Quantum Units Education
Affordable. Dependable. Accredited.

www.quantumunitsed.com

Ethical Considerations with Individuals Experiencing Substance Use Disorders

Section 1: Why the Focus on Ethics? 3
Importance of Professional Ethics Codes 4
Professionalism 6
Characteristics of a Professional Relationship 7
Section 2: Professional Boundaries and Dual Relationships 8
Case Example 1..10
Case Example 2..10
How to Decide When to Enter Into a Dual Relationship....................................13
Definitions 15
Section 3: Ethical Principles for the Substance Use Disorder Profession................20
What Makes Substance Use Disorder Ethics Different? 23
Impairment in Decision-Making Capacity..23
Substance Use Stigma and Discrimination 24
Recovery Language..27
Illegal Activity 32
Mandated Clients 33
Coercion 34
Case Example 3..37
Case Example 4..38
Section 4: Informed Consent, Privacy, and Confidentiality....................................39
Informed Consent..39
Limits to Consent..42
Adults Adjudicated Incompetent..43
Diminished Capacity..43

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Privacy 44
Confidentiality 44
Section 5: Ethical Dilemmas That Impact the Profession....................................51
Ethical Decision-Making Models 52
Section 6: Culture and Diversity in Substance Use Disorder Treatment 77
Alcohol Use...77
Illicit Drug Use 78
Substance Use Disorders 79
Substance Use Treatment...79
Summary..81
References 83
Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Section 1: Why the Focus on Ethics?

Sam is a social worker on a home care team. The team meets weekly and is comprised of physicians, physical therapists, respiratory therapists, social workers, dieticians, and a pain psychologist. When the team learned that one of their patients was not adhering to his prescribed regimen of narcotic medications, they worked diligently with the patient, explaining the medication's importance and encouraging them to take it. At a recent team meeting, Sam cheerfully reported that the patient had become much more consistent with taking their narcotic medication. However, other team members were not happy with this news.

A few team members had seen Sam taking meals and groceries to the patient's house past working hours. They believed these actions violated professional boundaries. In a team meeting, they discussed concerns with Sam's conduct and deemed it was inappropriate and set the wrong example for patient care. They recommended that Sam be removed from the patient's case. Sam responded that the patient's care had led to the patient's adherence to the narcotic medications.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

After the meeting, the team leader decided to investigate by visiting the patient's house and confirming the allegations discussed. The team leader advised that it might be best that they be assigned to another social worker. At that time, the patient became upset and threatened to stop taking his medication if Sam stopped the visitations.

This case scenario is an example of an ethical dilemma related to Sam's case management style vs. professionalism. We will discuss this case example later in the training.

Professional ethics is built on the twin concepts of profession and ethics. Profession is any work involving superior skills based on specialized knowledge and training. Ethics is the basis for understanding right and wrong (Kazmi, 2023).

Applying the idea of right and wrong to the conduct of a profession rests on professional ethics Simply put, practicing a profession so that the practitioner has an innate sense of right and wrong is following the professional ethics of any work. Professional ethics concerns the ethical issues and challenges related to professions such as medicine and law. Professional ethics are in the form of principles, guidelines, and rules.

Importance of Professional Ethics Codes

The counseling profession, including psychologists, social workers, and counselors, has ethical codes that promote the profession's overall integrity. According to the American Counseling Association Code of Ethics (2014), counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. Professional values are an important way of living out an ethical commitment. These ethical codes represent standards of conduct that are agreed upon by its members. Ethics codes act as guidelines within the profession for its practitioners, licensing boards, certification organizations, professional associations, healthcare organizations, and educational institutions. They represent the obligations and expectations of those in the profession.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

According to the National Association of Social Workers Code of Ethics (2021), a code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity of striving to make responsible choices within a moral community. Instead, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice. They provide regulatory oversight. Ethical Principles within the

counseling and social work profession are the foundation for ethical behavior and decision-making.

The American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (2017) states that psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations when making decisions regarding their professional behavior. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their conscience, as well as consult with others within the field.

Social workers and other professional counselors have ethical codes of conduct to protect "ourselves and our clients." These codes establish rules of behavior for all levels of practice and all areas of the profession, provide self-regulation for standards of practice and clarify professional conduct.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Each state is responsible for regulating professions according to its licensure board. There is no universal ethics code for substance use counselors. However, many state boards have opted to draw a significant number of their own standards from the ethics code of the National Association of Alcohol and Drug Abuse Counselors (NAADAC, 2021).

Ethics codes are developed for the purposes of:

- Governing the conduct of its members
- Provide guidance on the ideals of the profession and its members
- Consulting guidance when evaluating an ethical complaint with professionals
- Declaring the values of the profession

- Guiding clinical decision-making with ethical decision-making
- Evaluating the behavior and certification process of the profession across different states

Each professional should be familiar with their ethical codes that apply to their license, certification, specialty, and the state(s) in which they practice. Failure to understand the applicable ethics code does not remove their obligations to adhere to the standards and principles outlined in the code. They are responsible for setting up notices of any current changes whenever their profession's codes of ethics are revised. Some professionals may need to adhere to multiple codes of ethics if they have different licenses and certifications.

Professionalism

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Let us go back to Sam in our introductory case example. Is Sam's behavior their practice style, or does it violate professional boundaries? The blurred lines between being considered kind and helpful and receiving gifts or doing extra services for clients are what is causing concern in Sam's situation. That is why the counseling profession's obligations as specialists require to stay in the professional role as much as possible. To do this, professionals need to limit their services to things that pertain to direct clinical care. Professionalism means to have knowledge and demonstrate competence. The primary responsibility is to promote clients' well-being and society's general welfare by promoting social, economic, political, and cultural values and institutions that are compatible with the realization of social justice (NASW, 2021). Specifically, counselors and social workers that provide services that are vulnerable to clients' cultures and to differences among people and cultural groups.

Characteristics of a Professional Relationship

The following characteristics can be applied to the social work and counseling profession:

- **Behavior** is regulated by codes of ethics, professional standards, regulations, law, etc.
- **Remuneration** is paid to provide care to meet the client's therapeutic needs.
- **Length of Relationship** limited by clients' need for professional services, insurance coverage, etc.
- **Location of Relationship** defined and limited to where care is provided (home, clinic, hospital, agency, etc.)
- **The Purpose of a Relationship** is to be goal-directed, provide care to clients, and be structured and time-limited.
- **Power Balance** unequal: The professional has authority, influence, knowledge, and access to privileged information.
- **Responsibility for Relationship** the professional is responsible for establishing and maintaining relationships related to services.
- **Preparation for Relationship** social worker requires formal knowledge, preparation, training, orientation, licensing, etc.
- **Time Spent in Relationship** Contractual agreement for work hours and contact with specific clients.

(Adapted from *Blurred Lines? Professional Boundaries and Ethical (Decision-Making*, 2022*)*

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Section 2: Professional Boundaries and Dual Relationships

Professional boundaries are critical to an effective therapeutic relationship with clients.

Dual relationships are concerning and dangerous because they can injure clients inadvertently or advertently, but also because they can hurt the professional. Five maladaptive boundary-crossing types include:

- **Boundary crossing**: action/behavior that deviates from the established boundary in the provider-client relationship. Sometimes boundary-crossing can be made by mistake, with minimal harm, but it has the potential to turn into a boundary violation.
- **Boundary violation**: actions/behaviors by the provider that harm the relationship with the client to meet a personal need of the provider at the client's expense. These violations are non-therapeutic and unprofessional and can cause harm. The professional acts out the violations for self-centered purposes, which is often done in secrecy or with ulterior motives. The violations are clearly exploitative or harmful (physical, psychological, physical, or financial).
- **Sexual relationships** are the most serious violation of boundaries. It can be illegal in some circumstances, and the professional will lose their license if substantiated. NASW Code of Ethics (2021) describes ethical responsibilities to clients to protect both the professional and the client. Sexual relationships include sexual activities, inappropriate sexual communications through the use of technology or in person, or sexual contact with current clients, whether such contact is consensual or forced. In addition, with clients' relatives or other individuals with whom clients maintain a close

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

personal relationship when there is a risk of exploitation or potential harm to the client. With former clients because of the potential for harm to the client. Professionals also should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual. It will likely make it difficult for the social worker and individual to maintain appropriate professional boundaries.

- **Dual relationships** occur when the professional engages in relationships in multiple contexts. Dual relationships can be situationally and contextually determined. NASW Code of Ethics (2021) advises that social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively).
- **Professional negligence** is when the provider avoids a client or puts their needs ahead of the client. The provider focuses on providing minimal care, avoids dealing with issues, and makes the client feel uncomfortable or bored with their care. This can lead to the potential for substandard care (e.g., failure to recognize physical, suicidality, or psychosocial needs) and could lead to neglect, which is a boundary violation.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

The following two case examples are adapted by Dewane (2010) *Respecting Boundaries — The Don'ts of Dual Relationships:*

Case Example 1

An example is if a counselor attends the same 12-step group as a client. Should the counselor limit their involvement in the group? Counselors have an obligation not only to their clients but also to their own well-being.

Possible courses of action in such a situation include the following:

- Assuming an absolutist stance, the social worker may decide to go to a meeting where clients are unlikely to attend.
- The counselor may make the best of an awkward situation, stay at the meeting, and be selective about what experiences to share, maintaining some boundaries with the client. However, while the counselor may be modeling the importance of attending meetings for the client, they may be deprived of an entirely personal experience.
- The counselor may decide to participate fully, a risk he or she may feel comfortable managing.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Any option is acceptable, provided they are given thoughtful analysis, and the counselor can justify their decision based on foreseeable risk.

Case Example 2

A rural counselor who provides clinical services at a nursing home has agreed to assume medical power of attorney for several patients who have no other appropriate resources or family members. The counselor differentiates the roles, never providing counseling to the patients for whom they have the fiduciary role and responsibility. One effect is that clients to whom they provide counseling can never have the opportunity to select them as their legal representatives, and clients for whom they have power of attorney cannot receive clinical services.

The following behaviors during a therapeutic relationship could have the **potential** to cross boundaries of the provider-client relationship:

- Social networking
- Self-disclosure of personal story
- Accepting gifts from clients in any amount
- Giving gifts to clients
- Providing care beyond one's job and scope of practice
- Providing care to family and friends
- Establish a personal relationship with a former client
- Living in smaller or rural community settings in public
- Attending the same 12-step group as a client

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Warning signs of un-ethical boundary crossing:

- Preoccupation with the client during and after working hours
- Resistance to referral when clinically indicated to another professional
- Increased frequency or duration of sessions
- Sexualization of session content
- Excessive use of self-disclosure related explicitly to counter-transference life experiences or personal use of substances
- Escalation of indiscrete or purposeful touch
- Evidence of client dependency and transference on the professional

- Resistance to supervision for consultation in professionalism or boundary-crossing
- Purposeful contact outside the professional setting
- Courtship behaviors (e.g., increased phone contact, dressing up for appointments, personal gifts)

These potential boundary-crossing behaviors require skillful and professional decision-making,

Dewane (2010), in her article *Respecting Boundaries — The Don'ts of Dual Relationships*, proposes a typology of the following five categories of dual relationships in social work:

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

1. **Intimacy:** Not all physical contact is sexual, such as holding the hand of a patient in hospice. What about intimate gestures such as sending a card?
2. **Personal benefit (monetary gain):** Social workers should not borrow from or lend money to clients, but what about being named in a will or finding a house before it is offered on the market because a client is a realtor? How about accepting referrals from current clients? Is the counselor using the client for his or her own financial gain? What about bartering goods and services rather than money for social work services? I had a student who reported that her field instructor/supervisor was being "paid" for her social work services by receiving messages from her client, who was a masseuse.
3. **Emotional/dependency needs:** Many of us are in the social work profession because it is rewarding; it fills an emotional need. However, our needs interfere with clients' needs, violating a boundary. For instance, a situation in which a social worker became involved sexually with a client while she (the social worker) was in a postpartum depression.

