

Transforming Social Work Practice

Social Work with Drug, Alcohol and Substance Misusers

Third Edition

ANTHONY GOODMAN

Updated with
the Professional
Capabilities
Framework for
Social Work



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Professional Capabilities Framework diagram reproduced with permission of The College of Social Work.

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Acknowledgements

My interest in working with substance misusers started when I was a probation officer, learning how to engage positively with this challenging client group. I have worked with many social work and criminology students over the years at Middlesex University and have enjoyed and learnt from the discussions on this topic. It has also been interesting to work with students on the Advanced Modern Apprenticeship and Progression Award in substance misuse. Anecdotally, motivational interviewing and an understanding of how people can change have been well received by these students.

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Finally, I would like to dedicate this book to Sue.

Introduction

This book is written for student social workers who are developing their skills and understanding of the requirements for practice. It is also designed for practitioners and others who are interested in how practice is changing in the field of working with substance misusers. It will encourage the student or experienced practitioner to consider engagement with hard-to-reach clients who may be very ambivalent about changing their behaviour. The social work profession adheres to a set of values and is committed to client self-determination. Nevertheless there are techniques that can be successfully employed to positively challenge clients to examine and change their behaviour and lifestyle. The area of substance misuse has been somewhat ignored by the social work profession and this gap has only been more recently acknowledged. Interest in alcohol misuse is even more recent, perhaps due to its legality and common usage. Why this should be the case is unclear, but perhaps it was because the problems of substance misusers were seen as self-inflicted or that they were a low priority.

Requirements for social work education

This book will help students to learn about working with clients who are drug and alcohol and substance misusers. Social workers will meet clients with these issues whatever area of practice they go into, so ignoring this area of practice can no longer be considered an option.

The book will also help meet the Quality Assurance Agency benchmarks for social work, including:

- social work services and service users;
- values and ethics;
- social work theory; and
- the nature of social work practice.

The National Occupational Standards set for social workers are covered and the book addresses the importance of working with individuals, carers, groups and communities. Furthermore, in the language of the Standards:

- prepare for and work with the above;
- plan, carry out review and evaluate social work practice;
- manage risk;
- manage and be accountable, with supervision and support, for one's own practice; and
- demonstrate professional competence in social work practice.

What is substance misuse?

Abusing drugs can apply to legal or illegal substances, and they can be taken in a wide variety of ways to get them into the bloodstream. DrugScope comment that addiction refers to the situation whereby most of the person's life is taken over by the need to obtain and consume drugs. They helpfully remind us that words like 'addict' or 'junkie' carry with them a negative connotation and they are a powerful label. It is better to call a person drug dependent, where dependency is the compulsion to keep taking drugs. Dependency can be physical or psychological or both. In the former case DrugScope points out that heavy use of drugs like alcohol, heroin or tranquillisers changes the body chemistry so that withdrawal of the drug causes symptoms that can be very severe and requires more of the drug or supportive withdrawal under medical supervision. Gossop (2003), conversely, while acknowledging that the terms 'addiction' and 'addict' can carry a social stigma, believes that the terms are useful (indeed he uses them throughout his book) as they signify the loss of power and freedom felt by the substance misuser.

Alcohol is a drug that is called a depressant. This is due to its effect on the body rather than to the personality. It slows down the brain and the central nervous system. Alcohol gets absorbed into the bloodstream and then is broken down by the liver. People can become more tolerant to alcohol but not to the physical and psychological damage that excessive consumption creates. This can be permanent, and high-profile cases, like the footballer George Best who needed a liver transplant, demonstrate the damage this drug can cause. The general guidance is that men should drink no more than 21 units per week and women 14 units (a unit is approximately equivalent to a glass of wine or half a pint of not too strong beer). More recently the advice has changed and people are advised to have some 'dry' days each week to give the liver time to recover.

Psychological dependency can apply to a number of activities like exercise, eating chocolate or the need to take substances. With some drugs like cannabis there has been debate on long-term using, the potential for psychotic episodes and how addictive the drug is. Certainly for some people it has become an essential item in their lives.

