

Ethics: Issues Surrounding Addiction and the Vocational Rehabilitation (VR) Process – Part I

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OBJECTIVES



- Recognize signs and symptoms of addiction when working with consumers.
- Identify the “disability” in addiction.
- Identify the practitioners’ responsibility and response to difficult situations.
- Utilize community support services as natural, long-term employment support.

A.1. WELFARE OF THOSE SERVED BY REHABILITATION COUNSELORS



*The CRCC Desk Reference
on Professional Ethics:
A Guide for Rehabilitation Counselors*

in-te-gra-tor
an instrument for per
in-teg-ri-ty (in te)
and ethical principl
state of being wh
3. a sound or comp
in-teg-u-ment (in te)

A.1. WELFARE OF THOSE SERVED REHABILITATION COUNSELORS



a. PRIMARY RESPONSIBILITY.

The primary responsibility of rehabilitation counselors is to respect the dignity and to promote the welfare of clients.

Clients are defined as individuals with, or directly affected by a disability, functional limitation(s), or medical condition and who receive services from rehabilitation counselors. At times, rehabilitation counseling services may be provided to individuals other than those with a disability. In all instances, the primary obligation of rehabilitation counselors is to promote the welfare of their clients.

b. REHABILITATION AND COUNSELING PLANS

*Rehabilitation counselors and clients work jointly in devising and revising integrated, individual, and mutually agreed upon rehabilitation and counseling plans that offer a **reasonable promise of success** and are consistent with the abilities and circumstances of clients. Rehabilitation counselors and clients regularly review rehabilitation and counseling plans to assess continued viability and effectiveness.*

A.1. WELFARE OF THOSE SERVED | REHABILITATION COUNSELORS



c. EMPLOYMENT NEEDS.

Rehabilitation counselors work with clients to consider employment consistent with the overall abilities, functional capabilities and limitations, general temperament, interest and aptitude patterns, social skills, education, general qualifications, transferable skills, and other relevant characteristics and needs of clients. Rehabilitation counselors assist in the placement of clients in available positions that are consistent with the interest, culture, and the welfare of clients and/or employers.

d. AUTONOMY.

Rehabilitation counselors respect the rights of clients to make decisions on their own behalf. On decisions that may limit or diminish the autonomy of clients, decision-making on behalf of clients is taken only after careful deliberation. Rehabilitation counselors advocate for the resumption of responsibility by clients as quickly as possible.



A.2. Respecting Diversity

a. RESPECTING CULTURE.

Rehabilitation counselors demonstrate respect for the cultural background of clients in developing and implementing rehabilitation and treatment plans, and providing and adapting interventions.

b. NONDISCRIMINATION.

Rehabilitation counselors do not condone or engage in discrimination based on age, color, race, national origin, culture, disability, ethnicity, gender, gender identity, religion/spirituality, sexual orientation, marital status/partnership, language preference, socioeconomic status, or any basis proscribed by law.



A.4. Avoiding Value Imposition

Rehabilitation counselors are aware of and avoid imposing their own values, attitudes, beliefs, and behaviors. Rehabilitation counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the rehabilitation counselor's values are inconsistent with the client's goals or are discriminatory in nature

- Values – personal, core beliefs, desires of how world should be; not very objective
- What is important to us and why?; of value
- Influenced by our cultural beliefs, background, experiences
- Determine one's beliefs, thinking, behavior, interactions with others
- Important to know and understand our own values, and to help consumers clarify theirs.
 - Value neutral
- Morals - Human obligation
- Based on personal beliefs – good/bad action, right/wrong of an action
- “Morals are generally taught by the society to the individual whereas values come from within.
- Morals act as a motivation for leading a good life while values can be called as an intuition.
- Morals are related to ones religion, business or politics whereas values are personal fundamental beliefs or principles.
- Morals are deep seated whereas values keep on changing with time and needs.” (differencebetween.net).

Section C. Advocacy & Accessibility



Rehabilitation counselors are aware of and sensitive to the needs of individuals with disabilities. Rehabilitation counselors advocate at individual, group, institutional, and societal levels to: (1) promote opportunity and access; (2) improve the quality of life for individuals with disabilities; and (3) remove potential barriers to the provision of or access to services. Rehabilitation counselors recognize that disability often occurs in tandem with other social justice issues (e.g., poverty, homelessness, trauma).



