



CHCAOD001

# **Work in an alcohol and other drugs context**

Release 1

Learner guide

Aspire Version 1.2



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## Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	February 2019	Minor corrections as part of our continuous improvement program

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### CHCAOD001 Work in an alcohol and other drugs context Release 1

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# Contents

<b>Before you begin</b>	<b>vii</b>
<b>Topic 1 Establish the context for AOD work</b>	<b>1</b>
<b>1A</b> Maintain knowledge and awareness of the social, political, economic and legal contexts of AOD	<b>2</b>
<b>1B</b> Research the impacts of AOD policy frameworks on AOD work practice	<b>5</b>
<b>1C</b> Apply understanding of the historical and social constructs of alcohol and drugs and the changes in alcohol and drug use	<b>22</b>
Summary	<b>28</b>
Learning checkpoint 1: Establish the context for AOD work	<b>29</b>
<b>Topic 2 Apply understanding of context to AOD practice</b>	<b>33</b>
<b>2A</b> Apply knowledge of broad and specific AOD contexts to AOD work practice	<b>34</b>
<b>2B</b> Identify and use legal frameworks that impact on AOD work	<b>42</b>
<b>2C</b> Identify, review and apply information about evidence based models and frameworks of AOD work	<b>60</b>
Summary	<b>72</b>
Learning checkpoint 2: Apply understanding of context to AOD practice	<b>73</b>
<b>Topic 3 Integrate the core values and principles of AOD work into practice</b>	<b>77</b>
<b>3A</b> Assess AOD practice values and ensure support and interventions are person-centred	<b>78</b>
<b>3B</b> Apply a harm minimisation approach to maximise support for the AOD client	<b>85</b>
<b>3C</b> Support the client's rights and safety, including access and equity of services	<b>91</b>
Summary	<b>96</b>
Learning checkpoint 3: Integrate the core values and principles of AOD work into practice	<b>97</b>
<b>Topic 4 Apply understanding of the impact of values in AOD practice</b>	<b>101</b>
<b>4A</b> Reflect on personal values and attitudes regarding AOD use and acknowledge their potential impact when working in AOD contexts	<b>102</b>
<b>4B</b> Apply awareness of organisations' values	<b>107</b>
<b>4C</b> Consider client values in determining interventions and supports	<b>117</b>
Summary	<b>121</b>
Learning checkpoint 4: Apply understanding of the impact of values in AOD practice	<b>122</b>



## 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. You can access the unit of competency and assessment requirements at: [www.training.gov.au](http://www.training.gov.au).

## 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. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> <li>▶ 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.</li> </ul>
Examples and case studies	<ul style="list-style-type: none"> <li>▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints.</li> <li>▶ Case studies highlight learning points and provide realistic examples of workplace situations.</li> </ul>
Practice tasks	<ul style="list-style-type: none"> <li>▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.</li> </ul>
Video clips	<ul style="list-style-type: none"> <li>▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: <a href="http://www.aspirelr.com.au/help">www.aspirelr.com.au/help</a></li> </ul> 
Summary	<ul style="list-style-type: none"> <li>▶ Key learning points are provided at the end of each topic.</li> </ul>
Learning checkpoints	<ul style="list-style-type: none"> <li>▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.</li> </ul>

## 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.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> <li>▶ Understanding your job role, organisational procedures and legal responsibilities</li> <li>▶ Managing your work and seeing how well you are going and making goals for yourself at work</li> <li>▶ Seeking professional development opportunities for continuous improvement</li> </ul>
Reading	<ul style="list-style-type: none"> <li>▶ Understanding how documents are presented and being able to navigate through documents</li> <li>▶ Understanding industry- and job-specific terminology</li> <li>▶ Interpreting key information in relevant documents</li> <li>▶ Understanding routine workplace checklists and documentation</li> </ul>
Writing	<ul style="list-style-type: none"> <li>▶ Planning, drafting and writing reports and documents</li> <li>▶ Communicating through written letters, email and online</li> <li>▶ Recording progress; reporting incidents</li> </ul>
Oral communication	<ul style="list-style-type: none"> <li>▶ Clarifying instructions</li> <li>▶ Providing information</li> <li>▶ Supporting others through encouragement, negotiation and conflict resolution</li> <li>▶ Using body language to model desired behaviour and responding to others' body language</li> </ul>
Numeracy	<ul style="list-style-type: none"> <li>▶ Calculating costs, weights, measurements of height and distance</li> <li>▶ Interpreting measurements</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>▶ Working well with other people by cooperating, collaborating, encouraging and building rapport</li> </ul>
Planning and organising	<ul style="list-style-type: none"> <li>▶ Planning your workload and commitments</li> <li>▶ Implementing tasks</li> <li>▶ Completing work on time</li> <li>▶ Knowing how to deal with hazards and risks</li> </ul>
Making decisions	<ul style="list-style-type: none"> <li>▶ Understanding and applying decision-making processes</li> <li>▶ Reviewing the impact of your decisions</li> </ul>
Problem-solving	<ul style="list-style-type: none"> <li>▶ Identifying problems</li> <li>▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome</li> </ul>
Innovation and creation	<ul style="list-style-type: none"> <li>▶ Recognising opportunities to develop and apply new ideas</li> <li>▶ Generating ideas by thinking of new ways to do something</li> <li>▶ Making suggestions to improve work</li> </ul>

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> <li>▶ Efficiently using digitally based technologies and systems correctly and safely</li> <li>▶ Accessing, organising and presenting information</li> <li>▶ Using equipment correctly and safely</li> </ul>

## 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 outcomes	Rate your confidence in each section
Topic 1 Establish the context for AOD work	1A Maintain knowledge and awareness of the social, political, economic and legal contexts of AOD	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Research the impacts of AOD policy frameworks on AOD work practice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Apply understanding of the historical and social constructs of alcohol and drugs and the changes in alcohol and drug use	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Apply understanding of context to AOD practice	2A Apply knowledge of broad and specific AOD contexts to AOD work practice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Identify and use legal frameworks that impact on AOD work	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Identify, review and apply information about evidence based models and frameworks of AOD work	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
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	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Apply a harm minimisation approach to maximise support for the AOD client	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Support the client's rights and safety, including access and equity of services	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 4 Apply understanding of the impact of values in AOD practice	4A Reflect on personal values and attitudes regarding AOD use and acknowledge their potential impact when working in AOD contexts	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Apply awareness of organisations' values	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C Consider client values in determining interventions and supports	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



## Topic 1

In this topic you will learn how to:

- 1A Maintain knowledge and awareness of the social, political, economic and legal contexts of AOD**

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- 1B Research the impacts of AOD policy frameworks on AOD work practice**

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- 1C Apply understanding of the historical and social constructs of alcohol and drugs and the changes in alcohol and drug use**

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## Establish the context for AOD work

The AOD sector is a complex area of work and some issues and practices may seem contradictory. For example, legal drugs such as alcohol and tobacco cause greater harm to society than illicit drugs, and the primary government policy regarding drug use attempts to minimise harm caused by drugs rather than eliminate all use. This current policy reflects a shift in the approach to managing drug use and misuse. Workers in the AOD sector must keep up-to-date with the latest policy developments and have a good knowledge of drug properties and how they affect people.

# 1A Maintain knowledge and awareness of the 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 whether policies that promote a zero tolerance approach to drug use or policies that attempt to minimise the harm caused by drugs are the most effective.

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 toward 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.

## Economic and social factors

Drug use has significant economic and social costs on society. The cost of managing harm caused by the misuse of legal and illicit drugs runs to many billions of dollars every year. Alcohol and tobacco, both legal drugs, contribute the most to these costs.

How governments choose to respond to these economic and social problems depends on political persuasion, lobby 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.

Social attitudes and public perception also play a major role. During periods of economic hardship people are more likely to reject innovative drug interventions such as supervised injecting rooms and heroin trials.

Here are some of the economic and social impacts of drug use.

Impacts include:

- ▶ disruption to community and social harmony
- ▶ increased incidents of family violence
- ▶ increased incidents of crime and community violence



- ▶ poor 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.

## Health promotion

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.

The charter's three main strategies are:

### Advocate

- ▶ Health promotion fosters and promotes the political, economic, social, cultural, environmental, behavioural and biological factors that promote good health.

### 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.

## Early intervention

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

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.

## Practice task 1

1. Identify three economic and social impacts of drug use.

.....

.....

.....

.....

2. Give two examples of early prevention strategies used in AOD work.

.....

.....

.....

.....

**Click to complete Practice task 1**

# 1B Research the impacts of AOD policy frameworks on AOD work practice

In order to understand how drugs affect people and assist people accessing AOD services, AOD and community services workers will need to have an understanding of the properties of the major drug types or categories. 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 drugs affect people differently. Someone with a stable professional and personal life may be dependent on drugs or other alcohol for years with little impact on their functioning. Conversely, a person with a mental health condition who uses drugs may find misuse impacts on their functioning greatly.



## Policy framework

The Australian Government's policy directives regarding legal and illicit drugs are 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:

- ▶ National Illicit Drug Strategy
- ▶ National Alcohol Strategy
- ▶ National Tobacco Strategy
- ▶ National Indigenous Drug Strategy.

Access more information on the National Drug Strategy at: <https://aspirelr.link/national-drug-strategy>.



## Statutory framework

The federal government and state governments have a range of laws that regulate drug use and supply. The Customs Act is the principle Act covering the trafficking, exporting and importing of drugs. Each state 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.

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

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.

Legal drugs include:

- ▶ caffeine
- ▶ nicotine
- ▶ alcohol
- ▶ over-the-counter medicines.

### Legal prescription drugs

Prescription drugs are prescribed by a doctor and include:

- ▶ tranquillisers
- ▶ sleeping pills
- ▶ sedatives
- ▶ pain killers.

### Illicit drugs

Illicit drugs are illegal to purchase and use and include:

- ▶ narcotics like opium and heroin
- ▶ stimulants like amphetamines (speed) and cocaine
- ▶ hallucinogens like LSD, psilocybin and mescaline
- ▶ cannabis products like marijuana and hashish.

## Worker training and education

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. 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.



## Drug 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 and their effects on the body.

## Depressants

Alcohol is almost always administered by drinking but can be inhaled or injected.

Benzodiazepines, including Valium and Temazepam are ingested in tablet form or injected. They are commonly prescribed by doctors to relieve stress and anxiety and to help people sleep.

Cannabis is administered via smoking but can also be eaten, brewed as a tea or inhaled through a vaporiser.

GHB (Gamma Hydroxybutyrate) is ingested, and also injected and inserted anally.

Heroin and morphine are administered via injection, snorted and smoked (inhaled).

Codeine is ingested or administered as a suppository (anally).