4. **Unintentional/unplanned relationships:** These accidental crossings, particularly in small communities, are not inherently unethical but require skillful handling. Inadvertent situations—meeting a client in the grocery store or at the gym, attending a family gathering, and realizing your cousin's boyfriend is your client—are the ones in which we try to minimize risk to the client.

5. **Altruism:** We most commonly enter into dual relationships because we want to help. A client asks you to purchase wrapping paper for her daughter's school fund-raiser; you give a client your old computer because she needs it for her studies; a client needs a ride home. Good intentions can feel like a bribe, create dependency, or have detrimental symbolic meaning.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

How to Decide When to Enter Into a Dual Relationship

- How will this secondary relationship change the power differential or take advantage of a power differential in the therapeutic relationship?
- How long will this relationship last? Is it a one-time occurrence or expected to last indefinitely?
- How will ending one relationship affect the other relationship?
- How much will objectivity be impaired?
- What is the risk of exploitation?

Imagine different scenarios, hopefully with the help of a trusted colleague, and consider all the possible ramifications of changed relationships. Cultural sensitivity may also influence the decision. Feminists use self-disclosure to equalize the power differential in a therapeutic relationship (Dewane, 2010). Afro-centric approaches emphasize mutual aid that "it takes a village" to help. The counselor

should not assume that “a neighborly style” may inhibit the development of a trusting relationship. In contrast, some Latino cultures emphasize the concept of personalism or behavior that indicates partiality to be considered trustworthy.

Dewane (2010) identifies contextual factors that have been addressed in the literature as follows:

- **Type of practice:** Community organizing or private clinical counseling?
- **Setting**: Family-based service or outpatient psychiatric setting?
- **Level of community involvement**: Is community involvement needed to gain access to a population?
- **Client’s sense of self:** How vulnerable is the client? Is he or she likely to misinterpret behavior, or does he or she have a strong sense of self that could distinguish roles?
- **Legality**: Are there legal ramifications?
- **Culture**: Does this client’s culture require more or less friendliness (“Respecting Boundaries — The Don’ts of Dual - Social Work Today”)
- **Social worker’s self**: Is the worker trying to fulfill some personal need?
- **Available supervision**: Is competent consultation available and used?

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Social work is a profession in which dual relationships are common because of the nature of the work and clients’ vulnerability. Social workers are responsible for protecting clients and demonstrating appropriate standards of care and boundaries. They must handle each situation with the utmost professionalism. They seek consultation through professional organizations; support networks are even available electronically for those in remote areas.

According to NAADAC and the Association of Addiction Professionals (2021) Code of Ethics, addiction professionals shall consider the inherent risks and benefits associated with moving the boundaries of a counseling relationship beyond the standard parameters. Providers shall obtain consultation and supervision, and recommendations shall be documented. Addiction professionals shall make every effort to avoid multiple relationships with a client. When a dual relationship is unavoidable, the professional shall take extra care to ensure professional judgment is not impaired and there is no risk of client exploitation. Such relationships shall include, but are not limited to, members of the provider's immediate or extended family, business associates of the professional, or individuals who have a close personal relationship with the professional or the professional's family. When extending these boundaries, providers shall take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure their judgment is not impaired and no harm occurs.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Definitions

Alcohol Disorder

A problematic pattern of alcohol consumption is characterized by compulsive use of alcohol, impaired control over alcohol intake, and a negative emotional state when not using. According to the 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association, an alcohol use disorder is present if two or more of the following situations occur with 12 months:

- Drinking more or for a more extended period than intended
- On more than one occasion, feeling the need or attempting to cut down or stop drinking

- Spending a lot of time drinking or recovering from the aftereffects of alcohol
- Craving or thinking about wanting a drink, or having the urge to use alcohol
- Failing to fulfill major work, school, or home responsibilities due to drinking
- Continuing to drink even though it is causing relationship troubles with your family or friends
- Prioritizing drinking by giving up or cutting back on activities that were important to you or gave you pleasure
- Drinking before or during situations that are physically dangerous—while driving a car, operating machinery, swimming, or having unsafe sex
- Continuing to drink even though drinking is making you feel depressed or anxious, is linked to another health problem, or results in having memory blackouts
- Developing a tolerance for drinking—needing much more than you once did to get the desired effect from alcohol, or not experiencing the same effect when drinking the same amount of alcohol
- Withdrawal, as characterized by having withdrawal symptoms (trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, a seizure, or sensing things that are not there [hallucinations])

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Substance Dependence

A term used synonymously with "addiction" but sometimes also used to distinguish physiological dependence from the syndrome of addiction/substance use disorder. It was used in prior iterations of the DSM to signify the latter. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth

Edition (DSM-5), it can occur at any time in the same 12-month period. Substance use disorders span a wide variety of problems arising from substance use and cover 11 different criteria:

- Taking the substance in larger amounts or for longer than you're meant to
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using, or recovering from use of the substance
- Cravings and urges to use the substance
- Not managing to do what you should at work, home, or school because of substance use
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational, or recreational activities because of substance use
- Using substances again and again, even when it puts you in danger
- Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
- Needing more of the substance to get the effect you want (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

The 11 criteria outlined in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders-5-Text Revision [DSM-5-TR] (2022) can be grouped into four primary categories: physical dependence, risky use, social

problems, and impaired control. To distinguish the difference related to prescription drugs, some people can experience tolerance and withdrawal in the context of taking prescription drugs to treat medical or mental health conditions.

The DSM-5-TR designates specifications on how severe or how much of a problem the substance use disorder is, depending on how many symptoms are identified:

- **Mild:** Two or three symptoms indicate a mild substance use disorder.5
- **Moderate:** Four or five symptoms indicate a moderate substance use disorder.
- **Severe:** Six or more symptoms indicate a severe substance use disorder.

Depending on meeting certain criteria, the diagnosis can also add "in early remission," "in sustained remission," "on maintenance therapy" for certain substances, and "in a controlled environment." These further describe the current state of the substance use disorder. Understanding the severity of a substance use disorder can help determine which treatments level to recommend in addition to meeting the American Society of Addiction Medicine (ASAM) Fourth Edition Criteria.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

The DSM-5-TR (2022) recognizes substance-related disorders resulting from the use of 10 separate classes of drugs:

- Alcohol
- Caffeine
- Cannabis
- Hallucinogens
- Inhalants

- Opioids
- Sedatives
- Hypnotics, or anxiolytics
- Stimulants (including amphetamine-type substances, cocaine, and other stimulants)
- Tobacco

Principles of Effective Addiction Treatment

These 13 principles of effective drug addiction treatment were developed based on three decades of scientific research, according to the National Institute on Drugs and Addiction (2014). Research shows that treatment can help drug-addicted individuals stop drug use, avoid relapse, and successfully recover their lives.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available.
4. Effective treatment attends to the multiple needs of the individual, not just his or her drug abuse.
5. Remaining in treatment for an adequate period of time is critical.
6. Counseling, both individual and/or group, and other behavioral therapies are the most commonly used forms of drug abuse treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure it meets his or her changing needs.
9. Many drug-addicted individuals also have other mental disorders.
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
11. Treatment does not need to be voluntary to be effective.
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
13. Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.

Quantum Units Education Affordable. Dependable. Accredited. www.quantumunitsed.com

(Source: National Institute on Drug and Addiction. These principles are detailed in NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide.)*

Section 3: Ethical Principles for the Substance Use Disorder Profession

According to the American Psychiatric Association Diagnostic and Statistical Manual 5 (2013), substance use disorders are a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. (p. 483). substance use disorder (SUD) is an illness caused by repeated misuse of substances such as alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants (amphetamines, cocaine, and others), and tobacco.

Chronic substance use disorders significantly impact individuals, families, communities, and society. Misuse of alcohol, drugs, and prescribed medications is estimated to cost the United States more than $400 billion annually in healthcare expenses, law enforcement, criminal justice costs, lost workplace productivity, and losses from motor vehicle crashes (Substance Abuse and Mental Health Services Administration [SAMHSA] & Office of the Surgeon General, 2016). The Centers for Disease Control and Prevention (CDC) National Center for Health Statistics estimates that 107,622 drug overdose deaths and 52,000 alcohol-induced deaths occurred in the United States in 2021 (National Center for Health Statistics, 2022). This has made the substance use profession more in the spotlight for ethical behavior.

There are certain ethical principles that substance use professions share. These principles underlie ethics codes to guide and inspire professionals toward the very highest ethical ideals of the profession. According to NAADAC and the Association of Addiction Professionals (2021), addiction professionals and licensed/certified treatment providers (subsequently referred to as addiction professionals) recognize that the ability to do well is based on an underlying concern for the well-being of others. This concern emerges from the recognition that we are all stakeholders in each other's lives - the well-being of each is intimately bound to the well-being of all; that when the happiness of some is purchased by the unhappiness of others, the stage is set for the misery of all. Addiction professionals must act so that they would have no embarrassment if their behavior became a matter of public knowledge and would have no difficulty defending their actions before any competent authority. In addition to identifying specific ethical standards, NAADAC shall recommend consideration of the following when making ethical decisions:

- **Autonomy:** To allow each person the freedom to choose their own destiny.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

- **Obedience:** The responsibility to observe and obey legal and ethical directives.
- **Conscientious Refusal:** The responsibility to refuse to carry out directives that are illegal and/or unethical.
- **Beneficence:** To help others.
- **Gratitude:** To pass along the good that we receive to others.
- **Competence:** To possess the necessary skills and knowledge to treat the clientele in a chosen discipline and to remain current with treatment modalities, theories, and techniques.
- **Justice:** Fair and equal treatment, to treat others in a just and fair manner.
- **Stewardship:** To use available resources in a judicious and conscientious manner; to give back.
- **Honesty and Candor:** To tell the truth in all dealing with clients, colleagues, business associates and the community.
- **Fidelity:** To be true to your word, keeping promises and commitments
- **Loyalty:** The responsibility to not abandon those with whom you work
- **Diligence:** To work hard in the chosen profession, to be mindful, careful, and thorough in the services delivered
- **Discretion:** Use of good judgment, honoring confidentiality and the privacy of others
- **Self-improvement:** To work on professional and personal growth to be the best you can be
- **Non-malfeasance:** Do no harm to the interests of the client

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

- **Restitution:** When necessary, make amends to those who have been harmed or injured

- **Self-interest:** To protect yourself and your personal interests.

What Makes Substance Use Disorder Ethics Different?

