people's knowledge about the potential dangers of drug use, and encourages and supports their decision not to use drugs.

The campaign focuses specifically on methamphetamines (meth or ice), ecstasy and cannabis. This focus reflects current trends and patterns of drug use.

Visit the National Drugs Campaign at: aspirelr.link/health-campaign-about

# Practice Task 1

**Question 1**

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

| | |
|---|---|
| a. The Ottawa Charter for Health Promotion outlines strategies for health workers to use when screening for AOD misuse. | Yes / No |
| b. The Ottawa Charter is underpinned by human rights and social justice principles and philosophies. | Yes / No |
| c. Early intervention is a part of health promotion. | Yes / No |
| d. For health promotion to be effective, the public health sector is mainly responsible as they provide support to the most people. | Yes / No |

**Question 2**

Which of the following are ways to keep up to date on social, political and legal contexts of AOD? Tick all that apply.

- ❑ Find information relevant to Australian workplaces.
- ❑ Peak bodies and government websites publish the latest statistics and data on alcohol and drug usage.
- ❑ Using relevant AOD search terms can produce the best and most relevant information.
- ❑ Wikipedia and other websites are considered reliable sources for AOD information.
- ❑ Data using scientific and evidence-based information are considered valid and reliable sources for AOD information.

**Question 3**

List three economic and social impacts of drug use.

**Question 4**

Which of the following reflect the social, political, economic and legal contexts of AOD? Tick all that apply.

- ❑ Harm minimisation approaches are only effective if delivered alongside strong law enforcement.
- ❑ Zero-tolerance government programs mean that more money is spent on early intervention programs.
- ❑ Conservative governments prefer abstinence over harm minimisation.
- ❑ Alcohol and drug consumption costs Australia just under $100 billion a year.
- ❑ Funding was increased for support services for alcohol and drug usage at the start of the COVID-19 pandemic.

# 1B Analyse impacts of AOD policy frameworks on AOD work practice

**Policy frameworks will often determine the type of support required and what is available for people, depending on the type of AOD issue.**

It is also important to realise that alcohol and drugs affect people differently. Someone with a stable professional and personal life may be dependent on drugs or alcohol for years with little impact on their functioning. Conversely, a person with a mental health condition who uses drugs may find that misuse greatly affects their functioning. People who have more and larger risk factors than protective factors will usually be at greater risk of alcohol and drug use and addiction. It is also important for community service workers to know how to research alcohol and other drugs in order to have the latest information about strategies and practices, and an understanding of the principles which underpin AOD practice.

Read the following article on alcohol risk and harm: aspirelr.link/aihw-alcohol-risk

Pay attention to the changes in consumption patterns over recent decades.

## Policy framework

**Policy framework**
An overarching set of policies that establishes required standards and ensures a consistent approach to a range of functions.

The Australian Government's **policy framework** regarding legal and illicit drugs is part of the National Drug Strategy 2017–2026.

Each state and territory government also has a drug strategy. All of these strategies are based on the harm minimisation approach.

The National Drug Strategy incorporates the following:

| Policy and Strategy | Purpose | More information |
|---|---|---|
| National Alcohol Strategy 2019–2028 | Outlines approaches to reduce harm that alcohol does | aspirelr.link/nat-alc-strategy |
| National Illicit Drug Strategy 2017–2026 | Outlines approaches to reduce harm that illicit drug usage causes | aspirelr.link/nat-drug-strategy |
| National Tobacco Strategy 2012–2018 | Outlines approaches to reduce harm that tobacco causes | aspirelr.link/nat-tobacco-strategy |

| Policy and Strategy | Purpose | More information |
|---|---|---|
| National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019 | Outlines approaches to reduce harm done by drugs to First Nations peoples | aspirelr.link/health-atsi-strategy |

## International frameworks

Australia cooperates with international organisations to help fight against drug abuse and trafficking.

Australia's commitment to fighting against the trade of illicit drugs can be seen by its commitment to upholding the following:

- Single Convention on Narcotic Drugs 1961
- Convention on Psychotropic Substances 1971
- United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988
- WHO Framework Convention on Tobacco Control 2003.

## Legal frameworks

The federal government and state/territory governments have a range of laws that regulate drug use and supply.

The *Customs Act 1901* (Cth), with its subsequent amendments, is the principle Act covering the trafficking, exporting and importing of drugs. Each state/territory has laws governing the distribution, possession, manufacturing, advertising and consumption or use of drugs, including the use of drugs while driving.

Drug laws in Australia distinguish between people who use drugs and those who supply or traffic drugs. Courts impose penalties including heavy fines and prison sentences for anyone found guilty of supplying or dealing illicit drugs, and sentences reflect the degree of harm a particular drug may cause. For example, people dealing heroin are likely to be dealt with more harshly than someone dealing cannabis.

Federal drug laws include:

Poisons Standard (under the *Therapeutic Goods Act 1989*)

This is managed by the Therapeutic Goods Administration (TGA) and is regularly updated through public consultation. Drugs are listed in schedules which determine their availability. For example:

- Schedule 3 substances do not require prescriptions – can only be purchased at a pharmacy
- Schedule 8 substances are controlled drugs – people can only possess these with authority
- Schedule 9 substances are prohibited.

| |
|---|
| *Narcotic Drugs Act 1967*<br>This Act regulates the use of cannabis for medicinal purposes. |
| *Criminal Code Act 1995*<br>Part 9.1 sets out penalties for serious drug offences. |

AOD and other community services workers need to have a thorough understanding of laws relating to drugs in their state, as well as laws such as privacy and anti-discrimination laws that relate to community work in general. This knowledge helps workers perform their role within legal and ethical boundaries.

The following table lists relevant drug laws pertaining to each state and territory.

| | |
|---|---|
| ACT | *Drugs of Dependence Act 1989*<br>*Criminal Code 2002* |
| NSW | *Drug Misuse and Trafficking Act 1985 No. 226* |
| NT | *Misuse of Drugs Act 1990*<br>*Volatile Substance Abuse Prevention Act 2005* |
| Qld | *Drugs Misuse Act 1986* |
| SA | *Controlled Substances Act 1984* |
| Tas. | *Poisons Act 1971*<br>*Criminal Code Act 1924*<br>*Misuse of Drugs Act 2001* |
| Vic. | *Severe Substance Dependence Treatment Act 2010*<br>*Drugs, Poisons and Controlled Substances Act 1981* |
| WA | *Misuse of Drugs Act 1981* |

Drugs can be divided into three groups, each with its own set of laws and regulations. These groups are outlined below.

| **Legal drugs** |
|---|
| People can legally use the following drugs but must be over 18 to buy alcohol and cigarettes.<br>Legal drugs include:<br>• caffeine<br>• nicotine<br>• alcohol<br>• over-the-counter medicines. |

| Legal prescription drugs |
| --- |
| Prescription drugs are prescribed by a doctor and include:<br>• tranquillisers<br>• sleeping pills<br>• sedatives<br>• painkillers<br>• anti-depressants.<br>Read here about prescription drugs: aspirelr.link/prescription-drugs |
| **Illicit drugs** |
| Illicit drugs are illegal to purchase and use and include:<br>• narcotics like opium and heroin<br>• stimulants like amphetamines (speed) and cocaine<br>• hallucinogens like LSD, psilocybin and mescaline<br>• cannabis products like marijuana and hashish.<br>Read here about these types of drugs: aspirelr.link/drug-types |

# Policy and legal impacts on AOD worker practice

## Australia has recognised the need to have a skilled AOD workforce with qualifications specific to the field.

A number of states have introduced a minimum qualification strategy for their AOD workforce. This is to ensure a more consistent level of service delivery that, in turn, should result in better outcomes for people with AOD issues. Community service workers trained in AOD service delivery should have an understanding of the different models of work within the sector, including case management, community support, community development and education, and working with families.

A relatively new classification of AOD community service worker is called a **peer support worker**.

**Peer support worker**
In an AOD context, this person provides support and specialist advice around their own lived experience of drug and alcohol usage and addiction.

Here is an example of a position description for an AOD peer support worker: aspirelr.link/oad-psw-pd

Australian policy and legal frameworks also have an impact on service delivery to clients by recognising new and emerging trends in the AOD sector.

| Emerging trend | Explanation |
| --- | --- |
| Trauma-informed care and practice being incorporated into AOD work | This approach recognises that many individuals seeking AOD services have a lived experience of trauma, often complex trauma from childhood.<br>It also recognises that services designed to support people with AOD issues can be potentially re-traumatising. |

| Emerging trend | Explanation |
|---|---|
| Therapeutic models of care being incorporated into AOD work | Therapeutic practice approaches or models useful for AOD work include:<br>• motivational interviewing<br>• cognitive behaviour therapy<br>• dialectical behaviour therapy<br>• narrative therapy<br>• solution-focused therapy. |

# Drug fundamentals and classification

## Drugs are classified according to how they affect the brain and central nervous system (CNS).

They either cause CNS activity to speed up or slow down.

Here is some information on the major drug categories, what they are, and their effects on the body.

**Depressants**
Cause a slowing down of messages between the brain and the body which can affect coordination and a person's ability to concentrate.

### Depressants

**Depressants** consist of:

- alcohol, which is found in drinks such as beer, wine and spirits. Each drink has a different level of alcohol in it. Alcohol is the ingredient which makes people drunk or intoxicated. Alcohol is almost always administered by drinking but can be inhaled or injected.
- benzodiazepines, including valium and temazepam, which are ingested in tablet form or injected. They are commonly prescribed by doctors to relieve stress and anxiety and to help people sleep.
- cannabis, a plant that yields a cannabinoid drug. It is also known as hash, pot, weed, dope, marijuana. Cannabis is administered by smoking but can also be eaten, brewed as a tea or inhaled through a vaporiser.
- GHB (gamma hydroxybutyrate). It is ingested, and also injected and inserted anally.
- heroin and morphine. These are administered via injection, or snorted and smoked (inhaled).
- codeine. This is ingested or administered as a suppository (anally).
- inhalants such as glues, paints and aerosols. These are administered by inhaling.

**General effects of depressants**

In the short term, these substances can make a person feel relaxed and uninhibited. They can reduce pain and anxiety, promote feelings of wellbeing, lower inhibitions, slow the pulse and breathing and lower blood pressure. They also cause poor concentration and dizziness, can affect response times and motor coordination, and cause slurred speech and unsteady gait.

Overdoses can result in drowsiness, vomiting, confusion, fatigue, impaired coordination and judgment, memory loss, respiratory depression and arrest, unconsciousness and death.

For more information on depressants, visit: aspirelr.link/adf-depressants

## Stimulants

**Stimulants** consist of:

- caffeine, which is administered via drinking and eating (ingesting)
- nicotine, which comes from the leaves of the tobacco plant; it can be smoked, inhaled or taken orally, or administered via transdermal absorption (patch)
- amphetamines, which can be ingested, smoked (inhaled) or injected
- cocaine, which can be snorted, injected, rubbed on gums or ingested (added to food and drink)
- ecstasy (MDMA), which is ingested as a tablet
- methamphetamine (or 'ice'), which can be smoked, injected, swallowed or snorted.

### General effects of stimulant drugs

These substances make the person feel creative, confident and energetic. They increase the heart rate, blood pressure and metabolism. The user may experience feelings of exhilaration, increased mental alertness, dilated pupils, agitation, sweating and tremors. Large doses of stimulants can cause anxiety, panic, headaches, aggression and paranoia.

Nicotine releases adrenaline, which gives a rush but also has a sedative effect, causing the user to feel calm and relaxed.

Methamphetamine can give feelings of pleasure and confidence, and increases alertness and energy. It creates repetitive actions like itching and scratching. The user will have enlarged pupils and a dry mouth, and experience reduced appetite, teeth grinding, excessive sweating, and rapid heart rate and breathing.

Effects of overdose include rapid or irregular heartbeat, reduced appetite, weight loss, heart failure, dependence, panic, paranoid psychosis, seizures and dehydration.

For more information on stimulants, visit: aspirelr.link/adf-stimulants

**Stimulants**
Increase the speed at which messages travel between the brain and the body and can cause a person to feel more alert and energetic.

## Hallucinogens

**Hallucinogens** consist of:

- LSD (lysergic acid diethylamide); this is ingested, snorted, injected or inhaled (smoked)
- psilocybin or 'magic mushrooms'; these are ingested
- cannabis; this is smoked but can also be eaten, brewed as a tea or inhaled through a vaporiser
- ecstasy (MDMA); this is ingested in tablet form
- ketamine; this is ingested, snorted or injected
- PCP (phencyclidine or 'angel dust'); this is inhaled, injected, snorted, swallowed or administered through transdermal absorption.

### General effects of hallucinogens

Hallucinogens cause a distortion of sense of reality, with illusions of seeing or hearing things that are not real. People experience feelings of euphoria or intensification of feelings. Negative effects include mood swings, feelings of doom, vomiting and nausea.

For more information on hallucinogens, visit: aspirelr.link/nida-hallucinogens

**Hallucinogens**
Temporarily disrupt communication between brain chemicals and alter a person's awareness of their body and environment.

**Video: Depressants, hallucinogens and stimulants**

Watch the following video on depressants, hallucinogens and stimulants: aspirelr.link/yt-health-promotion

Pay attention to the effect each type of drug has on the body.

## Actions and effects of drugs

Knowledge of the actions of drugs and their effects on the body is essential; it underpins the assessment and referral of people accessing an AOD service.

Over time, there has been an increase in the number of drugs being illegally chemically manufactured, and so AOD workers need to keep up with the current and emerging trends in drug types and their effects on the body.

As you work with people in a face-to-face situation, you will get to know the visible signs and symptoms of particular drug use. This will vary among people according to the following factors indicated by the Department of Health.

| Factors that influence the effect on the person |
|---|
| • The type of drug |
| • Quantity used |
| • The time taken to consume the drug (e.g. 10 minutes versus 10 hours) |
| • The person's tolerance (e.g. regular cannabis smoker versus a new smoker) |
| • The person's gender, size and amount of muscle |
| • Other psychoactive drugs in the person's bloodstream (polydrug use) |
| • The mood or attitude of the person (e.g. angry, calm, confident or fearful) |
| • The person's expectation of the drug effect (e.g. expecting a powerful drug effect versus expecting a modest drug effect) |
| • The setting or environment in which the drug was consumed (e.g. large party versus a quiet night at home) |

Department of Health, 'What are the effects of taking drugs?' Accessed via https://www.health.gov.au/health-topics/drugs/about-drugs/what-are-the-effects-of-taking-drugs

For more information on the effects of drugs on people, visit: aspirelr.link/gf-drug-abuse

## Methods of administration

There are many methods of drug administration and this information should be included in the assessment tool when first screening a person wanting AOD support.

Here is some detailed information regarding methods of administration.

| Methods of administration | |
|---|---|
| Oral | Drugs are taken into the body through the mouth.<br>The most common way to take drugs is to swallow them. Swallowing drugs is convenient and no special equipment is required. Taking drugs this way can also slow down the effects of some drugs. |
| Sublingual | Drugs are placed under the tongue and the drug is absorbed directly into the bloodstream. It is very quick and the drug is not affected by the acidity of the stomach. |
| Inhalation | Drugs are taken into the body through the nose. The drug is absorbed through the inside lining of the nose.<br>This method is known as sniffing, snuffing or snorting. Snuffing is used for cocaine, powdered opium, heroin and tobacco. Sniffing is used for petrol and substances such as glue. |
| Smoking | A substance is burnt and the smoke is taken into the lungs through the mouth.<br>Smoking is used for many substances including tobacco, cannabis, opium, heroin, cocaine and amphetamines. |
| Anally or vaginally | Drugs are taken into the body through the wall of the anus or vagina. This method of drug taking is mostly used in medical treatments but may also be used by people with drug dependency. |
| Injection | Drugs are taken into the body by injecting into a vein (intravenously), by injecting into muscles (intramuscularly) or injecting under the skin (subcutaneously). Risks to health from injecting include the spreading of diseases such as HIV and hepatitis B and C. |
| Transdermal | The drug is absorbed through the skin into the bloodstream. It is a slower method of administration and is used to maintain a constant level of the drug in the bloodstream. It is usually supplied via prescription. |

## Tolerance and dose levels

**A person who has become dependent on a drug often becomes less responsive to the drug's effects over time. This is called tolerance.**

Tolerance leads to the person needing to take larger amounts of the drug to obtain the same effect. People with drug dependency who have developed tolerance often no longer experience the positive effects of the drug, such as the euphoria of heroin use, and will instead need the drug merely to function normally. Tolerance often drives the person into an increasing cycle of use and dependence.

The frequency of alcohol or drug ingestion and how much is used during each session (dosage) are important indicators for you to assess the person's level of drug or alcohol use. Dose and frequency can vary at different times of the person's life. They also depend on other factors, such as the time of day and triggers or environmental factors such as loneliness or stress.

Read the following article on substance misuse and take note of the signs of addiction that people typically exhibit: aspirelr.link/lifeline-substance-misuse

**Video: Drug dependence and drug addiction**

Watch the following video on drug dependence vs drug addiction: aspirelr.link/yt-drug-dependence

Pay particular attention to the differences between the two terms.

## Withdrawal symptoms

When a person with drug dependency suddenly stops using drugs, they will often experience withdrawal symptoms.

Carefully prepared support plans rely on a thorough assessment of the person's level of dependence and an understanding of the effects of withdrawal from various drugs. The signs of withdrawal vary depending on the individual, the types of drugs used and the level of dependency. Withdrawal symptoms can be extremely unpleasant and can last anywhere from a few days to a few weeks. Observing the person and asking questions during the assessment will help you determine if they are experiencing withdrawal symptoms, and this provides information to ascertain the person's current status.

Here are some common types of dependence and associated withdrawal symptoms for different types of drugs.

| | |
|---|---|
| **Alcohol** | Alcohol use can cause strong physical and psychological dependence.<br>Symptoms of alcohol withdrawal can continue for any period between two and seven days. Recurring symptoms sometimes last for several months. Severe symptoms are sometimes called 'delirium tremens' or DTs. Common withdrawal symptoms include:<br>• nervousness, shaking and tremors<br>• anxiety, irritability and depression<br>• excessive sweating, especially the hands and face<br>• nausea and/or vomiting<br>• fatigue and insomnia<br>• palpitations, rapid heartbeat or an abnormal awareness of the heart beating in the chest<br>• headache, hallucinations or trouble concentrating<br>• seizures. |
| **Cocaine** | Strong psychological dependence is common, even after prolonged periods of abstinence. Withdrawal can last for up to 10 weeks.<br>Common withdrawal symptoms include:<br>• agitation<br>• depression<br>• intense cravings<br>• fatigue<br>• anxiety<br>• anger<br>• hypersomnia<br>• increased appetite<br>• irritability<br>• dysphoria. |

| | |
|---|---|
| **Amphetamines** | Amphetamine use can cause physical and psychological dependence.<br>Common withdrawal symptoms include:<br>• hunger<br>• extreme fatigue<br>• anxiety<br>• irritability<br>• depression<br>• sleep disturbances<br>• panic attacks<br>• shaking<br>• seizures<br>• dehydration<br>• tachycardia<br>• arrhythmia<br>• poor coordination. |
| **Hallucinogens** | Hallucinogens, also known as psychedelic drugs, distort interpretation of surroundings. Tolerance is common, but physical and psychological dependence is unlikely. Tolerance reduces when the drug is no longer taken regularly.<br>Ecstasy is both a stimulant and a hallucinogen. There is some evidence of psychological dependence. Common withdrawal symptoms include:<br>• the strong desire to continue using the drug<br>• depression<br>• sleeplessness<br>• agitation and difficulty in concentrating. |
| **Heroin** | Heroin use can cause physical and psychological dependence. Withdrawal symptoms commonly subside after six to seven days, but some symptoms may last for months or years.<br>Common withdrawal symptoms include:<br>• strong cravings<br>• restlessness and loss of appetite<br>• low blood pressure<br>• stomach and leg cramps<br>• vomiting or diarrhoea<br>• runny nose<br>• irritability or insomnia<br>• muscle spasms<br>• depression. |

| | |
|---|---|
| Cannabis | Cannabis use can cause physical and psychological dependence. Frequent cannabis use can result in a strong tolerance of the drug, and strong symptoms of withdrawal.<br>Common withdrawal symptoms include:<br>• irritability<br>• difficulty sleeping<br>• anxiety<br>• restlessness<br>• depression<br>• abdominal pain and nausea<br>• poor appetite and weight loss<br>• headache and tremors. |
| Benzodiazepines | Benzodiazepine use can cause physical and psychological dependence.<br>Common withdrawal symptoms include:<br>• anxiety<br>• sleeplessness<br>• panic attacks<br>• delirium<br>• depression<br>• seizures<br>• abdominal pain and nausea<br>• headaches<br>• loss of memory<br>• shaking. |

**Video: Alcohol withdrawal**

Watch the following video on alcohol withdrawal: aspirelr.link/yt-alc-withdrawal

Consider the different ways alcohol withdrawal may present.

## Stages of withdrawal and signs and symptoms

Just as a person's withdrawal symptoms vary depending on the drug and level of dependence, there are various stages that a person withdrawing from different drugs might experience.

Replacement of a person's drug of choice with a legally prescribed and dispensed substitute used as a part of withdrawal intervention will bring on the effects of withdrawal but in a slower and less severe way. The consequences of using such pharmacotherapy reduction interventions are that the person may be more successful because of the control of symptoms and because they are teamed with counselling and other support to encourage and motivate them through the process.

There is some disagreement about the stages of withdrawal in some drugs. However, many types of drug and alcohol withdrawal are known to move through at least two stages, which are outlined below.

| | |
|---|---|
| Acute stage | The first stage is the acute stage, which can last for a few days to a few weeks. In this time, the person experiences anything from mild to extreme physical symptoms, depending on the drug and the degree of dependence. |
| PAWS | The second stage is called post-acute withdrawal syndrome (PAWS), and can last from weeks to months. During this stage the person's physical symptoms subside, but cravings for the drug, along with emotional symptoms such as anxiety and depression, can continue. The intensity of cravings for certain drugs can make this stage an especially vulnerable time for relapse. |

**Video: Post-acute withdrawal syndrome**

Watch the following video about PAWS: aspirelr.link/yt-paws

What steps can support workers take to help people cope with PAWS?

Always check the Australian Institute of Health and Welfare and the Alcohol and Drug Foundation for Australian statistics.

## Effects of drugs on development

The physical health issues surrounding drug use are well documented. The long-term effects on other aspects of health – such as social, cognitive and emotional development – are less well known and understood.

The social consequences of drug use can include withdrawal from peers and family, and the higher likelihood of having problems with the law. This may also include difficulties interacting and maintaining education, employment and accommodation. It can also cause financial issues for an individual and impact friends and family relationships. The person might gradually neglect educational and career goals, nutritional needs, hygiene, and other needs and responsibilities. This is likely to affect their social networks and interaction within the community, resulting in social isolation. The person may begin to engage in criminal activities in order to pay for the drug, which then usually leads to legal issues and potential incarceration. Children who grow up in homes with the presence of drugs and alcohol are more likely to drink and take drugs.

Changes in mood or behaviour caused by drugs are the result of changes to the brain. This can have long-term effects on cognitive functioning and may lead to brain damage in the case of alcohol caused acquired brain injuries. Emotional development can be affected by drug use and emotional issues not dealt with can cause AOD issues. For example, mental health issues such as depression and anxiety resulting from prolonged substance misuse can disrupt an adolescent's ability to function and develop, and can lead to issues with positive engagement in work, education and relationships.

Babies can also be born addicted to a variety of illicit drugs and may have neonatal abstinence syndrome or fetal alcohol spectrum disorder (FASD).