Inhalants such as glues, paints and aerosols are administered via 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, lower blood pressure and create poor concentration and dizziness. They 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 judgement, memory loss, respiratory depression and arrest, unconsciousness and death.

## Stimulants

Caffeine is administered via drinking and eating (ingesting).

Nicotine is administered via inhaling or transdermal absorption (patch).

Amphetamines are administered via ingesting, smoking (inhaling) or injection.

Cocaine is administered via snorting, injection, being rubbed on gums and ingestion (added to food and drink).

Ecstasy (MDMA) is ingested via tablet.

Methamphetamine (or 'ice') is administered via smoking, injecting, swallowing, and snorting.

### General effects of stimulant drugs:

These substances make the person feel creative, confident and energetic. They increase heart rate, blood pressure and metabolism. The person 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 of feeling 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 person will have enlarged pupils and a dry mouth, and experience reduced appetite, teeth grinding, excessive sweating, and fast 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.

## Hallucinogens

LSD (Lysergic acid diethylamide) is ingested, snorted, injected and inhaled (smoked).

Psilocybin or 'magic mushrooms' are ingested.

Cannabis is administered via smoking but can be eaten, brewed as a tea or inhaled through a vaporiser.

Ecstasy (MDMA) is ingested via tablet.

Ketamine is ingested, snorted or injected.

PCP (Phencyclidine or 'angel dust') is inhaled, injected, snorted, swallowed or administered through transdermal absorption.

Steroids are ingested via tablet or injected.

### 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.

## Opioids

Heroin and morphine are administered via injection, snorted and smoked (inhaled).

Codeine is ingested or administered as a suppository (anally).

Oxycodone is administered via ingestion, injection or anal suppository.

Methadone is administered via injection and ingestion (tablets).

Buprenorphine is administered sublingually (under the tongue) or ingested.

Pethidine is administered via injection.

### General effects of opioids:

General effects include feelings of euphoria, drowsiness, dreaminess, pain relief, pinpointed pupils, sedation, itching, scratching, slowed pulse and impaired judgment.

Effects of overdose include respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness and coma.

## Cannabinoids

These are naturally occurring compounds found in the Cannabis Sativa plant, with products including marijuana and hashish. Cannabis is administered via smoking but can be eaten, brewed as a tea or inhaled through a vaporiser.

### General effects of cannabinoids:

General effects include euphoria, increased appetite, slowed thinking and reaction time, relaxation, confusion, and impaired balance and coordination.

Effects of overdose include cough, frequent respiratory infections, impaired memory and learning, increased heart rate, anxiety, panic attacks, paranoid psychosis and hallucinations.

## Actions and effects of drugs

Knowledge of the actions of drugs and their effects on the body are essential underpinning knowledge in the assessment and referral of people accessing an AOD service. Over time, there has been an increase in the number of drugs illegally chemically manufactured and so the knowledge of AOD workers needs 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 amongst 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 (poly drug 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)

## Methods of administration

You need to ask about the route used by a person to take drugs. There are many methods of drug administration and this information should be included on the assessment tool.

Here is some detailed information regarding methods of administration.

### Methods of administration

#### Oral

Drugs are taken into the body through the mouth.

1

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 blood stream. It is very quick and the drug is not affected by the acidity of the stomach.

2

#### Inhalation

Drugs are taken into the body through the nose. The drug is absorbed through the inside lining of the nose.

3

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.

- 4 Smoking**  
A substance is burnt and the smoke is taken into the lungs through the mouth.  
Smoking is used for many substances including tobacco, cannabis, opium, heroin, cocaine and amphetamines.
- 5 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.
- 6 Injecting**  
Drugs are taken into the body by injecting into a vein (intravenously), by injecting into muscles (intramuscularly) or injecting under the skin (subcutaneously). Injecting can cause health risks including the spreading of diseases such as HIV and hepatitis B and C.
- 7 Transdermal**  
The drug is absorbed through the skin into the blood stream. It is a slower method of administration used to maintain a constant level of the drug in the blood stream. 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.

## 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 person, 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.

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. Other common withdrawal symptoms include:

- ▶ nervousness, shaking and tremors
- ▶ anxiety, irritability and depression
- ▶ excessive sweating, especially the hands and face
- ▶ nausea and/or vomiting
- ▶ fatigue and insomnia
- ▶ palpitations, rapid heartbeat or an abnormal awareness of the heart beating in the chest
- ▶ headache, hallucinations or trouble concentrating
- ▶ seizures.

## Cocaine

Strong psychological dependence is common, even after prolonged periods of abstinence. Withdrawal can last for up to 10 weeks.

Common withdrawal symptoms include:

- |                    |                      |
|--------------------|----------------------|
| ▶ agitation        | ▶ anger              |
| ▶ depression       | ▶ hypersomnia        |
| ▶ intense cravings | ▶ increased appetite |
| ▶ fatigue          | ▶ irritability       |
| ▶ anxiety          | ▶ dysphoria.         |

## Amphetamines

Amphetamine use can cause physical and psychological dependence.

Common withdrawal symptoms include:

- |                      |                      |
|----------------------|----------------------|
| ▶ hunger             | ▶ shaking            |
| ▶ extreme fatigue    | ▶ seizures           |
| ▶ anxiety            | ▶ dehydration        |
| ▶ irritability       | ▶ tachycardia        |
| ▶ depression         | ▶ arrhythmia         |
| ▶ sleep disturbances | ▶ poor coordination. |
| ▶ panic attack       |                      |

## 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.

Ecstasy is both a stimulant and hallucinogen. There is some evidence of psychological dependence. Common withdrawal symptoms include:

- ▶ the strong desire to continue using the drug
- ▶ depression
- ▶ sleeplessness
- ▶ 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.

Common withdrawal symptoms include:

- ▶ strong cravings
- ▶ restlessness and loss of appetite
- ▶ low blood pressure
- ▶ stomach and leg cramps
- ▶ vomiting or diarrhoea
- ▶ runny nose
- ▶ irritability or insomnia
- ▶ muscle spasms
- ▶ 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.

Common withdrawal symptoms include:

- ▶ irritability
- ▶ difficulty sleeping
- ▶ anxiety
- ▶ restlessness
- ▶ depression
- ▶ abdominal pain and nausea
- ▶ poor appetite and weight loss
- ▶ headache and tremors.

## Benzodiazepine

Benzodiazepine use can cause physical and psychological dependence.

Common withdrawal symptoms include:

- ▶ anxiety
- ▶ sleeplessness
- ▶ panic attacks
- ▶ delirium
- ▶ depression
- ▶ seizures
- ▶ abdominal pain and nausea
- ▶ headaches
- ▶ loss of memory
- ▶ shaking.

## Stages of withdrawal

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.

## 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 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. 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.

Changes in mood or behaviour caused by alcohol and other 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 (ABIs). Emotional development can be affected by drug use and emotional issues not dealt with can cause AOD issues. For example, mental health issues like depression and anxiety resulting from prolonged substance misuse can disrupt an adolescent's ability to function and develop in a constructive manner.



## Health issues

For non-medical staff, a physical status assessment will follow a standard set of questions about the person's general health, diet and disabilities. In this way, physical needs can be determined, including the need for referral to a doctor. It can also include baseline measurements of the person's weight which can be used to determine fluctuations that occur later, such as during rehabilitation.

Complex health assessments are tasks for trained medical professionals, but you might be required to ask basic screening questions that can alert you to the need for follow up care by a doctor or allied health professional.

The following shows areas of health you may ask questions about.

### Dietary intake/malnutrition

Poor diet can help point to nutritional deficiencies and risk factors for conditions such as diabetes and obesity. Many drugs affect appetite and cause nausea, thereby impacting on nutritional intake. Alcohol consumption can cause vitamin B1 deficiency.

### Gastro-intestinal problems

Gastro-intestinal problems can indicate gastric ulcers or hepatitis caused by excessive drinking, toxicity, and symptoms of withdrawal. Problems include nausea, vomiting, diarrhoea, constipation, difficulty swallowing, indigestion, bowel bleeding or coughing up blood.

### Skin conditions

Skin conditions can include injection sites, cuts, itching or rashes. The appearance of rashes can indicate infections, allergies or nutritional deficiencies. Itching can indicate a range of problems including liver disease or parasite infestations such as lice or scabies. People who inject can be more prone to skin infections and scabbing that doesn't heal due to poor immune systems and nutrition.

### Weakness and fatigue

Weakness is a lack of physical or muscle strength. Fatigue is the feeling of constant tiredness and exhaustion. Weakness and fatigue can indicate a wide range of conditions.

### Pain, tingling and numbness

The presence of ongoing pain or related sensations anywhere in the body needs to be reported immediately, as it can be an indicator for a number of serious medical conditions.

Lack of feeling or sensation (such as in the fingers or toes) can indicate peripheral neuropathy, a side effect of long-term alcohol misuse, as well as a range of other serious neurological conditions.

### Hearing and vision

Sensory difficulties due to ageing or other reasons can present additional risks to people and should be followed up by specialists.

### Dental health

People who take certain types of drugs intravenously can suffer long-term dental problems, including decay and loss of teeth. Dental problems can also indicate nutritional deficiencies, and can lead to further dietary problems through the inability to chew.

### Sexual health

The presence of sexual dysfunction and menstrual dysfunction, pain or discharge can indicate a range of health conditions, such as sexually transmitted infections (STIs). The existence of actual or possible pregnancy will affect the types of support that are offered to the person.

### Urinary habits

Difficulties or changes in urination can be related to prostate cancer, infections, STIs, dehydration and a range of other medical conditions.

### Cognitive abilities and speech patterns

Reduced ability to understand reason and organise information, along with confused speech, can indicate problems such as alcohol-related brain injury or dementia.

### Family health history

Understanding the medical background of parents and siblings can help professionals to establish risk factors for a range of hereditary conditions, such as heart disease, some types of cancers, diabetes and alcoholism.

### Blood borne diseases

People who inject drugs and share needles regularly are at high risk of HIV and Hepatitis C, which is contracted through blood of other people that remains on the needle and syringe. Hepatitis C can also be contracted through prolonged alcohol misuse and results in permanent damage to the liver.

## 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. The person is sometimes led to illegal, anti-social and risk-taking behaviours to pay for their drug use.



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 family and the way a family 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, with variations of recreational, situational and intensive use in between.

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

### Experimental, recreational and situational use

- ▶ Experimental use is usually associated with young people experimenting with drugs and alcohol as they explore the world and its boundaries.
- ▶ Recreational use is usually associated with occasional use at social events, such as parties.
- ▶ 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.

### Intensive, hazardous and harmful use

- ▶ Intensive use involves heavily taking a substance over a short period of time, such as drinking a lot of alcohol at home before going out.
- ▶ Hazardous use is when there is an increase in the risk of harmful consequences to the person, such as social, physical or mental health problems, e.g. drinking and driving.
- ▶ Harmful use is use that causes damage to health, e.g. not using safe injecting practices and contracting hepatitis.