Our Professional Obligations

Autonomy

*To respect the **rights of clients** to be self-governing within their social and cultural framework. Respect their choices.*



Beneficence

To do good to others; to promote the personal growth and well-being of clients.



Fidelity

To be faithful; to keep promises and honor the trust placed in rehabilitation counselors.



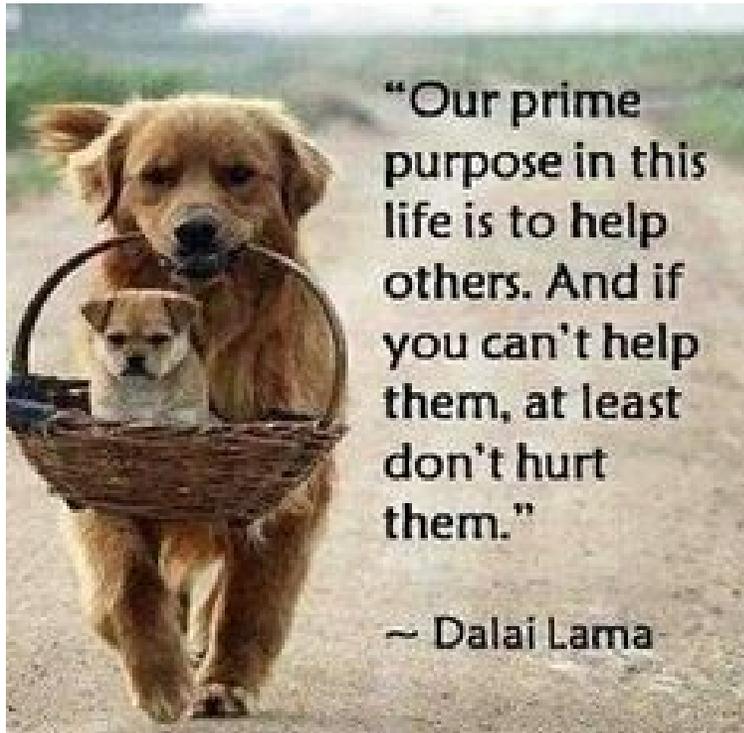
Justice

To be fair in the treatment of all clients; to provide appropriate services to all.



Nonmaleficence

To do no harm to others.



Veracity

To be honest. Candor



Drug Use: Statistics and Trends

- **Social drugs**
 - \$104 billion for alcohol
 - \$51.9 billion for cigarettes
 - \$2 billion for cigars, chewing tobacco, pipe tobacco, roll-your-own tobacco, and snuff
 - \$5.7 billion for coffee, teas, and cocoa
- **Prescription drugs**
 - \$430 billion worldwide and \$176 billion in the U.S.
- **OTC drugs**
 - \$23.5 billion.
- **Nonmedical use of prescription drugs**
 - In 2001, 16% of Americans 12 or older (36 million) had misused prescription drugs at least once in their lifetime.