Nikki Kendrick wrote a supplementary report on drugs and substance misuse in October 1999 for the Training Organisation for the Personal Social Services (TOPSS), England (the national training organisation for social care, renamed Skills for Care in April 2005) that was designed to fit with the then latest policy document, *Tackling drugs to build a better Britain* (Home Office, 1998). This was designed to ensure that social work education fitted with the four elements of the drugs strategy, namely:

- young people – to help young people to resist drugs so that they could achieve their full potential;
- communities – to protect communities from the effects of drugs and their corrosive effect on people;
- treatment – to help people to overcome their substance misuse problems so that they could be both healthy and crime-free;
- availability – to stop the supply side of drugs.

As Kendrick commented, there are skilled professionals working in this area but also staff without any specific training, especially at management level. This might be, it was suggested, because the area of practice did not attract staff as they felt that they lacked the prerequisite knowledge and skills base. Furthermore, black and ethnic minority staff were particularly scarce as practitioners. Skills development was needed in relation to:

- basic knowledge in working with substance misusers;
- work with drug-using parents;
- work with young people who use drink or misuse drugs and other substances.

The book will cover the latest government proposals to tackle drug and alcohol misuse but at the time of writing it is not clear whether a policy of minimum alcohol pricing will be introduced.

Linking social work knowledge and skills to substance misuse

Social work is an activity that draws on its knowledge base from a number of different disciplines. The message from this book is that practitioners do have the necessary knowledge and skills to work with drug and substance misusers. They can feel that this is not the case. Working with clients who can be ambivalent about themselves and with changeable motivation can lead to a feeling of being de-skilled. However, there are techniques that can be employed. These will be highlighted in the book.

Such techniques can be used in a number of different settings and it is hoped therefore that this knowledge will appeal to professionals in a variety of settings. In addition, working with substance misusers will involve close co-operation and collaboration with colleagues in health – both physical and mental – criminal justice, employment and housing, and other agencies in the public and voluntary sectors. These colleagues will be able to gain an insight into the new requirements demanded of social workers. The companion book in the series, *Collaborative social work practice* by Anne Quinney, discusses, as the title suggests, collaborative work in a number of different settings, including health and youth work. As you will see in this book, both are central to good practice in substance misuse as both adults and young people are key targets in the government drug strategies.

There are Drugs and Alcohol National Occupational Standards (DANOS) produced by Skills for Health, the sector skills council for health, in association with the NHS, the then National Treatment Agency (now Public Health England) and the Home Office. The website is given at the end of this introduction. There is considerable overlap between the content of this book and the DANOS standards; for example, its standards include: *help individuals access substance misuse services; support individuals in difficult situations; develop practice in the delivery of services; educate people about substance use; health and social well-being; deliver services to help individuals address their substance use; help substance users address their offending behaviour; support*

individuals' rehabilitation. In addition there is an emphasis on reflective practice, an essential component of social work practice. Thus we can observe from the DANOS standards what has been seen as the essential underpinning for work in the sector.

Returning to the notion of reflection, what can we learn from this concept? The social worker will often look to their knowledge and experience base to make sense of what is occurring in a current situation. This requires a transfer of knowledge and skills:

When a practitioner reflects in and on his practice, the possible objects of his reflection are as varied as the kinds of phenomena before him and the systems of knowing-in-practice which he brings to them. He may reflect on the tacit norms and appreciations which underlie a judgement, or on the strategies and theories implicit in a pattern of behaviour. He may reflect on the feeling for a situation which has led him to adopt a particular course of action, on the way in which he has framed the problem he is trying to solve, or on the role he has constructed for himself within a larger institutional context. (Schön, 1991, p62)

If the new phenomenon is outside of current experience, then reflection is difficult. We will return to this in Chapter 1. The value system of the practitioner can also be challenged if the client is indulging in anti-social and self-destructive behaviour. The patience of the busy practitioner can wear thin when a client does not appreciate that their repeated behaviour is self-destructive. The practitioner needs to take on board new skills and understanding about the client and we will examine what this entails later in the book.