### Dependent use

Dependent use is defined by the World Health Organization as having at least three of the following:

- ▶ A strong compulsion to take the substance
- ▶ Difficulty in controlling substance-taking behaviour
- ▶ Experiencing withdrawal symptoms when ceasing to take the substance
- ▶ Evidence of tolerance; that is, requiring more of the drug to experience the same effect
- ▶ Increased amount of time necessary to take the drug or recover from its effects
- ▶ Persisting with drug use despite clear evidence of harmful consequences

## Substance misuse

Substance misuse is a pattern of use that leads to significant impairment or distress as manifested by one or more of the following:

- ▶ Failure to fulfil major role obligations such as going to work or school
- ▶ Use in situations that are physically hazardous e.g. driving or operating machinery
- ▶ Recurrent substance related legal problems, like a number of drink driving charges
- ▶ Continuing to use despite persistent or recurrent social or interpersonal problems, such as relationship or family breakdown, family violence, or termination of employment due to substance use

## Prescription drugs

Prescription drugs are designed to perform specific tasks. 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.

## 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 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 the plant called *Cannabis sativa*, which is grown all around the world. In ancient times, cannabis was used to make clothing, rope and medicine.

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 bong is a water pipe device. The smoke is drawn through water in a bottle causing the smoke to be cooled 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:

- ▶ Methamphetamine – Ice, meth
- ▶ Methylenedioxy-methamphetamine (MDMA) – Ecstasy, EXTC, love drug, essence, hug drug
- ▶ 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. Hallucinations involve hearing, seeing, smelling, tasting or feeling something that isn't there. With hallucinations, the look, sound, smell, taste or feel 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.

## Current patterns of drug use in Australia

Studies conducted by the government have shown that alcohol and tobacco are still more commonly used than illicit drugs. Smoking and alcohol consumption rates among the population have decreased in part due to anti-smoking campaigns and also 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 has also shown an impact on alcohol consumption.

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 fourteen in Australia.



## Poly drug use

Poly drug 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.

See more information at the Australian Drug Foundation: <https://aspirelr.link/alcohol-drug-use>

## 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:

- ▶ Alcohol + cannabis: nausea, vomiting, panic, anxiety and paranoia
- ▶ Alcohol + energy drinks (with caffeine), methamphetamines, amphetamines or ecstasy: more risky behaviour, body under great stress, overdose more likely
- ▶ 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.

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: <https://aspirelr.link/drug-use-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 antidepressants 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.

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, antidepressants 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:

- ▶ whether the person is taking these medications as prescribed and as directed
- ▶ how long they have been taking them
- ▶ the reason for the prescription
- ▶ the prescribing doctor.

### Misuse

Misuse of prescription medications is increasing, particularly the benzodiazepine (for example, Valium, Xanax) and opioids (for example, oxycodone, panadeine forte, codeine) groups.

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.

## Comorbidity

Some people with AOD issues may also have other health problems. In the AOD sector, comorbidity refers to the presence of one or more co-existing issues (either physical, sensory or intellectual) in addition to substance misuse.

A common problem is that underlying disorders are often not detected and supported when a person presents with a substance misuse problem. One reason is that substance misuse and mental health conditions are generally treated by separate services. As a result, it can be difficult for people with co-existing conditions to receive

holistic and integrated support, and people with substance misuse and mental health conditions are at greater risk of social and health impacts.

Social and health impacts include:

- ▶ poor general health
- ▶ poverty
- ▶ homelessness
- ▶ family relationship problems
- ▶ risk of relapse and hospitalisation
- ▶ problems finding and keeping work.

**Example**

**The impacts of AOD policy frameworks on AOD work practice**

Self-help groups are made up of and run by people who have AOD issues. Alcoholics Anonymous and Narcotics Anonymous are two examples of self-help groups.

**Alcoholics Anonymous (AA)**

The only requirement to join Alcoholics Anonymous is the desire to stop drinking. AA is not a professional organisation. It does not provide services or have clinics, doctors, counsellors or psychologists. All members are themselves recovering from alcoholism. There is no central authority controlling how AA groups operate. It is up to the members of each group to decide what they do. AA was established in the USA in the 1950s and has spread all over the world. Its program of recovery has proven to be highly successful.

**Narcotics Anonymous (NA)**

Narcotics Anonymous is a non-profit, community-based organisation where members support each other to live drug-free and recover from the effects of substance misuse in their lives. Any person who wants to stop using drugs can become of member of NA. The focus is on recovery rather than on any particular drug.

## Practice task 2

1. Identify two strategies that are incorporated into the National Drug Strategy.

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2. List three types of drug categories.

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3. List three methods of drug administration.

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4. Outline policy framework in regards to the AOD sector.

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Click to complete Practice task 2

# 1C Apply understanding of the historical and social constructs of alcohol and drugs and the changes in alcohol and drug use

Substance misuse has wide-ranging impacts on society. It 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 workers is not so much to prevent all drug use but to help reduce the harm drugs cause people and society.



## Historical context of the AOD sector

People from all cultures and throughout history used drugs in some form. The first reported use of alcohol dates back 8000 years and opium was used 7000 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 is so entrenched in our way of life that many of us don't 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

Attitudes to particular drugs change over time. One example is the changing attitude towards tobacco.

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.

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
- ▶ banning smoking in workplaces, on public transport and in restaurants
- ▶ restricting the sale of cigarettes
- ▶ increasing the price of 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. People may use drugs:

- ▶ for medical reasons
- ▶ to socialise with other people
- ▶ to have fun
- ▶ because they are curious about drugs
- ▶ to relax and forget problems
- ▶ because they feel bored or stressed
- ▶ to feel confident
- ▶ to cope with problems.

## Recent patterns of drug use

There have been changes over time to the pattern of drug use in communities. Research carried out by the government has found that tobacco and alcohol are the most common drugs used 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.

Poly drug 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.

### Poly drug use and misuse

- ▶ Poly drug use refers to the use of several different substances at once or when the preferred drug of choice is unavailable.
- ▶ 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.
- ▶ 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.
- ▶ AOD experts now recognise that people who experience problems with drug use are not necessarily dependent on the drug.

## Approaches to substance misuse

Attitudes to substance misuse and the way people use drugs change over time. As a result, attempts by governments and health authorities to manage drug use and misuse also changes.

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 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 AOD work in the future.

Here are different approaches to substance misuse.

### **Moral model**

19th century religious and temperance influences believed drug use was immoral and a sign of a weak character.

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.

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.

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.

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.

Education of the society to change the society standards is needed.

### **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. The systems approach focuses on the importance of groups and their influences over individual people.

These use a three prong approach to prevention and intervention:

- ▶ A susceptible host
- ▶ An infectious agent
- ▶ A supportive environment

By targeting any of these three areas public health should improve. Harm reduction is an example of targeting the harmful effects of substance misuse.

In the systems approach support is focused on improving the system's functioning.

## 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.

## Motivational interviews

The technique of motivational interviewing is often used to help people move through the stages of change and maintain change.

Motivational interviewing is often used with people who are ambivalent about changing their patterns of drug use. It is particularly useful in the pre-contemplation or contemplation stages as outlined in the Stages of Change model, and it can be used to foster change and motivation at any of the stages.

Motivational interviewing does not use confrontation or aggression to promote change, but helps people to explore the discrepancy between what they are doing (using drugs) and what they want to do or what is most beneficial to them (stop using drugs). Motivational interviewing works on the principle that people are rational and if they are presented with enough evidence about the negative effects of substance misuse they will make the decision to change their harmful behaviour.

Here are the basics of motivational interviewing.

Motivational interviewing includes:

- ▶ expressing empathy through attentive listening
- ▶ developing discrepancy between what the person is doing and what their goals are
- ▶ avoiding arguments as the person is likely to become more resistant to change
- ▶ rolling with resistance and being prepared to go back through the stages of change if necessary
- ▶ supporting the person's self-efficacy or their own belief in their ability to change.

**Example**

**The historical and social constructs of alcohol and drugs and the changes in alcohol and drug use**

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 when more people began to flout the ban on drinking during the Depression (1929–39). 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

1. List three reasons that people may use drugs.

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2. Describe briefly the social learning model.

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3. List the five stages of change and briefly explain each stage.

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**Click to complete Practice task 3**

## Summary

1. Drug use in some form or another has occurred since the beginning of human history.
2. 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.
3. In Australia, there has been long-running debate on the merits of abstinence or zero tolerance policies and the harm minimisation approach currently adopted.
4. Harm minimisation aims to reduce the harm associated with drug use rather than try to prevent all use.
5. Many people affected by drug use also have co-existing health problems.
6. The federal government and each state and territory have a range of laws regulating the use and supply of drugs.
7. 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.



2. Explain the problem with poly drug use.

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3. Describe how the following drugs are administered:

- ▶ Alcohol
- ▶ Cannabis
- ▶ Tobacco
- ▶ Cocaine

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4. List the patterns of experimental, recreational and situational drug use.

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5. Describe the two stages of withdrawal.

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6. Identify two effects of drug use. Support your answer with an example of each effect.

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7. List the different drug classifications. Give examples of drugs and their general effects for two classifications.

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8. Explain how social, political, economic and legal contexts change over time and give an example to support your answer.

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9. Why is it important to have knowledge of the different types of drugs? Explain how this will impact the type of support offered to people.

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10. Identify and explain the three main strategies for health promotion as outlined in the Ottawa Charter for Health Promotion.

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11. Identify two early intervention strategies.

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## Topic 2

In this topic you will learn how to:

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

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- 2B Identify and use legal frameworks that impact on AOD work**

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- 2C Identify, review and apply information about evidence based models and frameworks of AOD work**

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## Apply understanding of context to AOD practice

Australia offers a range of services and settings (the environment in which services and support programs take place) for people with AOD issues.

The type of service setting that an individual chooses will be based on their individual needs, preferences, circumstances, the seriousness of their problem and their level of motivation and professional advice given. It is important for AOD workers to understand the types of services available as well as what settings these take place in.

## 2A Apply knowledge of broad and specific AOD contexts to AOD 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
- ▶ peak bodies and advisory networks in the sector
- ▶ other service providers
- ▶ management, supervisors, colleagues and team members.

### Stakeholders and how they can help

Stakeholders may be able to offer information, suggestions and advice regarding a person's specific needs. In accordance with privacy and confidentiality principles, you should always obtain the person's consent before sharing their information with other stakeholders. If you do not identify a person and want general information or advice, you do not have to seek the person's consent.

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 accessing the service

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 poly drug 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 representatives and service providers**

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 and advisory networks in the sector**

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, supervisors, colleagues and team members**

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.