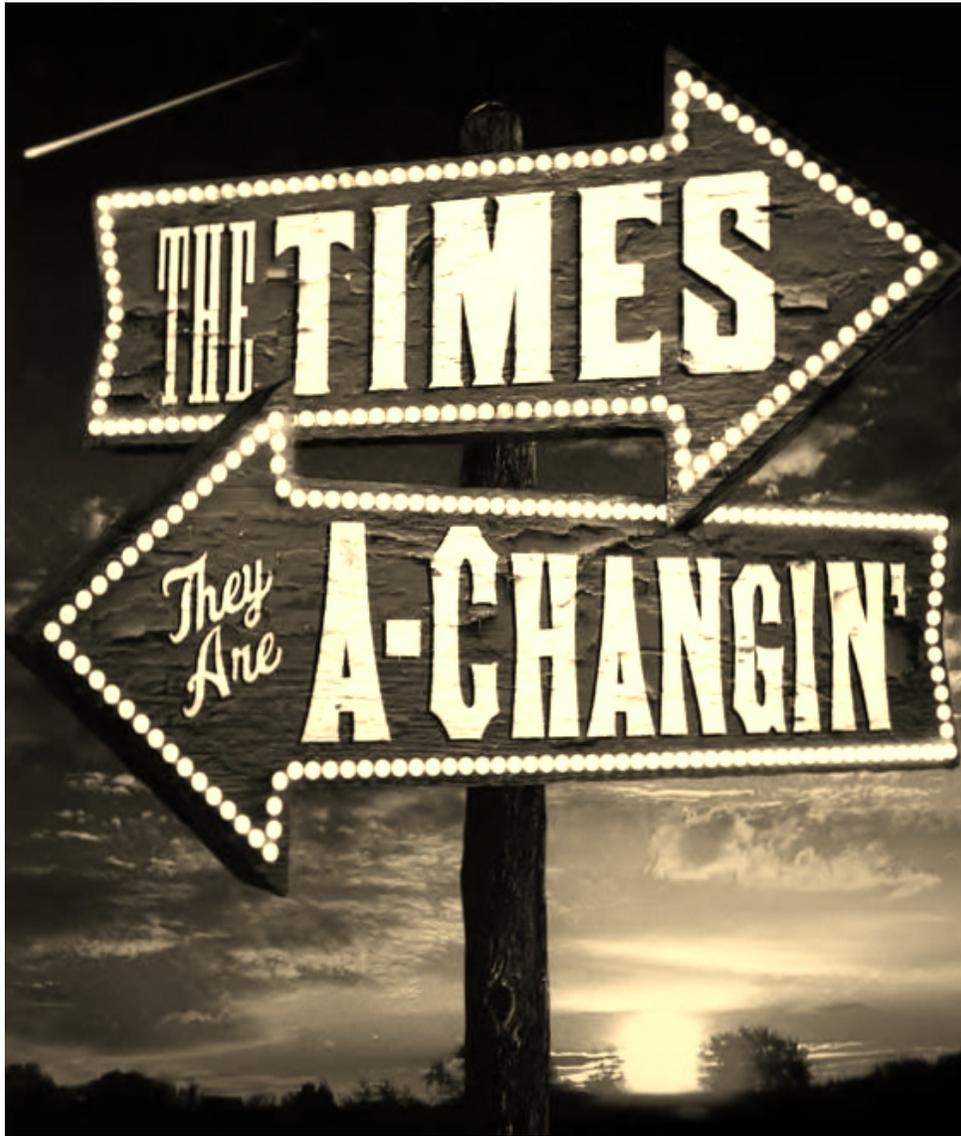
Costs of Drug Use to Society

- Illness
- Shortened lifespan
- Broken home
- Fetal alcohol syndrome
- Criminal behavior
- Drugs in the workplace
- Cost of Assistance programs (e.g., Employee Assistance Programs [EAP's])
- The total criminal justice, health insurance, and other costs in the United States have been roughly estimated at \$90 to \$185 billion annually.
- The National Institute on Drug Abuse (NIDA) estimated that the typical narcotic habit costs \$100/day.
- A heroin addict must steal three to five times the actual cost of the drugs to maintain a habit—about \$100k per year.



Drugs in the Workplace

- The loss to U.S. companies due to employees' alcohol and drug use and related problems has been estimated at billions of dollars a year.
- From 2002 to 2004, over half of all past month illicit drug users (57.5%) and past month heavy alcohol users (67.3%) aged 18 to 64 were employed full time (SAMHSA 2007B).
- Among the 19 major industry categories, the highest rates of past month illicit drug use among full-time workers aged 18 to 64 were found in accommodations and **food services** (16.9%) and construction (13.7%).
- The industry categories with the lowest rates of past month illicit drug use were utilities (3.8%), educational services (4%), and public administration (4.1%).



Times have changed...

More varieties of both licit & illicit drugs are available today.

Increase in prescriptions

Herbal medicines, vitamins, minerals, enzymes, & other natural potions.

Technological revolution

Media influence – commercials

“Drug use is increasing among people in their fifties and early sixties. This increase is, in part, due to the aging of the baby boomers, whose rates of illicit drug use have historically been higher than those of previous generations.” (www.drugabuse.gov)

The Basics...

