

[Please stand by for realtime captions.]

Good morning and welcome to the first session of ethics issues surrounding addiction and vocational rehabilitation webinar. My name is Crystal and I will be your host. Before we get started I would like to make some announcements. The control panel has a question box if you have any questions or comments during the session please use this. For now I want to make sure everyone can hear me so please type the word yes in the question box if you are able to hear me.

I see several yeses. I also want to point out the materials for today's webinar are also available on the webinar control panel under the handouts section.

Now I would like to introduce our speaker.

Good morning everyone this webinar was mentioned in the blurb that you probably read when you signed up. Basically it will deal with employment counseling and services and working with consumers that have a history of substance abuse and as dependents or addiction. Basically let me go over the announcement that we posted in case you did not get a chance to read it.

Employment [Inaudible] can be one as rewarding as it is unpredictable and frustrating. Rehabilitation counselor and employment specialists may find they are routinely challenged with one step forward two steps back as the consumer struggles to obtain recovery and wellness. No matter how many years they have recovery, it's one day at a time and very much so one day at a time and a sense of daily, not necessarily struggle but something that has to be worked at daily. Needless to say drugs can unravel a path to employment and maintaining a job. Often a person confining get the job but keep that job long-term or at least for 90 days for the VR counselor sake is the real challenge. This is a two-part webinar and we will discuss at the guideline and we need to consider when we are working with consumers or supporting consumers that has that history of substance abuse and pendants -- dependence addictions. We will look when is the issue any ethical issues the llama or legal obligation and do you have a process in place to consider the circumstances to support the consumer and your staff to proceed to the next step if and when it is necessary. Again very important to understand we need to be very much aware of resources that are available at the community to help consumers stay in recovery.

And anytime please stop me if you have Austin and send it to Crystal and I don't mind addressing it or if there is a comment by all means, jump in. I do my -- do not mind at all.

The objectives for this first part to recognize signs and addiction are when you're working with consumers and identify addictions. We may touch on the next two but if we don't get to them we will cover them next week. The next objectives are identifying practitioners responsibilities and to difficult situation in utilizing community support services as natural long-term employment support.

Been if you had the experience attending one of my woman is in the past and survived and still with me again, thank you. You will probably remember I always like to include slides that to refer to the CRC Sea desk reference on professional ethics. This is the guide for rehab counselors. Those of us who work in the rehab field or are a certified rehabilitation Counselor as I am and out of all the code of ethics and we have changes to them. And out of the code of ethics, I like to focus on the first section.

And we will start with the welfare of those served by rehabilitation counselors. Let's ask ourselves the primary responsibility of rehabilitation counselors and service providers. Keep that in mind, what is the primary responsibility of rehab counselors and service providers?

Primary responsibility is to respect the dignity and promote the welfare of clients. When working with the consumer that has maybe as new to recovery, we have to focus on that because they have missed out on that respect being given the respect and dignity. Many times they could not even give that to themselves they were so caught up in addiction. And they were not promoting their own welfare and so how could they expect someone else to do so.

When we work with the consumer new to recovery, we have to realize they have been through many things and possibly been through many things that we may never have experienced and again losing that dignity and welfare and now finally they are back in recovery and taking time to take care of themselves but then again trying to stay clean, not using drugs and also try to get back into the job market and keeping a job functioning as a member of society that will contribute in working is difficult.

Then also we have to remember we talk about people with disabilities and when we say that or any time when I say that some of the people I think will say what they had imagined physical disability or learning disabilities and that seems to have more accepted and dealt with then that of addiction.

Addiction, that disability is still not seen as one and still a lot of stigma attached to that and again as the professional, we want to remember think about our primary responsibilities.

Rehabilitation counseling plans and the rehab counselors work jointly in devising and revising integrated individual and mutually agreed-upon plans that offer a reasonable promise of success but often times we may as the professional have to start from scratch and teaching them how to apply for a job. And how to work and keep the responsibility. Something that may be so simple to do with another consumer, one that has a disability of addiction, it is even harder and they have forgotten those skills. A lot of times it happens they have to become very street smart and depend on the versus I can keep a job and yet I have many chances to function in everyday life and pay for my drugs. When they tend to do that we call them a functioning addict and sometimes it's scarier because they can function so well.