## **Support**

Generally support for AOD issues falls into three main types:

- ▶ 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.

These support types are not mutually exclusive. Depending on the severity of the person's problem and the type of drug they have been using, the person may be offered all these supports at the same time or at different stages of the support process.

Here is more information regarding the support process.

### **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.

### **Continuing care**

Continuing care focuses on helping the person maintain their new drug-free behaviours and to learn healthy lifestyle options.

## **Support settings**

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.

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.

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.

## 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 selfhelp groups.

## 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:

- ▶ is likely to experience severe withdrawal symptoms
- ▶ does not have a supportive home environment
- ▶ is homeless
- ▶ has failed other treatments.

## 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.

Outreach services are often used in youth services to engage young people who may be reluctant to attend community AOD centres.

## Home via telephone/email/Internet

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.

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:

- ▶ the person has not been successful in out-patient programs
- ▶ the person has other medical problems that require careful monitoring
- ▶ the person's home environment is not conducive to change
- ▶ the person does not have access to out-patient programs.

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.

Other community services that individuals can access include:

- ▶ mental health services
- ▶ disability services
- ▶ neighbourhood centres
- ▶ charitable organisations such as Mission Australia, Lifeline and the Salvation Army
- ▶ support groups.

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

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

Individual variables relate to the person's specific needs and circumstances. Variables range from the severity of the person's dependency to 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.

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 such as an unsupportive social environment

### **Mental health status**

Mental health status, including any co-existing conditions

### **Supports**

Social support networks

### **Personal circumstances**

Personal circumstances such as the person's employment, housing, financial and legal situation

## **Work with families**

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

## Example

### Apply knowledge of AOD contexts



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

The following is adapted from [www.bridges.org.au](http://www.bridges.org.au).

Bridges (formally known as Blacktown Alcohol and Other Drugs Family Services Inc.) 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.

## Practice task 4

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

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

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3. List three types of settings commonly used to support people with AOD issues.

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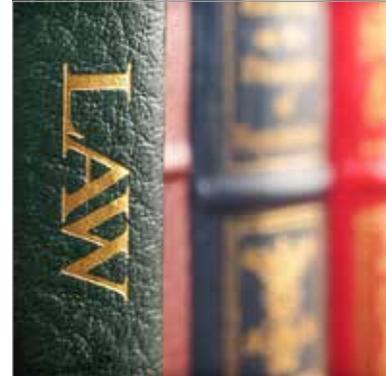
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[Click to complete Practice task 4](#)

## 2B Identify and use 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

There may be times when it is necessary to have children in the workplace, such as when meeting with a person with young children. 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.

### Codes of conduct

Codes of conduct are sets of rules which outline the responsibilities of how everyone must conduct themselves in an organisation. They ensure that a person will always receive a particular standard of behaviour regardless of who they interact with in an organisation. 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, out in the field or when a visitor comes to 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

Codes of practice, sometimes referred to as compliance codes, provide practical guidance on all kinds of practices in many different industries. Codes of practice are practical guides to assist in achieving standards. 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 workplace health and safety. 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:

- ▶ how to safely remove asbestos
- ▶ 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.

## 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 regards to age, disability, race and sex, as well as protections under the Australian Human Rights Commission Act.

### 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.

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.

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 extensive renovations to allow wheelchair access would have on a small business.

## 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 which is not malicious or spiteful. These exceptions often involve rights 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 health care. Sexual discrimination in the training and ordination of religious ministers is also not covered under the Act.

## Human rights

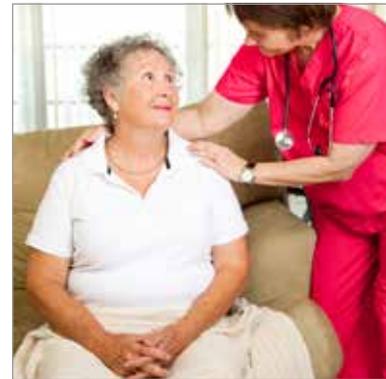
The *Australian Human Rights Commission Act 1986* (Cth), originally the *Human Rights and Equal Opportunity Commission Act 1986* (Cth), deals with breaches of anti-discrimination laws and promotes human rights education. The Act covers actions or policies of the Commonwealth.

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.



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 failure throughout their lives. However, it can be a challenge to support decisions that we feel are risky.

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.

## 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

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 are:

- ▶ 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
- ▶ the policies and procedures of your organisation.

## Negligence

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.

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.

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.

## How to fulfil your duty of care

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

In order to fulfil your duty of care you should:

- ▶ 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.

## 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.

The Australian Government has signed many of the Universal Declarations of Human Rights (UDHR) developed after the Second World War by the United Nations. The treaties signed by Australia are outlined below.

You can read more about these treaties at: <https://aspirelr.link/human-rights-treaties>.

### Human rights treaties



#### Civil and political

International Covenant on Civil and Political Rights



#### Economic, social and cultural

International Covenant on Economic, Social and Cultural Rights



### Racial discrimination

International Convention on the Elimination of All Forms of Racial Discrimination



### Women

Convention on the Elimination of All Forms of Discrimination against Women



### Torture

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment



### Children

Convention on the Rights of the Child



### Disabilities

Convention on the Rights of Persons with Disabilities.

## Informed consent

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 ask seek permission from.



## Mandatory reporting

Mandatory reporting legislation requires designated people to report child 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.



Some states (e.g. New South Wales and Victoria) require that criminal record checks (Working with Children Checks) are undertaken by people who wish to work with children and young people.

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:  
<http://aspirelr.link/mandatory-reporting-child-abuse>.

## Practice standards

Practice standards ensure rules, regulations and legislation are followed and an organisation isn't 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 Commonwealth departments of health. Practice standards exist for professions such as nursing, social work and mental health.



Practice standards for social work in Australia outline what is required for effective, professional and accountable social work practice in all social work contexts. These practice standards inform and guide the Australian Social Work Education and Accreditation Standards (ASWEAS). They set the standards for social work education and inform and guide curriculum development for social work programs in Australia.

The aim of the practice standards is to provide:

- ▶ a guide to practice
- ▶ a basis for applying standards across the diversity of practice in Australia
- ▶ a basis of expected standards of practice
- ▶ a guide for the assessment of practice
- ▶ a guide for planning ongoing professional development.

You can read more about the practice standards for social work at:  
<http://aspirelr.link/aasw-practice-standards>

## Privacy and confidentiality

When discussing a person's situation, always be aware of maintaining their privacy and protecting confidential details. Maintaining confidentiality is part of respecting a person's privacy and individual rights.

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. 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.

Often people are happy to give their consent because they know you want to help. Maintaining honesty and openness with the person from the time of your initial discussion is an important part of developing a trusting relationship.

You can read more about privacy and confidentiality at: <http://aspirelr.link/aacqa-privacy-policy>.

Here is some information regarding the handling of private and confidential documents.

### Collection, use and storage of personal information

- 1 Open and transparent management of personal information**  
Ensures that organisations manage personal information in an open and transparent way.
- 2 Anonymity and pseudonymity**  
Requires organisations to give individuals the option of not identify themselves, or to use a pseudonym (some exceptions apply).
- 3 Collection of solicited personal information**  
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of sensitive information.
- 4 Dealing with unsolicited personal information**  
Outlines how organisations must deal with unsolicited personal information.
- 5 Notification of the collection of personal information**  
Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
- 6 Use or disclosure of personal information**  
Outlines the circumstances in which an organisation may use or disclose personal information that it holds.
- 7 Direct marketing**  
An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
- 8 Cross-border disclosure of personal information**  
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.

9

**Adoption, use or disclosure of government-related identifiers**

Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.

10

**Quality of personal information**

An organisation must take reasonable steps to ensure the personal information it collects is accurate, up-to-date and complete.

11

**Security of personal information**

An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An organisation has obligations to destroy or de-identify personal information in certain circumstances.

12

**Access to and corrections of personal information**

Outlines an organisation’s obligations when an individual requests to be given access to personal information held about them by the organisation, and correcting the personal information held if required.

**Legal limitations and privacy**

There are some legal limits to a person’s right to confidentiality. It is important never to make promises about keeping the details of an impending assessment completely private. There are exceptional circumstances that enable you to disclose private information, 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. This information can usually be found in your organisation’s policies and procedures. The Australian Privacy Principles (APPs) provide information to organisations about the collection, use and storage of people’s information.



You can read more about privacy principles at the following site: <http://aspirelr.link/privacyfactsheet>.

**Policy frameworks**

A policy framework is a set of principles and long terms goals that form the basis of making rules and guidelines. The policy framework for alcohol and drug therapy can guide activities and partnerships between state and federal agencies, local government and community organisations to help reduce the damage of alcohol and drugs to individuals and the wider community. There are many policy frameworks for community services organisations.

State and territory strategies often develop from national policies. The most recent federal policy is the *National Drug Strategy 2017-2026*.

You can read about the national drug strategic framework at: <http://aspirelr.link/national-drug-strategic-framework>.

## Record management

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). 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 don't 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.

## Rights and responsibilities of workers, employers and individuals

Rights and responsibilities 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
- ▶ not to be bullied or suffer from sexual harassment
- ▶ not to be discriminated against.

### Workers have a responsibility to:

- ▶ duty of care and not harm the health and safety of others
- ▶ apply all applicable legislation
- ▶ maintain confidentiality
- ▶ behave within the codes of conduct operating within their organisation
- ▶ act ethically
- ▶ treat people with respect and dignity.

**Employers have the right to:**

- ▶ appoint and dismiss workers in accordance with proper procedures
- ▶ enter into contracts with people and other businesses
- ▶ run a business in any manner they choose providing they don't violate any laws.

**Employers have a responsibility to:**

- ▶ provide a healthy and safe work environment
- ▶ ensure employees have necessary qualifications and credentials
- ▶ pay by the award
- ▶ comply with health and safety laws.

**Individuals have the right to:**

- ▶ equal treatment
- ▶ be treated with dignity
- ▶ complain
- ▶ not be discriminated against.

**Individuals have a responsibility to:**

- ▶ make sure they are truthful
- ▶ actively help themselves
- ▶ respect the privacy of others
- ▶ act respectful of staff and other people.

## 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 who breach the Act in their particular state or territory. They also produce guidelines and lots of helpful information for employees and employers on workplace health and safety.