- **What is a drug?** - substance that modifies (by enhancing, inhibiting, or distorting) mind and/or body functioning

psychoactive drug? - Drug compounds (substances) that affect the central nervous system and/or alter consciousness and/or perceptions

- **Licit, Illicit, Prescribed, and Over the Counter (OTC)**
 - **Gateway Drugs** - commonly used drugs that are believed to lead to using other more powerful mind-altering and addictive drugs, such as hallucinogens, cocaine, crack, and heroin.
- **Misuse VS. Abuse**
 - “**Misuse** – the unintentional or inappropriate use of prescribed or over-the-counter (OTC) types of drugs. **Abuse** – “the willful misuse of either licit or illicit drugs for the purpose of recreation, perceived necessity, or convenience.” (Hanson, et al., 2014).
 - AKA: Chemical or Substance abuse

Six Examples of Drug Misuse

- Taking more drugs than prescribed
- Using OTC or psychoactive drugs in excess without medical supervision
- Mixing drugs with alcohol or other types of drugs
- Using old medicines to self-treat new symptoms of an illness
- Discontinuing prescribed drugs at will and/or against physician's orders
- Administering prescribed drugs to a family member without medical consultation and supervision

Major Types of Commonly Abused Drugs

- Alcohol (ethanol)
- Nicotine (all forms of tobacco)
- Stimulants
 - Amphetamines, Cocaine, Crack, Caffeine, Nicotine
- Hallucinogens/Psychedelics
 - LSD, Mescaline, Peyote, Psilocybin (“magic mushrooms”)
- Depressants
 - Barbiturates, Benzodiazepines, Valium, Alcohol
- Cannabis
 - Marijuana and Hashish
- Anabolic Steroids
 - A synthetic form of the male hormone testosterone
- Inhalants/Organic Solvents
 - Inhalants such as gasoline, model glue, paint thinner, certain foods, herbs, and vitamins
- Narcotics/Opiates
 - Opium, Morphine, Codeine, and Heroin

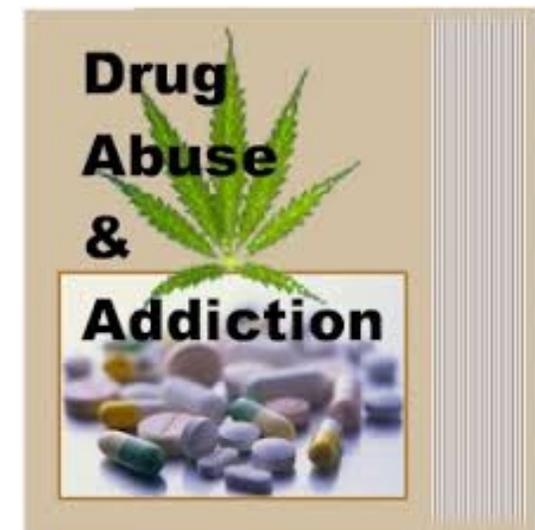
Drug Culture

- Addiction is an *equal opportunity affliction*. Does not discriminate. – All age groups; no immunity; pathological condition
- Legal (licit) substances responsible for more deaths, sickness, crime, economic loss, and societal problems than illegal; more widely used (e.g. prescriptions); prescribed & OTCs
- Addiction Defined
 - Involves people, places, things, language (& person first)
- Types of Drug Users & forms of administering drugs
- Societal reaction to various drugs changes as time and place change.



Defining Addiction

- Originally, the World Health Organization (WHO) defined it as “a state of periodic or chronic intoxication detrimental to the individual and society, which is characterized by an overwhelming desire to continue taking the drug and to obtain it by any means” (1964, pp. 9–10).
- Characterized as compulsive, at times uncontrollable, drug craving, seeking, & use that persists despite extremely negative consequences.
- Addiction is a complex disease.
 - Physiological and psychological in nature
- **Substance Abuse and Dependence**
(from DSM-IV-TR, 4th Edition, 2000)
 - **Substance abuse** is considered maladaptive, but it is carefully differentiated from true addiction.
 - **Substance dependence** is true addiction, the essential feature of which is continued use despite significant substance-related problems known to user.