Read more about this here: aspirelr.link/daca-ice-babies

## Impact of drug use on others

Many people begin to use drugs in a recreational setting, where they feel a social bond with other people using drugs. Others turn to alcohol or drugs as a way of coping with problems such as difficult relationships, grief, depression or long-term abuse. The expense of maintaining a drug-dependent lifestyle can place financial strain on the person and their families, and can sometimes lead to illegal, antisocial and risk-taking behaviours to pay for their drug use.

Drug use not only affects the user, it can also have an impact on those closest to the person.

The lifestyle of a person with a drug dependency can vary from managing to work and live without other people suspecting their dependency, to going through severe lifestyle changes such as poverty and homelessness. Some drugs have the effect of causing the person to focus on the drug above all else.

All of these can have a huge impact on the family and the way it operates. Support for family is very important. It may be necessary to offer support services and referrals for family members of people accessing your service. This may include reminding them they need to take care of themselves and consider other children or family members. Appropriate support might be talking with a friend or with a professional. Joining a self-help group is often a good option where the family can share their thoughts and experiences with other people who are facing, or have faced, similar problems.

## Patterns of drug use

### The use, frequency and pattern of alcohol and other drug use will vary significantly between people. The scale can range from occasional use to dependent use.

Here are examples of drug use from low-level experimentation to high-level dependence.

| | |
|---|---|
| Experimental | • Experimental use is usually associated with young people experimenting with drugs and alcohol as they explore the world and its boundaries.<br>• Recreational use is usually associated with occasional use at social events, such as parties.<br>• Situational use refers to use in certain situations to alleviate an issue; for example, truck drivers taking amphetamines to stay awake during long-haul trips, or students taking speed to stay awake to finish assignments. |

| | |
|---|---|
| Dependent | Dependent use is defined by the World Health Organization as having at least three of the following:<br>• A strong compulsion to take the substance<br>• Difficulty in controlling substance-taking behaviour<br>• Experiencing withdrawal symptoms when ceasing to take the substance<br>• Evidence of tolerance; that is, requiring more of the drug to experience the same effect<br>• Increased amount of time necessary to take the drug or recover from its effects<br>• Persisting with drug use despite clear evidence of harmful consequences |

## Prescription drugs

Drugs prescribed by a doctor will have precise directions, including:

- how much is to be taken (or the dosage)
- how often they are to be taken
- how long they are to be used for.

People may experience unpleasant side effects, severe health issues or even death if they do not follow the doctor's instructions regarding the use of prescribed drugs.

Prescription drugs are sometimes used illegally. This occurs when drugs are used without a prescription or used in doses not recommended by the doctor who prescribed them. Prescription drugs can cause a range of unwanted side effects, physical and psychological impacts if they are not taken correctly. People can experience side effects if they mix illicit drugs and alcohol with prescription drugs.

Some signs and symptoms of prescription drug misuse can include:

- nausea and vomiting
- confusion and disorientation
- lethargy
- hallucinations
- depression
- weight gain or loss.

# Illicit drugs

**Illicit or illegal drugs are prohibited substances that society believes are harmful to individuals.**

Laws have been made to stop or limit the use of these drugs. These laws are intended to protect individuals and society from the costs associated with illicit drug use, such as hospital and medical expenses, lost productivity, homelessness, crime and the spread of diseases.

The following outlines different illicit drugs in Australia.

| Cannabis |
| --- |
| Cannabis is also known as pot, grass, weed, dope, hash or hooch. It comes from *Cannabis sativa*, a plant grown all around the world. In ancient times, cannabis was used to make clothing, rope and medicine.<br>The main mind-altering substance in the cannabis plant is called delta-9-tetrahydrocannabinol (or THC). This substance affects the brain by changing moods and memory. Cannabis makes people feel hungry and it can change how they move and sense things. Cannabis can be smoked in different ways. One way to smoke cannabis is by using a bong – a water pipe device where the smoke is drawn through a water reservoir, cooling it down before it is inhaled. Cannabis can also be eaten. |
| **Cocaine** |
| Cocaine is also known as coke, gold dust, nose candy, white lady or sugar. It is a stimulant made from the South American coca plant. Cocaine is a white, odourless powder with a bitter taste. It can be taken from the powder to form crystals known as 'crack', which is smoked and immediately produces strong effects. |
| **Designer drugs** |
| Designer drugs or synthetic drugs are usually made in backyard businesses or illegal laboratories, often in unsafe conditions. Their scientific names are very long and are hard to remember. It is easier to remember the 'street' or slang names given to these drugs:<br>• Methamphetamine: ice, meth<br>• Methylenedioxy-methamphetamine (MDMA): ecstasy, EXTC, love drug, essence, hug drug<br>• Gamma hydroxybutyric acid (GHB): date-rape drug, easy lay, grievous bodily harm, liquid ecstasy |
| **Hallucinogens** |
| Hallucinogens include LSD (acid) and psilocybin (magic mushrooms). Hallucinogens are substances that cause hallucinations, during which the user may hear, see, smell, taste or feel something that is not there. The user's perception is different to the reality. |

**Inhalants**

Inhalants are also known as poppers, laughing gas, snappers or benzenes. They are breathable chemical vapours or gases that produce mind-altering effects when misused. Inhalants produce a temporary high or feeling of light-headedness, as well as a general good feeling when their fumes are breathed in. This feeling only lasts a short time and may be followed by after-effects such as drowsiness, headaches or nausea. Glue, petrol and aerosol cans are the most commonly abused inhalants. They are cheap, readily available and legal to buy. Many inhalants are common household products. Inhalant misuse is an extremely dangerous practice.

Illicit drugs cause the following harm to people's psychological, mental and physical states:

- mood swings
- cancer
- damage to vital organs
- acne and skin lesions
- impaired concentration, memory and learning ability.

## Polydrug use

Polydrug use occurs when two or more drugs are used at the same time or on the same occasion. This is becoming increasingly common in Australia.

Some people combine different kinds of alcohol and other drugs to increase the intensity of the experience. They may also combine substances such as alcohol with prescription drugs without thinking about the side effects. They may not be aware of the harm that may be caused when the different drugs interact with each other.

People may also use some drugs to counteract the effects of another drug. For example, people may smoke cannabis to 'come down' from the stimulating effects of amphetamines.

# Common drug interactions

**Using one drug after another means a person can experience the side effects of all drugs taken.**

Here are some examples.

| Using alcohol with other drugs |
| --- |
| The effects of drinking and taking other drugs – including over-the-counter or prescribed medications – can be unpredictable and dangerous, and could cause the following side effects.<br>• Alcohol + cannabis: nausea, vomiting, panic, anxiety and paranoia<br>• Alcohol + energy drinks (with caffeine), methamphetamines, amphetamines or ecstasy: more risky behaviour, body under great stress, overdose more likely<br>• Alcohol + GHB or benzodiazepines: decreased heart rate, overdose more likely |
| **Using codeine with other drugs** |
| The effects of taking codeine with other drugs, including alcohol, prescription medications and other over-the-counter medicines, are often unpredictable.<br>• Codeine taken with alcohol can cause mental clouding, reduced coordination and slow breathing. |

For more information about the combined effects of drugs, visit the Australian Drug Foundation: aspirelr.link/adf-aod-effects

# Effects of prescribed drugs

**Use of prescription and over-the-counter medications might not be considered important to the person in their assessment. However, it is important to list any medications that fall into this category, even vitamins, herbs and cold and flu medications.**

When taken together, all types of drugs, both prescription and non-prescription, can interact in unintended and unexpected ways. Some examples include when alcohol is combined with anti-depressants and impairs thinking skills and alertness because they both slow down the nervous system; or when sleeping pills and alcohol are taken together and reduce blood pressure to extremely low levels and cause breathing difficulties. If alcohol and other depressants are mixed, they can impact a person's breathing and heart rate can drop dramatically.

These interactions might have serious side effects that can be dangerous to the person's health. A doctor or health professional will be the best person to determine the possible effects.

Here is further information regarding prescribed medications.

| Medications and support |
| --- |
| Prescription medications that can be especially important to understand in terms of future support and interventions include methadone, anti-depressants and benzodiazepines such as valium. Prescription medications may affect support options because they may interfere with the way the person operates. |
| **Information required** |
| Once it has been revealed to you that a person is using prescription medications, you will need to find out more details about:<br>• whether the person is taking these medications as prescribed and as directed<br>• how long they have been taking them<br>• the reason for the prescription<br>• the prescribing doctor. |
| **Misuse** |
| Misuse of prescription medications is increasing, particularly benzodiazepines (for example, Valium, Xanax) and opioids (for example, oxycodone, Panadeine Forte, codeine).<br>People may not have prescriptions for these drugs, but be accessing them through illegal channels. There is also the risk of misusing medications that are available over the counter, such as painkillers. |

**Video: Misuse of prescription medication**

Watch the following video on misusing prescription medications: aspirelr.link/yt-prescription-misuse

Pay particular attention to the short time frames involved in forming an addiction to prescription medication. Also note the number of deaths each year to prescription medication compared to illegal drugs.

## Current and emerging trends in drug types and their use in Australia

### AOD workers can use research skills to determine new and emerging trends in the AOD area.

Australia's current and emerging trends in varying drug types and usage are listed below.

- There are reportedly higher levels of cocaine in Australia, but long-term usage of cocaine is low.
- Compared to other countries, cocaine overdoses and deaths are low in Australia.

- People who regularly use ecstasy are also increasingly using ketamine. Ketamine is a prescription drug, but people use it for a similar effect that ecstasy provides. Ketamine is also considered to be a new emerging drug of choice for many.
- People who inject drugs are reporting that they are reducing their codeine intake (oxycodone and morphine).
- Emerging drugs in Australia are synthetic forms of cannabis, MDMA and ecstasy.
- The National Drug Strategy Household Survey 2019 found that 5.8 per cent of Australians over 14 years of age had ever used a form of methamphetamine. This is less compared to other drugs but the effects of methamphetamine can be particularly harmful psychically, socially and mentally.

New and emerging AOD trends have the following impacts on AOD practice. They:

- provide new information and education opportunities to workers and clients
- provide up-to-date information about new evidence-based practices
- help workers to make evidence-based decisions about clients. 'Evidence-based' here means information that stems from scientific research about a certain target group, group of clients or practices and strategies.

## Example

### Researching current AOD issues for the workplace

Doug and Yachi are both AOD workers and they have noticed more clients and families talking about ketamine. They and the rest of the team did not know much about ketamine. Doug and Yachi's supervisor ask them to find out some information about it to present at the next staff meeting. Doug and Yachi found out what it is; how it is consumed; what other drugs people use with it; side effects and impacts on the person taking it. They present all of the findings at the staff meeting and the staff group comes up with some strategies to help clients hoping to recover from ketamine consumption and withdrawal. They also decide to design a new information sheet to clients about the side effects and impacts that ketamine may pose for them.

# Practice Task 2

### Question 1

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

| | |
|---|---|
| a. As part of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988, Australia must help in the fight against international drug manufacture and exportation. | Yes / No |
| b. The National Alcohol Strategy 2019–2028 outlines how governments are planning on taxing alcohol and increasing liquor licensing. | Yes / No |
| c. There are seven main drugs laws in Australia. | Yes / No |
| d. Each state and territory has its own AOD laws. | Yes / No |
| e. Australia's National Drug Strategy has resulted in trauma-informed care and practice being incorporated into AOD work. | Yes / No |

### Question 2

Match each class of drugs to its definition/description.

| | |
|---|---|
| Depressants | Speed up the function of the nervous system |
| Stimulants | Affect the senses so people see, hear and feel things that are not there |
| Hallucinogens | Slow down the function of the central nervous system |

### Question 3

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

| | |
|---|---|
| a. Tobacco can cause lung and heart disease, cancer and circulation problems. | Yes / No |
| b. Alcohol only causes diabetes. | Yes / No |
| c. Illicit drugs can cause skin problems, organ damage, cancer and mood swings. | Yes / No |
| d. Cannabis does not have any long-term impacts. | Yes / No |
| e. Prescription medicines can affect people negatively if they are not taken according to doctor's instructions. | Yes / No |

**Question 4**

Using the table below, provide a definition for each substance in the left-hand column. Then in the right hand column, write how it is administered.

| Type of substance | How is it administered? |
|---|---|
| Alcohol: | |
| Cannabis: | |
| Tobacco: | |
| Illicit substances: | |
| Prescription medicine: | |

**Question 5**

Which of the following statements relate to current and new emerging trends about drug usage in Australia? Tick all that apply.

- ❑ The COVID-19 pandemic produced more people who inject or inhale drugs.
- ❑ Ketamine is an emerging drug.
- ❑ Despite high levels of cocaine in Australia, there are not as many people getting addicted to cocaine.
- ❑ Cocaine deaths and overdoses in Australia have stayed the same over the last few years.
- ❑ There are new synthetic versions of MDMA.

**Question 6**

Which of the following statements relate to stages and symptoms of withdrawal? Tick all that apply.

- ❑ Acute stage, which is the initial stage of withdrawal
- ❑ People go through the process of PAWNS
- ❑ Insomnia
- ❑ Cravings
- ❑ Personality changes

**Question 7**

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

| | |
|---|---|
| a. Taking drugs while pregnant will only result in a low birth weight. | Yes / No |
| b. Drug consumption can potentially cause an acquired brain injury. | Yes / No |
| c. Alcohol and drug use will impact a teenager's emotional development but not an adult's. | Yes / No |
| d. A social impact of drug and alcohol usage is that it can cause stress and tension in relationships. | Yes / No |
| e. All drugs cause social and cognitive problems. | Yes / No |
| f. If used for long periods of time, drugs can affect physical health. | Yes / No |
| g. Drug users will end up having dysfunctional families. | Yes / No |

**Question 8**

Match each term to the correct example.

| | |
|---|---|
| Experimental use | A person needs to take a drug to function 'normally'. |
| Recreational use | A student wants to cram for their test and they take a stimulant to stay awake. |
| Situational use | Teenage friends get together to drink alcohol and push boundaries. |
| Dependence | A group of people are meeting up and using drugs to reduce boredom, increase fun and leisure. |

**Question 9**

List three common drug interactions.

**Question 10**

List two effects of prescribed drugs when used in combination with non-prescription drugs.

# 1C Apply understanding of historical and social constructs of alcohol and drugs

**Substance misuse has wide-ranging impacts on society.**

Studies conducted by the government have shown that alcohol and tobacco are still more commonly used than illicit drugs.

Substance misuse is associated with crime, family violence, poor health, premature death and disruption to family and community life. Despite this, attempts to eliminate drug use rarely work. Current Australian drug policy recognises that people will always use and misuse drugs, both legal and illegal. A major role of AOD community service workers is not so much to prevent all drug use but to encourage people to engage and stay in recovery and reduce the harm drugs cause people and society.

Smoking and alcohol consumption rates among the population have decreased, in part due to anti-smoking campaigns and the taxation of cigarettes and alcohol. Bans on areas permitted for smoking have also led to the decline, and tough penalty laws for drink driving have also made an impact on alcohol consumption.

However, there are still many teens taking up smoking and becoming dependent on cigarettes. The Australian Government would like this number to decrease, because tobacco dependency contributes the most to tobacco-related deaths and illnesses. Tweens and teens are at the most impressionable age regarding cigarette, drug and alcohol consumption. Tweens and teens are more likely to begin recreational usage if their social groups are doing the same. A range of personality, family, socioeconomic, gender and genetic factors all play a part in whether a tween, teen or young person goes on to develop dependency or addictions.

Cannabis is currently the most commonly used illicit drug in Australia. There has also been a recent upturn in the number of people reporting that they have taken ice, while other methamphetamine rates are currently falling.

There has also been an increase in the consumption of coffee from the age of 14 in Australia.

## Historical context of the AOD sector

The first reported use of alcohol dates back 8,000 years, and opium use was recorded 7,000 years ago in ancient Mesopotamia. Tobacco is thought to have been used in America for centuries before European settlement and Indigenous Australians chewed certain types of plants to relieve hunger, tiredness and pain.

While drugs have always been present in human history, the status of different drugs has changed over time, with some drugs becoming legally sanctioned while others are outlawed.

Here is some more information.

| Legal status |
| --- |
| Why some drugs are considered acceptable and others are not is largely to do with cultural biases and how they are used rather than the actual properties of the drugs themselves. Some argue that the enormous financial, legal and social costs associated with the criminalisation of cannabis are hardly justified as it has no worse adverse effects than alcohol or tobacco. Alcohol costs society far more in terms of detrimental health and social impacts than illicit drugs, yet it so entrenched in our way of life that many of us do not think of it as a drug. Today, governments must deal with the contradiction of trying to manage alcohol misuse while profiting from revenue from the alcohol industry. |
| **Non-government services** |
| AOD workers must work within the framework of government and organisational policies and legal sanctions. In the past, drug use was seen primarily as the domain of the medical profession and law enforcement agencies. While these services still play an important role in the AOD sector, non-government community services and private professional services have had an increasing role in recent years. Non-government community services focus more on the social support and community development aspects of AOD service delivery. |

## Changing attitudes

The change in social and government attitudes towards tobacco illustrate how the status of a drug can change in a relatively short time. For example, smoking was a common activity in the 1970s. In fact, you are unlikely to watch a film or television program from this period where characters do not smoke. Over the last several decades, governments have conducted successful anti-smoking campaigns, and imposed significant taxes on cigarettes to discourage usage.

These changes have brought about a significant reduction in smoking and a growing community awareness of the health problems smoking and passive smoking causes.

| Examples of government anti-smoking campaigns |
| --- |
| Using health promotion strategies and advertising to portray the harmful effects of smoking |
| Banning the advertising of cigarettes on TV and in retail spaces |
| Banning smoking in workplaces, on public transport and in restaurants |
| Restricting the sale of cigarettes |
| Increasing the price of and tax on cigarettes |

### Criminalisation of drugs

Heroin is an example of a drug that once had a valued medicinal status in Australia but is now illegal and associated with many negative outcomes.

Heroin was still legally available in Australia until 1953 and widely prescribed as a painkiller and cough suppressant for children. Many doctors and midwives regarded it as the perfect drug to relieve the pain of childbirth. Heroin was made illegal primarily due to concerns over its addictive properties but members of the medical profession put up a vigorous protest to prevent its criminalisation. It is still used as a medical drug in Britain today in certain medical contexts.

### Why people use drugs

Friends, family members and the media may influence a person's decision to use drugs.

Some people try drugs to fit in with their friends. This type of influence is known as peer pressure. Television and movies sometimes show alcohol and drug use as 'cool' or acceptable behaviour. People use drugs for many reasons, including:

- for medical reasons
- to have fun
- to relax and forget problems
- to feel confident
- to socialise with other people
- because they are curious about drugs
- because they feel bored or stressed
- to cope with problems
- to numb negative thoughts, feelings or internal voices.

## Recent patterns of drug use

Research carried out by the government has found that tobacco and alcohol are the most commonly used drugs in Australia. Wider knowledge about the manufacturing of drugs has seen a rise in illicit drugs being grown and made in Australia. There has also been a rise in the social use or misuse of drugs with binge drinking.

Polydrug use is becoming more of an issue, with people taking multiple medications or illicit medications alongside prescription medication. This combination of different medications can cause other drugs to have a heightened effect or be ineffective. In some cases, mixing medications can lead to serious health concerns or even death.

Here is more information about recent patterns of drug use in Australia.

| Chemical processing (legal and illegal) |
| --- |
| Manufacturing drugs such as methamphetamines is a chemical process that anyone with the knowledge and means can achieve relatively easily. |
| **Polydrug use and misuse** |
| Polydrug use sees users mixing several different substances at once or when the preferred drug of choice is unavailable.<br>Popular mixes include alcohol with prescription drugs, and uppers (amphetamines) with downers (barbiturates). |
| **Binge drinking and intoxication** |
| The rise in binge drinking and intoxication shows that problems of drug use are not confined to those dependent on drugs or alcohol.<br>Problems caused by binge drinking and intoxication may include accidents, violence, health and social impacts. |
| **Not everyone is dependent** |
| There is more emphasis on distinguishing people with drug dependency from other people who are experiencing problems.<br>AOD experts now recognise that people who experience problems with drug use are not necessarily dependent on the drug. |

For more information on what binge drinking is and the harm it can cause, visit: aspirelr.link/hd-binge-drinking

## Approaches to consumption and substance misuse

Since the 19th century, there has been a succession of different theories about the cause of drug dependency and drug use that have led to corresponding changes in the way people who use drugs are treated. Theories about consumption, substance misuse and approaches to support will continue to evolve. It is important for AOD workers to stay up to date with the latest developments in the field as this will influence their work in the future.

Here are the different models which aim to explain and address alcohol and drug dependency.

| Moral model |
| --- |
| Nineteenth-century religious and temperance influences believed drug use was immoral and a sign of a weak character.<br>Enforced abstinence was seen as the only cure and people were punished by being sent to workhouses. |

| Disease or medical model |
| --- |
| This approach sees substance misuse as a disease that the person has no control over.<br>The only cure is medical treatment and lifelong abstinence. |
| **Psychodynamic model** |
| A psychodynamic approach enables the person to examine unresolved conflicts and symptoms that arise from past dysfunctional relationships and manifest themselves in the need and desire to use substances.<br>The goals of psychodynamic therapy are individual self-awareness and understanding of the influences of the past on present behaviour. |
| **Social learning model** |
| Observations of other people engaged in using drugs may cause a person to repeat what they saw.<br>A remedy would be teaching new ways to cope with stress. |
| **Social-cultural model** |
| The cultural standards of a society and the negative effects of culture and society on individual behaviour cause drug dependency.<br>Education of the society is needed to change the societal standards. |
| **Public health model and systems approach** |
| The public health model emphasises the overall health of the public, in contrast to the traditional healthcare focus on the health of one individual.<br>The public health model uses a triangular model to depict prevention and intervention.<br>The model consists of the following:<br>• a susceptible host (e.g. a person)<br>• an infectious agent (e.g. drugs)<br>• a supportive environment (e.g. implementation of drug laws).<br>This reflects a systems approach. A systems approach focuses on understanding the 'whole' system by looking at smaller components or groups that operate within it or contribute to it. Support is focused on improving the functioning of these groups, including how they interact with each other and their influence over people.<br>By targeting any of the three areas of the model, public health should improve. Intervention or support at any level should also help recovery. |

**Stages of change model**

There are a number of changes or steps a person needs to undertake to recover from drug dependency. Specific interventions are used at different steps to make changes.

The stages of change are:

- pre-contemplation – the person is not concerned about their drug use and will ignore information about harmful effects
- contemplation – the person still enjoys the activity but is starting to experience some adverse consequences
- determination/preparation – the person is ready to change their behaviour
- action – the person is resolved to change
- maintenance – the person has abandoned their drug-using behaviour and sustained the change for a length of time
- relapse – the person resumes or returns to old patterns of behaviour.

# Example

## The historical and social constructs of alcohol and drugs

During the Prohibition era (1920 to 1933), alcohol was banned in America. This came about through the lobbying of temperance groups that believed alcohol was a corrupting influence.

Banning alcohol did not stop people drinking. It resulted in bootlegging: the smuggling of alcohol through northern and southern borders and the use of 'moonshine' or illegally brewed liquor. This home-brewed liquor was often extremely toxic and resulted in many deaths. The Prohibition era also saw the rise of organised crime gangs who profited from the smuggling and manufacturing of alcohol.

The Prohibition era came to an end during the Depression (1929–39), when more people began to flout the ban on drinking. The ban was lifted because the government recognised that criminalising alcohol caused many more problems than controlling its use as a legal drug.