Region	Health and safety legislation	WHS regulator
Commonwealth	<i>Work Health and Safety Act 2011</i> (Cth)	Comcare: <a href="http://aspirelr.link/comcare">http://aspirelr.link/comcare</a>
Australian Capital Territory	<i>Work Health and Safety Act 2011</i> (ACT)	WorkSafe ACT: <a href="http://aspirelr.link/worksafe-act">http://aspirelr.link/worksafe-act</a>
New South Wales	<i>Work Health and Safety Act 2011</i> (NSW)	SafeWork NSW: <a href="http://aspirelr.link/safework-nsw">http://aspirelr.link/safework-nsw</a>
Northern Territory	<i>Work Health and Safety Act 2011</i> (NT)	NT WorkSafe: <a href="http://aspirelr.link/worksafe-nt">http://aspirelr.link/worksafe-nt</a>
Queensland	<i>Work Health and Safety Act 2011</i> (Qld)	Workplace Health and Safety Queensland: <a href="http://aspirelr.link/worksafe-qld">http://aspirelr.link/worksafe-qld</a>
South Australia	<i>Work Health and Safety Act 2012</i> (SA)	SafeWork SA: <a href="http://aspirelr.link/safework-sa">http://aspirelr.link/safework-sa</a>
Tasmania	<i>Work Health and Safety Act 2012</i> (Tas.)	WorkSafe Tasmania: <a href="http://aspirelr.link/worksafe-tas">http://aspirelr.link/worksafe-tas</a>
Victoria	<i>Occupational Health and Safety Act 2004</i> (Vic)	WorkSafe Victoria: <a href="https://aspirelr.link/worksafe-vic">https://aspirelr.link/worksafe-vic</a>
Western Australia	<i>Occupational Safety and Health Act 1984</i> (WA)	WorkSafe WA: <a href="http://aspirelr.link/worksafe-wa">http://aspirelr.link/worksafe-wa</a>

## 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 serious mental illness (SMI), 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 serious mental illness
- ▶ the person's history and any mental health conditions they may have
- ▶ your organisation's policies and procedures regarding challenging behaviour and intoxication.

## Symptoms of intoxication and mental illness

The symptoms of intoxication vary according to the drug. Likewise, the symptoms of mental illness also vary depending on the condition and its severity.

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.

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.

### Mental illness symptoms

Symptoms of serious mental illness (SMI) can include:

- ▶ agitation, restlessness, pacing
- ▶ mental distress
- ▶ paranoia, fearfulness
- ▶ preoccupation
- ▶ mania
- ▶ talking to self
- ▶ withdrawal
- ▶ being inappropriately dressed, such as being rugged up on a hot day.

### Actions to take

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:

- ▶ Call colleagues for assistance and, if necessary, call an ambulance, mental health service or police.
- ▶ Use the duress alarm if one is available and the situation warrants it.
- ▶ Try to calm the person by talking slowly and calmly.
- ▶ Ask the person what their needs are and how you can help them.
- ▶ Encourage the person to talk and listen respectfully.
- ▶ Find out what drugs, if any, the person has taken, how much and how long ago.
- ▶ Ensure the person is in a low stimulus environment.
- ▶ Make sure you don't do anything to threaten or alarm the person.

## Defuse the situation

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

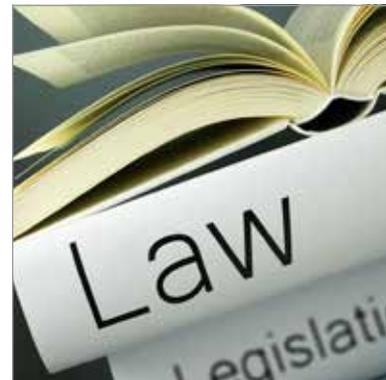
Make sure that you:

- ▶ 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.

## Specific AOD legislation

Working with people who use alcohol and others drugs requires knowledge of legal and ethical considerations.

Each state and territory has its own specific laws outlining rules for the consumption and selling of alcohol. These are generally referred to as 'Liquor laws'. For example, in NSW it is the *Liquor Act 2007* (NSW). Consumption laws include details on where a person can drink. There are also laws for being in a public place while drunk, and driving while under the influence of alcohol.



There are rules for selling alcohol (i.e. age restrictions and if the person is already drunk) and premises where alcohol can be sold is tightly regulated. A licence can be required to sell alcohol at certain events and functions.

There are also specific laws for the importing and exporting of drugs, as well as the possession, use, production and supply of drugs. For example, in NSW this law is the *Drug Misuse and Trafficking Act 1985* (NSW).

Random driver drug testing occurs across Australia. This tests drivers for particular drugs and links to road transport laws.

Australia is a signatory to a number of international treaties and conventions about drugs and drug policy. These treaties are not law, but countries that sign these treaties must agree to pass laws against using and trading recreational drugs. It is also an offence under the Commonwealth Criminal Code Act to assist or be knowingly involved in the illegal importation of drugs.

## 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.



## Define boundaries

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:

- ▶ is not specified in your job description
- ▶ cannot be performed safely due to lack of training or practical experience
- ▶ 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.

## Prevent boundary violations

It is your responsibility to maintain professional boundaries. This is especially important if people overstep boundaries by offering gifts or establishing a friendship. If you are concerned about your relationship with a person, discuss the matter with your supervisor or an experienced colleague.

Consider these suggestions to prevent boundary violations:

- ▶ Be aware of any tendencies you have to rescue the people you support or over-identify with their problems
- ▶ Understand that people with support needs may want to see the relationship as a friendship rather than a working alliance
- ▶ Realise that your desire to help others can make you susceptible to boundary violations

### Example

#### Use legal frameworks



Tony has schizophrenia and is a regular at a homeless men's shelter that caters to many people with AOD and mental health issues. One night, a new worker who has not met Tony before tells him that there is no room at the shelter and he will have to go elsewhere. Tony has been smoking marijuana – a drug that tends to make him extremely paranoid. Tony becomes very angry and accuses the worker of having a pact with the devil and lying to him. He starts to grab anything he can get his hands on and throws them at the new worker. He pulls down a curtain rod and chases the worker with it while a crowd gathers.

At this stage, the Manager (John), who has known Tony for many years, comes in. He immediately insists that everyone leave the room. He speaks quietly to Tony, asking him to put the curtain rod down so they can talk. Tony is still agitated but John keeps talking quietly and calmly, reminding Tony that they have always sorted out things in the past and they will now.

John asks Tony what is troubling him. Tony points at the new worker, and says that the devil is interfering in his life again and trying to make him do bad things. John tells Tony that they need to go into the quiet room next door where they can sort this out.

Tony starts to calm down when they go into the quiet room. John asks him if he would like a cup of tea and something to eat. Tony says he is very hungry and very tired. John says he will ask somebody to bring him something to eat and then they will talk about where he can stay for the night. After he has eaten, Tony appears very calm and drowsy and says he just wants to go to sleep. In this case, John decides he does not have to ring the ambulance or police to have Tony hospitalised. He allows him to stay in the quiet room for the night under the supervision of the night staff.

## Practice task 5

1. Identify three values that codes of conduct are based upon.

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2. List three signs that a person may be suffering from a mental illness.

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3. List three areas of information an organisation's privacy policies should contain.

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[Click to complete Practice task 5](#)

## 2C Identify, review and apply information about evidence based models and frameworks of AOD work

Evidence-based practice is becoming increasingly important in all health, welfare and community services. It refers to the need to adopt practices and policies that are supported by research and evidence rather than using random approaches that may or may not work.

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. These different models can be broadly identified as:

- ▶ community development and education
- ▶ community support
- ▶ case management
- ▶ working with families

Your organisation does not always have the answers for every person's problem. 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

According to the National Practice Standards for the Mental Health Workforce glossary of terms (2002) 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'.

You can read more at: <http://aspirelr.link/national-practice-standards-mental-health>.

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.

Evidence-based practice in an AOD context applies to:

- ▶ medication, including an understanding of the side effects
- ▶ how medications impact on the person's recovery
- ▶ education of workers and individuals to ensure a high standard of practice, supporting excellent outcomes
- ▶ 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.

## 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 include:

- ▶ creating community networks
- ▶ developing education projects
- ▶ empowering individuals and communities
- ▶ undertaking community consultations
- ▶ planning services
- ▶ 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:

- ▶ 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

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

## 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 staff.

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

## Health

In a health 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. The effect on workers is often an increase in stress and anxiety and fear of saying the wrong thing. 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.

Options for seeking help for a person who is at risk of self-harm include:

- ▶ asking your supervisor for assistance
- ▶ calling a mental health professional who works within your organisation to urgently assess and counsel the person
- ▶ referring the person to an external service or professional such as a psychologist or psychiatrist
- ▶ 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.

Examples of support options that might be available within your service or from external organisations include:

- ▶ 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
- ▶ government departments such as Centrelink
- ▶ information services provided by some AOD organisations
- ▶ gambling help services such as telephone help lines and counselling services funded by state and federal governments
- ▶ banks or financial services that might provide short-term relief from mortgage payments in exceptional circumstances, negotiate debts or recommend consolidation of loans
- ▶ employment agencies who provide training and job skills for people who are recovering from dependency.

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 hardcopy 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 child custody 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.

Examples of external services and professionals include the following:

- ▶ Community health centres; these provide low cost medical, dental, mental health and allied health services
- ▶ Women's health services
- ▶ Private general practice clinics
- ▶ Allied health practices, such as physiotherapists and dentists
- ▶ Natural therapies clinics who employ naturopaths and remedial massage therapists
- ▶ Private mental health practices who employ psychologists
- ▶ Health and mental health information services
- ▶ Emergency telephone counselling services such as Lifeline
- ▶ Networks such as the Dual Diagnosis Recovery Network

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 toward 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.

Many Aboriginal Community Controlled Health Services (ACCHS) provide ongoing care and support for Indigenous 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.

Strategies that Indigenous 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.

Medications that are provided to people on different types of withdrawal programs can have a number of aims, including:

- ▶ helping them to relax and sleep
- ▶ reducing the risk of seizures and other serious effects of withdrawal
- ▶ reducing other symptoms, such as diarrhoea and nausea
- ▶ mimicking the drug so that withdrawal is slower and less severe
- ▶ provoking a more severe but faster withdrawal.

People in withdrawal programs are offered support and counselling to encourage them through the difficult symptoms, and to motivate them to continue changing their drugusing 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.

The objectives of pharmacotherapy are to:

- ▶ bring to an end or significantly reduce a person's illicit opioid use
- ▶ reduce the risk of overdose
- ▶ reduce the transmission of blood borne diseases
- ▶ improve general health and social functioning, including a reduction in crime.

## 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 – these 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 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.

- ▶ Intensive counselling – this 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 alternate coping strategies for difficult situations.

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.

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.

Relapse prevention encourages the person to recognise high-risk situations and provide strategies for coping in these situations. High-risk situations may include:

- ▶ participating in events or attending parties where people are likely to drink heavily
- ▶ being with friends in familiar drug-using environments
- ▶ times of stress, such as arguments with family members
- ▶ payday or the payment of pensions or allowances (when the person has money to spend)
- ▶ worsening symptoms of health problems or mental illness.

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.