Types of Drug Users

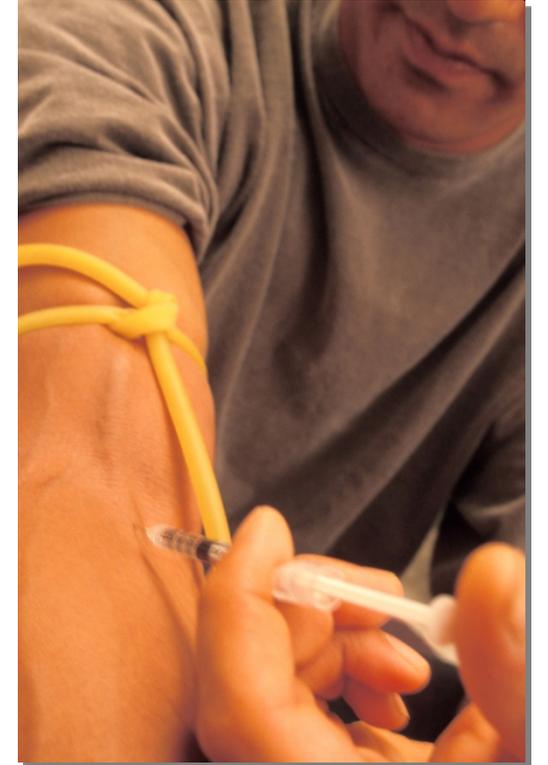
- **Experimenters**
 - Begin using drugs largely because of peer pressure and curiosity, and they confine their use to recreational settings
- **Recreational users**
- **Compulsive users**
 - Devote considerable time and energy into getting high, talk incessantly (sometimes exclusively) about drug use, and become connoisseurs of street drugs

Types of Drug Use

- **Legal instrumental use**—taking prescribed drugs or OTCs
- **Legal recreational use**—using licit drugs to achieve a certain mental state
- **Illegal instrumental use**—taking non-prescribed drugs to achieve a task or goal
- **Illegal recreational use**—taking illicit drugs for fun or pleasure

Forms and Methods of Taking Drugs

- oral ingestion – most common
- topical application (e.g. nicotine patch)
- vaginal/rectal
- injection – IV, IM, SC
- inhalation
- snorting (mucus membrane)



Volatile Substances (poisons)– Not Drugs!



How Can Inhalant Abuse Be Recognized?

Early identification and intervention are the best ways to stop inhalant abuse before it causes serious health consequences. Parents, educators, family physicians, and other health care practitioners should be alert to the following signs:

- Chemical odors on breath or clothing
- Paint or other stains on face, hands, or clothes
- Hidden empty spray paint or solvent containers, and chemical-soaked rags or clothing
- Drunk or disoriented appearance
- Slurred speech
- Nausea or loss of appetite
- Inattentiveness, lack of coordination, irritability, and depression



Signs and Symptoms of Addiction

- Why the attraction to use?

“...no one factor explains the development of substance-related disorders.” (Falvo, 2009)

- Contributing factors: biological, psychological, social, cultural, and environmental
 - “Relieve pain, stress, tension, or depression
 - Searching for pleasure
 - Peer pressure
 - Enhance religious or mystical experiences
 - Enhance social experiences
 - Enhance work performance, (i.e. amphetamine-types of drugs and cocaine)
 - Relieve pain or symptoms of illness” (Hanson, et al., 2014)
- When does use lead to abuse?
- Stages of drug dependence
- Issues surrounding qualifying as ADA

Factors that Affect Nature of Drug Use

- **Pharmacological Factors**
 - **Cultural Factors**
 - **Social Factors**
 - **Contextual Factors**
- **Key Factors to consider in understanding drug abuse:**
 - **Person's personality**
 - **Person's drug of choice**
 - **Person's context of drug use**
 - **These factors are connected; cannot be separated**

When Does Use Lead to Abuse?