Substance use, addictive behavior, and co-occurring disorders are complex phenomena characterized by dysregulated neurobiology and compulsive, habitual behavior. Behaviors range from mild to moderate to severe symptoms and conditions. There is no single, specific root cause that leads an individual down the neurobiological pathway toward substance use dependence. There is not one single treatment modality that addresses substance abuse and dependence. Various practical approaches and treatments include prevention interventions, counseling, evidenced-based psychotherapy, medication assistance, recovery support, and mutual help or 12-step groups. Providers must continually assess all interactions and communications using risk management, ethical, and legal lenses.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Impairment in Decision-Making Capacity

The vulnerability of the client seeking substance abuse services, who may present as intoxicated and/or withdrawing, has lost ethical decision-making capacity. Repeated use of a drug changes the wiring of the brain in several ways. It stimulates the nucleus accumbens, and overactivity of the nucleus accumbens progressively weakens its connectivity to the prefrontal cortex of executive functioning. One result is impaired judgment, decision-making, and impulse control. The biological weakening of decision-making areas in the brain suggests why addicts pursue and consume drugs even in the face of negative consequences or the knowledge of positive outcomes that might come from quitting the drugs

(Addiction and the Brain, 2024). The client's chronic use of substances, especially alcohol or opiates, may lead to more permanent impairment. In addition, courts in multiple jurisdictions are unwilling to determine incompetence in clients whose impairment is related to substance use disorder.

NAADAC's code of ethics (2021) provides the following suggestion related to competency: Addiction professionals who act on behalf of a client who has been judged legally incompetent or with a representative who has been legally authorized to act on behalf of a client shall act with the client's best interests in mind and shall inform the designated guardian or representative of any circumstances which may influence the relationship. Providers shall balance the ethical rights of clients to make choices about their treatment with their capacity to consent to receive treatment-related services and the parental/familial/representative's legal rights and responsibilities to protect the client and make decisions on their behalf. National Association of Social Workers (2021) advises that when social workers act on behalf of clients who cannot make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Substance Use Stigma and Discrimination

Society often judges substance use disorders to be a choice and morally responsible for their behaviors rather than a chronic and fatal disease. It can also be viewed as character flaws, moral failures, or religious sins. It is often seen as compulsive, irresponsible, hurtful, and selfish. Often, the individual addicted to drugs or alcohol is asked, "Why can't you just stay sober for…" as if it is a choice of free will. In return, these behaviors are then discriminated against through cultural repulsion, disgust, shunned from a community, or rejection. In addition, substance use is often associated with illegal or dangerous activities and

behaviors. Such as sexually transmitted diseases like HIV or hepatitis. Or illegal behaviors like prostitution and stealing. Those who are pregnant also experience stigma while receiving healthcare, but also can endure legal ramifications once the baby is born. It is often associated with being homeless or seen with those who experience chronic mental illness.

According to Kelly et al. (2010) found that addiction may be the most stigmatized condition in the United States and around the world. They reference a cross-sectional survey of participants from 14 countries and their reactions to different health conditions. Out of 18 of the most stigmatized conditions:

- Illicit drug addiction ranked 1st in the most stigmatized conditions
- Alcohol addiction ranked 4th in the most stigmatized conditions

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunits.com

Other studies have shown that substance use disorders are more stigmatized compared to other psychiatric disorders. Compared to other psychiatric disorders, people with substance use disorders are perceived as more to blame for their disorder. In addition, describing substance use disorder as “treatable” helps patients who hold more stigmatizing beliefs about substance use disorders less likely to seek treatment or discontinue the use of drugs sooner. Physicians and counselors (clinicians) have been shown to hold stigmatizing biases against those with substance use disorder; they view substance use disorder patients as unmotivated, manipulative, and dishonest.

The United States National Randomized Study to Guide How Best to Reduce Stigma When Describing Drug-related Impairment in Practice and Policy (Kelly et al., 2020) was a cross-section study on drug-related impairment. It identified that drug use is persistently stigmatized, delaying and preventing treatment engagement. To reduce stigma, various medical terms (e.g., “chronically relapsing brain disease,” “disorder,” “brain disease,” “disease,” “an illness’, or “a problem”)

have been promoted in diagnostic systems and among national health agencies. However, some argue that over-medicalization of drug-related impairment lowers prognostic optimism and reduces personal agency. While intensely debated, rigorous empirical study is lacking. This study investigated whether random exposure to one of six common ways of describing drug-related impairment induces systematically different judgments. It concluded that in order to reduce stigmatizing blame, biomedical "chronically relapsing brain disease" terminology may be optimal. Increasing prognostic optimism and decreasing perceived danger/social exclusion is beneficial. Use of non-medical terminology (e.g., "opioid problem") may be optimal.

The consequences of substance use disorder stigma can be both public and personal.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Public stigma can lead to:

- Differential public and political support for treatment policies
- Differential public and political support for criminal justice preferences
- Barriers to employment/education/training
- Reduced housing and social support
- Increased social distance (social isolation)

Personal internalization of public stigma can lead to:

- Shame/guilt
- Lowered self-esteem
- Rationalization/minimization; lack of problem acknowledgment
- Delays in help-seeking

- Less treatment engagement/retention; lowered chance of remission/ recovery

Kelly et al. (2020) study also identified that women were more to blame overall for opioid impairment, while men are viewed as more dangerous when using drugs. In return, the implications are that women may find it more challenging to acknowledge, admit, and disclose a drug problem and their need for help. Also, it was found that men may find it more challenging to reintegrate and be included in society.

Recovery Language

When describing an individual with a substance use disorder, certain types of medical terminology used to describe the person may help reduce stigma and discrimination. Using language rooted in biological causes (e.g., genetics) and bio-impacts (e.g., neurobiology) could reduce stigma. Referring to someone as…

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

- “A substance abuser” implies willful misconduct (it is their fault, and they can help it)
- “Having a substance use disorder” implies a medical malfunction (it is not their fault, and they cannot help it.)

Nevertheless, it is important that how we talk about individual medical conditions does matter. (Kelly et al. 2010) provided these two examples:

- Example: “Substance abuser”

  Mr. Williams is a substance abuser and is attending a treatment program through the court. As part of the program, Mr. Williams is required to remain abstinent from alcohol and other drugs.

- Example: “Substance use disorder”

Mr. Williams has a substance use disorder and is attending a treatment program through the court. As part of the program, Mr. Williams is required to remain abstinent from alcohol and other drugs.

Compared to those in “substance use disorder” condition, those in “substance abuser” condition agreed more with the idea that an individual was personally culpable and needed punishment.

There are adverse effects related to not changing stigmatizing language, including:

- counselors and other healthcare providers have judged the same individual differently and more punitively depending on which term exposed to the use
- the “abuser” term may activate implicit cognitive bias, perpetuating stigmatizing attitudes could have broad effects (e.g., treatment)
- Referring to individuals as having “substance use disorder” may reduce stigma, may enhance treatment and recovery

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

The Recovery Research Institute Addictionary highlights different terms and if they are associated with stigma. Below are some examples and recovery language suggested:

Stigmatized language **Recovery Language**

Abuser	A person suffering with or suffering from addiction or substance use disorder
Addict	A person with, or suffering from, addiction or substance use disorder

Alcoholic	An individual with an alcohol use disorder
Dirty urine	The urine was positive for…. and/or the individual is in remission or recovery, or still has/is suffering from a substance/ opioid/alcohol/cocaine, etc., use disorder. In the case of toxicology screens, describe the drug screen results as either “positive” or “negative” for particular substances)
Dope sick	A person suffering from withdrawal
Drug abuser	An individual with a substance use disorder
Dry Drunk	A person choosing not to engage in recovery
Enabling	Remove fault and intention, instead explaining that “loved ones can unconsciously reinforce substance use.”
Heroin addict	An individual with an opioid use disorder
Lapse	“resumed,” or “experienced a recurrence” of substance use or substance use disorder symptoms.
Medication-**assisted** treatment (MAT)	The term “assisted” may undervalue the role of the medication. Suggest “medications for addiction treatment” or “medication.”
Prescription drug misuse	Non-medical use of a psychoactive substance

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Rehab	“residential treatment facility” or “addiction treatment facility.”
Relapse	Use morally neutral terms such as “resumed” or experienced a “recurrence of symptoms” or “recurrence of the disorder.”
Slip	“resumed,” or experienced a “recurrence” of substance use or substance use disorder symptoms
Substance abuse	“substance use/misuse” or “substance use disorder”

Stigma with language has been such a concern that the National Institute of Health and other federal administrations have officially changed their names to remove “abuse” terminology.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

- NIDA has changed its name to “National Institute on Drugs and Addiction”
- NIAAA has changed its name to “National Institute on Alcohol Effects and Alcohol Associated Disorders”
- SAMHSA has changed its name to “Substance Use and Mental Health Services Administration”
- CSAT has changed its name to "Center for Substance Use Services"; and
- CSAP has changed its name to "Center for Substance Use Prevention Services"

The Recovery Research Institute’s study on *The real stigma of substance use disorders* (2024) discussed steps to reduce stigma in clinical and community recovery support service settings, including:

- Prescribe, model, and reinforce universal use of appropriate, person-first, non-stigmatizing terminology about alcohol/drug use disorders and related problems (especially removing “abuse”/”abuser” from printed materials/ websites/names as soon as possible)
- Provide continuing education on substance use's nature (causes and impacts) to service leadership, practitioners, and all staff on the importance of addressing substance use disorders on clinical, ethical, humanitarian, and compassionate care grounds, as well as health economics grounds.
- Provide regular opportunities for interaction and exposure to recovering persons to help dismantle stereotypes and disabuse staff of faulty beliefs.
- Create “recovery friendly” education and workplaces that openly and continually support treatment and recovery for students and employees suffering from substance use disorders, including employing individuals with substance use disorder histories.
- With less stigma surrounding alcohol and other drug use disorders, individuals with these conditions may be more likely to seek help. In a related sense, experts have used these types of studies in support of a public health, rather than a criminal justice, approach to addressing societal harms related to substance use disorders.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

NAADAC’s code of ethics (2021) indicates that Addiction Professionals shall not practice, condone, facilitate, or collaborate with any form of discrimination against any client based on race, ethnicity, color, religious or spiritual beliefs, age, gender identification, national origin, sexual orientation or expression, marital status, political affiliations, physical or mental handicap, health condition, housing status, military status, or economic status.

The American Counseling Association's Code of Ethics (2014) suggests that counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas where they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or discriminatory.

The stigma around addiction needs to change. It creates a barrier for those who desire to quit and those needing help, as well as between receiving the support they deserve. The key to combatting the stigma of addiction is to have more conversations about the disease of addiction, understand recovery, and replace judgment with compassion.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Illegal Activity

Research has shown that a person who first tries drugs in their teens is more apt to develop a substance use disorder than a person who first tries drugs as an adult (National Institute of Drug Abuse NIDA, 2022). Conduct problems and delinquent behaviors, such as vandalism and violence, are usually precursors to the initiation of substance use in teenagers. Substance use is also higher in teens who have drug-using friends. It is essential to consider the psychosocial factors of education, employment, relationships, and involvement with the legal system. A study that evaluated continuous abstinence over two years found that teens with long-term substance use disorder treatment program completion had greater improvements in relationships with significant others and in relapse avoidance. The authors acknowledged the value of supportive resources after treatment to improve education and employment outcomes. The question of what is ethical or unethical is thus a more complicated issue than the question of what is legal or illegal. Relying only on the latter would constitute a process of legal reductionism that

decreases ethical complexities in the area of legal interpretation. The best ethical decision-making models integrate questions of ethics and law within the decision-making process.