## Self-help

Self-help programs available in Australia include:

- ▶ Alcoholics Anonymous
- ▶ Narcotics Anonymous
- ▶ Nar-Anon
- ▶ Families Anonymous
- ▶ Gamblers Anonymous
- ▶ SMART – Self Management and Recovery Training.

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.

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.

## 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.

### The person's lifestyle is affected by AOD use

Reasons a person might seek support include the following:

- ▶ To avoid spiralling into further dependence and deterioration in lifestyle and wellbeing
- ▶ To reduce the heavy financial burden of drug use
- ▶ To focus on long-term goals for their life

### The person's ability to seek/maintain employment is at risk

Reasons a person might seek support include the following:

- ▶ To improve prospects of obtaining and keeping employment
- ▶ Wanting to plan for new goals, such as retraining and employment

### The person has health problems related to their AOD use

Reasons a person might seek support include the following:

- ▶ To improve physical health and avoid long-term health problems or drug-related death
- ▶ If the person has a dual diagnosis, the reason may be to reduce the impact of alcohol and other drugs on mental health symptoms, such as the frequency of psychotic episodes

### The person has relationship or family problems

Reasons a person might seek support include the following:

- ▶ To improve the wellbeing of dependants
- ▶ To reduce problems with anger and family violence
- ▶ To help maintain custody of children when this is in jeopardy

### Actual or potential involvement in criminal activities

Reasons a person might seek support include the following:

- ▶ To reduce criminal activity and involvement in the legal and correctional systems
- ▶ 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.

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

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. 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.

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

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

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 counter-productive 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.
- ▶ 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.

## Make a referral

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 organisation that you will be referring the person to
- ▶ 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, 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 how her drug using has impacted on her previous goals. This will later assist workers when discussing changing her drug-using behaviour.

## Practice task 6

1. Identify three responsibilities of workers.

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2. Identify three types of other services and supports that may be accessed by people for specific AOD concerns.

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3. List three reasons why a person may access AOD services.

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**Click to complete Practice task 6**

## Summary

1. 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.
2. Many AOD services and supports types can be provided at the same time.
3. Understanding the demotivating factors in the person's life can assist you to determine approaches that provide valid reasons for seeking support.
4. Service providers must consider a range of individual variables in order to identify the most appropriate support setting for a person. Variables range from the severity of the person's dependency to 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.
5. 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.
6. You have a duty of care to provide reasonable care to avoid acts or omissions that may cause foreseeable harm to a person.
7. All community and government services organisations have privacy and confidentiality policies in place. 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.
8. 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.
9. 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.

## Learning checkpoint 2

# Apply understanding of context to AOD practice

This learning checkpoint allows you to review your skills and knowledge in applying understanding of context to AOD practice.

### Part A

1. List three legal and ethical considerations relevant to an AOD workplace.

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2. List three stakeholders who can provide information, suggestions and advice.

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

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

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

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6. Provide examples of external services and professionals for non-urgent health needs.

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7. Explain what evidence-based practice means.

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## 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 breakup 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.

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

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

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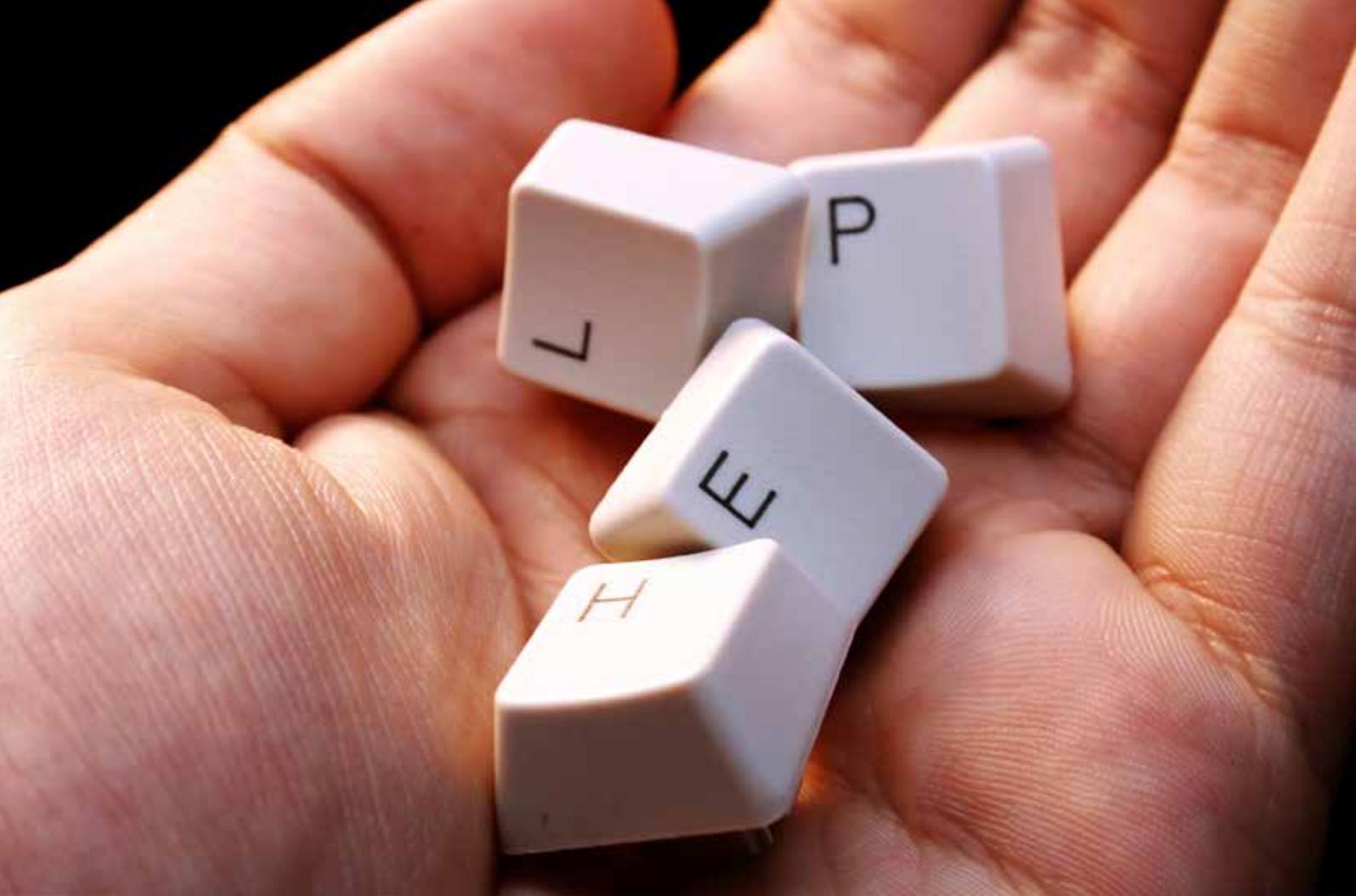
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## Topic 3

In this topic you will learn how to:

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

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

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

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

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

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

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

The term 'human rights' covers a range of assumptions and values about the right of every individual to social, political, economic and cultural equity, justice and freedom. In terms of community services and AOD work, this means that every person has a right to health, a reasonable standard of living and to be respected and valued as an individual. Australia supports a number of international human rights declarations and conventions.

For more information about Australia's position on human rights see the Australian Human Rights Commission website at: <http://aspirelr.link/human-rights-commission>.

## 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.

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 individuals with comorbidity (two or more conditions occurring simultaneously) are given the appropriate access to services and are treated equitably 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.

## Social inclusion

Social inclusion involves the promotion of social connectedness. 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.

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

The AOD Code of Ethics states that individuals of AOD services have a right to receive services that meet their individual needs and that address their problems effectively. This means that services either provide or refer people to services 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 programs.

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 co-existing 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 that 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
- ▶ 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 and issues and not just one particular problem 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 helps in the early identification of health problems and in empowering people to take greater control over their own health needs.

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:

- ▶ other health problems or mental health issues
- ▶ unsuitable living arrangements or homelessness
- ▶ difficult family or interpersonal relationships
- ▶ socially or geographically isolated and lack a support network
- ▶ little idea how to access appropriate services or what services are available.

## How AOD issues affect people

It is important to realise that substance misuse affects people differently. Someone with a stable life and job may misuse drugs or alcohol for years with little effect on their functioning; conversely a person with a severe mental illness may find their substance misuse sends them into a downward spiral into poverty, poor health, homelessness and long-term unemployment.

It is also important to remember that some people are highly motivated to change their drug-using behaviour and others are ambivalent or unwilling to do so.

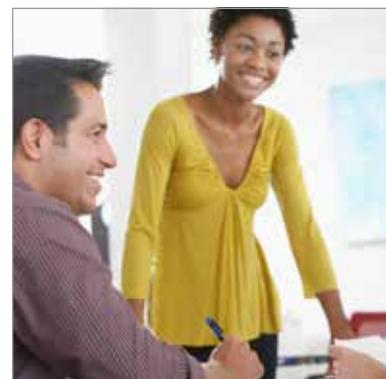


## Recovery orientated approach to AOD work

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

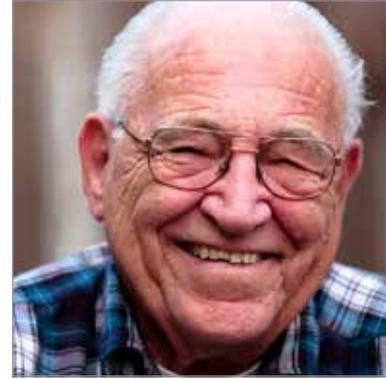


You can read more about the strategy at: <https://aspirelr.link/recovery-orientated-strategy-mental-health>.

## Empowerment

As a professional in the community services sector, you will work using an empowerment approach to support people. Empowerment refers to a state that people arrive at which sees them take control of their own lives. A large number of people accessing support services are often vulnerable because of their care needs and the myths and stereotyping that occurs.

Your approach to your work should always be based on trying to 'do yourself out of a job'. Don't worry - this will never actually happen. 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

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 simply through ignorance. A worker might believe they are doing the best they can for a person by doing everything for them. In fact, this approach is 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 provide services in ways to put myself out of a job?' If you answered 'no', you need to ask yourself why. Check your approach to your work.

### 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.

## 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
- ▶ access to information and resources
- ▶ assertiveness
- ▶ understanding that people have rights
- ▶ a positive self-image and overcomes stigma
- ▶ contributes to the development and management of AOD interventions and strategies.

### Disempowerment can mean a person:

- ▶ doesn't have a say in their own life
- ▶ can't make choices or solve problems
- ▶ can't be trusted to do anything responsible like manage their own health or be a productive employee
- ▶ will never be able to work or make their own way in life
- ▶ feels they have no value as a person.