- The *amount* of drug taken does not necessarily determine abuse.
- The *motive* for taking the drug is the most important factor in determining presence of abuse.
- Initial drug abuse symptoms include:
 - Excessive use
 - Constant preoccupation about the availability and supply of the drug
 - Refusal to admit excessive use
 - Reliance on the drug



Drug Dependence

Both physical and psychological factors precipitate drug dependence:

- **Physical dependence** refers to the need to continue taking the drug to avoid withdrawal symptoms, which often include feelings of discomfort and illness.
- **Psychological dependence** refers to the need that a user may feel for continued use of a drug in order to experience its effects and/or relieve withdrawal symptoms.
- **Addiction** refers to mind (psychological) & body (physical) dependence.
- **Significant substance-related problems experienced by the user, includes:**
 - **Tolerance**—need for increased usage
 - **Withdrawal**—unpleasant physical and/or emotional symptoms experienced by the user when attempting to quit using a drug
 - **Compulsive**—increasing time spent in substance-related activities (obtaining and using, and recovering from drug effects)

Stages of Drug Dependence

- **Relief**—satisfaction from negative feelings in using the drug
- **Increased use**—involves taking greater quantities of the drug
- **Preoccupation**—consists of a constant concern with the substance
- **Dependency**—a synonym for addiction, is when more of the drug is sought despite the presence of physical symptoms
- **Withdrawal**—the physical and/or psychological effects from not using the drug



Major Models of Addiction

- **Moral model**—poor morals and lifestyle, a choice
- **Disease model**—a belief that addiction is both chronic and progressive, and that the drug user does not have control over the use and abuse of the drug
- **Character or personality predisposition model** —personality disorder, problems with the *personality* of the addicted (needs, motives, and attitudes within the individual)

Some Major Risk Factors for Addiction

- Alcohol and/or other drugs used alone
 - Alcohol and/or other drugs used in order to help stress and/or anxiety
 - Availability of drugs
 - Abusive and/or neglectful parents; other dysfunctional family patterns
 - Misperception of peer norms regarding the extent of alcohol and/or drug use (belief that many other people are using drugs)
 - Alienation factors: isolation, emptiness, etc.
- * Risk factors differ for each person; social, cultural, & age groups & individual & family idiosyncrasies/quirks.



Risk Factor

Family's Powerlessness over Addiction



1. Prevent addict from hitting rock bottom

2. Refuse to believe addiction is a disease

3. Rescue from addiction consequences

Risk Factor: Enabling



"Here's a very simple solution: You don't give a drug addict cash. I don't care if they say, 'My hair is on fire, I need an extinguisher.' You don't give a drug addict cash." - Dr. Phil

Recognize signs and symptoms of addiction when working with consumers.

- No self care
- Using drugs to deal with problems
- Legal problems
- Irritability/Arguments/violent outbursts
- Inappropriate spending
- Not keeping appointments/job
- Attention deficit – cannot focus visually or cognitively
- Lack of initiative
- Depression/anxiety
- Abuse of drugs by family members
- Dilated or constricted pupils
- Slurred speech
- Unsteady gait
- Blackouts
- Insomnia
- low self-esteem, resentment
- Masking odors of alcohol, etc.
- Mild tremor
- Nasal/eye irritation

Identifying the “disability” in addiction

ADA protects the following types of disability

1.  current

2.  recorded

3.  regarded

- **Physical or mental impairment that is a “Substantial limitation of a major life activity.”**
 - ADLs, manual tasks, learning, working
 - Recovery includes learning/relearning these.
 - Residual effects of drug use – HIV, Hep C, accessions, etc.
- **Record of a physical or mental impairment that substantially limited a major life activity**
 - History of alcoholism or drug addiction and recovery of both
- **‘Regarded as’.** (www.ada.gov) **having such an impairment**
 - Treated as; only as result of others’ attitudes; no impairments but who is treated by a public entity as having an impairment that substantially limits a major life activity.

Title II of ADA (www.ada.gov)

- Drug addiction considered an impairment under ADA
 - Is there current drug use? Clean time?
- “Casual drug use is not a disability under the ADA.”
 - Only individuals who are addicted to drugs, have a history of addiction, or who are regarded as being addicted have an impairment under the law.”
- Must “pose a substantial limitation on one or more major life activities.”
- Not currently using illegal drugs
 - Person addicted to alcohol may be protected under ADA