There are many areas of overlap between ethics codes and the law. Actions that may be prohibited by law are often also prohibited by the ethics code. However, ethics codes can outline prohibited behavior that would not necessarily be illegal. The ethics code can also require behavior that, if not done, would violate the law. For example, the ethics code requires substance use counselors to disclose confidential information to comply with mandated reporting laws and protect individuals from harm. Specifically, “Addiction professionals who are ordered to release confidential and/or privileged information by a court shall obtain written, informed consent from the client, shall take steps to prohibit the disclosure, or shall have the disclosure limited as narrowly as possible because of potential harm to the client or counseling relationship” (NAADAC, 2021).

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Mandated Clients

NAADAC’s code of ethics (2021) indicates that Addiction professionals who work with clients who have been mandated to counseling and related services shall discuss legal and ethical limitations to confidentiality. Providers shall explain confidentiality, limits to confidentiality, and the sharing of information for supervision and consultation purposes before the therapeutic or service relationship begins. If the client refuses services, the provider shall discuss with the client the potential consequences of refusing mandated services while respecting the client’s autonomy.

The National Association of Social Workers' Code of Ethics (2021) indicates that social workers should discuss the nature of confidentiality and the limitations of clients’ right to confidentiality with clients and other interested parties. Social

workers should review clients' circumstances where confidential information may be requested, and disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the relationship.

The American Counseling Association Code of Ethics (2014) indicates that counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services. Counselors also explain what type of information and with whom that information is shared prior to the beginning of counseling. The client

may choose to refuse services. In this case, counselors will, to the best of their ability, discuss the potential consequences of refusing counseling services with the client.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Coercion

Sullivan et al. (2008) discussed coercion in their article, *Uses of Coercion in Addiction Treatment: Clinical Aspects*. The study indicated that the crux of coercion is to motivate the patient to comply with addiction treatment by enforcing alternative consequences. In practice, the individual is rarely forced to comply with addiction treatment. However, an element of coercion in treatment often exists, such as when treatment is offered as an option to alternative consequences of addiction (e.g., legal sentencing, loss of employment, loss of parental custody).

Within the family setting, the consequences of refusing treatment may be the loss of marriage or the withdrawal of financial or emotional support by other family members. Within the occupational or professional context, consequences of refusing treatment might include termination or the loss of licensure. Therapeutic interventions are more likely to succeed if avoiding such alternative consequences

is contingent not only on entering treatment but also on continued compliance with addiction treatment.

Perhaps the most widely recognized example of coercing a patient to enter treatment is the Johnson Intervention, a therapeutic technique in which members of the patient's family or social group confront him or her about the consequences of drinking or drug use.9 This approach is considered coercive because the family members and friends set forth the consequences of continued drug use, namely certain losses that the individual will suffer, and contrast these with the outcome of addiction treatment.

Despite research literature confirming the efficacy of coerced addiction treatment, many clinicians are reluctant to invoke such techniques with patients. For some, concern about patient autonomy, even when such autonomy is clearly compromised by the cognitive and neurobiological effects of alcohol or substance abuse, is the primary deterrent to the use of coercive techniques. For other clinicians, a lack of experience with such interventions makes them reluctant to implement coercive strategies even when the therapeutic benefit seems clear.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Advocates of coerced treatment point out that few individuals with substance use disorders will enter and stay in treatment without some external motivation, and legal coercion is as justifiable as any other motivation for entry into treatment. In addition, many “coerced” clients do not experience their referral as involuntary. A NIDA-funded Drug Abuse Treatment Outcome Study (DATOS) found that 40% of clients referred to treatment by the criminal justice system felt they “would have entered treatment without pressure from the criminal justice system.” The involuntary treatment of substance use disorders remains highly controversial in some sectors despite legal mandates and thousands of court cases (Salmon et al., 1983).

Ethical concerns regarding the principle of autonomy in patient care often inspire objections to coercive treatment options. However, beneficence is another central principle in medical ethics pertinent to coercive treatments. Definitions of beneficence center on the concept that healthcare providers must benefit the patient and take positive steps to prevent and remove harm from the patient. Autonomy and beneficence sometimes conflict in medicine; some coercive measures should be interpreted as a way to provide good care. Under the principle of beneficence, failure to increase the good of others when one is knowingly in a position to do so (e.g., to offer effective treatments) is considered morally wrong. As the evidence reviewed in this article suggests, coercive treatments are effective. In summary, it argues that it would be unethical to withhold effective treatments, such as the coercive treatments described here, from the patients who could benefit from them (Sullivan et al., 2008).

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

The American Psychological Association's (2016) Ethical Principles of Psychologists and Code of Conduct provides guidance related to Principle A: Beneficence and Nonmaleficence:

> Psychologists strive to benefit those with whom they work and take care to do no harm. Psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, as well as the welfare of animal research subjects. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve them responsibly, avoiding or minimizing harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

> The use of “leverage” or coercion in psychotherapy or behavioral therapy for those with substance use disorders represents a departure from the psychodynamic tradition, in which patients are guided to identify and confront internal psychological conflicts through unstructured, exploratory, free association. In addition, it is a principle of the psychodynamic tradition that the therapist takes no responsibility for the patient's behavior.

The following case examples are adapted from Sullivan et al. (2008) examples of coercion to initiate treatment.

Case Example 3

A 38-year-old married airline pilot had been drinking heavily on the days when they were not on flying duty, increasing their consumption to 8 to 12 drinks per day. Several fellow pilots became aware of their heavy drinking through observations at social events in their homes and the local community. They spoke to their significant other about their concerns and their intent to confront them regarding his drinking. The significant other endorsed their observations, shared their concerns, and agreed to attend the intervention but did not want to speak about their concerns at the meeting. The pilots planned to report their concerns to the airline and Federal Aviation Agency if they did not voluntarily seek treatment, thereby triggering a mandatory evaluation. They could retain their position with the airline if they sought evaluation and treatment voluntarily but could lose their position and their license if they were found to have a substance use disorder for which they were not voluntarily seeking care. The pilot agreed to enter treatment immediately. They responded well to treatment and returned to flight status six months later under close monitoring.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Case Example 4

At the end of a work day, a 40-year-old neurologist was found scavenging through left-over ampules of hydromorphone hydrochloride in a cardiac catheterization lab. When confronted by the hospital administration and their chief of service, the neurologist initially denied using this drug, saying that they were concerned that medication with high addiction potential could be abused. The neurologist also said they were acting as “a good Samaritan” and collecting the partially filled ampoules so they could be discarded. When asked why they would ever need to be in that particular hospital area, the neurologist had no answer except to say that they often “roamed around” the building in their spare time. The chief asked the neurologist to stop practicing voluntarily and scheduled an intervention with the state physician health program. During this highly emotionally charged experience, the neurologist admitted to using IV hydromorphone hydrochloride for the past two months and was able to identify significant psychosocial stressors. These included the birth of their first child and extreme financial pressures associated with buying new office space. The neurologist was told that involvement with the state licensing board was inevitable but that for the safety and the safety of their patients, they should stop practicing, enter into a treatment program, and begin a monitoring contract after treatment to document that they were indeed substance-free and in recovery. The neurologist was also asked that they personally notify the state licensing board about these events. After much ambivalence, primarily centered around their fear of losing their license, they did notify the licensing board and were admitted into a treatment program, which he completed successfully. They subsequently began a monitoring contract with the physician health program and entered into a publicly disclosed probationary agreement with the licensing board. One year later, the neurologist was actually grateful that they were alive, in recovery, able to maintain their family relationships, and resumed the practice of medicine.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

NAADAC's code of ethics (2021) offers the following guidance related to uninvited solicitation: Addiction professionals shall not engage in uninvited solicitation of potential clients vulnerable to undue influence, manipulation, or coercion due to their circumstances.

Section 4: Informed Consent, Privacy, and Confidentiality

Informed Consent

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

The American Counseling Association Code of Ethics (2014) indicates that when counseling minors, incapacitated adults, or other persons unable to give voluntary consent, counselors seek clients' assent to services and include them in decision-making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf. Throughout the course of treatment, counselors review with their client, verbally and in writing, the legal and ethical rights and responsibilities of both the counselor and the client. This process, called informed consent, ensures that the client is fully informed about their treatment. A thorough and explicit informed consent helps the counselor clarify their professional responsibilities to uphold their ethical code of conduct with each client.

The NASW Code of Ethics (2021) describes informed consent as:

a. Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed

consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

b. In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

c. In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with their level of understanding. In such instances, social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

d. In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

e. Social workers should discuss with clients the social workers' policies concerning the use of technology in the provision of professional services.

f. Social workers who use technology to provide social work services should obtain informed consent from the individuals using these services during the initial screening or interview and prior to initiating services. Social

workers should assess clients' capacity to provide informed consent and, when using technology to communicate, verify the identity and location of clients.

g. Social workers who use technology to provide social work services should assess the clients' suitability and capacity for electronic and remote services. Social workers should consider the clients' intellectual, emotional, and physical ability to use technology to receive services and ability to understand the potential benefits, risks, and limitations of such services. If clients do not wish to use services provided through technology, social workers should help them identify alternate methods of service.

h. Social workers should obtain client's informed consent before making audio or video recordings of clients or permitting observation of service provision by a third party.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

i. Social workers should obtain client consent before conducting an electronic search on the client. Exceptions may arise when the search is for purposes of protecting the client or others from serious, foreseeable, and imminent harm, or for other compelling professional reasons.

The informed consent process includes the following suggested by the NAADAC Code of Ethics (2021):

- Clear explanation as to the nature of all services to be provided and methods and theories typically used.
- Purposes, goals, techniques, procedures, limitations, and potential risks and benefits of services
- Counselor's qualifications, credentials, relevant experience, and approach to counseling

- Right to confidentiality and explanation of its limits, including the duty to warn
- Policies regarding the continuation of services upon the counselor's incapacitation or death
- Role of technology, including boundaries around electronic transmissions and social networking
- Implications of diagnosis and the intended use of tests and reports
- Fees and billing, nonpayment, and policies for collecting nonpayment
- Specifics about clinical supervision and consultation
- Client's right to refuse services

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

After you have confirmed that the client understands the information provided, you should both sign a clearly written consent form that covers all required information. Offer the client a copy and document your discussions relating to informed consent in the client's record. Practitioners who provide telehealth services must take special care to ensure that these clients fully understand the nature of treatment and potential benefits and risks. Be sure to explain the challenges and limits to services, particularly those related to confidentiality. Obtaining consent forms may require additional time and planning. Consider developing protocols to verify clients' identities when you cannot see them sign a consent form in person.