## Community development and empowerment

Other approaches to the management of substance misuse involve mobilising communities to develop their own strategies for preventing and monitoring drug use. These are primarily used in Indigenous communities and include community development and empowerment.

Both these approaches attempt to strengthen communities so they can recognise and support the needs of individual community members.

The plan encourages Indigenous community organisations and government and non-government organisations to work together. The aim is to develop AOD initiatives that are relevant to Indigenous people. Communities are encouraged to develop culturally appropriate solutions that are managed by the community rather than by people from outside the community.

Here is more information.

### Community development

- ▶ Community development is a method of community work that encourages individuals and groups to bring about change in their own communities. 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 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.

## Health promotion

The Ottawa Charter for Health Promotion (1986) defines health promotion as the process of enabling people to increase control over and improve their health. Health is determined by social, personal and physical wellbeing.

To be effective, health promotion needs to address the following:

- ▶ Public policy
- ▶ Supportive environments
- ▶ Development of personal skills
- ▶ Health services that have a health promotion focus
- ▶ Health promotion services that provide additional support for people accessing AOD services

You can read more about the Ottawa Charter at: <http://aspirelr.link/ottawa-charter>.

Examples of current health promotions in Australia:

- ▶ A healthy and Active Australia (healthy eating and exercise)
- ▶ Cancer screening programs, i.e. BreastScreen, the National Bowel Cancer Screening Program (NBCSP) and the National Cervical Screening Program (NCSP)
- ▶ Donate Life (organ donation)
- ▶ Drinking Nightmare, the National Binge Drinking Campaign
- ▶ Fight Flu Campaign
- ▶ Healthy Workers (to develop a healthier workplace)
- ▶ My Quit Buddy (free quit smoking app)
- ▶ SunSmart (skin cancer and sunburn)

**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 cooperate and appears sullen and disinterested. 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

1. Identify the individual rights and values that human rights are based upon.

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2. List the five domains of the recovery oriented approach.

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**Click to complete Practice task 7**

# 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, the harm minimisation approach emphasises the following principles:

- ▶ 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.

Here is more information.

## 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.

Examples include national public health campaigns such as:

- ▶ 'Quit now' anti-smoking campaign
- ▶ 'Where's your head at?' campaign aimed at young people and drug using
- ▶ 'Count your drinks' national alcohol campaign.



### Supply reduction

The aim is to reduce the supply of drugs by imposing legislation, regulations and law enforcement.

Examples include liquor licensing laws that restrict the sale of alcohol to people under 18 years of age or people that are intoxicated.



### Harm reduction

The aim is to prevent harm to the community; both people and property.

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.

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 normal. A lapse was once considered to be a return to use of any kind and related to people aiming for abstinence. Relapse is used to describe 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. Relapse prevention aims to help a person stay on track with changing their drug-using behaviour.

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 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 relapse, and deal with cravings and thoughts about the drug.

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

High-risk situations may include:

- ▶ participating in events or attending parties where people are likely to drink heavily
- ▶ being with friends in familiar drug-using environments
- ▶ times of stress, such as arguments with family members
- ▶ payday or the payment of pensions or allowances (when the person has money to spend)
- ▶ worsening symptoms of health problems or mental illness.

## 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.



## Needle and syringe programs

Needle and syringe programs 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.

Needle and syringe programs are confidential. They 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 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 health consequences.

Although each state and territory has 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 you are able to meet your duty of care.

In brief, you should 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 there are at least two workers available to do this
- ▶ 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.

## 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 reusing 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 blood borne diseases. She also provides Lindsay with some written information about the high occurrence of blood borne diseases among people who share needles.

## Practice task 8

1. Explain the three principles of harm minimisation.

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2. List the three approaches to harm minimisation.

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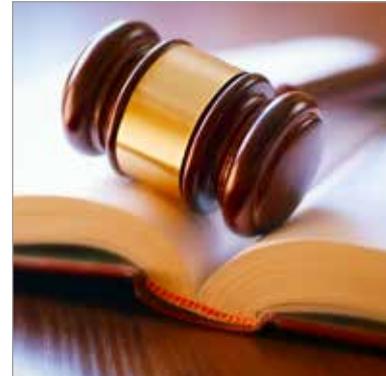
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**Click to complete Practice task 8**

# 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.



## 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.

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 comorbidity are given the appropriate access to services and are treated equitably once in the service.

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, 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.

People may be discriminated against because of their:

- ▶ age
- ▶ gender
- ▶ ability
- ▶ race
- ▶ language
- ▶ sexual preference
- ▶ religion
- ▶ socioeconomic status
- ▶ politics
- ▶ appearance.

## 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.

Here is more information.

**Examples of practices that demonstrate a commitment to access and equity include:**

- 1 Information about community development services**  
Ensuring that all individuals and groups within a community are given relevant and complete information about community development services
- 2 Explaining and encouraging**  
Explaining the principles of community development and encouraging individuals to initiate or participate in community development projects that may be relevant to their needs
- 3 Consultation**  
Ensuring all groups within a community are consulted and encouraged to participate in community development initiatives
- 4 Language**  
Having information available in a range of formats and languages
- 5 Access**  
Using physically accessible buildings for meetings
- 6 Networking**  
Networking with agencies that provide specific services; for example, cultural-specific services and disability services
- 7 Responsiveness**  
Ensuring services are responsive to religious and cultural requirements
- 8 Staff**  
Providing female or male staff as required
- 9 Interpreters**  
Providing access to language interpreters, including Auslan (Australian Sign Language) if required
- 10 Advocacy**  
Encouraging use of advocates where appropriate
- 11 Policies and procedures**  
Having clear organisational policies regarding access, equity and anti-discrimination

## Social inclusion

Social inclusion involves the promotion of social connectedness. 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.



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.

## Inclusive work processes

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.

### Building a strategy

Developing an inclusion strategy that recognises all the different groups and organisations that should be included in community development projects

### Building relationships

Building relationships with groups and organisations in the community and creating 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**

Taking a strengths-based approach to fostering participation; this involves recognising the strengths of different groups and individuals in the community and building on these

### **Building partnerships**

Building partnerships with community leaders and stakeholders who can promote participation among their own groups and communities

### **Identifying barriers**

Identifying 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

### **Inclusive services**

Encouraging 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 CALD backgrounds; services that are fragmented often lead to confusion and exclusion for some groups in the community

### **Information**

Ensuring 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

### **Respectful communication**

Promoting 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

### **Addressing issues**

Recognising any issues that may lead to exclusion of some groups or individuals early so they can be quickly addressed

### **Community change**

Helping 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. She notices that the people who have initiated and are working on the project do not reflect the full diversity of the area. Jemima 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 an old schoolhouse to use as a premises, Jemima reminds them that they will have to ensure it has wheelchair access for community members, and as several of the people who want to join in on the project use wheelchairs.

## Practice task 9

1. Explain how AOD workers can deliver inclusive work practices.

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2. Give two examples of how workers can ensure access and equity to people accessing a service.

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3. List three types of discrimination that can occur.

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**Click to complete Practice task 9**

## Summary

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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

This learning checkpoint allows you to review your skills and knowledge in integrating the core values and principles of AOD work into practice.

### Part A

1. Describe the values of human rights and social justice that form the core principles of AOD work to ensure interventions and supports are person-centred.

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

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3. Explain the principles of the harm minimisation approach.

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4. Explain what risk control is and identify two risk controls that can be applied to the AOD work sector to assist in the provision of harm minimisation.

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5. Explain the right of access and equity for AOD work.

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6. Identify three ways people feel included when workers implement inclusive work practices.

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## Topic 4

In this topic you will learn how to:

- 4A Reflect on personal values and attitudes regarding AOD use and acknowledge their potential impact when working in AOD contexts**
- 4B Apply awareness of organisations' values**
- 4C Consider client values in determining interventions and supports**

## Apply understanding of the impact of values in AOD practice

People who use alcohol and drugs may be affected by what other people believe and think about drug use. 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. There are many other values and attitudes that you will learn.

Alcohol and other drugs affect people from all sections of society. They affect people from every race, 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 alcohol and drugs are varied and often complex.

# 4A Reflect on personal values and attitudes regarding AOD use and acknowledge their potential impact when working in AOD contexts

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 may 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.

Here is more information.

## 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.

## Codes of ethics

Codes of ethics help workers align their own values with professional practice. 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 person-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 should address their workplace and legal obligations, as well as people's rights and needs.

Examples of some of the ethical issues workers may face include:

- ▶ working with people who are under the influence of drugs or alcohol and 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.

## An ethical framework

Ethical codes provide a framework for practice and ethical decision-making. They cannot cover every situation a 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

Conflicts of interest have the potential to negatively affect your work. If you are aware of a possible conflict of interest you need to report it immediately.

A conflict of interest occurs when a staff member of an organisation has private or personal interests that could conflict with their work. 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 will have a policy about conflicts of interests. 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.

Some common examples of conflicts of interest are outlined below.

Examples include:

- ▶ 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

You should reflect on and identify your own beliefs, values and attitudes about alcohol and other drug use. You need to do this to become non-judgmental towards others. 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.

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:

- ▶ 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 impact on both the person with AOD issues and their families and friends.

Two common myths and misconceptions are outlined below.

### People with drug and alcohol problems are '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.

**People with alcohol or drug problems are 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.

**Example**

**Reflect on personal values and attitudes regarding AOD use and acknowledge their potential impact**



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 derro 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 discourteous 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

1. Describe the difference between values and beliefs.

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

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3. Identify a myth about people with AOD issues.

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**Click to complete Practice task 10**

# 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.

Here is more information.

## Equity and access

The person should have access to services and receive equal treatment (non-discriminatory) for equal needs.

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.

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.

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.

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.

### 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.

## Follow ethical guidelines in decision-making

Ethics are principles that guide your decisions and actions in a way that ensures you are safeguarding the rights and interests of the people you support.

The AOD sector is a demanding field of work where workers are confronted with a range of sensitive and complex issues. Having ethical guidelines in place helps workers to consider these issues and make informed decisions appropriate to their work role.

The basic steps in ethical decision-making include:

- ▶ define the issue or problem and identify the ethical principles that apply to the situation
- ▶ get the facts and if necessary collect additional information in order to become fully informed about the issue being considered
- ▶ check your organisation's code of ethics and/or other standards that apply to the issue as well as relevant legislation, policies and practices including workers' duty of care
- ▶ consider who will be affected by the decision and identify any potential conflicts of interest
- ▶ consider all options and discuss these with the appropriate people
- ▶ think about how the decision can be justified; for example, is it made in the best interests of the person or is it the best decision that can be made with the available information?
- ▶ make the decision after considering all relevant information.