The process of working with a substance misuser can vary between working towards the goal of total abstinence to one of harm reduction and minimisation. As will be seen in this book, the work can be very challenging and simultaneously frustrating, as a client can nearly achieve their life changes only to relapse and then fall back on previous drug-taking lifestyles. This book will help you to make sense of this behaviour and to think about how and why it happens, enabling the client to make positive use of relapse as a 'tool' of intervention.

Book structure

It is an exciting time to be writing about working with substance misusers as it is emerging from being a Cinderella service to one that is very central to government social policy. When the author was a young probation officer over 30 years ago there were little or no facilities for the client group and their needs were largely ignored. Detox was only generally available in the locked wards of old, decrepit psychiatric hospitals and practice had not evolved to give an understanding of clients' behaviour and needs. This was a client group that was treated as being largely invisible to the helping professions.

The book will examine the nature and extent of drug taking in the United Kingdom, how it has changed over time, and the points where professionals and substance misusers meet. We will look at models of care for the treatment of substance misusers

and we will draw on documents from the National Treatment Agency (NTA) (their website is given at the end of this introduction). Please note that the NTA was replaced by Public Health England from 1 April 2013. We will examine the way that drug policy has evolved and the implications for social work practice. This will be broken down further into examining good practice with older and younger clients, gender and ethnic difference. Anti-discriminatory practice was not strong in the early years and knowledge that substance misuse was not just located within the white male population is a relatively recent phenomenon. We will examine good practice techniques when working with substance-misusing clients, the need to motivate clients to change and how to work with relapse – indeed that this is to be expected and planned for – so that the client can be prepared to manage their behaviour and pressures to relapse.

The book takes an interactive approach with the reader and there will be exercises and case studies to be considered to draw out key points. Research and theory summaries will also be provided and no assumptions will be made that the reader is familiar with the field of drugs. Explanations will be given of the different types of drugs, what they do, how they are categorised in law and the penalties for possession and supply of illicit drugs. Unlike many branches of social work, this area borders on the divide between legality and illegality and this will be considered in terms of practice. It should not be forgotten that many clients with a dependency on drugs do not come into conflict with the law, and their needs should not be ignored. The emotional needs and protection of children of substance misusers will be considered an area highlighted in recent official documents, and discussed in the book as a cause for concern. Partners and the families of substance misusers are also hugely affected and there are child protection and personal issues, such as domestic violence and stress, that need to be ‘on the radar’.

Chapter 1 will provide an overview of how substance misusers taking illegal drugs have been dealt with by the courts and how they have been treated by the helping professions. It will examine links with social work theory and practice. Further, in terms of good practice there will be a discussion of values and ethics and the centrality of these when working with substance misusers. From the outset the intention is to make the link between social work knowledge, values and skills and work with substance misusers.

Chapter 2 will highlight the nature and extent of drug taking in the United Kingdom. This will include data from the New English and Welsh Arrestee Drug Abuse Monitoring (NEW-ADAM). It will examine the points in the system where professionals and substance misusers meet and strategies for engaging with reluctant clients. It will describe the four-tiered models of care for treating adult substance misusers and integrated care pathways. The need for, and the different approach to, younger users will also be considered.

Chapter 3 will focus on the history of drug taking, including legislative changes that have taken place. It will look at issues of enforcement and abstinence, harm minimisation, etc. This will be linked to providing an overview of the variety of drugs available in the community and in prison. The availability of detox and rehabilitation will be discussed with the growth of drug intervention programmes and a move to a treatment

model for working with substance misusers. We have now moved on to an enforcement and treatment model for offending substance misusers but as mentioned earlier, by no means do all substance misusers end up in the courts. We will consider the implications of this for practice.