Limits to Consent

Darby et al. (2018) detail that consent is only valid when the person giving it has the capacity to consent. Some special circumstances include:

- Minor children below the age of consent
- In some states, the age of consent for substance use treatment may differ from consent for general medical treatment. Consult your licensure board or legal counsel if you are unable to determine the age of consent for the services you provide.
- Emancipated minors act independently without the control of a parent or a legal guardian. This status is usually obtained through a court order. For the purposes of consent, laws usually require healthcare professionals to treat emancipated minors as consenting adults.

Adults Adjudicated Incompetent

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

If an adult is being adjudicated as incompetent, it means that there has been a court proceeding wherein substantial evidence has been submitted to a judge who has identified someone as unable to manage their affairs. State laws govern these proceedings, so different states have different guidelines. Causes for incompetency of individuals can also vary, for example, from traumatic brain injury, dementia, or mental health. Those adults adjudicated as incompetent may have a guardian assigned to them who can provide consent for treatment (Darby et. al, 2018).

Diminished Capacity

Diminished capacity refers to individuals having an impaired mental state within a given situation. This impairment could make them unable to understand or give informed consent sufficiently. However, the professional should strive to keep the client informed about treatment and their options as best as possible.

When a professional must obtain informed consent from a third party, it is best practice to seek the client's agreement to treatment. In some states, this may be a requirement. This means that although individuals cannot legally give informed consent, they agree to the treatment as they understand it.

Privacy

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Addiction Professionals shall encourage ongoing discussions with clients regarding how, when, and with whom information should be shared. Addiction Professionals and the organizations they work for ensure that the confidentiality and privacy of clients are protected by Providers, employees, supervisees, students, office personnel, other staff, and volunteers. Addiction Professionals shall discuss confidential client information in locations where they are reasonably confident, they can protect client privacy.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Confidentiality

Federal regulations designed to control how a person's health information is disclosed have been a concern for decades. Specifically, concerns about how a person's treatment for substance use disorders could adversely impact them prompted the passage of the Confidentiality of Substance Use Disorder (SUD) Patient Records 42 CFR Part 2 (2024) originally in 1975. This federal regulation is maintained by the United States Office for Civil Rights, Office of the Secretary, Department of Health and Human Services; Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services. 42 CFR Part 2 has been amended recent times and the most recent update was April 16, 2024.

42 CFR Part 2 established rules governing the use and disclosure of information about individual clients seeking substance use disorder treatment, referred to as Patient-Identifying Information (PII). Patient Heath Information (PHI) is a subset of PII and applies specifically to HIPAA. Remember, PHI includes health information such as medical records and lab reports. PII is a more general term that encompasses any information that can be traced to a client's identity, whether directly or indirectly. 42 CFR Part 2 is the regulation that governs the confidentiality of substance use disorder treatment information specifically. The intent of 42 CFR Part 2, 2.2 (b) (2) is to ensure a person is not made more vulnerable by reason of the availability of their patient record than an individual with a substance use disorder who does not seek treatment.

For example, a person may not want their employer knowing or their treatment information disclosed during legal proceedings.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

This regulation only applies to:

- An individual or entity that provides diagnoses, treatment, and referral for SUDs.
- An individual or entity that markets itself as providing diagnosis, treatment, or referral for substance use disorders.
- Medical personnel or staff in general medical facilities whose primary function is the provision of SUD treatment services.
- Medical personnel or staff in general medical facilities that identify as SUD providers.
- Federally assisted programs.

For example, a primary care provider who treats a person for a substance use disorder, but does not consider diagnosis, treatment, or referral for a substance

use disorder as their primary practice may not be subject to 42 CFR Part 2. However, a designated unit within a general care facility (e.g., hospital, medical practice) whose primary function is to diagnose, treat, and refer clients with a substance use disorder would be subject to 42 CFR Part 2 (2024).

42 CFR 42 applies to all records and recordings containing information about the identity, diagnosis, prognosis, or treatment of clients in a substance use disorder treatment program (2024). This includes any information that could directly or indirectly identify a client as someone with a substance use disorder who is seeking treatment, who is in treatment, or who is no longer in a treatment program.

Both HIPAA and 42 CFR Part 2 address privacy and confidentiality. However, there are subtle differences, and substance use disorder treatment programs must comply with both sets of laws and regulations. To the extent that the provisions conflict, a program must comply with the provisions that provide the most protection for client privacy and confidentiality.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

NAADAC Code of Conduct (2018) provides the following guidance:

- Addiction Professionals understand that confidentiality and anonymity are foundational to addiction treatment and embrace the duty of protecting the identity and privacy of each client as a primary obligation. Counselors communicate the parameters of confidentiality in a culturally sensitive manner.
- Addiction Professionals shall create and maintain appropriate documentation. Providers shall ensure that records and documentation kept in any medium (i.e., cloud, laptop, flash drive, external hard drive, tablet, computer, paper, etc.) are secure and in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Confidentiality of

Alcohol and Drug Abuse Patient Records 42 CFR Part 2, and that only authorized persons have access to them. Providers shall disclose to client within informed consent how records shall be stored, maintained, and disposed of, and shall include time frames for maintaining active file, storage, and disposal (42 CFR Part 2).

- Addiction Professionals, with informed consent, shall disclose the legal and ethical boundaries of confidentiality and disclose the legal exceptions to confidentiality. Confidentiality and limitations to confidentiality shall be reviewed as needed during the counseling relationship. Providers review with each client all circumstances where confidential information may be requested and where disclosure of confidential information may be legally required.
- Addiction Professionals, who provide group, family, or couples therapy, shall describe the roles and responsibilities of all parties, limits of confidentiality, and the inability to guarantee that confidentiality shall be maintained by all parties.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

NASW Code of Ethics (2021) provides the following guidance related to privacy and confidentiality:

a. Social workers should respect clients' right to privacy. Social workers should not solicit private information from or about clients except for compelling professional reasons. Once private information is shared, standards of confidentiality apply.

b. Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

c. Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

d. If social workers plan to disclose confidential information, they should (when feasible and to the extent possible) inform clients about the disclosure and the potential consequences prior to disclosing the information. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

e. Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients' circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker–client relationship and as needed throughout the course of the relationship.

f. When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. This agreement should include consideration of whether confidential information may be exchanged in person or electronically, among clients or

with others outside of formal counseling sessions. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

g. Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

h. Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

i. Social workers should not discuss confidential information, electronically or in person, in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunits.com

j. Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

k. Social workers should protect the confidentiality of clients when responding to requests from members of the media.

l. Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure

location and that clients' records are not available to others who are not authorized to have access.

m. Social workers should take reasonable steps to protect the confidentiality of electronic communications, including information provided to clients or third parties. Social workers should use applicable safeguards (such as encryption, firewalls, and passwords) when using electronic communications such as e-mail, online posts, online chat sessions, mobile communication, and text messages.

n. Social workers should develop and disclose policies and procedures for notifying clients of any breach of confidential information in a timely manner.

o. In the event of unauthorized access to client records or information, including any unauthorized access to the social worker's electronic communication or storage systems, social workers should inform clients of such disclosures, consistent with applicable laws and professional standards.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

p. Social workers should develop and inform clients about their policies, consistent with prevailing social work ethical standards, on the use of electronic technology, including Internet-based search engines, to gather information about clients.

q. Social workers should avoid searching or gathering client information electronically unless there are compelling professional reasons, and when appropriate, with the client's informed consent.

r. Social workers should avoid posting any identifying or confidential information about clients on professional Web sites or other forms of social media.

s. Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with applicable laws governing records and social work licensure.

t. Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

u. Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

v. Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

w. Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Section 5: Ethical Dilemmas That Impact the Profession

The complexities within the substance abuse population can create additional ethical dilemmas. The Substance Abuse and Mental Health Services Administration (2000) and Darby et al. (2018) provide the following examples of ethical dilemmas:

- Protecting those with HIV/AIDS or other reportable communicable diseases to maintain confidentiality, mandatory reporting to state health departments, and ensuring access to care for those with the disease(s). (e.g., duty to treat and duty to warn)

- Advocating for legislation that protects the rights of clients or adapting to the impacts of a policy that will further restrict a provider's ability to intervene effectively with a client group. (e.g. needle exchange and other harm reduction programs).
- Treatment funding may only be allocated for a specific use disorder or a form of treatment.
- The need for services surpasses the treatment services available.
- The appropriate level of care for treatment is unavailable to the client.
- Insurance does not cover the recommended level of care for the client.
- The staff has limited training on evidence-informed treatment for a specific substance.
- Conflicts between the counseling professional's values and the client's behaviors.
- End-of-life issues and the use of controlled substances.
- Dual relationships, where a provider may have had contact with a client in a social context as well as in a professional role, bring up the ethical issue of boundaries. This is often seen in a rural setting.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Ethical Decision-Making Models

At some point during their careers, many counseling professionals may face ethical decisions outside the range of their previous education, training, and professional experiences. To help practitioners make better decisions, researchers have published ethical decision-making models.

NAADAC (2021) provides guidance when encountering an ethical concern:

- Addiction professionals shall adhere to and uphold the NAADAC Code of Ethics and shall be knowledgeable regarding established policies and procedures for handling concerns related to unethical behavior at both the state and national levels.
- Providers strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek supervision and/or consultation when necessary. ("30 Miss. Code R. § 2202-I - Casetext")
- Providers incorporate ethical practice into their daily professional work.
- Providers engage in ongoing professional development regarding ethical and legal issues in counseling. Providers are professionals who act ethically and legally.
- Providers are aware that client welfare and trust depend on a high level of professional conduct.
- Addiction professionals hold other providers to the same ethical and legal standards and are willing to take appropriate action to ensure that these standards are upheld.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

NAADAC (2021) suggests that addiction professionals shall utilize and document, when appropriate, an ethical decision-making model when faced with an ethical dilemma. A viable ethical decision-making model shall include, but shall not be limited to:

a. supervision and/or consultation regarding the concern;
b. consideration of relevant ethical standards, principles, and laws;
c. generation of potential courses of action;

d. "deliberation of risks and benefits of each potential course of action;" ("E.T.H.I.C.S. of Self-care - NAADAC")
e. selection of an objective decision based on the circumstances and welfare of all involved; and
f. reflection upon, and re-direction, when necessary, after implementing the decision.

The NASW Office of Ethics and Professional Review (1995) created the *Essential Steps for Ethical Problem-Solving* as a guide and model to utilize in addressing an ethical dilemma.

1. DETERMINE whether there is an ethical issue or/and dilemma. Is there a conflict of values, or rights, or professional responsibilities? (For example, there may be an issue of self-determination of an adolescent versus the well-being of the family.)
2. IDENTIFY the key values and principles involved. What meanings and limitations are typically attached to these competing values? (For example, rarely is confidential information held in absolute secrecy; however, typically decisions about access by third parties to sensitive content should be contracted with clients.)
3. RANK the values or ethical principles which - in your professional judgment - are most relevant to the issue or dilemma. What reasons can you provide for prioritizing one competing value/principle over another? (For example, your client's right to choose a beneficial course of action could bring hardship or harm to others who would be affected.)
4. DEVELOP an action plan that is consistent with the ethical priorities that have been determined as central to the dilemma. Have you conferred with clients and colleagues, as appropriate, about the potential risks and

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

consequences of alternative courses of action? Can you support or justify your action plan with the values/principles on which the plan is based? (For example, have you conferred with all the necessary persons regarding the ethical dimensions of planning for a battered wife's quest to secure secret shelter and the implications for her teen-aged children?)