## Principles and practices of ethics

Most organisations have their own ethical guidelines, and professions such as nursing, social work, psychology and counselling and also have professional codes of conduct and ethics. A code of ethics ensures that people working in a particular organisation or profession understand the ethical conduct and behaviour expected of them and have guidelines for making decisions about ethical issues in their work. Codes of ethics may vary in the exact values they promote but they should all convey the basic principles of community services and AOD work.

Ethical principles and practices include the following.

### Respect for individuals

Respecting people and upholding their dignity and rights

### Resources

Making use of available resources in the most effective way

### Access and equity

Providing equity and access for all individuals by ensuring everyone has access to the services they need and receive equal treatment for equal needs

### Effective service

Ensuring services are effective and provide the intended benefits for people

### Individual differences

Making sure services are appropriate to people's individual needs, taking into account their gender, social and cultural differences, mental health and any disabilities they may have

### Boundaries

Outlining the ethical responsibilities of workers such as confidentiality, adhering to professional boundaries and knowing the limitations of their role

## Professional boundaries

Groups of professional people usually have codes of conduct or ethics for their members. They also have disciplinary procedures or punishments for those who breach professional boundaries.

You have a duty of care to behave ethically and professionally at all times. This means being honest, fair and treating everybody with respect. You should adhere to professional codes of ethics at all times and be aware of your professional boundaries.

Ethics and professional boundaries for AOD workers:

- ▶ Remain impartial
- ▶ Provide the same standard of service to all individuals who access the service
- ▶ Avoid imposing personal values or views on the person accessing the service

- ▶ Don't exploit professional relationships to gain personal or financial advantage
- ▶ Avoid any form of physical contact that goes beyond professional boundaries
- ▶ Be sensitive to cultural and gender differences
- ▶ Don't recommend or offer private service to individuals
- ▶ Avoid personal relationships with people accessing the service

## Equal and fair treatment

You must treat everybody well and with respect. This is one of the main principles of community services and AOD work. 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.

### 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.

### 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 impact on 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

You might reveal personal experiences, thoughts, ideas, values or feelings in your everyday conversation or in the course of your duties. Make sure your conversations are relevant and appropriate. Never disclose personal information or experiences to the person accessing the service.

## Demonstrate equality and fairness

One of the most important parts of your job is to treat people fairly and equally. You may be the first person an individual meets at a service and lasting impressions are made from this first contact.

Here is more information.

### To provide service equally and fairly, you need to remember the following points

- 1** **Respect people's differences**  
Each person is unique. This is a fact that everybody should accept and learn from. Everybody approaches life and work differently. People should respect each other's feelings and values despite any differences.
- 2** **Address people appropriately**  
Always use the person's proper name or title such as Mr or Ms unless instructed otherwise. Do not use terms of endearment when speaking with the person.
- 3** **Acknowledge people**  
You should always greet the person and co-workers in a friendly manner. Acknowledge their presence and be positive when talking to them. For example, say good morning and smile. Answer the phone with a positive tone of voice.
- 4** **Listen**  
Listen to the person and co-workers when they talk to you. You should always give people your full attention. Face the person you are speaking with. Acknowledge you are listening by nodding or using positive facial expressions.
- 5** **Participate in a team**  
When you are part of a team, you have the opportunity to learn from experienced workers. Working together helps the team to find solutions to common problems.
- 6** **Treat others as you expect to be treated**  
Treat others with respect and courtesy in a non-discriminatory manner.
- 7** **Keep information private**  
Ensure the person and co-workers' confidentiality and privacy are maintained at all times.
- 8** **Use appropriate language**  
The use of crude or bad language is not appropriate, and could offend the person and co-workers.
- 9** **Cope with challenging behaviours**  
Individuals with challenging or inappropriate behaviours should be given support and assistance when required, according to the established procedures of the facility. Always seek the advice of your supervisor if you are unsure of a situation.

## 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 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 you deal with
- ▶ 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.

Compare the difference between the following sentences:

- ▶ It has been decided that the policy needs to be updated.
- ▶ I want this policy to be updated because ...

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 he/she thinks.

### 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.

## Communication and workplace policies and procedures

Every organisation should provide guidelines about appropriate workplace communication. Ideally, these guidelines will cover written and verbal communication.

Always remember that you are representing your organisation when communicating with a person accessing services, the general public, other service providers or government authorities. When communicating with a person, you should take care

to treat them respectfully from your first meeting to set the tone of the working relationship. Building the relationship involves being positive, supportive, non-judgmental and using effective communication techniques.

By communicating in a sensitive and respectful way with people and responding to their individual needs, you demonstrate that you value the person's opinions and actively seek their participation in decision-making.

## Communicate and establish rapport with people accessing the service

Building rapport with the person helps you to create a working relationship built on trust and respect and encourages cooperative behaviour. It also provides an environment where you can discuss issues and concerns openly with the person.

You should also communicate in a respectful and courteous way with the person's family members and other service providers. This ensures you develop a good working relationship with all the people you must deal with and fosters cooperation.

If the person, family member or other person insults you or becomes angry or abusive, always remain calm and continue to speak in a courteous and respectful way. Try to find out what the person's needs are and whether or not you can meet these needs. Be clear and assertive about what you can and cannot do.

It is important that you build rapport or mutual trust with people by:

- ▶ focusing on and listening attentively to the person
- ▶ being empathic
- ▶ offering choices so the person is involved in making decisions
- ▶ making it clear that you wish to work in the best interests of the person.

### Example

#### Apply awareness of values

AOD workers must apply their organisation's values to all communication and always remember that they are performing a professional role and that this differs from a friendship. They should be careful about the amount of information they disclose about themselves and how they relate in general to people who access the service.



Here is an example.

Steve, a new worker at a youth AOD service, is keen to develop a bond with the young people who access the service. He tells a couple of teenage boys he has become friendly with about his own past drug use and how he sometimes stole money to finance it. Soon one of the boys, Jason, is using this information to his advantage. Whenever Steve attempts to caution Jason for smoking or dealing drugs at the centre, Jason starts loudly telling staff and other people who access the service what Steve

told him about stealing. Steve is embarrassed as he had not wanted other people to know this. He realises that he has not acted in a professional way and that it will be difficult to gain the respect of the people who access the service and other staff.

# Practice task 11

1. Identify three values an AOD organisation may hold.

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2. List three ethical practices that need to be demonstrated by AOD workers.

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3. Explain the concept of empathy in regards to communication.

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**Click to complete Practice task 11**

# 4C Consider client values in determining interventions and supports

The values, beliefs and attitudes of people who access AOD services are crucial to the recovery process. 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 massive handicap. If the person has also experienced stigma and exclusion from society and had past negative experiences with AOD services this handicap increases. Being stigmatised and stereotyped damages a person's sense of self, identity, sense of worth and self-esteem. Working to change negative attitudes and self-perceptions is a first step to instilling hope in the person and creating of a positive working relationship.

## Identify personal attitudes when planning and implementing interventions and supports

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



## The importance of the person's values

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.

AOD organisations should always respect spiritual values, customs and beliefs.

Here are some tips for building positive relationships:

- ▶ Show respect for others.
- ▶ Take responsibility and be reliable.
- ▶ Be considerate about other people's needs, ideas, perspectives and feelings.
- ▶ Don't be judgmental about the way people use drugs or the way they live.
- ▶ Don't discriminate against people due to their gender, sexuality, cultural background or mobility.

## Special needs groups

There are some groups of people with AOD issues who may need special services for supports to be successful. These people 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:

- ▶ Indigenous people
- ▶ culturally and linguistically diverse (CALD) groups
- ▶ people in rural and remote areas
- ▶ women
- ▶ people who have different sexual orientations
- ▶ young people.

Here is more information.

### Indigenous people

There are many things to consider about the alcohol and drug use of Indigenous people. For example, a Western orientated system fails to take into account Indigenous lifestyles, culture, family and values will severely limit the successful outcomes for an Indigenous person dependent on drugs or alcohol. A better approach is to use models which have been constructed within an Indigenous cultural context and developed by Indigenous people.

### Culturally and linguistically diverse (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 impact their drug use and/or associated problems and their resolution. Different cultures vary in their attitudes to alcohol and other drugs. 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.

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.

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 located 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:

- ▶ advocacy campaigns for more funding and access to health care services
- ▶ establishing initiatives to provide the community with alternative ways of seeking health care; for example, via Skype or mobile health practitioners
- ▶ initiating community health education programs to encourage people to adopt preventative health measures.

### Women

Many cultures believe that men and women should have very distinct roles and ways of behaving. If you find yourself in a situation where different beliefs about gender roles cause a person concern, try to discuss the matter with the person.

Women who access a service may also require special supports for the following:

- ▶ Child care
- ▶ Family violence
- ▶ Employment opportunities
- ▶ Emergency accommodation

### People with different sexual orientations

Heterosexuality is the most acceptable sexual orientation in Australian society. Individuals in same-sex relationships may face:

- ▶ marginalisation and discrimination
- ▶ feelings of fear related to homophobic violence.

LGBTI people have higher rates of mental health disorders, obesity, smoking and unsafe drug and alcohol use, and are more likely to self-harm.

### Young people

Young people with AOD issues may experience other issues such as:

- ▶ homelessness
- ▶ serious health issues
- ▶ mental health or emotional problems
- ▶ legal or physical safety issues.

Youth alcohol and drug services include:

- ▶ outreach workers who keep in regular contact with the person and provide support and ongoing assistance
- ▶ day programs that provide short-term life skills, employment and recreation programs
- ▶ staffed residential programs for young people whose drug use causes substantial harm.

**Example**

**Consider 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 good few 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

1. Identify three special needs groups that an AOD worker might encounter.

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2. List three issues a young person with alcohol or drug dependency may have.

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3. Identify three ways to build a positive relationship with people accessing services.

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**Click to complete Practice task 12**

## Summary

1. 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.
2. 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.
3. 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-judgmental incorporates the notion of respect; that is, you respect people as individuals.
4. 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.
5. 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.
6. 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.
7. 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. Do what you can to ensure that people who access the service do not feel ostracised because of their beliefs and try to learn as much as you can about their beliefs.

## Learning checkpoint 4

# Apply understanding of the impact of values in AOD practice

This learning checkpoint allows you to review your skills and knowledge in applying understanding of the impact of values in AOD practice.

### Part A

1. Explain the difference between values and beliefs and explain how these may impact a worker.

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2. List two ways workers can work ethically.

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3. Explain three steps involved in ethical decision-making.

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4. Identify three ways workers can demonstrate equality and fairness in work practice.

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5. Identify three ways a worker can build a positive relationship with people accessing a service.

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6. Give two examples of special needs groups a worker may encounter in AOD work.

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## Part B

Read the case study, 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 young 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. Outline how Tina can show respect for the rights and responsibilities of both her colleague and the young woman.

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2. Explain how Peter is not working ethically.

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