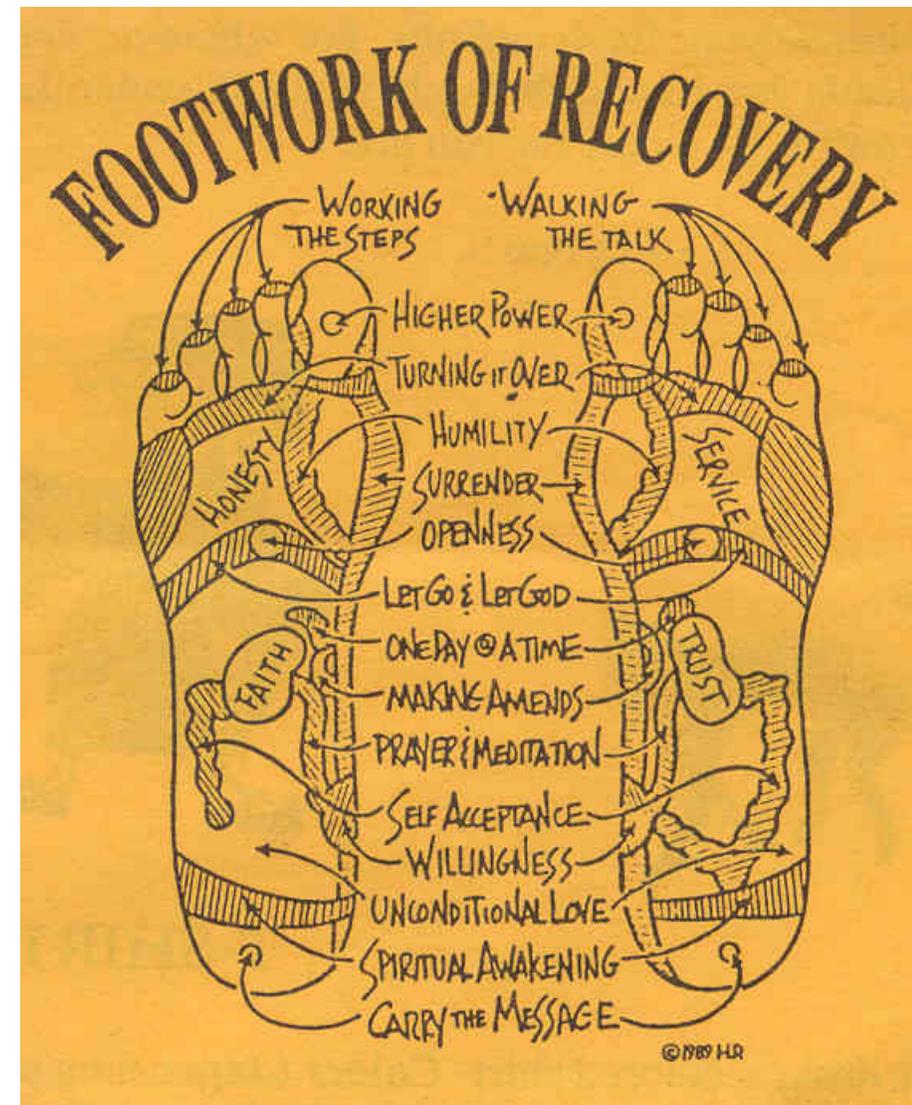
Approaches to Treatment

- Variety of approaches to treating addiction
 - Behavioral therapy
 - Counseling
 - Psychotherapy
 - Cognitive therapy
 - Pharmacological therapy
 - Methadone
 - Nicotine patches
 - Antidepressants or mood stabilizers
- Successful programs often combine therapies & other services to meet needs of individual abuser
 - Housing
 - Legal & financial services
 - Educational & vocational assistance
 - Family/child-care services
 - Needs often shaped by gender, age, race, culture, & sexual orientation of abuser



Recovery

- Different programs available –
 - Harm Reduction Model
 - Community-Based Prevention
 - School-Based Drug Prevention
 - Family-Based Prevention Programs
- different strategies
- Drug education (teens)
- In-patient (28-30 days)
- 12-step programs – NA, , CA,AA, AL-Anon, Alateen
 - Family must be in recovery, too.