# Practice Task 3

**Question 1**

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

| | |
|---|---|
| a. Alcohol and tobacco are still the most commonly used drugs. | Yes / No |
| b. Methamphetamine was commonly used as a prescription drug. | Yes / No |
| c. People begin using drugs due to being bored and peer pressure. | Yes / No |
| d. Anti-smoking campaigns have reduced tobacco consumption. | Yes / No |
| e. First Nations Australians used to chew and eat plants to relieve hunger and pain. | Yes / No |

**Question 2**

Which of the following statements relate to historic, current and emerging patterns of drug and alcohol use? Tick all that apply.

- ❑ Children commonly take up smoking at age 12.
- ❑ Most Australian men are heavy drinkers.
- ❑ Cannabis use is the most commonly used illicit drug.
- ❑ Tobacco smoking rates are steadily declining.
- ❑ More people are reporting that they have tried ice.

**Question 3**

Match each model of addiction to the correct definition.

| | |
|---|---|
| Moral model | Addiction is a disease which has symptoms that only this model can treat and control. |
| Medical model | People are seen as weak. They need to develop stronger willpower to stop using drugs. |
| Psychodynamic model | People learn based on what they see friends, family and people in the media do. |
| Social learning model | The person is enabled to examine unresolved conflicts and symptoms that arise from past dysfunctional relationships and manifest themselves in the need and desire to use substances. |
| Public health model | Support is focused on improving the functioning of groups, including how they interact with each other and influence individual people. |
| Systems theory | The cultural standards of a society and the negative effects of culture and society on individual behaviour cause drug dependency. |
| Stages of change model | The overall health of the community/ public is emphasised in contrast to the traditional healthcare focus on the health of one individual. |
| Social-cultural model | To recover from drug or alcohol dependency, a number of changes or steps must be taken by the person. |

## Summary

- Drug use in some form or another has occurred since the beginning of human history.
- The consequences of substance misuse are costly in terms of social, economic and health outcomes. Most of these costs are associated with legal drugs such as alcohol and tobacco.
- In Australia, there has been long-running debate on the merits of abstinence or zero-tolerance policies and the harm minimisation approach currently adopted.
- Harm minimisation aims to reduce the harms associated with drug use rather than try to prevent all use.
- Many people affected by drug use also have coexisting health problems.
- The federal government and each state and territory have a range of laws regulating the use and supply of drugs.
- Australia offers a range of support services and settings for people with AOD issues. Policy frameworks will often determine the type of support required and what is available for people depending on the type of AOD issue.

# Learning Checkpoint 1

## Establish the context for AOD work

### Part A

**1.** Explain how the National Drugs Campaign helps tackle the social, political, economic and legal factors associated with alcohol and other drug use.

**2.** List two impacts of AOD policy frameworks on AOD work practice.

**3.** Which of the following statements about AOD legislation are correct? Select 'Yes' or 'No' for each one.

| | |
|---|---|
| a. Prescription drugs, including strong painkillers, are illegal, as are illicit drugs. | Yes / No |
| b. UN Conventions and state and federal laws state that trafficking, exporting and importing illicit drugs are illegal activities. | Yes / No |
| c. The law states that codeine is an illegal substance. | Yes / No |
| d. The law states that cocaine is an illegal substance. | Yes / No |
| e. The *Customs Act 1901* determines what acts are considered to be criminal in the case of illegal drugs | Yes / No |

**4.** Which of the following statements relate to drug properties? Tick all that apply.

- ❑ Depressants can reduce pain and anxiety.
- ❑ Alcohol is a depressant.
- ❑ Stimulants make a person depressed.
- ❑ Methamphetamine is a stimulant.
- ❑ Hallucinogens only affect people's eyesight.

**5.** Provide three examples of the harm illicit drugs can cause to a person's emotional, mental and physical wellbeing.

**6.** Briefly outline how each of the following drugs are administered.

- Alcohol
- Cannabis
- Tobacco
- Illicit

**7.** List at least three current or emerging drug trends in Australia.

**8.** Which of the following statements relate to the types of drug usage? Tick all that apply.

- ❑ You are dependent on a drug if you have it once a month.
- ❑ It is called experimental if you try a drug for the very first time.
- ❑ It is considered recreational if you are taking drugs to have a better time at a party with your friends.
- ❑ Social drug use is when you have to take the drug in order to interact with others on a day-to-day basis.
- ❑ Situational drug use occurs when people are trying to get through a particular situation.

**9.** List at least four examples of common drug interactions which can occur as a result of poly use or misuse of substances.

**10.** List three effects prescribed drugs can have when using with other drugs.

**11.** Which of the following statements relate to historical and social constructs of alcohol and drugs and changes in alcohol and drug use? Tick all that apply.

- ❑ Australian women have historically had issues with addiction to pain medicine.
- ❑ Cannabis is used more than alcohol.
- ❑ More primary-school-aged children are drinking coffee.
- ❑ Family factors do not influence drug consumption.
- ❑ Bans on areas to smoke have had an impact on tobacco consumption.

**12.** Which of the following statements are correct? Select 'Yes' or 'No' for each one.

| | |
|---|---|
| a. The moral model stems from 19th-century religious influences that believed drug use was immoral and abstinence was the only cure. | Yes / No |
| b. The disease or medical model uses a triangular model to depict prevention and intervention where the person is seen as the susceptible host and drugs, the infectious agent. | Yes / No |
| c. The psychodynamic model enables people to examine unresolved conflicts that arise from past dysfunctional relationships and manifest themselves in the need to use drugs. | Yes / No |
| d. The social learning model focuses on educating society in order to change society standards so that the negative effects of culture and society on individual behaviour, which cause drug dependency, are minimised. | Yes / No |
| e. The public health model is solely focused on improving funding to the public health system in order to have more medication and treatment options available to people with AOD issues. | Yes / No |
| f. The stages of change model focuses on the importance of groups and their influence over individual people. | Yes / No |

## Part B

Read the case study, then answer the questions that follow.

### Case study

Mateo is 25 years of age and has been addicted to heroin and oxycodone for the last 10 years. He initially began drinking and smoking at 14 and then tried heroin for the first time as a 15 year old. He has not been able to hold down a job for longer than a few months, because he is not able to stay off drugs for his work shift. He has been homeless on and off since he was 16, after his parents kicked him out of the house. Mateo has issues with learning new tasks, remembering instructions from work and is always irritable and moody. Mateo is significantly underweight and has a lot of skin lesions on his face. Mateo has two children to two different women, and neither of them feels comfortable leaving him with their child unattended for long periods of time.

**1.** List at least four symptoms Mateo may experience if he chooses to stop heroin and oxycodone.

**2.** Identify one example for each of the following impacts that Mateo would be experiencing as a result of his drug addiction.

- Physical health
- Cognitive abilities
- Social impact
- Emotional development
- Impact on others

**3.** List two ways that health promotion as defined in the Ottawa Charter can assist Mateo with his addictions.

# Topic 2: Apply understanding of context to AOD practice

2A Apply knowledge of broad and specific AOD contexts to work practice

2B Understand legal frameworks that impact on AOD work

2C Apply evidence-based models and frameworks of AOD work

# 2A Apply knowledge of broad and specific AOD contexts to work practice

**In carrying out work in the AOD sector you should be aware of the range of different stakeholders and representatives who can provide relevant information.**

Part of your work will involve gathering and applying information from a range of sources and viewpoints. Aside from using this information for your own professional development and in your daily work with people, you may be required to write reports, participate in research projects or develop training materials for other AOD workers. In order to gain a broad understanding of the sector, you will need to consult with a wide range of stakeholders and sector representatives.

| Stakeholders may include: |
|---|
| • people accessing the service and target groups |
| • the person's family and caregivers |
| • support workers |
| • members of the local community |
| • community organisations |
| • government representatives and service providers |
| • specialists/experts including allied health professionals |
| • peak bodies and advisory networks in the sector |
| • other service providers |
| • management, supervisors, colleagues and team members. |

In accordance with privacy and confidentiality principles, you should always obtain the person's consent before sharing their information with other stakeholders.

It is important that you are prepared to consult and network with the range of other stakeholders in the sector. Each stakeholder should be respected for what they can contribute to the sector and to the wellbeing of the person.

Here is more detailed information regarding the range of stakeholders.

| | |
|---|---|
| **People** | People accessing the service can provide important information about their individual experiences with service delivery and the AOD sector in general. |

| | |
|---|---|
| **Family and caregivers** | The person's family and caregivers have a unique perspective of what it is like to live with someone who has a substance misuse problem. They can provide information about the kind of services that would benefit the person and their extended family/care network. |
| **Target groups** | Target groups, such as young people who use methamphetamines, can provide information about drug use in their peer group, such as how they obtain their drug of choice, how it is used within their group and whether polydrug use is common in their group. |
| **Support workers** | Support workers can provide professional advice and experience relating to AOD issues. |
| **Local community** | Local community members may be aware of substance misuse problems before AOD organisations are. |
| **Community organisations** | Community organisations can provide information about patterns of drug use in their area as well as emerging problems. |
| **Government** | Government representatives and service providers are at the forefront of policy development and service delivery. They can provide information about policy initiatives and programs. |
| **Specialists/experts** | Specialists and subject matter experts can provide specialised information on matters such as the latest research findings, support approaches and evidence-based practice. |
| **Peak bodies** | Peak bodies gather information, conduct research and develop policy initiatives. They represent the interests of AOD organisations, promote networking within the sector and provide governments and communities with information about the sector. |
| **Other service providers** | Service providers are at the forefront of service delivery and can therefore provide information about the needs of people requiring/accessing services and the changing patterns of drug use. |
| **Management** | Managers, supervisors, colleagues and team members represent a vast amount of accumulated knowledge and experience in the AOD sector. They can provide information, support and other resources relevant to the organisation and the sector. |
| **Allied health professionals** | Allied health professionals such as doctors, social workers, psychologists, psychiatrists and occupational therapists can all provide specialist knowledge and expertise in supporting and assisting those with drug and alcohol issues and addictions. |

## Support

Depending on the severity of the person's problem and the type of drug they have been using, the person may be offered different supports at the same time or at different stages of the support process.

Generally, support for AOD issues falls into four main types. These support types are not mutually exclusive.

The four types are:

- education and awareness. This is where people who are beginning to get concerned about their drug and alcohol consumption can turn to for basic education, awareness and support about the options available to assist them.
- withdrawal. This helps the person manage the difficult period of disusing drugs or alcohol and allowing their system to detoxify itself.
- behavioural interventions. This includes counselling and other behaviour-change strategies.
- pharmacotherapy. This involves the use of medication to ease symptoms of detoxification and support people through difficult withdrawals; an example is the use of methadone to help people withdrawing from heroin use.

Here is more information regarding the support process.

| Education/awareness |
| --- |
| People can get more information from their GP, nurse, and drug and alcohol support telephone lines about various support and treatment options. |
| **Acute care** |
| Acute care or detoxification is the withdrawal phase of the support process. The purpose of this stage is to help the person to stop using drugs without experiencing extreme and uncomfortable withdrawal symptoms, and to allow their physical and mental condition to stabilise before beginning the process of rehabilitation. |
| **Rehabilitation** |
| Rehabilitation is the process of helping the person to learn the skills necessary to change their behaviour and to manage possible relapses.<br>In Australia, there is a combination of state-run and private rehabilitation centres. |
| **Continuing care** |
| Continuing care focuses on helping the person maintain their new drug-free behaviours and to learn healthy lifestyle options. |

Support settings range from home-based withdrawal to hospitalisation and detoxification units.

Here is a range of typical settings used to support people with AOD issues.

| | |
|---|---|
| **Home-based withdrawal** | The purpose of services designed to withdraw people from drug or alcohol dependence is to enable the person to quit the drug in a safe way that alleviates or reduces unpleasant withdrawal symptoms.<br>People who do not need ongoing supervision and support can safely withdraw in their own homes with the support of medication and access to telephone support and limited medical care.<br>Home-based withdrawal works best when a person has a home environment that is drug free and with a supportive family or others who can help them through the process. |
| **Residential rehabilitation** | Residential rehabilitation usually occurs in a community setting with supervised medical care. This type of service is most useful for people who have tried other drug or alcohol programs without success. Programs may last for several months and provide a range of interventions, such as group and peer therapy, counselling and other behaviour-change strategies designed to promote lasting change. |
| **Centre-based work** | Centre-based support and counselling involves the person meeting with an AOD counsellor/therapist for scheduled appointments to discuss AOD use and/or other issues currently affecting them. Often, the person may be experiencing a range of serious mental health problems which can also be addressed through counselling. This type of service is most suitable for individuals who do not require help securing basic needs and are motivated to attend regular sessions at an office or clinic. |
| **Day programs** | Day programs are suitable for people who are less likely to experience severe withdrawal or who have already almost completed withdrawal from alcohol or drug use in another facility. Day programs usually offer a range of services including behaviour-change interventions, counselling, group work, relapse prevention, life skills training and self-help groups. |
| **Drop-in centres, recreational facilities** | Drop-in centres are open to anyone requiring some form of support. Individuals can typically get some food, shower, wash clothes and see what services or activities are on offer. There are support staff present who can guide individuals in the right direction, depending on their circumstances and immediate needs. Many centres provide crisis information and referral for emergency housing, financial assistance, methadone, detoxification and medications. |

| | |
|---|---|
| **Detoxification units** | Detoxification is an important first step in severe cases of alcohol or drug dependency. A residential detoxification unit allows a person to rid themselves of toxins associated with dependency under medical supervision and in a supportive environment. Detoxification is most effective when it is followed by additional supports and interventions to address other psychological, social or behavioural problems that accompany dependency. A detoxification unit should be considered when a person:<br>• is likely to experience severe withdrawal symptoms<br>• does not have a supportive home environment<br>• is homeless. |
| **Outreach services** | Outreach services are mobile services that provide support to people within the community; for example, people who are homeless and have AOD issues or people who are intoxicated and need to be taken to a shelter. Outreach services also provide referrals and information about substance misuse and support options.<br>Outreach services are often used in youth services to engage young people who may be reluctant to attend community AOD centres. |
| **Telephone** | Telephone, email and internet services may act as a referral and/or counselling service to support people who are in the rehabilitation or continuing care stage of the support process.<br>Each state and territory has an AOD information telephone service. Many operate 24 hours and offer a free-call number for people living in regional areas. Workers should be aware of other AOD and community services that operate in their area, and most AOD service organisations will have a resource folder or brochures containing contact details that workers or individuals may access. |
| **In-patient programs** | In-patient programs may take place in a hospital or private clinic. The person usually stays in the service until they have completed withdrawal. In-patient programs are often followed by out-patient programs to support the person in their own environment. In-patient programs may be the most suitable choice if:<br>• the person has not been successful in out-patient programs<br>• the person has other medical problems that require careful monitoring<br>• the person's home environment is not conducive to change<br>• the person does not have access to out-patient programs.<br>Problems associated with in-patient programs include the person having to live away from their home and community environment for a time, and difficulty maintaining changes in their own environment when they return. |

| | |
|---|---|
| Community setting | Not all people will need specialised AOD services. Some may be able to manage with the support of their doctor and other community support services, which monitor their wellbeing and provide support and referral when necessary.<br>Other community services that individuals can access include:<br>• mental health services<br>• disability services<br>• neighbourhood centres<br>• charitable organisations such as Mission Australia, Lifeline and the Salvation Army, Narcotics Anonymous, AA<br>• support groups.<br>Self-help groups also offer community-based support for people attempting to rehabilitate themselves in the community. |
| Online AOD work | Some people are able to manage withdrawal and the disuse of drugs and alcohol at home but still require some support. A number of support groups can be accessed online. This allows for greater privacy for the person and also allows access to support when required. Self-help groups can also be accessed via social media sites. |

## Knowledge of individual variables

Individual variables relate to the person's specific needs and circumstances. Variables range from the severity of the person's dependency to their personal circumstances, such as those related to housing, physical and mental health, financial and legal problems and the availability of social support. They also relate to the person's motivation for seeking support and their ability to set goals for what they want to achieve.

Service providers must consider a range of individual variables in order to identify the most appropriate support setting for a person.

Assessing these variables will provide a clear picture of what the person's needs and circumstances are. The person's own preferences should also be taken into account. Some people may be reluctant to leave home whereas others may find that the only way that they can overcome dependency is to be away from a particular environment.

Here are types of individual variables that need to be assessed.

| | |
|---|---|
| History of drug use | History of drug use, including the types of drugs used, patterns and circumstances of use and the degree of dependence |
| History of cease attempts | History of attempts to cease drug use and/or withdrawal attempts and the severity of symptoms experienced |
| Motivation | Level of motivation the person has |
| Barriers | Barriers that may impinge on successful progress can include an unsupportive social environment, peer group, poor coping skills, stressors |

| | |
|---|---|
| **Mental health status** | Mental health status, including any coexisting conditions |
| **Supports** | Social support networks |
| **Personal circumstances** | Personal circumstances such as the person's employment, housing, financial and legal situation |
| **Physical health and conditions** | Physical conditions and general physical health |

## Work with families

Families and significant others such as friends and carers can play a significant role in a person's progress and recovery efforts.

For this reason, you should collaborate with family members where possible to support the person to undertake programs and achieve specific goals.

Family interventions are one way families can be involved in the support process. Interventions involve a number of family members receiving information and training to allow them to support the person with a substance misuse problem. Family members may need to learn how to do this without enabling or supporting the person's drug-using behaviour.

| Family interventions can help people to: |
|---|
| • deal with alcohol and drug use issues as a family |
| • support people throughout the support process |
| • gain a greater understanding of the nature and effects of different drugs |
| • reduce harmful and risky behaviour in relation to drug use |
| • build communication and relationship skills |
| • discourage children in the family from starting to use drugs |
| • improve social functioning and support |
| • improve physical, emotional and mental health |
| • address the possible vulnerability of children in targeted families |
| • address poorly learned family coping skills. |

# Example

## Apply knowledge of AOD contexts

Here is an example of a local community organisation that provides services for people with AOD issues.

Bridges Health and Community Care is a community-based, non-government organisation providing information, referral, counselling and community development activities for individuals, couples and families who have issues related to AOD use and misuse.

One of the main focuses of Bridges' approach is recognising the family and social context of drug use. Bridges works to provide social support and build on the strengths of people in making lifestyle choices and reducing the harm associated with AOD use.

Bridges provides:

- education and therapy through group work
- information and resource materials related to healthier lifestyles and AOD issues
- access to and/or use of support systems and services
- community awareness of AOD and family issues
- advocacy for the provision of comprehensive, high-quality, family-focused AOD services
- referral networks in the region to assist families experiencing problems associated with AOD usage
- support and professional development for staff, volunteers and management committee members.

Adapted from http://www.bridgeshcc.org.au/

# Practice Task 4

**Question 1**

Identify two ways family intervention can help families and their individual members.

**Question 2**

Explain when day programs are most suitable and give two examples of the services they can offer people.

**Question 3**

Match each setting to its definition/description.

| | |
|---|---|
| Online | Usually occurs in a community setting with supervised medical care. It is most useful for people who have tried other drug or alcohol programs without success. Programs may last for several months and provide a range of interventions. |
| Outreach | For people who can manage withdrawal and the disuse of drugs and alcohol at home but still require some support, support groups can be accessed over the internet and social media sites. |
| In-patient | Mobile AOD services that provide support to people within the community; for example, people with AOD issues who are homeless or are intoxicated and need to be taken to a shelter. |
| Residential | Typically, takes place in a hospital or private clinic where the person usually stays until they have completed withdrawal. This setting is most suitable for people who have medical problems that require careful monitoring or do not have a supportive home environment. |

**Question 4**

Explain the difference between centre-based support and telephone support.

**Question 5**

List three reasons why someone might require a detoxification service.

# 2B Understand legal frameworks that impact on AOD work

**The AOD sector is a complex area of work where you may face many ethical challenges.**

In order to work effectively in this area, you need to be familiar with the relevant legislation, duty-of-care principles and ethical codes, and understand the process of ethical decision-making as it applies to your work. These laws and principles of practice protect the rights of both workers and people accessing services. They also ensure that you and other workers are able to provide high-quality, safe and effective service.

It is important to understand the legal and duty-of-care requirements of working in the AOD sector. These requirements will be outlined in your organisation's policies and procedures.

Policies and procedures are based on relevant state, territory and federal legislation. You must have a clear understanding of the legal framework relevant to your work role to ensure that you work safely and ethically.

## Children in the workplace

Your organisation will have policies and procedures in place to ensure the safety and wellbeing of children while they are in the workplace.

Children are protected by health and safety laws and workplace health and safety even if they are not employees.

An organisation might consider it too risky to allow children at any time or require that children be supervised at all times. For example, if a person brings their children to a meeting, the organisation might consider it too risky for the children to hear the information discussed and arrange for them to be supervised by another employee while the parent is interviewed. The parent would need to provide consent for this to happen.

Even if your organisation does not see many children, you still have a moral and ethical obligation to protect children. If an adult discloses an incident of neglect or abuse towards a child in their care, you must report this to your supervisor. Each Australian state has different laws about who mandatory reporters of child abuse are, but nevertheless, you must at the very least report every **disclosure** of child neglect and abuse to your supervisor for them to act on.

**Disclosure**
The act of sharing or releasing private or personal information.

## Mandatory reporting

**Mandatory reporting**
The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

**Mandatory reporting** is the legal requirement to report known or suspected cases of abuse and neglect. Although it mainly relates to children, it can also apply to vulnerable adults living in residential services; for example, elderly people or people or living with a disability.

Mandatory reporting legislation requires designated people to report abuse and neglect to government authorities. Mandatory reporting (who is mandated to report and what is required to be reported) varies across states and territories. Mandatory reporting is a legal obligation and must be carried out by designated reporters, which generally includes community services workers.

Mandatory reporting is an exceptional circumstance that enables otherwise private information to be disclosed, as there is concern of harm.

You can read more about mandatory reporting, such as who is mandated to make a notification and what types of abuse must be reported at the following site: aspirelr.link/mandatory-reporting-child-abuse

# Codes of conduct

**Codes of conduct are sets of rules which outline the responsibilities of how everyone must conduct themselves in an organisation.**

**Code of conduct**
A set of rules that informs employees how to act in a workplace.

A **code of conduct** ensures that a person who interacts with someone in an organisation will always be treated according to a particular standard of behaviour. Codes of conduct indicate clearly to all workers what is acceptable behaviour and what is not. They provide a framework to help workers decide on the appropriate course of action when faced with an ethical issue.

Codes of conduct outline behaviour in a range of workplace settings such as work parties, when out in the field or when receiving a visitor at the office. Codes of conduct indicate the appropriate behaviour that reinforces an organisation's values. They also outline what happens when codes are breached.

Often codes of conduct are developed based on the ethical principles or the values of an organisation. These might include access and equity, respect, social justice, discrimination, harassment, bullying, intimidation, being honest and accountable, working collaboratively, and maintaining and developing professional work practice and duty of care.

## Codes of practice

A **code of practice**, sometimes referred to as a compliance code, provides practical guidance on all kinds of practices in many different industries.

**Code of practice**
A document providing practical guidance on how to comply with duties in a workplace.

These are usually developed through consultation with industry representatives, workers and employers, special interest groups and government agencies. They benefit an organisation because they provide information on how to achieve a consistent standard of practice.

An example would be work health and safety (WHS). WHS codes of practice provide guidance on a range of matters, including duty of care, **hazard** identification, risk assessment processes and risk control. Safe Work Australia has developed codes of practice for:

**Hazard**
A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

- how to safely dispose of sharps in the workplace
- first aid in the workplace
- hazardous manual tasks.

You need to be familiar with the codes of practice that apply to the community services environment and your organisation in particular. Codes of practice can be mandatory or voluntary.

The Australian Community Workers Association (ACWA) sets the standards of ethical conduct and practice for community service organisations and workers.