Chapter 4 will focus on what is known about drug misusers and drug offenders from the research and implications for their needs: what type of drugs they use, issues of dual diagnosis, linked to mental health. There are a couple of key questions here, namely how do you recognise whether a person is likely to be taking drugs and whom can they be referred to? To answer we will examine who are the substance abusers and will consider this in terms of gender, race and age. Some examples of local services will be given and exercises in the chapter will encourage you to explore what is available in your locality.

Chapter 5 will focus on policy changes that have occurred, concentrating on the 1995, 1998 (for example with the four elements of young people, communities, treatment and availability), 2002 Updated Drug Strategy, with its emphasis on *reducing the harm that drugs cause to society – communities, individuals and their families*, and the 2008 Drug Strategy, *Drugs: protecting families and communities*.

Chapter 6 will examine the changes in policy since the change to a coalition government, which has potentially increased the concern to deal with alcohol misuse. A brief history of alcohol treatment will be given, a discussion on whether alcoholism should be treated as a disease and what can be done to deal with this. It will discuss ethnicity and alcohol and the latest strategies.

Chapter 7 will focus on professional practice issues and approaches. This will include the wheel-of-change model of Prochaska and DiClemente, motivational interviewing, pro-social modelling, what works and what doesn't work with clients. The intention of this chapter is to demonstrate that the knowledge and skills of social workers are ideally suited to working with substance-misusing clients. This chapter is very practice oriented and case examples will be used extensively.

Chapter 8 will be a conclusion, drawing the themes of the book together, in particular client empowerment with notions of enforcement and good practice. It will consider the relationship between the statutory and voluntary sector and inter-professional co-operation. It will examine ways that an understanding of substance misuse can enhance professional practice in order to further develop an understanding of the complexities of individual development and behaviour when substances are involved. Finally, it will look at how social work intervention can ultimately be empowering.

Learning features

This book is written with the aim of encouraging the reader to be an active participant. It is permeated with a variety of exercises. On occasion, it invites you as a practitioner to think about particular cases and how you would approach them.

It also, more generally, asks the reader to use the internet to discover useful sources of knowledge and information. One essential task is to reflect on the knowledge gained and to apply this to your learning.

The book brings out the tension between voluntarism and compulsion in professional practice. Further, when is it appropriate to encourage clients to abstain from substances and when should there be a move towards less harmful (harm-minimisation) techniques? Social work cannot just be about letting clients 'do their own thing' and in terms of child protection we have to take seriously the implications of what having a drug habit implies. What must not happen is that decisions are made without a full assessment out of fear or ignorance. We owe it to our clients to be professional.

This book has been carefully mapped to the new Professional Capabilities Framework for Social Workers in England and will help you to develop the appropriate standards at the right level. These standards are:

- **Professionalism**
Identify and behave as a professional social worker committed to professional development.
- **Values and ethics**
Apply social work ethical principles and values to guide professional practice.
- **Diversity**
Recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice.
- **Rights, justice and economic well-being**
Advance human rights and promote social justice and economic well-being.
- **Knowledge**
Apply knowledge of social sciences, law and social work practice theory.
- **Judgement**
Use judgement and authority to intervene with individuals, families and communities to promote independence, provide support and prevent harm, neglect and abuse.
- **Critical reflection and analysis**
Apply critical reflection and analysis to inform and provide a rationale for professional decision-making.
- **Contexts and organisations**
Engage with, inform, and adapt to changing contexts that shape practice. Operate effectively within your own organisational frameworks and contribute to the development of services and organisations. Operate effectively within multi-agency and inter-professional settings.
- **Professional leadership**
Take responsibility for the professional learning and development of others through supervision, mentoring, assessing, research, teaching, leadership and management.

References to these standards will be made throughout the text and you will find a diagram of the Professional Capability Framework in Appendix 1 at the end of the book.

The third edition takes account of the latest drug and alcohol strategies (Home Office, 2010 and 2012 respectively).

WEBSITES



www.alcohol-drugs.co.uk/DANOS.htm

This will give you details of the occupational standards for drugs and alcohol.