Life Skills Training: Paycheck/ recovery time; responsibility of user and of VR counselor

Healthy coping

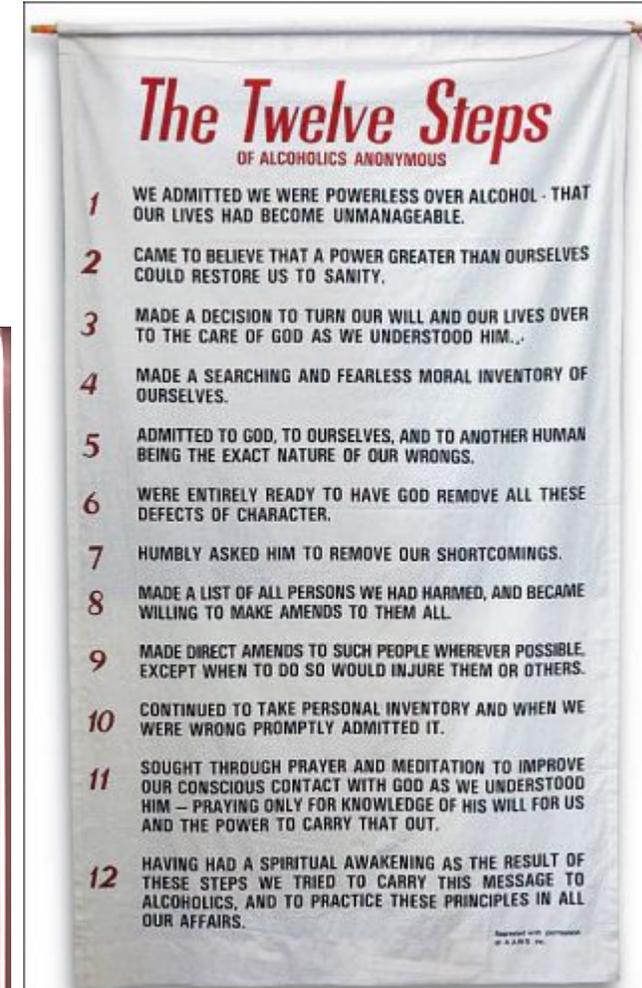
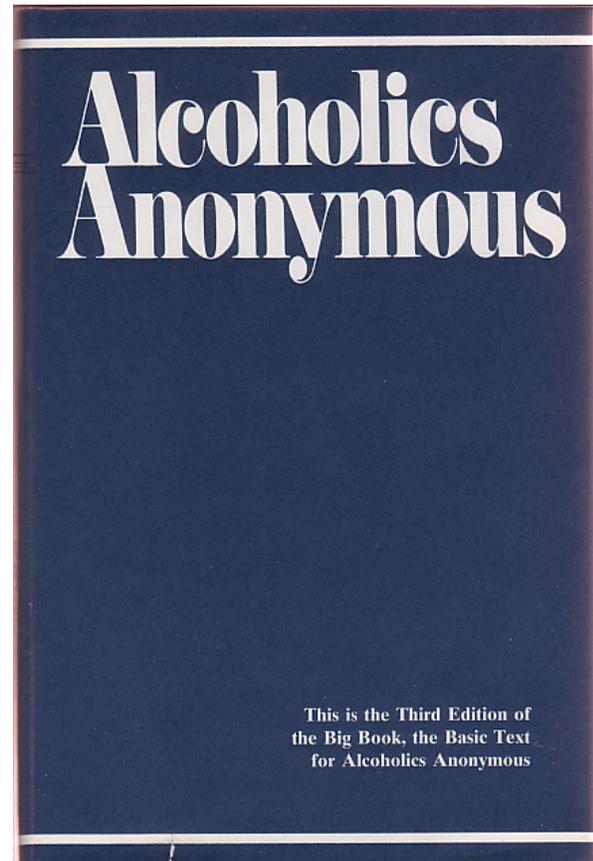
- **Relapse prevention**- identifying triggers, strategies to enhance self-control to facilitate abstinence (exploring +/- consequences), recognize drug cravings early on, develop ways to cope

Emotional Self Control

- **Individualized drug counseling**- weekly or bi-weekly sessions; teaches coping strategies & tools for abstaining & maintaining abstinence; 12-step participation & referrals to other services
- **Independent living skills** – job interview skills; work; paycheck; balancing checking account
- **Social skills** – healthy relationships



What visual awareness is in your agency... posters, resources as AA meetings, etc.



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