Read the ACWA Ethics and Good Practice Guide here: aspirelr.link/acwa-community-workers-code-of-ethics

## Discrimination

Alcohol and drug dependency can affect all types of people, and support cannot be denied based on discrimination of any kind.

Here are specific laws concerning discrimination in regard to age, disability, race and sex, as well as protections under the *Australian Human Rights Commission Act 1986* (Cth).

| Age discrimination |
| --- |
| The *Age Discrimination Act 2004* (Cth) is a relatively new law which is especially important with regard to Australia's ageing population. It protects people who are discriminated against because of their age and states that, regardless of age, everyone has the same right to equality before the law.<br>The Act also allows appropriate benefits to be given to people of a certain age, particularly younger and older people, according to their circumstances. Objectives of the Act also include removing barriers to older people participating in society and changing negative stereotypes about older people.<br>Exemptions include stipulations regarding youth wages, health care and voluntary work. |

### Disability discrimination

The *Disability Discrimination Act 1992* (Cth) prohibits discrimination based on disability. It also prohibits discrimination against people associated with those with disabilities, such as family or co-workers. The Act makes it unlawful to discriminate in the areas of:

- employment
- education
- access to public premises
- purchase of house and land
- provision of goods, services and facilities
- administration of Commonwealth government laws and programs.

Exemptions to the Act include when an employer would be placed under unjustifiable hardship in order to employ a person with a disability (although they are expected to make reasonable adjustments). An example might be the cost of extensive renovations a small business would need to pay to allow wheelchair access.

### Racial discrimination

The *Racial Discrimination Act 1975* (Cth) prohibits discrimination and offensive behaviour based on racial hatred. It covers discrimination against race, colour, descent, national or ethnic origin. It also protects those who may be discriminated against based on their association with people of a particular ethnicity.

The *Racial Hatred Act 1995* (Cth) was added to the Racial Discrimination Act and provides an avenue for people to complain about racist behaviour that offends, insults, humiliates or intimidates others in public. Exceptions to the law include when the behaviour is a matter of public interest (such as a newspaper report on racially-based violence), or is part of an academic discussion that is not malicious or spiteful. These exceptions often involve the right to free speech.

### Sex discrimination

The *Sex Discrimination Act 1984* (Cth) prohibits discrimination against someone based on their sex, marital status, pregnancy or potential pregnancy. It sets out laws against sexual harassment as well as dismissal from work based on family duties.

According to the Act, it is unlawful to refuse to provide goods or services, education or employment based on a person's sex. The Act also covers discrimination within awards and enterprise bargaining, insurance and superannuation, Commonwealth laws and programs, and accommodation.

An exception to the Act includes when goods or services can only be applied to one sex, for example female- or male-specific healthcare. Sexual discrimination in the training and ordination of religious ministers is also not covered under the Act.

**Human rights**

The *Australian Human Rights Commission Act 1986* (Cth), originally the *Human Rights and Equal Opportunity Commission Act 1986* (Cth), deals with breaches of anti-discrimination laws and promotes human rights education. The Act covers actions or policies of the Commonwealth.

The Act promotes human rights for all people, and covers most forms of discrimination not already covered in the other Acts, including discrimination on the basis of:

- criminal records
- medical records
- political opinion
- religion
- sexual preference
- social origin
- trade union activity.

## Dignity of risk

The rights of people to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice.

A worker's adherence to duty of care and safety must be coupled with the concept of **dignity of risk**, which means that a person has the right to make their own choices and to take risks.

**Dignity of risk**
A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

The term 'dignity of risk' was first coined in the 1970s and applied specifically to the care of people with intellectual and developmental disabilities. At that time, people with intellectual or developmental disabilities were often viewed as incapable of living independently or making decisions for themselves – a view which often deprived them of many typical life experiences that others take for granted.

Dignity of risk acknowledges that life experiences come with risk, and that we must support people in experiencing success and difficulties throughout their lives. However, it can be a challenge to support decisions that we feel are risky. We must always start from a perspective of dignity of risk. The video below covers how to do this and what key questions to ask yourself.

Dignity of risk needs to be considered in terms of capacity and decision-making. It is necessary to find a balance between the need for duty of care and the rights and capacity of people to decide what level of risk they are comfortable with.

### Video: Dignity of risk

Watch the following video on duty of care and dignity of risk: aspirelr.link/yt-doc-v-dor

Pay particular attention to the differences between the two terms and also to the concept of negligence and how this may apply to AOD work.

## Level of risk

In many activities it is not possible to eliminate risk altogether. Risk is a part of our daily lives and it is through risk that we learn. This idea forms the concept of dignity of risk.

The key issue when considering the legal and ethical factors of dignity of risk is determining what is an acceptable level of risk for the benefit that the activity offers. These questions should be discussed with the person and appropriate others offering support.

| The three questions to ask about risk: |
| --- |
| ❑ What are the potential risks? |
| ❑ What are the potential benefits? |
| ❑ How can the risks be reduced without reducing the benefits? |

## Duty of care

**Duty of care**
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Community service organisations have a responsibility to provide a **duty of care** to ensure the safety and wellbeing of people accessing their services.

Legislative and regulatory obligations underpin an organisation's policies, which determine the procedures to guide service delivery that promotes and enhances the safety and wellbeing of people.

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions.

Duty of care is part of common law and it requires you to do what is fair and reasonable to prevent harm or injury to a person or their property.

While aspects of WHS legislation may vary between states and territories, there are common legislative requirements and obligations under the duty-of-care principle. You are required to use your professional judgment and experience when making decisions about the most reasonable action to be taken in certain situations. You need to know what your legal obligations are, how to find out about your obligations and how to apply them to your work role.

| Factors you may need to consider |
| --- |
| The risk of harm and the likelihood of the risk occurring |
| The type and degree of harm that may occur |
| The precautions that could be taken |
| The professional standards and legislation regarding the issue |

| Factors you may need to consider |
| --- |
| The policies and procedures of your organisation |

## Negligence

If you breach your duty of care, you could be charged with **negligence** and you may need to compensate the person for any damages they suffered as a result of your actions or inactions. Generally, the employer is held responsible for staff negligence but this does not exclude individual staff members from liability. It is simply an acknowledgment that employers have some responsibility for the action of their employees.

**Negligence**
Failure to take reasonable care with your actions.

It is your legal responsibility to take reasonable care and provide the correct standard of service to all people while taking into account their various needs.

In a negligence action, it must be demonstrated that:

- you had an obligation to provide care to a particular standard for a person
- the harm or injury was caused, either directly or indirectly, by a breach of duty of care
- the person experienced actual harm or injury
- the harm was reasonably foreseeable in the circumstances.

There are certain standards that you must adhere to in order to fulfil your duty of care as an AOD worker.

| How to fulfil your duty of care |
| --- |
| Adhere to all reasonable directions given by the employer. |
| Act in a way that a reasonable person in your position would be expected to act. |
| Avoid misusing equipment or substances. |
| Manage safety risks within the service. |
| Adhere to your duties as outlined in your job description. |
| Write up all necessary records and documentation promptly and accurately. |
| Be aware of people's rights and make sure the person also know their rights. |
| Use your common sense. |
| Escalate issues that require advice and expert intervention to your supervisor. |
| Work in a way that is legal and ethical. |

## Human rights

Human rights recognise the value of every person regardless of background, location, appearance, thoughts and beliefs.

They are based on principles of equality and respect, and shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in daily life. They allow all people to contribute to society and feel included. Respect for human rights underpins the values and principles of the community services sector and should be applied by all workers when supporting people.

When working with people with AOD issues, you will be working with some of the most vulnerable people in society. As such, some might be experiencing human rights violations. If you believe this to be the case, you may need to:

- report and discuss it with supervisor
- refer the client to advocacy services
- seek advice from the Australian Human Rights Commission.

**Video: Human rights**
Watch the following video on human rights: aspirelr.link/yt-what-are-human-rights
Take note of what human rights are and how we can protect human rights.

## Informed consent

**Informed consent**
A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

You must always obtain **informed consent** from a person to do an activity, make a referral or share information. If the person is under 18 years of age, this consent must be given by the person's parents or legal guardian.

Once a person is 18 years of age, they are legally seen as an adult and can consent to take part in an activity or task. In some cases, there may be a court instruction that the person is not able to make their own decisions. In these cases, family members or legal guardians must give informed consent on the person's behalf.
If this happens, there will be information in the person's file about who you need to seek permission from. Clients have the right to remove their informed consent to a treatment or service at any time, and you as a community services worker must respect their choices.

For a person to give informed consent, they must:

- be informed about the nature of the procedure or treatment; i.e. what is involved
- understand the risks and benefits of the procedure or treatment

- be given information about reasonable alternatives, and the risks and benefits of each option
- have the ability to understand the information they have received.

**Video: Informed consent**

Watch the following video on informed consent: aspirelr.link/yt-informed-consent-health-care

Pay particular attention to the types of questions a person may ask and consider how you would answer these when working in the AOD context.

## Practice standards

Practice standards ensure rules, regulations and legislation are followed and an organisation is not exposed to legal action as a result of an individual making inappropriate decisions about aspects of the organisation's service.

Practice standards are often produced by professional organisations that oversee the standards of people who work in a particular industry, or by the Commonwealth department of health. Practice standards exist for professions such as disability services, aged care and mental health. The ACWA sets the standards of ethical conduct and practice for community service organisations and workers.

The aim of the practice standards is to provide:

- a guide to the standards of community service practice in Australia
- a basis of expected standards of practice towards community service clients
- a guide for what is expected from community service organisations
- common values which underpin ethical behaviours and conduct.

For more information, refer to the ACWA Code of Ethics and Practice linked above.

## Privacy and confidentiality

When discussing a person's situation, always be aware of maintaining their privacy and protecting all of their details which must be kept as confidential.

In practice, **confidentiality** means not discussing a person's personal information unless they have given their consent for this to happen. You always need the person's consent if you wish to communicate (disclose) their personal circumstances with another colleague or service. Most community service organisations will have their own documentation for clients to sign that they consent to sharing their information with other professionals or organisations.

Maintaining confidentiality involves respecting a person's privacy and individual rights.

**Confidentiality**
The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

It is important never to make promises about keeping the details of an impending assessment completely private. There are exceptional circumstances that do enable you to disclose private information (such as mandatory reporting) but this is generally only when you become aware that someone may be harmed. An example would be the mandatory reporting laws for reporting child abuse, elder abuse or abuse of someone who has a disability. This information can usually be found in your organisation's policies and procedures.

## Records management in community services

All community and government services organisations have privacy and confidentiality policies and procedures.

Depending on the organisation, these policies and procedures must be based on either the *Privacy Act 1988* (Cth) or state and territory privacy laws (such as Victoria's *Health Records Act 2001*). These laws contain directives about respecting people's privacy and how information can be collected, stored and used.

An organisation's privacy policies must contain information about how the organisation manages personal information, including:

- the type of personal information that is collected and held
- why the information is needed
- how the information is collected
- how the information will be used and how it can be disclosed
- who can access the information.

Written documents, forms, emails and personal records are permanent and legal documents, and a person's case notes and personal files are recognised as evidence in a court of law. Make sure that you always write case notes and reports in a clear and legible way. Most organisations recommend that you use a black or blue pen and that you do not use correction fluid to correct mistakes. If you need to correct errors, draw a line through the error and initial it and always double-check the name of the person you are writing about.

Make sure completed records are filed appropriately, such as in a locked filing cabinet or a password-protected computer file.

For more information about Australia's privacy principles, which guide practice at all community service organisations, visit: aspirelr.link/oaic-aus-privacy-principles

## Rights and responsibilities of workers, employers and clients

Rights and responsibilities of workers, employers and clients differ throughout Australia and between community services organisations.

Here are some common rights and responsibilities of workers, employers and individuals.

| Workers have the right to: |
| --- |
| • work in a safe environment<br>• not be bullied or suffer from sexual harassment<br>• not be discriminated against<br>• have adequate training in order to perform their job to the expected standard. |
| **Workers have a responsibility to:** |
| • work with a duty of care and not harm the health and safety or others<br>• work in line with all applicable legislation<br>• maintain confidentiality<br>• behave within the codes of conduct operating within their organisation<br>• act ethically<br>• treat people with respect and dignity<br>• work within the bounds of their position description. |
| **Employers have the right to:** |
| • appoint and dismiss workers in accordance with proper procedures<br>• enter into contracts with people and other businesses<br>• run a business in any manner they choose providing they do not violate any laws. |
| **Employers have a responsibility to:** |
| • provide a healthy and safe work environment<br>• ensure employees have necessary qualifications and credentials<br>• pay by the award<br>• comply with health and safety laws<br>• provide equipment and facilities which are safe and acceptable for the work environment<br>• provide training for workers to perform their jobs at acceptable levels. |
| **Clients have the right to:** |
| • equal treatment<br>• be treated with dignity and respect<br>• complain<br>• not be discriminated against<br>• access the service in the same way all clients do. |

| Clients have a responsibility to: |
|---|
| • give and remove informed consent as their wishes change<br>• provide honest information about themselves that will be used to shape and inform service delivery<br>• act respectfully to staff and other clients using the service<br>• to follow a client code of conduct if the organisation has one. |

## Work health and safety

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth).

This Act was developed by the Commonwealth government to harmonise work health and safety laws across Australia, in order to:

- protect the health and safety of workers; for example, identify hazards and control them
- improve safety outcomes in workplaces
- reduce compliance costs for businesses
- improve efficiency for regulatory agencies.

The following table provides the names of health and safety legislation and the regulator responsible for their implementation in each state and territory at the time of publication. Regulators have the power to prosecute organisations that breach the Act in their particular state or territory. They also produce guidelines and lots of helpful information for employees and employers on WHS.

The Commonwealth health and safety regulator is Comcare, which can be accessed at: aspirelr.link/comcare

| Region | Health and safety legislation | WHS regulator |
|---|---|---|
| Commonwealth | *Work Health and Safety Act 2011* (Cth) | Comcare: aspirelr.link/comcare |
| Australian Capital Territory | *Work Health and Safety Act 2011* (ACT) | WorkSafe ACT: aspirelr.link/worksafe-act |
| New South Wales | *Work Health and Safety Act 2011* (NSW) | SafeWork NSW: aspirelr.link/safework-nsw |
| Northern Territory | *Work Health and Safety Act 2011* (NT) | NT WorkSafe: aspirelr.link/worksafe-nt |

| Region | Health and safety legislation | WHS regulator |
|---|---|---|
| Queensland | *Work Health and Safety Act 2011* (Qld) | Workplace Health and Safety Queensland: aspirelr.link/worksafe-qld |
| South Australia | *Work Health and Safety Act 2012* (SA) | SafeWork SA: aspirelr.link/safework-sa |
| Tasmania | *Work Health and Safety Act 2012* (Tas.) | WorkSafe Tasmania: aspirelr.link/worksafe-tas |
| Victoria | *Occupational Health and Safety Act 2004* (Vic.) | WorkSafe Victoria: aspirelr.link/worksafe-vic |
| Western Australia | *Work Health and Safety Act 2020* (WA) | WorkSafe WA: aspirelr.link/worksafe-wa |

## Risks related to personal safety

People working in the AOD sector must know how to manage difficult or challenging behaviours and how to protect their personal safety and the safety of others.

You may find yourself in situations that result in a risk to your own safety. Risks may arise from various issues. People may sometimes display aggressive and threatening behaviour due to intoxication or because they are experiencing the symptoms of mental illness, such as delusions and hallucinations.

Intoxication happens when a person is under the influence of one or more drugs. Intoxication affects a person's ability to make decisions, to be rational, to think clearly, to perceive events accurately and to control their emotions and impulses.

The same principles apply to managing risks relating to intoxication and mental illness. In both cases, the safety of yourself and others should be your primary concern. Make sure that you know:

- the signs and symptoms of intoxication and mental illness
- the person's history and any mental health conditions they may have
- your organisation's policies and procedures regarding challenging behaviour, behaviours of concern and intoxication.

## Example

### Using different strategies to support behaviour

Vann is attending an AOD day program to address his drinking and prescription drug dependency. At the group therapy session, the therapist brings up the topic of parents and childhood. Vann finds this topic distressing because he experienced a lot of neglect and child abuse. As the other clients begin to unpack their thoughts and feelings about the topic, Vann begins tapping his foot and becoming increasingly restless. He then begins talking over others and interrupting them. Francine, the AOD support worker, notices that Vann is escalating, and she goes over to him and suggests they take a break. Vann slams his fist into the desk as they leave the room and he begins to pace around the lunch room. Francine remains calm as he paces and suggests they do an activity together. Vann says he does not want to. Francine suggests they go for a walk. Vann walks to the door and charges off down the street, with Francine not far behind. After 25 minutes, Vann begins to slow down in his walking pace and calm down. Francine does not force Vann to speak about anything, but just allows him to go through the process of calming himself down through walking. Vann returns to the centre and is more in control and calm. Francine asks if he wishes to return to the group therapy session and he says no. After the session is over, the therapist running the session speaks with Vann about how they can support him through difficult topics. They come up with a strategy for support for future topics Vann may find difficult.

## Work role boundaries

Work role boundaries are a clear definition of the duties, rights and limitations of a worker.

It is important to describe your work role boundaries to a person receiving your support, as it:

- helps avoid confusion and misconceptions about the scope of your role
- helps the person know when you will need to refer them to another colleague or health professional
- helps the person know when the boundaries of your skills and knowledge have been reached.

Your employer will outline your role in the job description document. If you are ever unsure of your boundaries, then it is important to clarify them with your supervisor.

An important aspect of work role boundaries is understanding your relationship with a person and where that ends. Boundaries can sometimes be blurred as you are dealing with people on a very personal level. Having any other type of relationship outside of work with a person receiving services is unethical and may damage the support they are receiving. Another example of a breach of your boundaries would be to attempt support you are not qualified to perform rather than organise a referral. Likewise, providing advice beyond your job role or field of expertise is unethical and breaches work role boundaries.

It is also important to acknowledge that some of the people you support may be taking one or more forms of medication. It is important to not assist in administering medication if you have not been trained, or are not qualified to do so, as this can cause serious harm to the person and is a breach of your duty of care.

Here are some strategies that will help clearly define your professional boundaries.

| **Maintain professional boundaries** |
| --- |
| Maintaining professional boundaries in your work role means keeping to the specifications of your job role and organisational policies and procedures. It also means making sure that you maintain adequate personal boundaries in your professional relations with people you support. |
| **Know what not to do** |
| You should not attempt to carry out work that:<br>• is not specified in your job description<br>• cannot be performed safely due to lack of training or practical experience<br>• is unethical, illegal or outside the policies and procedures of the organisation. |
| **Do not blur the distinction** |
| Do not blur the distinction between being a professional and a friend. The person may develop unrealistic expectations about what you can do for them and you risk losing the person's respect. This distinction is sometimes difficult for new workers, who may get overwhelmed by the person's problems and feel that they need to take on the role of rescuer. |
| **Act as a facilitator** |
| Your goal should be to act as a facilitator rather than rescuer. In this way, you can help people to learn the skills to help themselves. New workers may find it a difficult balancing act providing the right amount of support while fostering the person's sense of empowerment and independence. |

## Example

### Define work role boundaries

Prisha works as an AOD peer support worker and has a new client called Willow. Prisha really likes Willow and they get along very well. Prisha has thought that if Willow was not her client, she would be a good friend. They have similar life values, opinions and past experiences with family, friends, work and drug issues. Willow notices this as well and asks Prisha if they can become friends on Facebook. Prisha says to Willow that she appreciates the good relationship they have but that they cannot be friends on social media because it's not appropriate for workers and clients to have that kind of relationship. Their relationship must be one of professional support. Willow understands but is disappointed. Prisha says to Willow that they can continue having a fruitful and great professional relationship.

## Practice Task 5

**Question 1**

List two ways a support worker can uphold their WHS obligations when working with a person with AOD issues.

**Question 2**

List two ways that duty of care can be demonstrated.

**Question 3**

Which of the following statements are correct? Select 'Yes' or 'No' for each one.

| | |
|---|---|
| a. Workers are responsible for administering medication to clients using methadone. | Yes / No |
| b. Once informed consent is given, clients do not have the right to refuse to participate in selected intervention. | Yes / No |
| c. Employers are responsible for ensuring that you have all the skills, knowledge, training and qualifications required to carry out your role competently. | Yes / No |
| d. Connecting on social media as friends is acceptable in a client-support worker relationship. | Yes / No |
| e. When altering client records, liquid paper should be used so that information is easy to read by other health professionals. | Yes / No |

**Question 4**

Provide three examples of information an organisation's privacy policies should contain.

**Question 5**

List one action you can take if the person you support is having their human rights violated or is being discriminated against.

**Question 6**

Which of the following actions uphold an organisation's code of conduct? Tick all that apply.

- ❑ Keeping client's personal information confidential
- ❑ Insisting on interventions for clients
- ❑ Showing accountability for own actions
- ❑ Sharing information with other service providers when the person is under the age of 18
- ❑ Treating every client with respect and dignity

**Question 7**

Explain how mandatory reporting protects children, both in and out of the workplace.

**Question 8**

Which of the following apply to working in AOD? Tick all that apply.

- ❑ Seeking advice about a client, even though the information being shared is private
- ❑ Following codes of practice which outline how to safely dispose of sharps in the workplace
- ❑ Respecting a client's choice to smoke cigarettes even though they are endangering their health
- ❑ Understanding that there can be a power imbalance when working with a client, and using this to influence the client into seeking appropriate treatment
- ❑ Maintaining a professional relationship with clients at all times and disclosing any out-of-hours or social media contact

# 2C Apply evidence-based models and frameworks of AOD work

**Evidence-based practice is important in all health, welfare and community services.**

Evidence-based practice requires the careful use of the best available evidence in making decisions about support for people. It involves workers having access to research and being able to critically appraise this research to meet the person's needs in a way that suits the person and service requirements.

Models of interventions in the AOD sector may occur at several different levels. They may be focused on the individual, on families and significant others or on a particular community or target group. These different models of intervention often focus on:

- awareness, prevention and education campaigns
- research into AOD
- a range of treatment approaches including case management, working with families, community support programs, community development, rehabilitation programs
- advocacy programs.

The organisation you work for will usually focus on a particular group, for example teens and young people or parents, and may offer a particular service, such as day support, peer support or diversional support. Your organisation may not deliver a few services that clients need, such as accommodation and financial support. It is possible that another organisation might offer a more specialised service that can meet a person's needs in a more exact way.

## Evidence-based practice

Evidence-based practice refers to the need to adopt practices and policies that are supported by scientific research.

According to the Victorian Government, evidence-based practice is defined as:

> *a process through which professionals use the best available evidence integrated with professional expertise to make decisions regarding the care of an individual. It is a concept widely promoted in the medical and allied health fields and requires professionals to seek the best evidence from a variety of sources; critically appraise that evidence; decide what outcome is to be achieved; apply that evidence in professional practice; and evaluate the outcome. Consultation with the consumer is implicit in the process.*

Workers can ensure that their practice is evidence-based by participating in professional development activities to improve and maintain a high standard of work practice. Professional development activities can be structured and formal, such as attendance at short courses or conferences, or can be unstructured and informal, such as reading. Workers can also ensure they are delivering evidence-based practice by discussing client cases with supervisors and co-workers.