5. IMPLEMENT your plan, utilizing the most appropriate practice skills and competencies. How will you make use of core social work skills such as sensitive communication, skillful negotiation, and cultural competence? (For example, skillful colleague or supervisory communication and negotiation may enable an impaired colleague to see her/his impact on clients and to take appropriate action.)
6. REFLECT on the outcome of this ethical decision-making process. How would you evaluate the consequences of this process for those involved: Client(s), professional(s), and agency (ies)? (Increasingly, professionals have begun to seek support, further professional training, and consultation through the development of Ethics review Committees or Ethics Consultation processes.)

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

The American Counseling Association, Center for Counseling Practice, Policy, and Research developed the *Practitioner's Guide to Ethical Decision Making* (2016)

1. Identify the problem

Gather as much information as you can that will illuminate the situation. In doing so, it is important to be as specific and objective as possible. Writing ideas on paper often helps provide clarity. Outline the facts, separating out innuendos, assumptions, hypotheses, or suspicions. There are several questions to ask yourself: Is it an ethical, legal, professional, or clinical problem? Is it a combination of more than one of these? If a legal question exists, be sure to seek legal advice.

Other questions that may be useful to ask yourself are: Is the issue related to me and what I am or am not doing? Is it related to a client and/or the client's significant others and what they are or are not doing? Is it related to technology in the provision of services or to storing records? Is it related to the institution or agency and their policies and procedures? If the problem can be resolved by implementing a policy of an institution or agency, you can look at the agency's guidelines. It is important to remember that the dilemmas counselors face is often complex; therefore, a useful guideline is to examine the problem from several perspectives and avoid searching for an overly simplistic solution.

2. Apply the ACA Code of Ethics

After having clarified the problem, refer to the ACA Code of Ethics (ACA, 2014) to see if the issue is addressed. Also consider any other state or professional codes that may apply to you (Bradley & Hendricks, 2008; Brennan, 2013). When reviewing the ethical codes, be sure to consider any multicultural perspectives of the particular case (Frame & Williams, 2005). Remember to examine all the nuisances that exist when technology is involved. If there is an applicable standard or several standards and they are specific and clear, following the course of action indicated should lead to a resolution of the problem. To be able to apply the ethical standards, it is essential that you have read them carefully and that you understand their implications.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

If the problem is not resolved by reviewing the ACA Code of Ethics, then you have a complex ethical dilemma and need to proceed with further steps in the ethical decision-making process (Bradley & Hendricks, 2008; Forester-Miller & Davis, 1996). Levitt, Farry, and Mazzarella (2015) indicated that decision-making models can be time-consuming. If it is a complex ethical dilemma, then you should take time to thoroughly analyze and assess all aspects of the situation and its potential solutions.

3. Determine the nature and dimensions of the dilemma

There are a few steps to follow to ensure that you have examined the problem in all of its various dimensions:

- Examine the dilemma's implications for each of the foundational principles: autonomy, justice, beneficence, nonmaleficence, and fidelity. Decide which of the principles apply to the specific situation, and determine which principle takes priority for you in this case. In theory, each principle is of equal value, which means that you will need to use your professional judgment to determine the priorities when two or more of them are in conflict.
- Review the relevant professional literature to ensure that you are using the most current professional thinking and are aware of the diversity issues involved in the particular situation.
- Consult with experienced professional counselors and/or supervisors who also abide by the ACA Code of Ethics. As they review with you the information you have gathered, they may help you to see other issues that are relevant or provide a perspective you have not considered. They may also be able to identify aspects of the dilemma that you are not viewing objectively.
- Consult your state or national professional associations to see if they can provide help with the dilemma.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

4. Generate potential courses of action

- Brainstorm as many potential courses of action as possible. Be creative and list all of the options you can think of, even ones that you are not sure will work.

- In this brainstorming phase, you want to generate as many potential solutions as possible. Do not worry about judging and eliminating solutions; you will evaluate them in the next step.
- Whenever possible, consult with at least one colleague who subscribes to the ACA Code of Ethics to help you generate options.

5. Consider the potential consequences of all options and determine a course of action

- Considering the information you have gathered and the priorities you have set, evaluate each option, being sure to assess the potential consequences for all of the parties involved. Ponder the implications of each course of action for the client, for others who will be affected, and for yourself as a counselor.
- Eliminate the options that clearly do not give the desired results or that cause even more problematic consequences.
- Review the remaining options to determine which option or combination of options best fits the situation and addresses the priorities you have identified.

6. Evaluate the selected course of action

- Review the selected course of action to see if it presents any new ethical considerations.
- Apply three simple tests to the selected course of action to ensure that it is appropriate:
    - **Justice:** In applying the test of justice, assess your own sense of fairness by determining whether you would treat others the same in this situation.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

    - **Publicity:** For the test of publicity, ask yourself whether you would want your behavior reported in the press.
    - **Universality:** The test of universality asks you to assess whether you could recommend the same course of action to another counselor in the same situation.
- If the course of action you have selected causes any new ethical issues, then you'll need to go back to the beginning and reevaluate each step of the process. Perhaps you have chosen the wrong option, or you might have identified the problem incorrectly.

If you can answer in the affirmative to each of the questions suggested by Stadler (1986; thus, passing the tests of justice, publicity, and universality) and you are satisfied that you have selected an appropriate course of action, then you are ready to move on to implementation.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

7. Implement the course of action

- Strengthen your resolve to allow you to carry out your plan. Just because it is the right decision does not mean it will be easy to implement. Taking the appropriate action in an ethical dilemma is often difficult.
- After implementing your course of action, it is good practice to follow up on the situation to assess whether your actions had the anticipated effect and consequences.

The Manitoba College of Social Workers (MCSW) Code of Ethics and Standards of Practice (2021) published an excellent guide to provide social workers with a set of values, guidelines and standards that enhance ethical decision-making.

SECTION I: FRAMEWORK OVERVIEW

I. Clarify the ethical issue

1. Identify the ethical problem
2. Analyze biases
3. Identify major stakeholders
4. Consider relationships

II. List relevant MCSW values and standards of practice

1. Determine what ethical guidelines and standards of practice apply
2. List all relevant values and practice guidelines

III. Apply ethical lens

1. Critical thinking
2. Review ethical questions

IV. Risks and benefits

1. Consider all options
2. Risks and consequences
3. Hierarchy of ethical principles & risk management

V. Identify the solution

1. Make a choice and justify it

VI. Facilitate an action plan

1. Develop an action Plan
2. Identify social justice issues (advocacy)

VII. Your evaluation

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

1. Evaluation
2. Moral Distress

SECTION II: ETHICAL DECISION-MAKING PROCESS

I. Clarify the Ethical Issue

Ethical issues are often complex and encompass multiple interrelated matters (i.e. regulatory, legal, cultural). One cannot arrive at an ethical solution without first understanding what the ethical problem is.

1. Identify the ethical problem

The first step includes acknowledgment of the ethical issue and identifying the specific component that requires attention. In some instances, the issue may seem obvious, while other times ethical issues are cloaked in a web of inter-related problems. Careful consideration must be given to determine if this is a legal matter, personal/cultural issue, a regulatory problem or one that involves agencies, systems and/or the community beyond the organization. It may also be a combination of factors.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Consider the following questions:

- If this is a legal issue, what does the law require? Who must report it?
- If it is a regulatory issue, what standards of practice are relevant? (to be explored in step II of the framework)
- Are issues specific to individual personalities? If so, what are the motivating values of that individual?
- What other values are at stake? Whose values are they?

- How does each value rank according to the individual at the center of the situation? How do those values align with MCSW values?

Consider all the facts and take time to determine how the information came to be known.

Consider the following questions:

- What are the known facts?
- Is the information accurate?
- How credible is the information?
- Is it third-party information?
- What is known for certain?
- What information is missing?
- Why is this a problem?

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

2. Analyze biases

A bias is a reflection of who we are as individuals and as social workers. Everyone has a bias – it reflects the way we conceptualize the world around us. When resolving ethical issues, it is vital that social workers understand their point of reference and how it relates to that of others in the situation.

Self-reflective practice is a guiding principle in social work practice. It entails familiarity of ones' social location and the privileges afforded to them. It is an ongoing process requiring social workers to identify and acknowledge their own values, culture, attitudes, beliefs, motivations, roles, emotions, and capacities as they relate to others in the social work relationship.

Self-reflective practice includes social workers as part of the problem-solving process rather than separate from it. Personal and instinctual motivations can have a profound influence on one's choices. Consider the following questions objectively to ensure your decision-making process is based on ethical considerations:

- Evaluate and list your personal values and intuitions as they relate to this client/situation. (refer to attached values clarification chart)
- In what way do your personal values and intuitions influence your interpretation of the problem?
- What assumptions are you making? Have they been confirmed?
- What is your professional role in this situation? How does that impact your evaluation of the problem?
- What are your expectations and goals as they relate to this situation?
- Does your relationship to the client contribute to any memories of past negative experiences?
- Are there any gender or sexual identity concerns involved?

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

3. Identify major stakeholders

Stakeholders include everyone who is involved or could be affected by the decision. The list of those involved can be quite different than the list of people who should be involved in the decision. Understanding the perspectives, values and goals of each stakeholder enhances the probability of making good ethical decisions.

Consider the following questions:

- Who will be affected by the decision?

- Who, if anyone, should be a part of the discussion about this issue? Is anyone missing from discussions?
- Who is accountable for making the decision(s)? (e.g. patient, client, resident, family member, caregiver, individual social worker, team of professionals, a particular community, society at large, etc.)
- Talk with the major stakeholders with the goal of hearing their stories and understanding their perspectives on the issue. What are the major interests, expectations, values, contextual features and central issues that impact their stories?

What are their goals, hopes and desired outcomes?

- Reflect on the similarities and differences between your perspectives and values and the perspectives and values of the stakeholder. How might these similarities and differences influence your feelings about the question? Has learning about other points of view changed how you feel or what you think is the "right" thing to do?
- Who should be involved in this decision? (e.g. individuals and/or their family, MCSW, Human Resources, Legal or Privacy Department, Senior Management). This list might be different than the list of stakeholders.
- Include personal/social norms and cultural practices in the Values section.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunits.com

4. Consider relationships

Social workers may have differing ethical obligations depending on who is determined to be the client. Social workers value human relationships and work with individuals and families alike. At times, the entire family can be defined as the client, while in other situations, an individual member of that family is the

client. This can be challenging when there are conflicting principles such as confidentiality, self-determination and informed consent.

Relationship issues not only involve clients and families but also include the wider group of friends, relatives, institutions and various others. Complex interactions among these groups can be supportive and/or harmful, and healthy boundaries are required in order to move forward. There can be conflicting opinions on what the problem is and how to resolve it. This is especially true in the context of emotionally charged decisions and it may be helpful to establish the following:

- Who is the client?
- Are there confidentiality concerns?
- Are there interdisciplinary team differences at play?
- List all relevant relationships, including the nature of client/social worker
- How might your proposed options affect the important relationships in the situation?