The National Treatment Agency (NTA) became part of Public Health England on 1 April 2013. There is a publications archive for NTA materials at www.nta.nhs.uk/publications.aspx.

Chapter 1

The links between social work practice and working with substance-misusing clients

A C H I E V I N G A S O C I A L W O R K D E G R E E

This chapter will help you to develop the following capabilities, to the appropriate level, from the Professional Capabilities Framework.

- **Diversity** – Recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice.
- **Contexts and organisations** – Engage with, inform, and adapt to changing contexts that shape practice. Operate effectively within your own organisational frameworks and contribute to the development of services and organisations. Operate effectively within multi-agency and inter-professional settings.
- **Interventions and skills** – Use judgement and authority to intervene with individuals, families and communities to promote independence, provide support and prevent harm, neglect and abuse.

See Appendix 1 for the Professional Capabilities Framework diagram.

This chapter will also introduce you to the following standards as set out in the 2008 social work subject benchmark statement.

5.1.2 The service delivery context.

5.1.5 The nature of social work practice.

Introduction

In this chapter we will examine social work theory and practice and link this to working with substance misusers. You will be encouraged to identify your preconceptions and values and to reflect on stereotypical notions around this client group.

The chapter will explore issues of values and ethics in relation to working with substance misusers and issues of discrimination and anti-discriminatory practice. We will examine the implications of these and some sociological perspectives such as labelling and subculture and the impact of these on effective practice.

Initial thoughts and perspectives on substance misusers and implications for practice

Whatever branch of social work you are involved in will lead to you meeting and getting involved with clients who have a variety of personal issues and difficulties. It is hard to imagine a situation where you will not encounter a person who takes more substances than they should. This may be legal or illegal. Examples of the former

may include cigarettes, prescription drugs and alcohol and the latter cannabis and opiates like heroin or morphine. Alcoholism is very dangerous but not illegal and the likelihood is that you will know of relatives, work colleagues or friends who get intoxicated more often than is good for them or those around them. Drugs are all around us and we ignore their effects at our peril. We develop views on drugs and indeed may have tried illegal substances at raves, parties or many of the social gatherings where they are present. By far the largest group of clients passing through the drug action teams are non-offenders. In one drug action team it was 78 per cent, with 22 per cent of these being self-referrals.

Clients will bring with them a multiplicity of concerns, including relationship issues, financial problems, housing, risk of offending, health (both physical and mental), behavioural problems (including anger, aggression and other difficulties). It is the skill of the practitioner to work with the client to prioritise these and to draw on their own knowledge and skills and the knowledge and skills of others to maximise the potential of the client.

RESEARCH SUMMARY

The Department of Health supplies annual information on the drug situation in the UK to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The web link for this is given at the end of the chapter. What we can learn from this is that the prevalence among adults has been relatively stable in recent years in the UK. However, use of cocaine and ecstasy has increased, with young adults under the age of 35 significantly likely to use drugs. The prevalence of drug use is even higher for those under 25. What is more encouraging is that there has been a significant decline in the use of drugs by those aged 16 to 24, again with the exception of cocaine and ecstasy. Young people appear to be continuing to use drugs into their thirties. Drug use among schoolchildren doubled between the years 1998 to 2002, to a lifetime prevalence of around 20 per cent, but now appears to have stabilised.

The latest report by the EMCDDA was published in 2013, entitled European Drug Report. Trends and developments 2013. The web link is given at the end of the chapter.

The report details trends and changes in substance use across Europe and here the main drugs will be discussed. The age categories used are adults (15–64 years), young adults in the last 12 months (15–34 years) and lifetime of students (15–16 years).

Amphetamines: in the UK, prevalence estimates of lifetime use by adults is 11.5 per cent of the population, for young adults in the previous year, 1.4 per cent, and in the lifetime of students 2 per cent. The lifetime use by adults far exceeds any other European country. The next highest is Denmark with 6.2 per cent; most countries are significantly lower.

Continued