The following table details the application of evidence-based practice in AOD work.

| Evidence-based practice in an AOD context applies to: |
|---|
| • medication, including an understanding of the side effects |
| • how medications affect the person's recovery |
| • education of workers and individuals to ensure a high standard of practice, supporting excellent outcomes<br>• education of workers and individuals about new evidence-based principles in trauma-informed care and practices |
| • family and social support networks to ensure these informal support networks are getting the support that they need to reduce stress and burnout |
| • integrated mental health and AOD work to ensure that a holistic approach to support is undertaken and that services collaborate to improve outcomes for people |
| • supported employment to uphold **social inclusion** principles encouraging engagement in meaningful employment and addressing workplace discrimination |
| • social skills training to ensure people are equipped to join in social and recreational activities to meet their goals and assist their recovery process<br>• evidence-based therapeutic interventions such as motivational interviewing and cognitive behaviour therapy<br>• treatment programs and communities, such as therapeutic communities, peer communities (Alcoholics Anonymous, Narcotics Anonymous) and other AOD centres in your region<br>• after-care services, which aim to support people who have been discharged from rehabilitation and day programs. |

**Social inclusion**
Supporting and building capacity in people so they can participate in the community, enabling them to define their own goals and place within it.

## Video: Evidence-based practice

Watch the following video on evidence-based practice in Australian AOD workplaces – for AOD managers and workers: aspirelr.link/yt-evidence-based-practice

Take notes on the evidence-based practices that are particularly effective when working with people with AOD and mental health conditions.

Examples of using evidence-based practices in AOD support work include:

- educating clients on AOD-related topics and finding out what strategies and support the person is interested in
- helping and supporting clients to discover and use positive coping skills instead of turning to drugs and alcohol
- applying evidence-based strategies you have used with other clients in the past to current clients
- adjusting evidence-based strategies to suit the client, which complements their goals, needs, preferences and physical and mental health
- making evidence-based decisions based on AOD assessments. For example, if a client has demonstrated in an AOD assessment that they have a significant drug addiction, you adjust your support strategies and service delivery to accommodate those additional needs.

## Community development

Community development and education involves the local community, including government organisations and businesses, working together to improve conditions within the community.

Programs may be initiated by paid community development workers but the overall aim is to foster active community participation so community members provide input and help mobilise community activity.

In terms of the AOD sector, the outcomes that community development and education may achieve include:

- government funding for new or additional AOD services
- community strategies for reducing public and harmful AOD use
- community education programs to teach young people about harms associated with drug use
- development of self-help and peer support groups.

| Processes that support workers to achieve outcomes in relation to community development include: |
|---|
| • creating community networks |
| • developing education projects |
| • empowering individuals and communities |
| • undertaking community consultations |
| • planning services |

| Processes that support workers to achieve outcomes in relation to community development include: |
|---|
| • servicing self-help groups |
| • running support and social action groups |
| • resourcing the community to meet needs |
| • defining priorities |
| • working towards social justice. |

## Community support

Community support workers in the AOD sector usually work with individuals and families, providing outreach services such as information, support and a link to specialist service providers.

Community support also involves outreach services to reach people who engage in drug use but who do not usually present for help or support at AOD services.

The advantage of community support is that it is usually provided in the person's own environment. You will be able to assess the person's environment for possible triggers for drug-using behaviour and teach skills to help manage these situations.

Community support work is based on the following list.

| |
|---|
| Holistic practice that considers all of an individual's needs and not just their drug use |
| Strengths-based practice that identifies and works with a person's strengths rather than just focusing on their problems |
| Person-centred practice that focuses on the needs of individuals and their role in the planning process |

## Case management

A case manager might be an AOD worker, a social worker or a nurse involved in community AOD support. Case management involves service coordination for people with complex needs, including drug or alcohol dependence. Case managers work to identify the person's needs and coordinate services and resources to meet those needs. The purpose of case management is to improve coordination and continuity of services for people accessing the service.

The case management model is practised in Australia when a person has multiple issues.

The case manager:

- takes on the role of advocate for the person, liaising with appropriate support services and ensuring that the person has a smooth and effective transition between agencies

- forms a point of contact for all services; for example, a social worker who is employed by a community AOD service might perform an assessment of a person and then make suggestions to the person about the types of services that could benefit them
- can be involved in making referrals, and then liaise in an ongoing way with the different services and professionals, such as doctors, mental health workers, AOD withdrawal clinics and housing providers.

Case management may include:

- counselling and other direct service activities
- assessing, planning and reviewing progress
- coordinating service delivery for people across a range of services.

**Video: AOD case management**

Watch the following video on AOD case management and counselling: aspirelr.link/aod-case-management

Pay particular attention to the various ways a case manager supports a person.

## Other services

There may be legal and ethical obligations placed on you or the person's case manager to report real or suspected risk as a result of the person's behaviour, such as sexual assault and family violence.

You have an obligation to act in a way that reduces this risk as far as possible. In some cases, this means that you must call the police to prevent the person from carrying out dangerous, illegal or violent behaviour. Your organisation has policies relating to other situations in which you are required to call the police. These include when threats or violence are directed at other residents/clients or staff.

Here are some examples of other services and supports that may be accessed by people for specific concerns.

| | |
|---|---|
| Health | In a health or medical emergency, your first response should be to call an ambulance. In situations where the person is unwell but not in immediate danger, referral to a doctor or emergency room at the local hospital is usually appropriate, within the guidelines of your policies and procedures. |

| | |
|---|---|
| **Self-harm** | People presenting with a risk of self-harm may be stressed, anxious, scared or calm. By assessing the risk and ensuring continuing support, the person is likely to appreciate the ongoing nature of your work. Even though you may need to refer or ask for consultation or support from other workers or services, by keeping the person informed of your actions and concerns and by following up on referrals you maintain your role and rapport with the person.<br>Options for seeking help for a person who is at risk of self-harm include:<br>• asking your supervisor for assistance<br>• calling a mental health professional who works within your organisation to urgently assess and counsel the person<br>• referring the person to an external service or professional such as a psychologist or psychiatrist<br>• arranging for a visit from the crisis assessment and treatment team (CATT). |
| **Financial and lifestyle** | People might have financial and lifestyle problems linked to drug or alcohol dependency. Emergency relief and assistance is available in several forms for times when the person does not have enough money to cover living expenses.<br>Examples of support options that might be available within your service or from external organisations include:<br>• charities and other community organisations that can provide food vouchers, food hampers, transport vouchers, goods such as clothing or bedding and other forms of material aid<br>• government departments such as Centrelink<br>• information services provided by some AOD organisations<br>• gambling help services such as telephone help lines and counselling services funded by state and territory governments and the federal government<br>• banks or financial services that might provide short-term relief from mortgage payments in exceptional circumstances, negotiate debts or recommend consolidation of loans<br>• employment agencies that provide training and job skills for people who are recovering from dependency.<br>Your knowledge of the services available in your area of work will develop over time as you network and have contact with them. Service directories are available in hard copy and online to assist with getting to know types of services and their criteria for access. |

| | |
|---|---|
| **Legal** | People who misuse drugs or alcohol are more likely than the general population to be involved in the justice system, facing charges such as drug possession and other crimes related to their drug use. Legal assistance might also be required for a range of other issues, including parenting orders and divorce. Expert and low-cost legal advice and advocacy can be provided through legal aid centres, or the person can be referred to private law firms. |
| **Non-urgent health** | With an increased focus on providing coordinated services to people with comorbidity and dual diagnosis, many AOD organisations have close links with health and mental health services. Some organisations employ mental health professionals and other allied health workers within the service itself. If your organisation offers the services of an in-house health professional, you are likely to have established procedures for accessing professional assessments from this person.<br>Examples of external services and professionals include:<br>• community health centres; these provide low-cost medical, dental, mental health and allied health services<br>• women's health services<br>• private general practice clinics<br>• allied health practices, such as physiotherapists and dentists<br>• natural therapies clinics that employ naturopaths and remedial massage therapists<br>• private mental health practices that employ psychologists<br>• health and mental health information services<br>• emergency telephone counselling services such as Lifeline<br>• networks such as the Dual Diagnosis Recovery Network.<br>Some services, including specialist doctors and psychiatrists, might require a referral from a primary health professional before the person can access the service. |

| | |
|---|---|
| **Culturally specific** | Community-initiated solutions can be more effective than government interventions and services because some communities feel they have more input towards the solution and have more interest in making it work. Some community programs are very successful in reducing the intake of alcohol, but there are known disadvantages that need to be discussed with communities as well, such as overloaded health services.<br><br>Many Aboriginal Community Controlled Health Services (ACCHS) provide ongoing care and support for First Nations Australians with AOD issues. These culturally appropriate services include sobering-up units, mobile patrol assistance for remote communities, and home and community care programs that serve local community members.<br><br>Strategies that First Nations communities use to help people in remote areas to avoid alcohol misuse include community-led declaration of 'dry zones', and prohibition and restriction in shops and supermarkets. In some cases they can request that no alcohol be allowed in the community at all. Individuals in some communities can apply through the courts to have their own house declared a 'dry place'. |
| **Withdrawal programs** | The goal of withdrawal programs is to address the biopsychosocial elements of withdrawal. These may include pharmacotherapy reduction or maintenance, and management of concurrent illnesses and psychological, social and emotional issues.<br><br>Medications that are provided to people on different types of withdrawal programs can have a number of aims, including:<br>• helping them to relax and sleep<br>• reducing the risk of seizures and other serious effects of withdrawal<br>• reducing other symptoms, such as diarrhoea and nausea<br>• mimicking the drug so that withdrawal is slower and less severe<br>• provoking a more severe but faster withdrawal.<br><br>People in withdrawal programs are offered support and counselling to encourage them through the difficult symptoms, and to motivate them to continue changing their drug-using-behaviour. They should also be given a clear plan for the provision of further support or intervention once the withdrawal program is finished. |

| | |
|---|---|
| **Pharmacotherapies** | Pharmacotherapies are particularly used for people dependent on opioids or alcohol. They use a range of prescription drugs to assist people in withdrawal programs to obtain some control over their drug use, and are usually recommended in combination with counselling and other support services. The prescription drugs used include methadone, buprenorphine and naltrexone for opioid dependence, and acamprosate for alcohol dependence. Another example of a pharmacotherapy more widely used is nicotine patches for smokers.<br>The objectives of pharmacotherapy are to:<br>• bring to an end or significantly reduce a person's illicit opioid use<br>• reduce the risk of overdose<br>• reduce the transmission of bloodborne diseases<br>• improve general health and social functioning, including a reduction in crime. |
| **Self-help** | Self-help programs available in Australia include:<br>• Alcoholics Anonymous<br>• Narcotics Anonymous<br>• Nar-Anon<br>• Families Anonymous<br>• Gamblers Anonymous<br>• SMART – Self Management and Recovery Training.<br>Meetings are free and held in public venues in metropolitan and rural areas. Self-help groups are managed and run by people with AOD issues. They encourage members to understand and support each other.<br>Self-help approaches vary, but usually focus on the person taking responsibility for their own treatment. Other self-help options also include books, videos, telephone and online support. Self-help is commonly included in other forms of treatment. |
| **Supported accommodation** | This type of program aims to provide people who have completed withdrawal or a rehabilitation program with safe accommodation in the community. Often residents are required to take part in self-help groups and maintain links with support workers from the service providing accommodation or their AOD workers. This allows them the opportunity to maintain stable accommodation while accessing employment, education, recreation and other support services to enable a change in lifestyle. These programs require abstinence and will have different policies on how to handle relapse. |

## Counselling

Counselling is usually focused on empowering the person to make decisions about their drug-using behaviour and to understand the harm associated with their AOD use. The methods of counselling that you may recommend to a person include the following.

| Brief interventions |
| --- |
| Brief interventions are one to four sessions of between 5 and 30 minutes, usually in an opportunistic fashion where the person has not sought out treatment but an issue has been identified during screening. |
| **Evidence-based research** |
| Evidence-based research has found that motivational interviewing techniques make this a very effective method of instigating behavioural change. It is important to use this technique in a manner that is supportive and non-judgmental of the person or their choices.<br>Intensive counselling often includes cognitive behaviour therapy and aims to support and assist the person to achieve their goals. The therapist will work with the person to improve awareness of their thinking, feelings and behaviour, and to develop alternative coping strategies for difficult situations.<br>Some intensive counselling programs are used to focus on the person's relationships and family, with the understanding that empowering and involving other significant people in the person's life can have an effect on the person's drug use.<br>Intensive counselling is provided by professionals such as psychologists, counsellors and AOD workers with training. |
| **Relapse prevention** |
| Relapse prevention counselling involves developing strategies to help maintain abstinence or reduce drug-using behaviours following the withdrawal period. People are provided with instruction and rehearsal of strategies for coping with relapse, for dealing with cravings and thoughts about the drug, and managing lapses and relapses.<br>Relapse prevention encourages the person to recognise high-risk situations and provide strategies for coping in these situations. High-risk situations may include:<br>• participating in events or attending parties where people are likely to drink heavily<br>• being with friends in familiar drug-using environments<br>• times of stress, such as arguments with family members<br>• payday or the payment of pensions or allowances (when the person has money to spend)<br>• worsening symptoms of health problems or mental illness.<br>People might be assisted to develop relapse prevention plans that identify the behaviours they intend to use when faced with situations that could trigger relapse. Back-up supports, such as phone calls or visits from AOD workers, are important. |

**Video: Motivational interviewing**

Watch the following video which provides a brief example of motivational interviewing in addictions: aspirelr.link/yt-motivational-interviewing-addiction

Pay attention to words used to help the client identify their own goals and issues.

## Reasons a person may seek support

When describing the different support options available, it is important that the person understands that there is no one option that will be effective for all people.

At times, effective support can be a process of trial and error. It is a good idea to emphasise to the person that the more attempts they make to seek help, the more likely it is that they will be successful. More than one attempt might be required. Relapse is a normal part of changing behaviour, and normalising it may help the person not feel like they are failing.

Some reasons a person may give for seeking support are outlined below.

| | |
|---|---|
| Lifestyle | Reasons a person might seek support include:<br>• wishing to avoid spiralling into further dependence and deterioration in lifestyle and wellbeing<br>• reducing the heavy financial burden of drug use<br>• focusing on long-term goals for their life. |
| Employment | Reasons a person might seek support include:<br>• wishing to improve prospects of obtaining and keeping employment<br>• wanting to plan for new goals, such as retraining and employment. |
| Health issues | Reasons a person might seek support include:<br>• wishing to improve physical health and avoid long-term health problems or drug-related death<br>• (if the person has a dual diagnosis) wanting to reduce the impact of alcohol and other drugs on mental health symptoms, such as the frequency of psychotic episodes. |
| Relationship issues | Reasons a person might seek support include:<br>• improving the wellbeing of dependants<br>• reducing problems with anger and family violence<br>• helping to maintain a parenting order when this is in jeopardy. |
| Criminal involvement | Reasons a person might seek support include:<br>• wishing to reduce criminal activity and involvement in the legal and correctional systems<br>• wishing to avoid committing a crime to fund drug use. |

## Reasons to seek other services and support options

Encouraging the person to participate in other programs and forms of support can be challenging.

However, it is sometimes necessary to recommend or refer a person to a different organisation that offers a specialised service that better meets the person's needs.

A person may be ambivalent about changing services for different reasons, such as:

- fear of losing social groups
- lack of family and peer support to make the change
- lack of confidence in their ability to change, often brought on by strong, deep-seated feelings of failure and self-doubt
- ambivalence about their physical and mental health and addiction or dependence.

Understanding the demotivating factors in the person's life can assist you to determine approaches that provide valid reasons for seeking further support or referrals to other services.

## Inform the person

Make it clear to the person that the referral or other support may help them to develop a sense of control over their problems. Try to address any fears or concerns as they arise. Provide as much reassurance as possible that the referral or other support will potentially provide a positive outcome to address the person's identified needs and goals.

Understanding the reasons for referral and other support also helps the person to maximise the extended services that are available to them. When they know why they are being referred to a particular service they can feel empowered to approach that service with a sense of ownership. You may need to employ negotiation skills with the person.

People are less likely to follow up on referrals or support options if you do not clearly explain why and how the service might assist them.

People have the right to make their own decisions about support and can refuse any assistance or referrals offered to them.

## Work with the person to determine referral options and responsibilities

People have the right to remain in control of their decisions and this can provide them with a sense of **empowerment** and control over their drug use. People are required to make commitments in terms of time and effort in order to successfully take part in support options, so they should be made aware of these factors.

**Empowerment**
The process of gaining strength and confidence to voice one's own opinion.

The choice of referral destination should be selected in consultation with the person. You should provide a choice of referral options and information about intake criteria, waiting times, costs, transport and availability. Inquire into the person's past experiences with these or other services and ask them to determine which service they want to be referred to. They should feel that you are available to provide information and support during the time that they access other services, and that the referral is appropriate for their needs.

Here is more information.

| **Referral options** |
| --- |
| People should be given as much information as possible so that they can make informed decisions about their preferred options for support. Reasons for the referral, the likelihood of success and practical factors such as waiting lists and costs are all examples of information that you should provide. |
| **Eligibility** |
| People should be informed about the eligibility criteria for entering a program or service so as to avoid disappointment if they do not qualify for entry. Some AOD services are offered on a regional basis, and only people who live in that region can access those services. |
| **Responsibilities** |
| It is important to outline any responsibilities that might need to be considered to access the program, such as committing to change or undertaking a withdrawal program prior to accessing an employment service. |
| **Expectations** |
| The person needs to understand what to expect from different service options. Being unrealistic about the types of support that might be offered to the person can be counterproductive and demotivating. Informed choice comes from understanding not just the advantages, but also the disadvantages of individual options. |
| **Confirm understanding** |
| Encourage the person to share questions or concerns that they might have about the potential referral.<br>Some people might feel that simply pretending to agree with you is the easiest way to avoid further discussion about a referral that they do not wish to pursue. |

It is essential that you are familiar with your organisation's policies and procedures relating to referrals before making a referral on a person's behalf or assisting them to do so.

Investigate the rules and processes relating to whether you are qualified to make a referral.

Processes for referrals vary greatly, and you will find that referral processes are determined not only by your own service, but by the individual referral policies of the external organisations.

The steps involved in making a referral for a person are outlined below.

| Referral steps |
| --- |
| • Collecting information about the referral process of the organisations that you will be referring the person to |
| • Providing options and choices to the person to review; this can include making pro and con lists with the person to agree on the best or preferred option |
| • Gaining the person's consent |
| • Writing a referral letter, making phone calls or assisting the person to do these things |
| • Sharing information with external services |

# Example

## Apply information about evidence-based models and frameworks

Ismail is undertaking a comprehensive assessment with Jeanie, a 21-year-old university student who uses heroin, and who is being assessed by court order after being charged with possession. Ismail uses a standard assessment form to identify Jeanie's pattern of use. Ismail discovers that Jeanie has been using heroin around once per week for about 12 months. Recently, however, Jeanie has begun to increase the quantities of heroin she takes each time and is now using it at least three times per week.

Ismail notes the possibility that Jeanie has developed a tolerance for heroin, since she claims that she rarely experiences the intense high that she once felt after using the drug. Jeanie says that she thinks constantly about using heroin. She is thinking of giving up university and getting a job. She no longer feels the enthusiasm that she once had for obtaining a degree. Ismail knows that both physical and psychological dependence can be common effects of using this type of drug regularly. He notes the conversation in the assessment form, which is used later by medical professionals to determine the possibility of moderate to severe withdrawal symptoms during treatment. Ismail also notes that Jeanie has quite good insight into the impact her drug use has had on her previous goals. This will later assist workers when discussing changing her drug-using behaviour.

# Practice Task 6

**Question 1**

List two ways support workers can use evidence-based practices in AOD support work.

**Question 2**

Which of the following services, prevention and intervention strategies can AOD support workers assist clients with? Tick all that apply.

- ❑ Relapse prevention counselling
- ❑ Withdrawal programs
- ❑ Traditional medicine
- ❑ Pharmacotherapies
- ❑ Supported accommodation

**Question 3**

List two ways support workers can ensure the support practices and services they are using are current and evidence-based.

## Summary

- There are a range of AOD service options that can be outlined to the person and it is quite possible that another organisation might offer a more specialised service that can better meet the person's needs.
- Many AOD services and support types can be provided at the same time.
- Understanding the demotivating factors in the person's life can assist you to determine approaches that provide valid reasons for seeking support.
- Service providers must consider a range of individual variables in order to identify the most appropriate support setting for a person.
- It is your legal responsibility to take reasonable care and provide the correct standard of service to all people while taking into account their various needs.
- You have a duty of care to provide reasonable care to avoid acts or omissions that may cause foreseeable harm to a person.
- All community and government services organisations have privacy and confidentiality policies in place. You always need the person's consent if you wish to communicate their personal circumstances to another colleague or service.
- You need to be familiar with your own rights and responsibilities as well as those of people accessing the service. Ensure you understand the persons' rights and responsibilities and support them to exercise their rights.
- You have a responsibility to have a clear understanding of your role, responsibilities and level of authority and to ensure you work with others in a positive and respectful way. This also includes understanding the boundaries of your own role.

# Learning Checkpoint 2

## Apply understanding of context to AOD practice

### Part A

**1.** Which of the following are legal and ethical considerations relevant to an AOD workplace? Tick all that apply.

- ❑ Duty of care
- ❑ Dignity of risk
- ❑ Privacy, confidentiality and disclosure policies and procedures
- ❑ Childcare
- ❑ WHS legislation

**2.** You must protect the privacy of people accessing your organisation's service. When would disclosing information be appropriate?

**3.** Identify and describe the three main types of support for dealing with AOD issues.

**4.** List the types of individual variables that need to be assessed.

**5.** Provide three examples of external services and professionals for non-urgent health needs.

**6.** Match each setting to its definition/description.

| | |
|---|---|
| Drop-in centre | For people less likely to experience severe withdrawal or who have already almost completed withdrawal from alcohol or drug use in another facility. Services offered include behaviour-change interventions, counselling, group work, relapse prevention, life skills training and self-help groups. |
| Centre-based work | Open to anyone requiring some form of support. There are support staff present who can guide individuals in the right direction, depending on their circumstances and immediate needs; for example, referral for emergency housing, financial assistance, methadone, detoxification and medications. |
| Day program | Most suited for people able to manage withdrawal and the disuse of drugs and alcohol at home but still require some support. A number of support groups can be accessed, including self-help groups found via social media sites. |
| Online AOD work | Most suited for individuals who do not require help securing basic needs. This type of service consists of support and counselling, with the person meeting with an AOD counsellor/therapist for scheduled appointments to discuss AOD use and/or other issues currently affecting them. |

**7.** Explain why a client might be recommended to access residential rehabilitation instead of support via telephone contact.

**8.** List two benefits of outreach programs in the AOD context.

**9.** Which of the following statements relevant to legal and ethical considerations are correct? Select 'Yes' or 'No' for each one.

| | |
|---|---|
| a. As part of upholding WHS laws, children should be kept with their parent during the adult's assessment. | Yes / No |
| b. A code of conduct will outline how to carry out hazardous manual tasks or provide first aid. | Yes / No |
| c. Supporting a client to access a service that meets their specific needs, including cultural needs, is discrimination. | Yes / No |
| d. Providing the person with information and options so that they can make an informed choice regarding their treatment upholds their human rights. | Yes / No |
| e. Reporting suspected or known abuse or neglect of a child to your supervisor is an example of exercising your duty of care. | Yes / No |
| f. Allowing a person to return home and continue drinking alcohol when there are known family violence issues supports a person's right to dignity of risk. | Yes / No |

**10.** List three work role boundaries that must be upheld in line with practice standards.

**11.** List one right and one responsibility in relation to records management for each of the following stakeholders.

- Employers
- Workers
- Clients

## Part B

Read the case study, then answer the questions that follow.