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

II. List relevant MCSW Values and Standards of Practice

1. Determine what ethical guidelines and practice standards apply

Social workers are required to be familiar with and adhere to the MCSW Code of Ethics and Standards of Practice, which informs sound ethical decisions. Determining whether professional ethics and standards have been followed can be a retrospective question. As part of the ethical decision-making process, social workers should consider the ethical guidelines and practice standards that inform their practice and reflect on their present and past conduct to determine if they have followed the relevant laws, policies, or ethical standards. Social workers may ask similar questions about the conduct of others, such as a client, coworker, supervisee or professional in another agency.

2. List all standards of practice, guidelines, codes, organizational duties and obligations that may need to be considered. Refer to the MCSW Code of Ethics and Standards of Practice.

Consider the following:

- What values, duties, procedures or guidelines apply to this situation?
- Do they conflict with organization's values, policies, guidelines or workplace practices?
- What guidance is provided from the MCSW Code of Ethics?
- What required responses are listed in the MCSW Standards of Practice?
- Are there legal considerations? Rules/Duties/Obligations

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

MCSW values:

1. Respect for the inherent dignity and worth of persons
2. Pursuit of social justice
3. Service to humanity
4. Integrity in professional practice
5. Confidentiality in professional practice
6. Competence in professional practice

MCSW Guidelines for Ethical Practice:

1. Ethical responsibilities to clients
2. Ethical responsibilities in professional relationships
3. Ethical responsibilities to colleagues

4. Ethical responsibilities to the workplace
5. Ethical responsibilities in private practice
6. Ethical responsibilities in research
7. Ethical responsibilities to the profession
8. Ethical responsibilities to society

MCSW Standards of Practice:

1. The Professional Relationship
2. Professional Competence
3. Integrity of Professional Practice
4. Social Work Practice Methods
5. Social Work File Records
6. Confidentiality
7. Private Practice
8. Advocacy and Public Policy
9. Cultural Diversity
10. Rural and Northern Social Work Practice

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

III. Apply Ethical Lens

1. Critical thinking

Intervention expectations and ethical considerations may vary considerably among social work contexts. For example, social workers in forensics and child protection frequently have court mandated involvement with clients and may be

required to work within the legal purview of the agency. While other social workers have clients with impaired decision-making related to mental illness, intoxication, dementia and will be required to make decisions in the best interest of the client.

2. Review ethical questions

The following questions may assist in informing ethical decisions:

- Is the person of legal age to make decisions?
- Are they mentally capable and legally competent?
- Is there evidence of incapacity?
- If competent, what are their preferences for treatment/intervention?
- Is their decision informed? Have they been informed of benefits and risks, understood the information and given consent?
- Who is the appropriate substitute decision-maker?
- Is the substitute decision-maker using appropriate standards for decisionmaking?
- Has the client expressed prior preferences?
- Is the person unwilling/unable to participate in a proposed intervention? If so, why?
- Is the person's right to choose being respected to the fullest extent possible?
- What are the client's views on what constitutes a desirable quality of life?

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

- What physical, mental, and social deficits is the person likely to experience if the intervention is in place?
- Are there biases that might prejudice your evaluation of the client's quality of life (age, mental illness, disability, social status, your own life experiences)?
- Is there any plan or rationale to forego the intervention?
- What contextual features are contributing to this problem?
- Are there systemic/organizational, or relationship issues that might dictate outcome/ decisions?
- Are there opportunities to support the client that can't be accessed?
- Is there a means to reduce personal inequality or social disadvantage?
- Are there financial and economic factors?
- Are there cultural or spiritual factors?
- Are there limits on confidentiality?
- Are there problems of access or allocation of resources?
- Are there fiduciary obligations?
- How does the law affect decisions?
- Is clinical research or teaching involved?
- Is there a risk of harm to others?
- Are there family issues of loyalty and fairness that might influence treatment decisions?

IV. Risks & Benefits

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

1. Consider all Options

Brainstorming with colleagues, supervisors, knowledgeable professionals, and other stakeholders will help at this stage. Keep an open mind while considering multiple perspectives. The goal is to reduce the options to the most realistic two or three for thorough discussion and consideration.

List the options that are most acceptable to the individual or group responsible for implementing the action plan.

Consider the following questions:

- Are there potential barriers to implementing the options?
- Are compromises possible?
- Choosing to do nothing is also a valid possibility that may be explored.
- Viable options rank from most preferable to least preferable.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

2. Risks and Consequences

Although social workers agree that core values such as client self-determination and confidentiality should be actualized in practice, translating these values into practice can become less certain when they conflict with other values. When two or more values conflict, it is unlikely that a social worker can respond in a manner that is equally compatible with each of them. For example, at what point should client self-determination take precedence over competing values of healthy lifestyle?

Clearly there are situations when it should be sacrificed, as in the case when the social worker believes that the client's chosen course of action threatens the safety of others.

Social workers must also balance their decisions with the client's best interest.

Any number of conflicting obligations may result in ethical dilemmas that may result in serious consequences for the client or their family/friends. Social workers should prioritize obligations based upon the amount of good versus potential harm that results from their intervention.

In review of your three options, consider potential risks associated with each.

Reviewing your three options, consider potential risks associated with each possibility. Before making your final decision, a thorough review of risks and benefits should support the decision. Multiple factors must be taken into account such as public laws, professional standards, agency policies, professional code of ethics, culture-based systems of morality, and the client's religious convictions. Think about the possible outcomes of the situation. Consider the following:

- What are the possible harms? Consider the likelihood and level of risk.
- How important is it to you? To the client and their family? To the wider community?
- Does this issue need to be dealt with now or can it wait?

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Assess and establish safety precautions. Prioritize potential benefits/advantages/ positive results against potential risks/harms/negative outcomes. Carefully consider how the preceding principles are ranked in the case of equally relevant but conflicting principles. (These will differ across situations).

3. Hierarchy of ethical principles & risk management

The following ethical principles are ranked in order of priority:

1. Protection of Life

Takes precedence over all others, even when there is conflict with other principles. The protection of life and the right to live applies to the life of the client and lives of others.

2. Equality & Inequality

People who are in similar situations should be treated equally. In situations of inequality, people in different situations have the right to be treated differently. Such unequal treatment can promote greater equality.

3. Autonomy & Freedom

Social workers foster self-determination and freedom. This does not override rights to life or to freedom to make decisions that harm others.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

4. Least Harm

In ethical dilemmas, the possibility of harm should be avoided. If harm is going to occur, the option that causes the least harm should be chosen.

5. Quality of Life

An option should be chosen that promotes a better quality of life for all individuals and the community.

6. Privacy & Confidentiality

Privacy and confidentiality should be kept within laws and client agreements to the greatest extent possible. Exceptions to confidentiality may apply (i.e when the social worker could prevent serious violence or harm).

7. Truthfulness & Full Disclosure

Social workers should make decisions that truthfully disclose relevant information to clients.

V. Identify Solution

1. Make a choice and justify it. At this point, a decision must be made. When considering the decision, determine if it is something that those responsible for implementing it can act on - logistically and morally.

   Consider the following:

   - Which option is least harmful to the client?
   - Which option upholds the values of most stakeholders?
   - Which option most reflects the MCSW values and standards of practice?
   - Based on all your deliberations and discussions, choose the best option.
   - Create a worse-case scenario for your plan.
   - Why is your chosen option the best approach?
   - Does it sound reasonable?
   - Are you and others comfortable with it?

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

VI. Facilitate an Action Plan

1. Develop an action plan

An action plan includes who will do what and when. Consider the following:

- What is the best way to implement the decision?
- Describe the plan for action and communication.
- Who needs to be included?
- How will you reach consensus if some disagree?
- Who will communicate the decision to others?

- How will current/potential conflicts be managed? Who is responsible?

2. Identify social justice issues

Social workers have an ethical responsibility to work towards fair and equitable access to resources. However, institutional, organizational, or personal constraints, systemic discrimination, racism, and a variety of other factors often prevent social workers from acting on their ethical conviction.

Identify measures to curtail future problems associated with barriers to social justice.

Consider the following:

- Does this situation indicate the need for change within the agency or social work community?
- Does this situation indicate broader policy issues that warrant further investigation or follow-up?
- What is your advocacy role?
- What can you do to address the issue?

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

VII – Your Evaluation

1. Evaluation

Having completed this decision-making framework, you can be sure that you have taken reasonable steps towards the most ethical solution. Although your solution remains the best choice based on the resources available at the time, it may not be without negative consequences.

Consider the following:

- How do you feel at the end of the process?

- How do others involved feel?
- Are you comfortable with the outcome?
- Are you confident that others are also comfortable with the outcome?
- Did the process and outcome achieve the desired results?
- Were there any unforeseen consequences?
- What I might do differently in similar circumstances in the future?

2. Moral distress

Once the decision is made, communicated, and implemented, it is important to consider your comfort with the decision and assess its impact on you.

Consider the following:

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

- Is there any moral distress or residue from the situation that needs to be considered or acted upon?
- If so, develop a self-care plan to work through the negative effects of the process/decision.

ETHICAL CHECKLIST

This ethical checklist can help to ensure you have reviewed all major ethical considerations. Read through each test and rank it on a scale of 1 to 5.

1 = not at all 5 = totally yes.

The higher the total score, the more comfortable you may be with your decision.

1. Relevant Information Test. Have I/we obtained as much information as possible to make an informed decision action plan for this situation?

2. Involvement Test. Have I/we involved all who have a right to have input and/or to be involved in making this decision and action plan?

3. Consequential Test. Have I/we anticipated and attempted to accommodate for the consequences of this decision and action plan on any who are significantly affected by it?

4. Fairness Test. If I/we were assigned to take the place of any one of the stakeholders in this situation, would I/we perceive this decision and action plan to be essentially fair, given all of the circumstances?

5. Enduring Values Test. Does this decision and action plan uphold my/our priority enduring values that are relevant to this situation?

6. Universality Test. Would I/we want this decision and action plan to become applicable to all similar situations, even to myself/ourselves?

7. Light-of-Day Test. How would I/we feel and be regarded by others (working associates, family, etc.) if the details of this decision action plan were disclosed for all to know?

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

8. Total Ethical Analysis Confidence Score. Place the total of all numbers here. How confident can you be that you've done a good job of ethical analysis?

Ethical Checklist Results – Test score = Confidence in Decision

7-14 Not very confident

15-21 Somewhat confident

22-28 Quite confident

29-35 Very confident

* From the ten-step method of decision-making & ethical checklist. Doug Wallace and Jon Pekel, Twin Cities-based consultants in the Fulcrum Group

Section 6: Culture and Diversity in Substance Use Disorder Treatment

Racial discrimination and gender bias play a role into the use of illicit drugs. The 2022 National Survey on Drug Use and Health (NSDUH) used multimode data collection, in which respondents completed the survey in person or via the web (SAMHSA, 2023).

Alcohol Use

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

- Among people aged 12 or older in 2022, 53.4% of White people drank alcohol in the past month. This percentage was higher than the percentages of people in other racial or ethnic groups. Hispanic people also were more likely than Asian people to have used alcohol in the past month (43.6% vs. 36.7%).
- An estimated 10.3% of Asian people aged 12 or older in 2022 were past-month binge drinkers. This percentage was lower than the percentages for people in other racial or ethnic groups. No other significant differences were found among racial or ethnic groups.
- Among people aged 12 or older in 2022, White people were more likely to be heavy alcohol users in the past month (6.6%) compared with Hispanic (5.1%), Black (4.2%), or Asian people (1.9%). Asian people were less likely to be heavy alcohol users in the past month compared with people in other racial or ethnic groups.