### Case study

Jan is 47 years old and lives alone in a unit. Since the break-up of her marriage six years ago she has become dependent on both alcohol and prescription drugs. She is being treated for anxiety and depression but has managed to conceal her substance misuse from her doctor. On several occasions her neighbour has found Jan passed out in her unit. The neighbour has always been able to bring Jan around but is very concerned about her. Jan always refuses to allow her neighbour to take her to hospital or to ring an ambulance. Jan's general health has deteriorated and she is often unable to get out of bed to go to work. In the mornings, she often experiences uncontrollable trembling in her hands.

Jan has no family or anyone who can support her except her neighbour. The neighbour works and does not have a lot of time to spend with Jan.

**1.** Briefly explain some variables you would need to take into account when considering the most appropriate delivery setting for Jan.

**2.** Do you think Jan would be a likely candidate for a home-based withdrawal service? Explain your answer.

**3.** What advantages might a residential detoxification or in-patient setting offer Jan?

# Topic 3: Integrate the core values and principles of AOD work into practice

3A Assess AOD practice values and ensure support and interventions are person-centred

3B Apply a harm minimisation approach to maximise support for the AOD client

3C Support the client's rights and safety, including access and equity of services

# 3A Assess AOD practice values and ensure support and interventions are person-centred

**As with other community services sectors, work in the AOD sector rests on certain core values and principles.**

These principles include: confidentiality, social justice, access and equity, the protection of human rights and the person's participation. The sector also embraces philosophies and principles central to the nature of AOD work, such as the policy of harm minimisation.

The person's right to confidentiality and privacy is one of the central values of all health and community services work. You must always respect and safeguard a person's personal information and make sure that they also understand the limitations to confidentiality.

Here is more information about the underlying values and principles of AOD work.

| | |
|---|---|
| Human rights | In terms of community services and AOD work, upholding human rights means that every person has a right to health, a reasonable standard of living and to be respected and valued as an individual. |
| Social justice | The main principle of social justice is the promotion of a reasonable and impartial society where all people are treated fairly and have equal access to community resources. Social justice principles challenge inequalities and discrimination and highlight the social determinants of alcohol and drug dependency, such as lack of employment and economic opportunity, poor health and lack of access to resources. |
| Access and equity | Access and equity refers to the right of every person to use a service if they have a need. Individual differences must be respected and workers should take into account and cater for cultural, physical, economic, social and religious differences.<br>The principles of access and equity are designed to ensure fairness in the provision of services.<br>Note that equity is different from equality. Equality is about treating everyone equally and equity is taking this a step further to provide people with equal chances. This means removing barriers so people have the same opportunities. |

| | |
|---|---|
| Social inclusion | Social inclusion involves the promotion of social connectedness.<br>People with drug and alcohol dependency issues can often find themselves alienated and excluded from mainstream society. Social support, including peer support, is important to foster recovery and re-establish community participation.<br>The principles of social inclusion are based on the right of each individual to feel valued and respected in their community and to have access to the resources and services that enable them to live with dignity. Social inclusion policies aim to promote equal access to services and resources and to assist all people to participate in the social, cultural and economic life of the community without discrimination. |

## Current issues

An AOD code of ethics might state that clients of AOD service providers have a right to receive services that meet their individual needs and that address their problems effectively.

This means that service providers either offer the appropriate services or refer people to other providers that can cater to their specific cultural, health, social and economic needs.

Individuals should be given information about services that meet their needs, including the location of local needle and syringe exchange programs (NSEP). NSEP will be discussed in more detail in a later topic.

One of the issues currently facing people is the lack of integration in service delivery, so that a person with a substance misuse problem and coexisting issues has to attend different services to receive appropriate support. One of the aims of the National Drug Strategy and the National Comorbidity Initiative is to develop a more holistic and integrated approach to service delivery. This approach aims to ensure a more efficient and cost-effective service for individuals. It also provides greater benefits for their overall wellbeing, and their service providers become familiar with the range of needs they have.

People's rights, which service providers must address and respect, are outlined below.

| Rights include: |
|---|
| • respect for the person's values and beliefs |
| • fostering the person's participation in support planning |
| • access to complaint procedures |
| • access to advocacy services |

| Rights include: |
| --- |
| • respect for the person's privacy and confidentiality |
| • access and equity for all people who are eligible to use the service. |

## A holistic and person-centred approach

A holistic and person-centred approach means looking at all of the person's needs, strengths and issues and not just one particular area.

Alcohol or drug misuse cannot be treated in isolation. A holistic and **person-centred approach** attempts to address these needs by providing people with, or referring them to, appropriate services. Education and health promotion strategies and a holistic and person-centred approach help in the early identification of health problems and in empowering people to take greater control over their own health needs.

**Person-centred approach**
Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

The person-centred approach places the person at the centre of service delivery. The person's opinions and preferences are taken into account and the focus is on meeting their individual needs. A person-centred approach seeks to uphold the rights, dignity, privacy and personal choice of people accessing AOD services.

A person may have a range of issues that require attention, as outlined below.

| Issues include: |
| --- |
| • physical health conditions or problems |
| • mental health or emotional issues |
| • unsuitable living arrangements or homelessness |
| • difficult family or interpersonal relationships |
| • being socially or geographically isolated and lacking a support network |
| • having little idea how to access appropriate services or what services are available |
| • work, finances, legal matters, education. |

## Recovery-oriented approach to AOD work

**Recovery-oriented approach**
A transformative conceptual framework that focuses on the contribution of the individual and their lived experience.

A **recovery-oriented approach** is used in the mental health sector to provide a transformative conceptual framework for practice, culture and service delivery.

It can also be applied to AOD settings. It focuses on the needs of the people who use the service rather than on organisational priorities. Regardless of whether a person has a mental health illness or drug or alcohol dependency, recovery focuses on the contribution of the individual and their lived experience.

The strategy outlines five domains:

- promoting a culture and language of hope and optimism

- person-first and holistic approach
- supporting personal recovery
- organisational commitment and workforce development
- action on social inclusion and the social determinants of health, mental health and wellbeing.

More detailed information on a recovery-oriented approach to AOD work can be found here: aspirelr.link/health-recovery

**Video: Person-centred practice**

Watch the following video on recovery and person-centred practice in mental health and AOD area: aspirelr.link/yt-person-centred-prac

Pay attention to how the services work together to support a person who enters the system, wherever they enter.

## Empowerment

As a professional in the community services sector, you will work using an empowerment approach to support people.

If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will always be working to uphold people's rights through an empowerment approach.

Disempowerment in AOD work relates to acting in ways that demoralise the person being supported and the ultimate decline of their human rights. Working in such a way says more about the worker than it does the person. The worker may have a personal lack of power and the only way they can feel good about themselves is by taking power from others; or their disempowerment can be caused through ignorance or habit. A worker might believe they are doing the best they can for a person by doing everything for them. This approach can be disempowering because it leads to further dependencies and a lack of control for the person being supported, and results in their rights not being upheld.

Here are some tips to help develop an empowerment, rather than disempowerment, work practice.

| | |
|---|---|
| Reflect on your practice | Ask yourself, "Did I meet the needs of my clients in a recovery-focused and person-centred way today?" If not, then take some time to examine why. |
| Empathise | Think about how you would want to be treated if you were in a role reversal with the person you support. Would you want people providing support in ways that stripped you of your dignity and personal control over your own life? |

| | |
|---|---|
| Find a mentor | Talk to your supervisor and ask them to mentor you to build the skills to work from an empowerment model. Make a meeting time to meet regularly with your supervisor to discuss how you handled situations. Be honest – especially with yourself. |

**Video: Empowerment**

Watch the following video on empowerment theory and the role of workers: aspirelr.link/yt-workers-empowerment

Pay particular attention to the role certain individuals may engage in when attempting to empower others.

## Principle of empowerment

Empowerment is a major principle of the AOD sector and drives the way workers support people.

Empowerment is about power dynamics and encourages the idea that people with AOD issues are the experts in their own lives. Empowerment supports these people and their families to make informed decisions and choices about their goals, needs and delivery of services.

Here is more information.

| An empowered person: |
|---|
| • has decision-making power<br>• has awareness and access to information and resources<br>• exercises self-determination and autonomy over their life<br>• understands about their rights as a client and consumer<br>• is working towards or already has a positive self-image<br>• may contribute to the development and management of AOD interventions and strategies. |
| **Disempowerment can mean a person:** |
| • does not have a say in their own life<br>• cannot make choices or solve problems<br>• doubts their capacity to do things for themselves<br>• has low self-esteem, self-confidence and self-efficacy (belief they can do things by themselves)<br>• has low motivation to participate and/or barriers to participation. |

Other approaches to the management of substance misuse involve mobilising communities to develop their own strategies for preventing and monitoring drug use.

### Community development

**Community development** workers help communities to:

- identify community needs and take action to address local problems
- foster the development of community groups and organisations
- plan for future development.

**Community development**
A method of community work that encourages individuals and groups to bring about change in their own communities.

### Community empowerment

Community empowerment involves AOD and other community service workers helping communities to develop the confidence and skills to tackle inequalities and injustices in their community, usually by influencing local and government authorities. The idea behind community empowerment is to mobilise people in the community who may feel distanced from decision-making processes to engage in practical strategies to influence outcomes in their community.

## Example

### Ensure support and interventions are person-centred

Harry has been referred to Martin's AOD assessment and referral organisation as a condition of his suspended sentence for possessing heroin.

Harry is reluctant to engage and appears sullen and uninterested. Martin will be undertaking Harry's assessment. He meets with Harry to complete an intake assessment and provide him with information about the comprehensive assessment.

Martin begins the session with the following explanation.

'I've been asked to collect some initial information from you that'll help us to make sure you're given the best types of support we can offer. Tomorrow, I'll spend an hour or two talking with you in more detail so that we can properly understand your drug use and help you to avoid any further problems with the law. It's important that you know you're the most important person in this process. You can choose not to answer questions, but I give you my assurance that what you do tell me can help us work together so you can manage your situation in the future, whether you choose to continue to use heroin or try to get clean. Your decisions and input will guide how we work together.'

When Harry realises that Martin is not going to preach to him or force him to change, his attitude relaxes and he appears more willing to talk.

# Practice Task 7

**Question 1**

List three ways support workers can empower people with AOD issues.

**Question 2**

List the five domains of the recovery-oriented approach.

**Question 3**

Which of the following actions are person-centred? Tick all that apply.

- ❑ Acknowledging that the person is the expert in their own lives
- ❑ Referring a person to a mental health service that helped another client with different needs
- ❑ Finding supports and interventions based on the person's opinions and preferences
- ❑ Upholding the person's rights
- ❑ Treating the person with dignity

# 3B Apply a harm minimisation approach to maximise support for the AOD client

**Australia adopted the harm minimisation approach to manage substance misuse in 1985 and is now considered a world leader in innovative approaches to AOD interventions, research and policy developments.**

As opposed to a zero-tolerance approach that focuses on abstinence and eliminating illegal drug use, **harm minimisation** emphasises the following principles.

**Harm minimisation** Type of intervention in AOD work that aims to help people reduce problem drug use.

- Drug use is a public health issue rather than a criminal or legal issue.
- Illicit drug use will always be part of our society and approaches to manage the problem must be morally neutral.
- Harm reduction strategies acknowledge that injecting drug use requires responsible public health measures to reduce individual and community harm associated with such practices.

Harm minimisation programs aim to help individuals reduce problem drug use instead of relying purely on law enforcement strategies to control the problem. Most states in Australia now offer drug diversion programs, so people who are caught using or in possession of an illegal drug are offered a caution on the condition that they undertake assessment and/or support.

## The three-step approach to harm minimisation

Australia's National Drug Strategy is based on the principle of harm minimisation.

Harm minimisation attempts to prevent anticipated harm and reduce actual harm from drug use by improving the knowledge, health, social and economic outcomes for the community and individuals. This approach recognises that people will always use drugs and that the primary focus should be on the use of public health strategies to reduce the adverse health and social consequences of these substances.

Harm minimisation works in conjunction with other strategies that include prevention, health promotion and law enforcement approaches that stop or interrupt the supply of illegal drugs.

| The three approaches to harm minimisation | |
|---|---|
| Demand reduction | The aim is to discourage people from using drugs in the first place. It is about encouraging people to stop or minimise drug use. Education programs are designed to make using drugs less attractive.<br>Examples include national public health campaigns such as:<br>• 'Quit now' anti-smoking campaign<br>• 'Where's your head at?' campaign aimed at young people and drug using<br>• 'Count your drinks' national alcohol campaign. |
| Supply reduction | The aim is to reduce the supply of drugs by imposing legislation, regulations and law enforcement.<br>Examples include liquor licensing laws that prohibit the sale of alcohol to people under 18 years of age or people who are intoxicated. |
| Harm reduction | The aim is to prevent harm to the community; both people and property.<br>One way it promotes social inclusion is to educate people about drug harms. This approach helps people to use drugs in the safest possible way.<br>Examples include the introduction of low-alcohol beer (which means people can still drink but the health risks are reduced) and providing people with free, clean needles and syringes to reduce the spread of HIV and hepatitis. |

## Relapse prevention

**For all people accessing AOD services, a lapse or relapse in drug use is common and an often expected part of recovery.**

**Relapse**
Describes the process where a person returns to previous levels or patterns of problematic drug use.

With harm minimisation becoming a more accepted and realistic support goal, 'lapse' has become a less-used term. A lapse was considered to be a return to use of any kind and related to people aiming for abstinence. **Relapse** prevention aims to help a person stay on track with changing their drug-using behaviour.

Relapse prevention counselling involves developing strategies to help maintain abstinence or reduce drug-using behaviours following the withdrawal period. People are provided with instruction and rehearsal for strategies to cope with and manage relapses, and deal with cravings and thoughts about the drug.

Try to normalise relapses by discussing ways to anticipate them with the person and prepare them to respond without losing confidence in their ability to overcome substance misuse.

Relapse prevention encourages the person to recognise high-risk situations and provides strategies for coping in these situations.

For more information on relapse prevention strategies, visit: aspirelr.link/relapse-prevention

For recovery tool handouts, visit the following website and download PDF copies: aspirelr.link/relapse-prevention-tools

## Harm minimisation strategies

Needle and syringe programs (NSPs) are an example of a harm minimisation strategy.

These programs help to prevent the sharing of needles or other injecting equipment, which in turn prevents the spread of diseases such as HIV and hepatitis B and C.

Harm minimisation strategies related to alcohol use include:

- serving alcohol in plastic cups instead of glass to prevent injuries from broken glass
- using low-alcohol beers
- encouraging designated non-drinking people to drive others home.

NSPs aim to reduce the spread of diseases that people can get if their blood comes into contact with another person's blood.

This can happen if people share needles and syringes when they inject drugs. These programs also aim to reduce the risk of spreading these infections to the wider community.

| NSPs provide: |
| --- |
| • free sterile needles, syringes and other injecting equipment |
| • safe ways to dispose of used needles and syringes |
| • information and education |
| • referrals to other health services |
| • a safe place for people to get help |
| • medical tests to check for diseases. |

# Risk control

**Risk control is the term used to describe the devices and methods used to eliminate a hazard or, where this is not practicable, minimise the risk/s associated with the hazard.**

In AOD work, risks apply to equipment, facilities and the actual work undertaken. This could involve people accessing the service who are intoxicated or aggressive, people accessing the service having relapsed into risky or unhealthy behaviours, or may be a result of workload.

Staff and support workers should be consulted for their opinions about effective control measures. They will have good ideas about how to manage a hazard, as they are very familiar with the work environment.

Risk control
Eliminating a hazard or minimising the risk/s associated with the hazard.

**Risk control** can include:

- policies to influence behaviour; for example, management of intoxicated persons
- practices to guide the use of equipment
- designs to reduce risk; for example, a reception area providing physical protection for staff
- elimination of risk; for example, removing branches of trees that overhang walkways
- signage to warn people of risk; for example, 'wet floor' signs.

## Risks associated with intoxication

People face many possible risks associated with intoxication due to alcohol and drug consumption.

These include:

- accidents and injury
- drug overdose
- alcohol poisoning
- drug-induced psychosis
- injury to others due to drink driving or alcohol/drug-related violence
- long-term physical and mental health consequences.

Although each state and territory have laws regarding dealing with intoxicated people, these are usually aimed at the hospitality industry and police. If you work in a community services organisation, your obligations are less clear and depend on a number of factors. Most AOD services will have policies on how to deal with intoxicated people so that you are able to meet your duty of care.

You must always remember that your duty of care is to take reasonable care to see that the person or others are not exposed to harm. Your aim is to reduce the risks that people may face.

| If an intoxicated person comes to your service, you should: |
| --- |
| • find out if they are able to get home safely |
| • make a phone call for them or let them use the phone to get assistance |
| • drive them home if this is possible and allowed according to your company policies and procedures |
| • not allow them to drive themselves |
| • call the ambulance if they require medical attention |
| • contact the police if the person is aggressive or threatening others. |

**Video: Alcohol poisoning**

Watch the following video on the dangers of alcohol poisoning: aspirelr.link/yt-alcohol-poisoning

Take note of the health issues that can arise from alcohol poisoning.

## Symptoms of intoxication, drug-induced psychosis and mental illness

The symptoms of intoxication vary according to the drug. It is important that you understand and follow your organisation's guidelines regarding managing aggressive and threatening behaviour. This will help you meet your duty-of-care obligations and to protect yourself and others.

Using alcohol and/or other drugs can make experiences of mental health issues more intense or can trigger new experiences such as psychosis. On the other hand, people may use alcohol and other drugs to relieve or numb their mental distress or experiences. This is referred to as 'self-medicating'. To be able to understand the reason a person is using, it is good to ask about what experiences 'trigger' their use.

Clients can often display challenging behaviour and behaviours of concern, especially when they are intoxicated or experiencing a drug-induced psychosis.

Here are common symptoms of intoxication and mental illness, and strategies to use to minimise risk.

| | |
|---|---|
| **Intoxication symptoms** | The symptoms of intoxication vary according to the drug. Depressant drugs such as alcohol cause slurred speech, unsteady gait and the inability to think clearly. Stimulants have the opposite effect, with people becoming highly agitated and edgy. Someone withdrawing from a drug or alcohol may also show agitated and aggressive behaviour. |
| **Drug-induced psychosis** | A drug-induced psychosis is a psychotic episode that is triggered by the use of a substance. It can also occur when a person mixes drugs and prescription medications and alcohol or are withdrawing from a drug. Drugs which are associated with drug-induced psychosis are meth, LSD, ecstasy and MDMA. Signs and symptoms of psychosis include:<br>• hallucinations – hearing and seeing things which are not there<br>• delusions – feeling like people are after them; believing they are God or are a celebrity.<br>A drug-induced psychosis can potentially cause mental health disorders the person currently has to get worse, or it can lead to new mental health disorders being diagnosed, such as bipolar disorder. |
| **Mental illness symptoms** | Symptoms of mental illness can include:<br>• agitation, restlessness, pacing<br>• anxiety<br>• paranoia, fearfulness, hallucinations<br>• mania, mood swings, low mood<br>• depression<br>• social withdrawal, disconnection from work and education<br>• delusions; for example, seeing people or things which are not there, or feeling like people are after them.<br>It is important to note that it is a myth that all people with mental illness are violent. Research and statistics show that people with mental health struggles are more often the victim of crime than they are the perpetrator. |

| Actions to take |
| --- |
| **During intoxication- and drug-induced psychosis:** |
| • Urge the person to sit down in a space away from other residents or clients.<br>• Remove hazardous materials from the person's vicinity.<br>• Ask the person what they are under the influence of, so you can best support and manage risk.<br>• Monitor their symptoms and, if they get worse, seek advice from your supervisor or get medical advice from a doctor or nurse.<br>• If they are engaging in dangerous behaviours, for example trying to run on the road or jump off the roof, take them to hospital or at the very least call an ambulance.<br>• Get medical advice about giving them their usual medications; if you give them their regular medications, it could make them worse or cause more symptoms such as vomiting or overdose.<br>• Ensure the person is in a low-stimulus environment.<br>• Make sure you don't do anything to threaten or alarm the person. |
| **For behaviours of concern and challenging behaviours:** |
| • Find out why the behaviour is happening and meet the need of the behaviour.<br>• Do not ignore behaviours of concern. They are happening because the person is struggling to manage their emotions or trying to communicate something. Behaviours of concern rarely happen to 'get attention'. The 'getting attention' explanation for behaviours of concern is a myth.<br>• Get to know the client's behavioural triggers, and form strategies to manage them and avoid them.<br>• Be calm and manage your own emotions. Clients will escalate their behaviour if you react emotionally towards them.<br>• Take a break. If things are escalating, suggest you both take a break and do something soothing or calming.<br>• Create a distraction. If a client is beginning to escalate to the point just before a behaviour of concern occurs then distract them with a song, a clip or a game, or a change of scenery.<br>• Be a good role model. Role model appropriate behaviours to your client.<br>• Use support and behavioural strategies which work.<br>• Do not use strategies which punish the person. These will only make **behaviours of concern** worse and it is illegal and unethical to punish any client for their behaviour, no matter how bad it may be. |
| **When a client is escalating in their behaviour (starting to yell, pacing around the room, crying, becoming distressed):** |
| • Take them to a calm space.<br>• Encourage them to talk but don't force them.<br>• Distract them with another activity such as craft, art, watching TV, going for a walk.<br>• Encourage them to self-soothe and comfort themselves using positive coping strategies; for example: playing a game on their phone, talking to a friend or family member. |

**Behaviours of concern**
Actions and responses that can happen because the person is struggling to manage their emotions or trying to communicate something.

| Actions to take |
| --- |
| **When a client is getting aggressive or violent (yelling, throwing things, threatening others and themselves):** |
| Try to ensure your personal safety and the safety of others. This may involve asking others to leave the room, making sure that you are near an exit or that you can put a barrier between yourself and the person threatening you. Other actions to consider are listed below.<br>• Call colleagues for assistance and, if necessary, call an ambulance, mental health service or police.<br>• Use the duress alarm if one is available and the situation warrants it.<br>• Try to calm the person by talking slowly and calmly.<br>• Ask the person what their needs are and how you can help them.<br>• Encourage the person to talk and listen respectfully.<br>• Find out what drugs, if any, the person has taken, how much and how long ago.<br>• Ensure the person is in a low-stimulus environment.<br>• Make sure you don't do anything to threaten or alarm the person. |

Read the following fact sheet about behaviours of concern: aspirelr.link/scope-aus-boc

## Actions to take after an incident

You will need to document the incident in the person's case notes and may also be required to fill out an incident report.

You should also be given the opportunity to debrief with a supervisor or counsellor to discuss any personal concerns or practical implications that have arisen as a result of the incident. Fears that an incident could have been prevented or that the action taken was inappropriate are frequently cited, and the availability of debriefing is important to ensure that such fears are addressed.

Managing your own feelings and responses and de-escalating the situation by using good communication skills is particularly important in safety risk situations.

| Make sure that you: |
| --- |
| • listen to the person in a respectful manner |
| • do not make threats or demands |
| • speak calmly and assertively |
| • try to establish rapport with the person |
| • make appropriate requests such as relocating to a quiet room. |

## Example

### Apply a harm minimisation approach

Twenty-year-old Lindsay has been using heroin for many years. He frequently seeks assistance at the local community health centre for health problems such as skin infections around his injection sites. Candice is an AOD worker who has frequent contact with Lindsay while he takes part in a methadone program. During today's assessment, Candice discovers that Lindsay continues to inject heroin at least weekly. She knows that Lindsay is at risk of developing more serious health problems such as hepatitis and HIV through sharing and re-using needles.

Although it has been suggested before, Candice explains the benefits of using needle and syringe programs. She reassures Lindsay that the service is free, and that it provides a respectful and non-judgmental environment with 'no-questions-asked' access to new needles and syringes. She outlines the success of the program in reducing the transmission of HIV, hepatitis and other bloodborne diseases. She also provides Lindsay with some written information about the high occurrence of bloodborne diseases among people who share needles.

# Practice Task 8

**Question 1**

Explain the three principles, or pillars, of harm minimisation.

**Question 2**

List two risks when working with people affected by alcohol and/or other drugs. For each risk, name one way support workers can mitigate the risk.

# 3C Support the client's rights and safety, including access and equity of services

**The main principle of social justice is the promotion of a reasonable and impartial society where all people are treated fairly and have equal access to community resources.**

Social justice principles challenge inequalities and discrimination, and highlight the social determinants of alcohol and drug dependency, such as lack of employment and economic opportunity, poor health and lack of access to resources.

Individual differences must be respected and workers should take into account and cater for cultural, physical, economic, social and religious differences.

The principles of **access** and **equity** are designed to ensure fairness in the provision of services. Access means that a service is available to all people who are entitled to use it and equity refers to the fair treatment of people using a particular service.

Workers need to be particularly careful about ensuring a person with any comorbidities is given the appropriate access to services and is treated equitably once in the service. For example, people who have substance misuse problems as well as an intellectual disability may be supported by two different service providers. Workers at one service may feel that they don't have to make as much effort with such a person because another service provider is also working with them. Services should ensure that they don't adopt this attitude and that both services respond to people's individual needs to the best of their ability.

The purpose of access and equity principles is to remove barriers and ensure that all individuals and groups have access to the same services and opportunities. Access and equity principles are underpinned by a range of federal and state and territory legislation aimed at reducing discrimination, prejudice, stereotyping or harassment that some groups of people may experience because of perceived difference or diversity.

Access and equity refers to the right of every person to use a service if they have a need.

**Access**
Availability of a service to all people who are entitled to use it.

**Equity**
The fair treatment of people using a particular service.

| People may be discriminated against because of their: |
|---|
| • age |
| • gender |
| • ability |
| • race |
| • language |

| People may be discriminated against because of their: |
|---|
| • sexual and gender preference |
| • religion |
| • socioeconomic status |
| • cultural and ethnic differences |
| • politics |
| • appearance. |

**Video: Access and equity**

Watch the following video on access and equity in the AOD area: aspirelr.link/yt-alcohol-poisoning

Pay particular attention to the factors that support accessibility during 'pre-treatment' and the factors that supported engagement during treatment.

## Demonstrate access and equity

One of the main ways workers can demonstrate their commitment to access and equity principles is by ensuring that all individuals are given relevant and complete information about the services they provide.

Workers should tell the person about what services they are entitled to, how they can access them and how they can lodge complaints if they feel they have been discriminated against or have not been given a satisfactory level of service. Where workers are operating in a community development framework, they should explain the principles of community development and encourage individuals to initiate or participate in community development projects that may be relevant to their needs.

Access and equity involves more than avoiding discrimination. It is about promoting participation and creating services that are as accessible as possible to individuals and the community. Community services organisations should ensure that all their workers are trained in practices that uphold the principles of access and equity and are aware of the legislation that underpins these concepts.

| | |
|---|---|
| 1. Information about community development services | Ensure that all individuals and groups within a community are given relevant and complete information about community development services. |
| 2. Explaining and encouraging | Explain the principles of community development and encourage individuals to initiate or participate in community development projects that may be relevant to their needs. |

| | |
|---|---|
| 3. Consultation | Ensure all groups within a community are consulted and encouraged to participate in community development initiatives. |
| 4. Language | Have information available in a range of formats and languages. |
| 5. Access | Use physically accessible buildings for meetings.<br>Have policies and procedures which are easy to understand and do not create more barriers for clients. |
| 6. Networking | Network with agencies that provide specific services; for example, cultural-specific services and disability services. |
| 7. Responsiveness | Ensure services are responsive to religious and cultural requirements. |
| 8. Staff | Provide female or male staff as required.<br>Provide staff who have been trained in cultural safety. |
| 9. Interpreters | Provide access to language interpreters, including Auslan (Australian Sign Language) if required. |
| 10. Advocacy | Encourage the use of advocates where a client struggles to advocate for themselves. |
| 11. Policies and procedures | Have clear organisational policies regarding access, equity and anti-discrimination. |

## Inclusive work processes

**Participating in inclusive work processes and practices requires an understanding of the principles of social inclusion; that is, to promote social connectedness.**

Workers participate in inclusive work practices when they treat others with respect, keep everyone informed, build relationships with all the different groups and organisations in their community, communicate clearly and appropriately to all members of the community, and demonstrate a willingness to understand and learn about people's needs and differences.

People feel included when they:

- are treated with courtesy and respect
- are consulted about their needs and encouraged to participate in decision-making
- feel they can express themselves freely and state their needs and points of view
- have opportunities to participate in society, work and other community activities
- feel safe from harm, abuse and harassment
- can freely follow their own culture and customs.

The community development process depends on community participation and cannot be effective unless all community groups and individuals have an opportunity to be included in the process.

You can practise inclusive work processes that encourage participation by undertaking the following actions.

| | |
|---|---|
| **Strategy** | Develop an inclusion strategy that recognises all the different groups and organisations that should be included in community development projects. |
| **Relationships** | Build relationships with groups and organisations in the community and create links between them; this helps to establish trust between groups and encourages people to feel more confident about participating in community projects. |
| **Strengths-based approach** | Take a strengths-based approach to fostering participation; this involves recognising the strengths of different groups and individuals in the community and building on these. |
| **Partnerships** | Build partnerships with community leaders and stakeholders who can promote participation among their own groups and communities. |
| **Barriers** | Identify possible barriers to participation. For example, some individuals or groups may have internal barriers based on fear of the unknown or lack of confidence; external barriers may include lack of access to transport or negative social pressure; workers should provide information about the benefits of participation and how individuals and groups can participate. Addressing barriers here means that strategies are put into place to manage the barriers. For example, arranging transport for clients, having workers who are trained in **cultural sensitivity** and safety, having practices which are strengths-based and person-centred. |
| **Inclusiveness** | Encourage community services to work together to provide more inclusive services to a greater range of people; for example, aged care services linking with cultural-specific services to provide appropriate care for older people with culturally and linguistically diverse (CALD) backgrounds; services that are fragmented often lead to confusion and exclusion for some groups in the community. |
| **Information** | Ensure that all individuals and groups in the community are kept informed and receive the same information; workers should make sure that information is provided in an appropriate language and/or format. |
| **Communication** | Promote respectful communication so that attempts to find solutions to problems do not result in personal attacks or focus too much on personal issues or power struggles. |
| **Issues** | Recognise any issues that may lead to exclusion of some groups or individuals early so they can be quickly addressed. |

**Cultural sensitivity**
Adopting a non-biased attitude and tolerating other cultural values, opinions, customs and needs.

| | |
|---|---|
| Communities | Help participants recognise that consensus and collaboration is the foundation for community change. |

# Example

## Support rights and safety

Jemima is a council community development worker helping a group of unemployed people set up a community cafe and recreation/meeting space. The purpose of the project is to provide employment and social, recreational and learning opportunities for the unemployed people of the area. Jemima notices that the people who have initiated and are working on the project do not reflect the full diversity of the area. She calls a meeting with participants and others to discuss ways they can encourage people from a range of different cultural groups as well as those with disabilities, mental health conditions and other concerns to become involved.

They start putting the message out and meeting with different groups in order to promote the centre and the opportunities it offers. Some of the participants are surprised to find that people from other cultures thought they had to be invited to join in. They did not realise that the centre was meant for everyone and that they can all participate in running it, putting forward suggestions and using it as a place to carry out their own cultural activities. Soon a more diverse group of people is involved in the project.

When the group find a venue to use as a premises, Jemima reminds them that they will have to ensure it has wheelchair access for community members, as several of the people who want to join in on the project use wheelchairs.

# Practice Task 9

**Question 1**

Explain how AOD workers can deliver inclusive work practices.

**Question 2**

List two ways workers can ensure access and equity to people accessing a service.

**Question 3**

List three types of discrimination that can occur.

# Summary

- Workers must be aware of and demonstrate adherence to the principles of access and equity. This applies to workers who work on a one-on-one basis with a person as well as those who work with groups of people in a community development framework.
- Access means that workers must ensure that they provide access to services to everyone who is entitled to them. This means that everyone should have the same opportunity to find and use services without any form of discrimination.
- Equity means that workers must provide the same level of service to all people who use a service. It is based on fair or equal treatment and focuses on participation and achievement at the same level.
- Workers should have a good understanding of diversity in their community. This means they should be familiar with the different cultural and language groups in the area and the different social, physical, health and economic conditions that people experience.
- Australia is an increasingly diverse society. Workers who recognise and value diversity in all its forms can more easily address the needs of a person.
- Inclusive practice in community development is based on the principle that all people in a community have the right to participate and contribute to decisions that affect them and the community as a whole.
- The principles of access and equity ensure that all people have the same right to receive services. In Australia, the principles of access and equity in community services are well-established.

# Learning Checkpoint 3

## Integrate the core values and principles of AOD work into practice

### Part A

**1.** Which of the following values and philosophies help ensure interventions and supports are person-centred? Tick all that apply.

- ❑ Social justice
- ❑ Human rights
- ❑ Social inclusion
- ❑ Access and equity
- ❑ Equality

**2.** Describe the recovery-oriented approach to AOD work and list the five domains that it covers to ensure interventions and supports are person-centred.

**3.** List two principles of the harm minimisation approach.

**4.** List two ways workers can support a client's rights to access and equity in the AOD context.

**5.** List three inclusive work practices that help make people with AOD issues feel included.

**6.** Which of the following actions empower people with AOD issues? Tick all that apply.

- ❑ Allowing the person to make decisions about their supports and interventions
- ❑ Giving the person information relevant to their needs
- ❑ Influencing the person with regard to treatments that would help their recovery
- ❑ Shaming the person for relapsing in order to prevent it from reoccurring
- ❑ Encouraging the person to contribute ideas to the development and management of AOD interventions and strategies

## Part B

Read the case study, then answer the questions that follow.

### Case study

John is working for a youth service that deals with young people who have AOD and mental health problems. One day Stephen (who John does not know very well) comes into the centre and starts threatening John with a syringe. Stephen is in a highly agitated state and is demanding money. There are some other people around; another staff member, who is in another room, is unaware of what is happening.

**1.** Outline five steps John could take to protect himself and manage this situation.

**2.** Outline two steps John should take once the incident is over to mitigate the risk of this reoccurring and to protect his own health and wellbeing.

# Topic 4: Apply understanding of the impact of values in AOD practice

4A Reflect on personal values and attitudes regarding AOD use

4B Apply awareness of organisations' values

4C Consider clients' values in determining interventions and supports

# 4A Reflect on personal values and attitudes regarding AOD use

**Everybody has their own values, attitudes, beliefs and assumptions.**

These are developed over time and are often based on personal experiences. Friends, family, television, radio, newspapers and the internet will also influence you. It is important that you are aware of your own thoughts, feelings, attitudes, values, beliefs and biases about drug use, as these may affect the way you work and communicate with co-workers and people accessing services. Your values and attitudes will also influence how you behave and make decisions about others.

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| Values | Values allow people to identify the things they would like to see happen and the things they would prefer to avoid. Values make people accept certain things and reject others. Values often change with time. |
| Attitudes | Attitudes make a person decide whether something is good or bad, right or wrong, useful or useless, safe or dangerous, beautiful or ugly. How people act and what they say represents their attitude. |
| Beliefs | Beliefs are thoughts and ideas that are accepted as being true. Beliefs allow a person to understand the world in terms of how one thing affects another, what things they can influence and change and what things are beyond their control. |
| Assumptions | Assumptions are things people believe without proof. They provide a way of seeing things that people take for granted. |

You need to show your commitment to the positive values and attitudes that define AOD work. These values and attitudes include providing fair and equal access to services, supporting and encouraging individuals and the community and keeping information private.

Alcohol and other drugs affect people from all sections of society: from every ethnicity, social background, cultural background, education, religion, gender and age. It is important to recognise that the use of alcohol and other drugs is common.

Assumptions or beliefs about people who use alcohol and other drugs are often myths or stereotypes. These may be based on a particular experience or media images.

People who use alcohol and other drugs are not all the same and their reasons for using them are varied and often complex.

**Video: Core values**

Watch the following video on discovering your own core values: aspirelr.link/yt-core-values

Pay attention to the three steps involved.

# Codes of ethics

**Codes of ethics** help community service workers align their own values with professional practice.

**Codes of ethics**
Guiding principles that outline expected ways of behaving or standards of conduct for an individual or organisation.

For example, a worker may not agree with a person's lifestyle but ethical practice requires that they adopt a non-judgmental stance in order to provide effective services for the person.

The client–worker relationship is a complex one that requires the worker to walk a fine line between offering support and maintaining the professional boundaries of the relationship. Most ethical codes state that it is not appropriate for a worker to engage in a relationship with a person outside of the service, to give and receive gifts or favours, or to be involved in any activity that may cause harm to people.

Working in accord with ethical principles and values requires workers to think carefully about how they must uphold their workplace and legal obligations, as well as people's rights and needs.

An ethical dilemma arises when there are conflicts between a worker's personal values and the outcomes of professional decision-making, which will affect your client, yourself or your organisation.

| Examples of some of the ethical issues and dilemmas workers may face include: |
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| • working with people who are under the influence of drugs or alcohol and dealing with the consequences of their behaviour, such as abusing or threatening other people |
| • dealing with interpersonal conflicts at work |
| • balancing the rights of the individual with the rights of the community |
| • working effectively with people who are involved in criminal activities that may be in conflict with the worker's own values |
| • working with people who engage in risky behaviour such as intravenous drug use |
| • whether to report abuse that is occurring to a client, their child or someone they care for. |

Reading on ethical dilemmas: aspirelr.link/gi-ethical-dilemma

## Example

### An AOD ethical dilemma

Darcy was mandated by the court to do an AOD program, because she drove her car while under the influence of both codeine and alcohol and smashed into a parked car. Jed has been working with Darcy, supporting her with her codeine and alcohol addiction. Darcy really liked working with Jed, even though she was an involuntary client at the program. One day, Darcy had a relapse when she broke up with her partner. She told Jed about it, when they were performing a reassessment of her drug and alcohol usage. Darcy knew that she may have to stay in the program for longer, or even worse, may end up doing jail time if she relapsed, so she asked Jed if he could not put the relapse information in the assessment. Jed said that he could not do that, because he has to be truthful in the documentation about what clients say to him. Darcy was really disappointed in Jed, because she assumed their relationship was good enough that he would trust her with getting over the relapse quickly and get back to where she had been. Jed explained that while he enjoyed working with her, he could not do that.

Jed reflected on the situation and for future practice decided to revisit confidentiality and limitations with clients more often so they are aware of what he needs to report.

## An ethical framework

**Ethical codes provide a framework for practice and ethical decision-making.**

However, they cannot cover every situation a community service worker may face but they can provide general guidelines to support workers in making decisions and conducting themselves in a professional manner.

| Working ethically can be enhanced by: |
|---|
| • practising self-reflection |
| • discussing issues with supervisors and colleagues |
| • referring to ethical codes |
| • learning the principles of ethical decision-making. |

## Conflict of interest

If you are aware of a possible **conflict of interest**, you need to report it immediately to your supervisor. A conflict of interest occurs when a staff member of an organisation has private or personal interests that could conflict with their work.

**Conflict of interest**
An incompatibility between the aims or concerns of different persons.

Such conflicts of interest may influence their ability to act ethically or with professional judgment. Potential conflicts of interest may arise out of emotional, sexual, personal, family, social, religious, financial, business, political, professional or organisational issues.

Your organisation may have a policy which specifically addresses conflicts of interests. If this is the case then make sure you read it and understand what potential conflicts of interest are and who you need to report to in case of a conflict of interest. Usually this will be your supervisor. If you do not report a conflict of interest, the situation may get out of hand and end up reflecting poorly on the ethical accountability of you and your organisation. Actions to remedy the situation may involve referring a person to another agency or having another team member work with the person.

Conflicts of interest have the potential to negatively affect your work.

Some common examples of conflicts of interest are outlined below.

- The worker has a personal relationship with a person accessing their service outside of work.
- The worker accepts money or gifts that may influence their work.
- The worker misuses confidential information about a person.
- The worker uses work equipment or property for private purposes.
- The worker does not inform management that they have a personal association with a person accessing services or the person's family.

## Non-judgmental behaviour

When you judge others, you are forming an opinion, making up your mind or deciding the best thing to do. Judgmental behaviour occurs when people act on these feelings and make decisions.

You should reflect on and identify your own beliefs, values and attitudes about alcohol and other drug use.

It is normal to judge or evaluate what people say or do. It is a way of understanding feelings about actions or events.

Non-judgmental behaviour means:

- expecting that people behave in different ways
- accepting that people have their own opinions and ideas
- accepting everybody as important individuals
- allowing people to make decisions in their own way, whenever possible.

It is sometimes difficult to act in a non-judgmental way. Non-judgmental behaviour requires you to remember there are other ways of feeling, thinking and behaving that may be equally as effective as yours.

| You will need to practise: |
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| • listening to others and thinking before you answer |
| • thinking of more than one solution to a problem |
| • looking for areas where you agree |
| • avoiding the urge to criticise other people, their actions or attitudes. |

## Myths about alcohol and drug use

There are many myths based on what people assume about alcohol and drug use. These beliefs can negatively affect both the person with AOD issues and their families and friends.

Come common myths and misconceptions are outlined below.

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| Bad people | A common belief is that people with alcohol or drug dependency are 'bad' people who chose their dependency, or that dependency is a sign of weak character. People with AOD issues come from all walks of life and are not bad or weak people trying to be 'good', but sick people trying to get well. |
| Beyond hope | Many people who experience alcohol or drug dependency can modify or stop their harmful alcohol or drug use. This usually happens over time and when their situation supports stopping their use. Many people move away from their dependency without professional help. They may abstain (stay sober or dry) or they may reduce their alcohol and drug use to levels they can control. |
| Lazy | Many people with drug and alcohol issues can be seen as lazy and that they are not working hard enough to get sober or clean. People who do have drug and alcohol issues and are choosing to get sober or clean are actually trying their very best to overcome many physical, psychological and emotional dependencies. This takes tremendous willpower, motivation and effort from the person. They may even lose friends and family for taking a stand against their addiction. |

## Example

### Reflect on personal values and attitudes regarding AOD use

Brian is a homeless man with an alcohol dependency. Workers from the service he accesses see him on a regular basis. He has been in and out of rehabilitation and detox centres for many years and always reverts back to his former drug-using behaviour. The workers all have different attitudes towards Brian.

John says that Brian is 'a hopeless old addict who should be left to his own devices – he has already been given too many chances'. John treats Brian with contempt and is abrupt and impolite when he speaks to him.

Lyndal is a new worker who thinks she can 'cure Brian'. She lectures him about the dangers of alcohol misuse and sleeping rough and is constantly trying to get him into new support programs. Brian firmly resists all her efforts.

Magdalene has known Brian for many years. She doesn't judge him and always welcomes him to the groups she runs when he chooses to turn up. Brian says he enjoys the company of his peers and always tries to attend group sessions or programs if Magdalene is running them.

# Practice Task 10

**Question 1**

Explain why personal values and attitudes can influence how you work with people affected by AOD.

**Question 2**

List two behaviours you can practise to demonstrate non-judgmental behaviour.

**Question 3**

Identify a myth about people with AOD issues.

# 4B Apply awareness of organisations' values

**You will bring your own personal and professional values to your work. However, there are core values that you need to be aware of when working within the AOD sector.**

The beliefs, values and attitudes of the sector should be outlined in your organisation's policies and procedures. You should study these documents and try to use the information in your day-to-day work. This work brings many challenges. Safety, trust and ethical behaviour underpin the way workers need to conduct themselves in the workplace at all times.

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| Equity and access | The person should have access to services and receive non-discriminatory treatment for equal needs.<br>This is particularly important for people who have multiple needs. Sometimes a person can be referred from one service to another without receiving the appropriate treatment.<br>You can promote access and equity in your workplace by showing a non-discriminatory approach to everyone and by taking their cultural, physical, religious, economic and social needs into consideration. |
| Responsiveness | Services should be relevant and open to the individual. They should be appropriate to gender, social circumstances, ethnic and cultural backgrounds and take any disability into account.<br>People's values and expectations should be respected. It is important to provide opportunities for the person to evaluate the services you provide to ensure they are appropriate to their needs.<br>AOD services have a responsibility to consider the broader community's needs in relation to their services. |
| Ethics | AOD workers should relate to the moral and ethical issues surrounding drug use. This requires an awareness of the policy, practice, research and political concerns of drug use. It also includes supports, outreach, education, law enforcement, health promotion and prevention. |
| Effectiveness | Services must deliver the best possible outcomes for the person. To do this, it is important to evaluate services. Programs that are not effective need to be changed so they provide positive outcomes. |
| Community | Involvement of the community can improve acceptance of the services available. Your duty is to inform individuals of their rights and responsibilities. |
| Cost effective | The best possible outcomes must be achieved using the appropriate resources and within the budget boundaries. |

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| Stress | Stress and high workloads can contribute to workers making poor ethical decisions and mistakes. Workers should always be mindful of their limitations. |
| Relationship | A good relationship between the person and the worker is extremely important to achieve positive outcomes. Services are most effective when they work together to solve problems. The welfare of the person and the general public and the quality of the service should always come first. |
| Advocacy | AOD workers have a responsibility to engage in ongoing debate and advocacy about drug policy issues. Workers should strive to educate themselves about a wide range of issues including access, protection, ethical practice and communication. |
| Harm minimisation | Harm minimisation means there is a commitment to reducing the harm that drugs and alcohol subsequently cause for people. AOD workers can promote harm minimisation by educating people on the poor physical and mental health outcomes of dependency and work towards recovery-oriented practices and strategies. |
| Strengths-based practice | All interventions, treatments and support strategies must identify and highlight a person's strengths. Not doing so can cause a person to become disempowered. |
| Person-centred practice | All interventions, treatments and support strategies must include the person's goals, needs and preferences. Excluding these can also cause a person to become disempowered. |

For more information on core AOD treatment principles, visit: aspirelr.link/aod-treatment-principles

## Communication skills to demonstrate equality and fairness

Using appropriate communication techniques ensures all people are treated equally and fairly.

Communicate effectively with co-workers, stakeholders and individuals by using the following communication strategies.

| | |
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| Active listening | Active listening means you acknowledge the person and what is being communicated. You should also respond and give feedback. Use active listening to let the person know you are interested and listening to what they are saying. |
| Relevant questions | Only ask questions that are relevant to the situation at hand and relevant to your job role. |

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| Provide information | Communicate all essential information to co-workers. This enables them to successfully complete their jobs. The person accessing the service has a right to know anything that may affect them and their options. However, take care not to give information that is not part of your job role to give. Remember, privacy and confidentiality laws are a part of your job role. |
| Paraphrasing | Repeat in your own words what has been communicated to you to ensure you understand. |
| Empathy | Acknowledge the other person's feelings and communicate that you understand their feelings. Empathy statements are non-judgmental and can be used to establish trust. |
| Silence | It takes time and experience to be comfortable with using silence but it is useful when people need to make decisions. Use silence to observe nonverbal messages such as a worried expression or body language. |
| Self-disclosure | Depending on your organisational code of conduct and job role, it may be appropriate to discuss some of your personal experiences with clients. Make sure to ask yourself the question if your disclosure is relevant, appropriate and will help the person. If you are disclosing for your own benefit, this is not appropriate. |

**Video: Active listening**

Watch the following video on building rapport with clients: aspirelr.link/yt-building-rapport-with-clients

Pay particular attention to the importance of active listening when recalling and repeating back information to the person.