- Among people aged 12 to 20 in 2022, White people were more likely than Hispanic, Asian or Black people to be past month alcohol users, binge drinkers, or heavy alcohol users. Underage Hispanic people also were more likely than underage Black people to be past-month alcohol users, binge drinkers, or heavy alcohol users.

Illicit Drug Use

- The percentage of people aged 12 or older in 2022 who used illicit drugs in the past year was higher among Multiracial people (35.1%) than among Black (26.7%), White (25.8%), Hispanic (23.5%), or Asian people (13.6%). Asian people were less likely to have used illicit drugs in the past year compared with people in other racial or ethnic groups, including American Indian or Alaska Native people (31.7%).
- In 2022, the percentage of people aged 12 or older who used marijuana in the past year was higher among Multiracial people (31.1%) than among Black (23.5%), White (22.9%), Hispanic (20.3%), or Asian people (11.2%). Asian people were less likely to have used marijuana in the past year compared with people in other racial or ethnic groups, including American Indian or Alaska Native people (27.3%).
- The percentage of people aged 12 or older in 2022 who misused opioids in the past year was higher among Multiracial (4.5%), Black (4.1%), Hispanic (3.4%), or White people (3.0%) than among Asian people (1.5%). Black people also were more likely than White people to have misused opioids in the past year.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Substance Use Disorders

- Percentages of people aged 12 or older in 2022 with a past year substance use disorder (SUD) ranged from 9.0% of Asian people to 24.0% of American Indian or Alaska Native people. Except for Asians, percentages did not differ significantly by race or ethnicity. The percentage of Asian people aged 12 or older in 2022 with a past year SUD was lower than the percentages among people in other racial or ethnic groups.

Substance Use Treatment

- In 2022, people aged 12 or older who used alcohol or drugs in their lifetime were classified as having received substance use treatment in the past year if they received treatment in an inpatient location; in an outpatient location; via telehealth; or in a prison, jail, or juvenile detention center. Support services from a support group or a peer support specialist or recovery coach, services in an emergency room or department, or detoxification or withdrawal support services were not classified as substance use treatment.

- People were classified as needing substance use treatment in the past year if they had an SUD or received substance use treatment in the past year. In 2022, there were no differences by racial or ethnic group in the percentage of people aged 12 or older who received substance use treatment in the past year among people who needed substance use treatment in that period. 5 Percentages ranged from 21.4% of Hispanic people to 24.9% of White people who needed substance use treatment.

Social workers and other health care professionals should demonstrate characteristics. associated with professional services to historically underserved and historically marginalized clients should include an awareness of oneself and of

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

the biases, stereotypes, and assumptions that influence worldviews. In addition, an awareness of the worldviews of culturally diverse clients. It is okay to ask clients about their culture and how that impacts their own biases, stereotypes, and assumptions of the world. Professionals unaware of their own biases or prejudices could cause intentional or unintentional problems for their clients. This could result in early termination and frustration with seeking ongoing counseling services.

Cultural Humility requires self-reflection around issues of race, power, and privilege. It means to be aware of micro-aggressions. Microaggressions are insensitive statements, questions, or assumptions aimed at traditionally marginalized identity groups and can happen to anyone of any background at any professional level. The impact these seemingly unintentional statements can have on one's physical and mental health. This includes increased rates of depression, prolonged stress and trauma, physical concerns like headaches, high blood pressure, and difficulties with sleep (Washington, 2022). Microaggressions can communicate hostile, derogatory, or negative slights and insults toward:

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

- persons of color
- women
- persons who identify as LGBTQ+
- persons impacted by poverty
- persons impacted by physical, mental/emotional disabilities (including those impacted by substance use disorders)
- other historically marginalized and underserved populations

To create inclusive, welcoming, and healthy substance abuse treatment clinics, professionals must actively understand microaggressions. Doing so requires

understanding how microaggressions occur and how to respond productively to them. Inclusive environments, where curiosity, open communication, and cultural humility positively contribute to employee well-being and client's mental and physical health.

NAADAC Code of Ethics (2021) states Addiction professionals shall deliver multiculturally-sensitive counseling and other services by gaining knowledge specific to multiculturalism, increasing awareness of the diverse cultural identifications of clients, developing cultural humility, displaying an attitude favorable to differences, and increasing skills pertinent to being culturally-sensitive. Addiction professionals shall work to educate medical professionals about substance use disorders, the need for collaboration between primary care and SUD providers, and the need to limit the use of mood-altering chemicals for clients in SUD treatment and/or recovery.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Summary

Counseling and social work practice includes ethical decision-making. Ethics often require thoughtful reflection and critical thinking when faced with ethical dilemmas. The outcome of ethical problems may conflict with their values. Through self-awareness, counselors and social workers can recognize their unique value preferences and cultural competence and understand how competing values and ethical principles are prioritized.

In situations where informed judgment and critical thinking are involved, ethical decision-making involves informed judgment and critical thinking. There are ethical solutions that are not apparent. The moral code of counseling and social work professionals can be questioned under certain circumstances. It is possible for obligations to conflict with an agency or organization's guidelines or even relevant laws or rules. Counseling professionals attempt to resolve the problem in

a manner consistent with the principles of their profession. Their code of ethics and standards of practice reflect their values and principles. Deciding on a feasible solution to a problem can be difficult when something unethical happens. Before making a decision, consult with someone. The regulatory bodies may be involved in this discussion. A supervisor or legal counsel can be a knowledgeable colleague as well.

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

References

Addiction and the Brain. (2024). Psychology Today. https://www.psychologytoday.com/us/basics/addiction/addiction-and-the-brain

American Counseling Association. (2014). *American Counseling Association (ACA) Code of Ethics*. Washington, DC: American Counseling Association.

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. https://www.apa.org/ethics/code/

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5. Washington, D.C: American Psychiatric Association

Confidentiality of Substance Use Disorder (SUD) Patient Records (42 CFR part 2). (2024). Department of Health and Human Services. https://www.federalregister.gov/documents/2024/02/16/2024-02544/confidentiality-of-substance-use-disorder-sud-patient-records

Darby, W. C., & Weinstock, R. (2018). The Limits of Confidentiality: Informed Consent and Psychotherapy. *Focus (American Psychiatric Publishing)*, *16*(4), 395–401. https://doi.org/10.1176/appi.focus.20180020

Dewane, C. (2010). Respecting boundaries — the don'ts of dual relationships. *Social Work Today*, pp. *1*, 18. https://www.socialworktoday.com/archive/012610p18.shtml

Forester-Miller, H., & Davis, T. E. (2016). Practitioner's guide to ethical decision making (Rev. Ed.). http://www.counseling.org/docs/default-source/ethics/practioner's-guide-to ethical-decision-making.pd

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Kazmi, A. (2023). Professional Ethics. In: Idowu, S.O., Schmidpeter, R., Capaldi, N., Zu, L., Del Baldo, M., Abreu, R. (eds) Encyclopedia of Sustainable Management. Springer, Cham. https://doi.org/10.1007/978-3-031-25984-5_85

Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *The International journal on drug policy*, *21*(3), 202–207. https://doi.org/10.1016/j.drugpo.2009.10.010

Kelly, John & Greene, M. & Abry, Alexandra. (2020). A U.S. National Randomized Study to Guide How Best to Reduce Stigma When Describing Drug-related Impairment in Practice and Policy. Addiction. DOI 116.10.1111/add.15333.

NAADAC, the Association for Addiction Professionals (2021). NAADAC/NCC AP Code of Ethics. Alexandria, VA: NAADAC. Retrieved from: https://www.naadac.org/assets/2416/naadac_code_of_ethics_112021.pdf

National Association of Social Workers (NASW). (2021). *National Association of Social Workers Code of Ethics*. Retrieved from: https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

NASW Office of Ethics and Professional Review (1995). *Professional Choices: Ethics at Work*. NASW Press. Retrieved from the NASW Massachusetts Chapter Essential Steps for Ethical Problem-Solving - National Association of Social Workers (naswma.org)

National Institute on Drug Abuse. (2014). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition) | SAMHSA

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

National Institute on Drug Abuse. (2022). Drug use severity in adolescence affects substance use disorder risk in adulthood. https://nida.nih.gov/news-events/news-releases/2022/04/drug-use-severity-in-adolescence-affects-substance-use-disorder-risk-in-adulthood

National Center for Health Statistics. (2022). U.S. overdose deaths in 2021 increased half as much in 2020 - but are still up 15% [Press release]. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm

The real stigma of substance use disorders. (2024, February 23). Recovery Research Institute. https://www.recoveryanswers.org/research-post/the-real-stigma-of-substance-use-disorders/

Reamer, F. G. (2001). Tangled relationships: Managing boundary issues in the human services. New York: Columbia University Press. https://cupola.columbia.edu/978-0-231-12116-3/

Salmon R., Salmon R. (1983). The role of coercion in rehabilitation of drug abusers. *International Journal of the Addictions. 18*: 9–21

SAMHSA. (2023). *Highlights by Race/Ethnicity for the 2022 National Survey on Drug Use and Health*. https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-race-eth-highlights.pdf

Substance Abuse and Mental Health Services Administration, & Office of the Surgeon General. (2016). Facing addiction in America: The surgeon general's report on alcohol, drugs, and health. United States Department of Health and Human Services. https://www.ncbi.nlm.nih.gov/books/NBK424857

Substance Abuse and Mental Health Services Administration (US). (2000). *8 Ethical issues*. Substance Abuse Treatment for Persons With HIV/AIDS - NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK573037/

Quantum Units Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Sullivan, M. A., Birkmayer, F., Boyarsky, B. K., Frances, R. J., Fromson, J. A., Galanter, M., Levin, F. R., Lewis, C., Nace, E. P., Suchinsky, R. T., Tamerin, J. S., Tolliver, B., & Westermeyer, J. (2008). Uses of Coercion in Addiction Treatment: Clinical aspects. *American Journal on Addictions*, *17*(1), 36–47. https://doi.org/10.1080/10550490701756369

Volkow ND, (2021). Stigma and the Toll of Addiction. *NEJM.* 382:14 Retrieved from: Stigma and the Toll of Addiction (nejm.org)

Washington, E. (2022). Recognizing and Responding to Microaggressions at Work. *Harvard Business Review*. https://hbr.org/2022/05/recognizing-and-responding-to-microaggressions-at-work

Quantum Units
Education
Affordable. Dependable. Accredited.
www.quantumunitsed.com

Quantum Units
Education
Affordable. Dependable. Accredited.

www.quantumunitsed.com

The material contained herein was created by EdCompass, LLC ("EdCompass") for the purpose of preparing users for course examinations on websites owned by EdCompass, and is intended for use only by users for those exams. The material is owned or licensed by EdCompass and is protected under the copyright laws of the United States and under applicable international treaties and conventions. Copyright 2024 EdCompass. All rights reserved. Any reproduction, retransmission, or republication of all or part of this material is expressly prohibited, unless specifically authorized by EdCompass in writing.