## Diversity and standards of behaviour

You should always keep in mind that people from other cultures may have different standards about what constitutes appropriate behaviour and personal propriety.

Many cultures have strong beliefs about how much of a person's body should be seen in public or even in their own home by family. You must be aware of this and dress appropriately when visiting or interacting with people from different cultures.

Before working with a person from another culture, try to find out some background information about their customs, preferences and behavioural standards. In this way you will be better prepared and less likely to upset the person by wearing inappropriate clothing or offending their sense of decency or standards of behaviour and dress. If a person appears to be uncomfortable with anything you are doing, always stop what you are doing and ask what you can do to make them feel more comfortable.

## Communication

You will deal with people about very sensitive issues on a daily basis, so it is essential that you have highly developed communication skills.

Your organisation may provide communication guidelines or they may expect you to know how to communicate in a professional way at work.

Communication is based on sending, receiving and interpreting messages. It sounds simple but sometimes we can say something only to realise that the person we are speaking to has interpreted the message in a completely different way to what we intended.

Learning how to communicate effectively requires continually developing and reviewing communication skills.

| Workplaces will expect you to: |
| --- |
| • communicate in a courteous manner with everyone |
| • maintain appropriate boundaries when communicating with people; this means not being too familiar |
| • avoid swearing and using slang |
| • listen attentively to people accessing services and others in order to identify their needs and help them address problems |
| • speak clearly and check that others understand you by asking questions |
| • not make assumptions about what individuals or colleagues are saying and always check their meaning if you are unsure. |

## Interpersonal communication

Interpersonal communication is person-to-person communication involving the sending and receiving of information between two or more people.

Here are some strategies for effective interpersonal communication.

| Use 'I' statements |
| --- |
| When you use the word 'I' you are taking ownership of what you say and sending a clear message about personal responsibility. The use of 'I' helps you to communicate in a direct and active way and allows you to clearly state what you feel or think about a situation.<br>Compare the difference between the following sentences:<br>• It has been decided that the policy needs to be updated.<br>• I want this policy to be updated because ...<br>The first sentence is in the passive voice and gives no clear indication of who has made the decision to update the policy. The speaker has removed themselves from personal responsibility so the directive sounds authoritarian and impersonal. In the second sentence, the speaker takes ownership of the suggestion and clearly states what they think. |

### Avoid personal criticisms

Never use personal criticisms when you are communicating with a person; refer only to their actions or behaviours that are causing problems. For example, say, 'You haven't completed reports on time on several occasions now. Can we discuss why this is happening?' instead of 'You never get your work done on time because you talk too much'.

### Consistent verbal and nonverbal messages

Maintaining similarity between your verbal and nonverbal messages avoids confusing people with ambiguous or contradictory communication cues. Your body language should match what you are saying and thinking. For example, saying 'You're good at that' with a smirk sends a mixed message that will confuse the person you are speaking to. This can damage the rapport and trusting relationship that is so important to work effectively in the AOD sector.

Remember that nonverbal messages contribute to more than half of the information that a person receives from you. Being verbally and physically congruent helps to deliver your message clearly and builds trust.

### Listen attentively

When you listen attentively to someone you convey that you value them, their knowledge and experience. Listening must be an active process rather than a passive one. In order to listen well, focus your attention on the speaker and ignore any distractions where possible. People who listen attentively ask the speaker questions to ensure they understand what is being said.

Here are some useful tips for listening and responding.

- Be empathic; try to put yourself in the other person's shoes.
- Focus on what the speaker is saying and the meaning behind the words.
- Note nonverbal cues such as hand movements, posture, eye movements and facial expressions.
- Don't interrupt while the other person is speaking.
- Ask questions to help you clarify and understand what is being said.

### Communicate in a respectful way

Respectful communication promotes the dignity and rights of the person being communicated with or about. All forms of communication, including face-to-face, written and electronic communication must be accurate and factual and avoid inappropriate or disrespectful comments.

Individuals and workers have the right to:

- information that is accessible to them; for example, in plain English or in another language as required
- have an independent third person or advocate present
- be spoken to and treated courteously.

**Written communication**

You should take care to follow your organisation's procedures for writing case notes, emails and other documentation. All written communication should be:

- clear
- concise
- accurate
- objective
- respectful.

Remember that under freedom of information legislation, people can ask to see their files. Make sure that you always write case notes in a fair and accurate way that does not demean or insult the person.

## Example

### Apply awareness of values

Josiah works as a peer support worker in an AOD support program. His organisation works with a strengths-based, person-centred, recovery-oriented focus. He encounters clients from all different walks of life. Josiah sees all kinds of defensive, challenging and difficult behaviours; however, what he tries to do with each client is to connect with them using appropriate and professional communication skills. He builds trust and empathy with clients quickly as he wants to hear each person's story. He knows that not every person has the same story which has led to an addiction or dependency of some kind. He shares his lived experience with addiction to methamphetamine only when clients ask to hear about his experience and perspectives.

## Example

### Apply awareness of values

Sasha is an experienced AOD worker and has started at a new AOD organisation, which specifically supports parents who have either had or are currently dealing with an addiction or dependency. This program has brought in many parents who are engaged with state child welfare departments and are required to complete compulsory AOD programs so they can get custody of their children back, or are participating so they do not lose custody of their children. Sasha has had to be honest with herself that she has found it difficult hearing about family life which includes children and drug and alcohol use. She speaks to her co-workers about it and they felt similar feelings of anger and shock to hear how children were abused or neglected. Nevertheless, Sasha and her co-workers know that most of the parents already feel so much guilt and shame about their AOD use; therefore, they make an active choice to empower the parents, instead of disempowering them with judgment, guilt and more shame. They know that by choosing to empower the parents, the children are ultimately empowered, which in turn leads to a better quality of life.

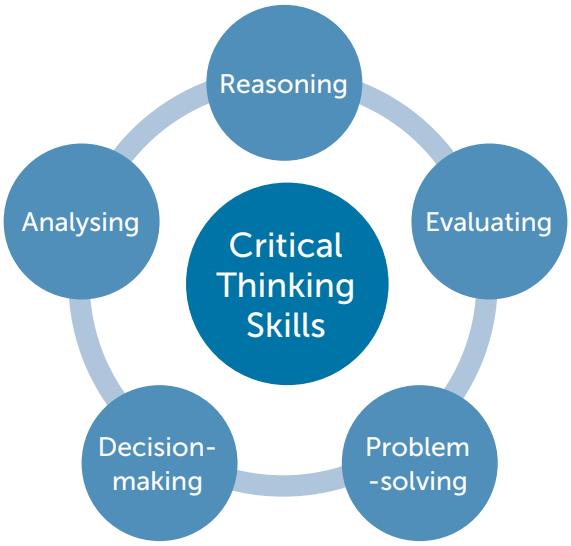
## Critical thinking skills

Critical thinking skills are higher order thinking skills that people use to work through and process and solve complex issues.

AOD workers can use critical thinking skills to help process and think through whether current work practices and philosophies are reflecting the core values of the AOD industry.

Critical thinking skills involve:

- reasoning; for example, determining whether one value is more important than another
- evaluating; for example, determining whether one outcome is better than another
- analysing; for example, analysing current evidence-based research to determine whether a practice is helpful for clients
- problem-solving; for example, solving a workplace problem or issue
- decision-making; for example, deciding about a workplace problem or issue.




For more information on critical thinking in social work, visit: aspirelr.link/chron-social-worker

Be sure to scroll down to the article 'What Is Critical Thinking in Social Work?' to access the information.

## Using critical thinking skills to evaluate current values and philosophies of the AOD sector

The changes that ultimately affect the culture and philosophies of programs and service delivery include:

- changes in managers, supervisors and program coordinators
- changes in funding, which affects service delivery models
- the current educational level of staff; for example, lower levels of education (Certificate III and under) usually mean that staff may struggle to manage clients with complex and coexisting needs
- local community issues that affect community service workplaces. For example, public transport issues, lack of other community services, other allied health professionals in the area, homeless and disadvantaged populations in the area, poverty and lack of job opportunities in the area.

How can you use critical thinking skills to evaluate whether your service is operating with AOD values and philosophies? You can ask yourself these guiding questions to help.

- Is our service person-centred and strengths-based?
- Does our service focus around the goals, needs and preferences of clients?
- Are we focused on recovery and relapse prevention?

- Do we offer a range of different AOD service options for clients and target groups; for example, drop-in centres, peer support services, day programs, different programs for young people, teens, adults, older people, men and women?
- Is our service meeting the needs of the local community? For example, if meth usage has increased in the local area, what responses has the service implemented to respond to that issue for clients?

## Example

### Using critical thinking about current AOD issues and philosophies

Care Community Services offers a range of family support services to a small rural town, including case management to people experiencing AOD issues. The town recently had two large manufacturing plants shut down, and there has since been an increase in poverty and drug and alcohol usage. Care Community Services staff reported to the manager they were seeing more young people with AOD issues as well as middle-aged men and women who used to work at the manufacturing plants. These AOD issues were causing a spike in child abuse and neglect reports, and the family services side of Care Community Services was struggling to manage the more complex issues of poverty and AOD usage. Other local community service providers were reporting the same issues and many organisations were coming under pressure from clients with complex needs in the community.

The local community organisations met and came up with a new drop-in model of AOD support, which included AOD education and awareness. It was agreed that three drop-in services for teens and young people, men and women should be set up across three community service organisations. Community service workers were trained in AOD topics, values and philosophies, strategies and practices. The local community responded well to the new drop-in services; drug and alcohol usage plateaued in the first six months and then slowly began to fall.

## Example

### Using critical thinking about current AOD issues and philosophies

Stevie is an AOD worker. Her organisation has recently merged with a disability organisation in order to streamline services, because more and more clients are presenting with coexisting and complex issues between AOD usage, disabilities and mental health issues. There have been many adjustments that Stevie and her co-workers have had to make, but Stevie has noticed that practices and strategies are focusing more on clients' disabilities and mental health issues than on AOD recovery and relapse prevention. Stevie brings this concern up at a staff meeting, where the managers and supervisors listen to Stevie's proposals to centre practices back to recovery and relapse prevention for the two client groups. Stevie's co-workers agree with Stevie's strategies, and they all decide to take the strategies on for their practice.

# Practice Task 11

**Question 1**

Identify three values an AOD organisation may hold.

**Question 2**

List two practices that AOD workers need to demonstrate in order to uphold organisational values.

**Question 3**

List three questions AOD workers can ask to determine whether the services offered reflect the current values and philosophies of the AOD sector.

# 4C Consider clients' values in determining interventions and supports

**The values, beliefs and attitudes of people who access AOD services are crucial to the recovery process.**

Some attitudes can be very persistent and resistant to change; others may be held more lightly.

If a person is starting from a belief that their AOD issues will forever dominate and restrict their life, they start the process with a disadvantage. If the person has also experienced stigma and exclusion from society and had past negative experiences with AOD services, these disadvantages can seem overwhelming. Being stigmatised and stereotyped damages a person's sense of self, identity, sense of worth, self-confidence and self-esteem. Working to change negative attitudes and self-perceptions is a first step to instilling hope in the person and creating a positive working relationship.

The persistence of an attitude is often related to the importance of the subject to the person who holds it, and many factors may contribute to this. In the AOD sector, projecting and maintaining a non-judgmental attitude is important and this takes high-level communication skills to achieve.

Workers' attitudes to recovery and AOD issues are crucial in their working relationship with people. The first step may be to identify attitudes on both sides, examine them, and reflect on whether they are constructive and helpful to recovery, or negative and unhelpful to recovery. A shared understanding of this can be the start of a productive and supportive working relationship. It is common for people's values and attitudes to shift and change as they encounter different stages of becoming clean or sober. People will have values across the domains listed below.

- Standards of living and different lifestyles
- Physical health
- Mental health
- Work and education
- Relationships, including family, friends and romantic relationships
- Politics, religion and spiritual beliefs

Here are some examples of positive client values and attitudes you may come across.

- I am getting clean for my family.
- I am getting sober to save my relationship.
- I am doing this for my physical or mental health.

Here are some examples of ambivalence values and attitudes you may come across.

- I like how the drug makes me feel, but it's costing me a lot of money.
- I like how the substance makes me more sociable with people, but the coming down makes me feel even worse.
- This addiction has cost me my house and marriage, but the high is so good.

Here are some examples of negative values and attitudes you may come across.

- I only stayed clean for five days, and then I was back to where I was two weeks before that.
- I can't seem to stop using when I am triggered.
- I have no faith in myself that I can stop and I can't do this on my own.

Be mindful about how you relate to the person when meeting their needs; be understanding, respectful, open, genuine and warm with the person. If you are unsure how a person's values might affect the way that you work with them, conduct research or find a service that represents the particular values the person holds. The person's values will guide how they determine or prioritise goals, needs, preferences and desires.

Visit the following link for research undertaken on clients' values while receiving AOD support and assistance: aspirelr.link/aod-recovery-values

## Example

### Identify and work with client values

Junko is getting to know Hudson and how to support him in recovering from his heroin addiction. Hudson has various spiritual beliefs that he feels have helped him to get clean previously. Junko does not share the same values as Hudson about religious or spiritual beliefs, but she wants to find out how those beliefs can encourage and motivate recovery for Hudson. Hudson outlines how the spiritual beliefs helped him change his behaviour and attitudes around his usage. Junko listened carefully and came up with some suggestions for support strategies to manage Hudson's recovery process, which include some of his spiritual beliefs and rituals. Hudson agrees that Junko's ideas are a good reflection of him and what he believes. He says that he feels more motivated to reduce his usage slowly using the strategies that Junko suggested.

## Diverse and marginalised groups

There are some groups of people with AOD issues who may need additional support services for recovery to be successful.

People from diverse and marginalised groups may need services and information designed to meet their needs. Some groups have strongly held values, beliefs and attitudes, and these along with their lived experience may influence their acceptance of interventions or strategies that are planned. It is important to take personal history and preferences into account when planning strategies for implementation. Some groups that require special services include:

- First Nations Australians
- CALD groups
- people in rural and remote areas
- women
- people who identify as LGBTIQ+
- young people.

Here is more information.

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| First Nations Australians | There are many things to consider about the alcohol and drug use of First Nations Australians. For example, a Western-oriented system that fails to take into account First Nations lifestyles, culture, family and values may limit the successful outcomes for a First Nations Australian person dependent on drugs or alcohol. A better approach is to use models that have been constructed within a First Nations cultural context and developed by First Nations people. |
| CALD groups | Australia has people from many different cultural backgrounds. These different backgrounds may include a different country of birth, language spoken at home, religion and ethnic background. A person's cultural background may affect their drug use and/or associated problems and their resolution. Different cultures vary in their attitudes to AOD For example, alcohol consumption varies greatly within and between countries. In Italy, for example, wine is commonly consumed with meals but intoxication is not accepted. Some cultures favour the use of drugs little known in Australia such as khat or betel nut. In some Asian countries, the traditional smoking of opioids has now been replaced by injecting.<br>Religious beliefs can also play a part in the manner and resolution of drug use. For example, if a person of Islamic background develops a problem with alcohol they may be less willing to discuss their misuse for fear of community criticism.<br>Using skilled interpreters with the appropriate dialect and gender is important. It is often inappropriate to use family members as interpreters because the person may not want the family member to know about their problems. |

| | |
|---|---|
| **People in rural and remote areas** | Some communities have fewer resources than others in terms of access to health care services. This is particularly true of rural and remote areas. Community action to address this issue may include:<br>• advocacy campaigns for more funding and access to health care services<br>• establishing initiatives to provide the community with alternative ways of seeking healthcare; for example, via Skype or mobile health practitioners<br>• initiating community health education programs to encourage people to adopt preventive health measures. |
| **Women** | Many cultures believe that men and women should have very distinct roles and ways of behaving. Most societies see women as nurturers and carers and having an addiction or drug dependency contradicts societal views. Women can face more stigma and marginalisation than men for having AOD issues.<br>Women who access a service may also require special supports for:<br>• child care<br>• family violence<br>• employment opportunities<br>• emergency accommodation. |
| **Sexual and gender orientation** | Heterosexuality is the traditionally accepted sexual orientation in Australian society. Individuals in same-sex relationships may face:<br>• marginalisation and discrimination<br>• feelings of fear related to homophobic violence<br>• homophobic aggression and violence.<br>LGBTIQ+ people have higher rates of mental health disorders, obesity, smoking and unsafe drug and alcohol use, and are more likely to self-harm.<br>People with diverse genders such as trans, non-binary and gender neutral also face stigma, stereotyping, marginalisation and discrimination in society because they have 'strayed' from society's expected two genders. |
| **Young people** | Young people with AOD issues may experience other issues such as:<br>• homelessness<br>• serious health issues<br>• mental health or emotional problems<br>• legal or physical safety issues.<br>Youth alcohol and drug services include:<br>• outreach workers who keep in regular contact with the person and provide support and ongoing assistance<br>• day programs that provide short-term life skills, employment and recreation programs<br>• staffed residential programs for young people whose drug use causes substantial harm. |

## Example

### Consider diverse client values

Mrs Tran is an older woman who uses opium. She has recently arrived in Australia to live with her granddaughter. When she was growing up in her own country, it was the custom of older people who were dying to use opium to help relieve pain and give them a few good final years. She says Australian doctors don't understand her and don't try to help her – they just tell her that she has a drug dependency and should go on methadone. Mrs Tran does not want this and says she needs to speak to someone who can understand.

Arabella, her AOD worker, discusses the matter with her friend Su Chee, who works at a cultural-specific service. Su Chee tells her that this is quite a common problem and that Mrs Tran might be better to see a doctor from her own culture. She provides Arabella with a list of names and offers to assist in any way she can.

Arabella organises an appointment with Dr Goh, who is able to determine that Mrs Tran mainly uses opiates to help her relieve pain and feel sedated and calm. Dr Goh suggests that they try some traditional remedies and work out together what other medicines will best suit her needs so she can stop using opium. Mrs Tran is happy as she has found someone who understands her needs and values.

# Practice Task 12

**Question 1**

Identify three groups that an AOD worker might encounter.

**Question 2**

Across which of the following domains will clients have values you need to consider when determining interventions and supports? Tick all that apply.

- ❑ Standards of living and different lifestyles
- ❑ Physical and mental health
- ❑ Relationships
- ❑ Social media
- ❑ Politics, religion and spiritual beliefs

**Question 3**

List three ways to build a positive relationship with people accessing services that takes their values into consideration.

## Summary

- In order to work effectively in the AOD sector, you need to be familiar with the core values of the sector. This knowledge will help you to clarify your own values and attitudes to drug use and assist you to adopt or maintain a professional approach to your work.
- Your main priorities as an AOD worker should be to act in the best interests of the person and the community as a whole and to always follow your organisation's policies and procedures.
- Being non-judgmental is an important attribute of AOD workers. It does not mean that you accept everything without judgment, but that you don't jump to conclusions about other people or situations based on your own attitudes and values. Being non-judgemental incorporates the notion of respect; that is, you respect people as individuals.
- The principles of access and equity ensure that all people have the same right to receive services. In Australia, the principles of access and equity in community services are well-established.
- It is important that you are aware your own thoughts, feelings, attitudes, values, beliefs and biases about drug use, as these may affect the way you work and communicate with co-workers and the person accessing the service. Your values and attitudes will also influence how you behave and make decisions about others.
- You should always respect other people's values and never feel superior or affronted by people who have markedly different values.
- Being aware of and confident about your own values will help you accept others and respect the values that are important to them.
- You may not have the same beliefs that some of the people who access the service have but you should uphold and respect their right to hold different beliefs.

# Learning Checkpoint 4

## Apply understanding of the impact of values in AOD practice

### Part A

**1.** If a worker finds it difficult to hear about parents with AOD issues having mistreated or neglected their children, in what ways might this workers' values and attitudes affect their work with AOD clients?

**2.** Which of the following are social constructs or assumptions about the AOD sector? Tick all that apply.

- ❑ People with drug and alcohol problems are bad people.
- ❑ People with drug and alcohol problems come from all walks of life.
- ❑ People with drug and alcohol problems cannot be helped.
- ❑ People with drug and alcohol problems are lazy and don't want to recover.
- ❑ Drug and alcohol addiction is seen in wealthy and poor communities.

**3.** Identify three ways workers can demonstrate equality and fairness in work practice.

4. List two signs that would indicate a client is receptive to recovery interventions and supports.

5. Which of the following would indicate a client might require further support when entering recovery? Tick all that apply.

   - ❑ They acknowledge that the drug is costly but they like how the drug makes them feel.
   - ❑ They are highly motivated and really want to improve their physical health.
   - ❑ They hate the come-down from drugs but enjoy the social aspects including their interactions with others.
   - ❑ Their marriage has broken down but they love the high they get from drugs.
   - ❑ They have been undergoing relationship counselling and desperately want to save their marriage.

## Part B

Read the case study below, then answer the questions that follow.

### Case study

Tina works at a service for young people with AOD issues where all the people are under the age of 18. It has come to her attention that another worker, Peter, sometimes buys a pack of cigarettes for a 16-year-old woman who accesses the service. It is illegal for an adult to buy cigarettes for a person under 18 and Tina is conflicted about what to do because Peter is a friend as well as a co-worker.

**1.** List three ways Tina can uphold organisational and community services values in this scenario.

# Glossary

**Access**

Availability of a service to all people who are entitled to use it.

**Behaviours of concern**

Actions and responses that can happen because the person is struggling to manage their emotions or trying to communicate something.

**Code of conduct**

A set of rules that informs employees how to act in a workplace.

**Code of ethics**

Guiding principles that outline expected ways of behaving or standards of conduct for an individual or organisation.

**Code of practice**

A document providing practical guidance on how to comply with duties in a workplace.

**Community development**

A method of community work that encourages individuals and groups to bring about change in their own communities.

**Confidentiality**

The principle of keeping personal information private, unless the person consents to sharing the information with other parties.

**Conflict of interest**

An incompatibility between the aims or concerns of different persons.

**Cultural sensitivity**

Adopting a non-biased attitude and tolerating other cultural values, opinions, customs and needs.

**Depressants**

Cause a slowing down of messages between the brain and the body which can affect coordination and a person's ability to concentrate.

**Dignity of risk**

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

**Disclosure**

The act of sharing or releasing private or personal information.

**Duty of care**

A moral or legal obligation to ensure the safety and wellbeing of other persons.

**Empowerment**

The process of gaining strength and confidence to voice one's own opinion.

**Equity**

The fair treatment of people using a particular service.

**Harm minimisation**

Type of intervention in AOD work that aims to help people reduce problem drug use.

**Hallucinogens**

Temporarily disrupt communication between brain chemicals and alter a person's awareness of their body and environment.

**Hazard**

A source or a situation with the potential for causing harm, damaging humans, property and/or the environment.

**Informed consent**

A person's decision to agree to a healthcare treatment, having been informed about the intervention and any alternative options.

**Mandatory reporting**

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

**Negligence**

Failure to take reasonable care with your actions.

**Peer support worker**

In an AOD context, this person provides support and specialist advice around their own lived experience of drug and alcohol usage and addiction.

**Person-centred approach**

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

**Policy framework**

An overarching set of policies that establishes required standards and ensures a consistent approach to a range of functions.

**Recovery-oriented approach**

A transformative conceptual framework that focuses on the contribution of the individual and their lived experience.

**Relapse**

Describes the process where a person returns to previous levels or patterns of problematic drug use.

**Risk control**

Eliminating a hazard or minimising the risk/s associated with the hazard.

**Social inclusion**

Supporting and building capacity in people so they can participate in the community, enabling them to define their own goals and place within it.

**Stimulants**

Increase the speed at which messages travel between the brain and the body and can cause a person to feel more alert and energetic.