That is when they start saying, that they don't have a problem and don't need help. Employment needs, counselors working with addiction people. Again this consumer may not understand that they can work. A lot of times they feel that they are not worthy and they cannot do this and don't have the self-confidence. And autonomy, rehabilitation counselors expect them to make decisions on their own behalf but again they were making very bad decisions and decisions and probably came close to killing them if their drug addiction was advanced and the ODs at times. So that is something that they need to learn to be responsible for, the autonomy and we have that ethical obligation to have patience and teach them that it is like teaching them mean things all the way around. Just to survive on a day-to-day basis.

Of course respecting culture. When we think of culture we may think of our daily lives, our environment, where we live, who we associate with but we have to remember that respecting the consumer with the addiction or in recovery, respecting that culture, their culture still has a lot of stigma attached. It is not often that we cease society in general accepting that culture. Understanding there has to be a reason that they decided to use drugs for the very first time and go into full-blown addiction. Again not disrespecting everyday culture but we have to remember their culture, they are coming from a very different culture and another thing with consumers in recovery, one thing they realize is the culture they used to have whether they were brought up in a home with parents that were loving and nurturing and for whatever reason they decided to start using drugs and became addictive. That innocence is lost. That culture they had is only a memory. The experience a lot more and became their culture. Now it's basically start living in creating and a new healthy culture that is conducive to them. Of course nondiscrimination, I mentioned stigma that is not only attached to any disability but often times more so with that of addiction.

Being ethical, we have to look at our own values and morals and stop and say, how do I feel about this client and their lifestyle. Especially if we never experienced in any way shape or form, anything having to do with addiction. Not even having a family member that is a person with an addiction or a friend. Ethically speaking we need to

be careful that we don't become judgmental or that we don't impose our values. That brings me to avoiding value positions. With the code of ethics in general, our values and morals are very much intertwined with that.

Questions and comments so far?

I heard the term substance being misused is that same -- the same as addiction?

That is getting me to jump ahead but a good question. It is not the same thing. Misuse and we talk about that in a little bit. It is not addiction et al. et al. When we hear about dependence or a substance dependence, that is another term for addiction. Any other questions?

We have, then asked if we can have the speaker speak into the mic.

I can hear you well. I believe Nick can as well but if anyone is having issues, please let us know. Is says you tend to fade at times.

I moved my headset. Can that person hear me now?

Yes.

Also, we need to consider advocacy and accessibility. Can anyone comment on this? Tell me why is this also important when we are trying to ethically work with consumers that are in recovery from addiction?

Lets give everyone a chance to respond.

Why is advocacy and accessibility important? As far as ethics are concerned when working with the consumer that is in recovery?

Comments?

One person said so we can ensure the person can maintain the recovery by providing excess by certain support.

Absolutely. Advocacy may extend to you having to perhaps inquire about AA meetings or attend an AA or [Inaudible] or asked to do so from the person that is hosting the meeting because you want to familiarize yourself with a certain recovery program or support group and encourage the consumer that is okay and that is where they can find help. Sometimes, I will ask you again towards the end of the presentation. Think about the agency or where you work. How would you advocate for a consumer with an addiction and not just accessibility into a building but also

again being aware of resources and letting them know it is okay to talk to you about what they have experienced and better help them and at your agency or in your office, he or she will at least see a list of AA meetings or maybe even a picture with a motivational quote regarding recovery. It is advocating and I think doing so even more when you are trying to get the consumer employed. Again on lots of times we look at that consumer as, this person probably stole or did everything and anything to get the drug and I don't mind helping them but how do I know I can trust them. And this is where advocacy to provide that accessibility to them comes into play.

And then the professional obligations of autonomy and assistance. Respecting the rights of clients of be self-governing and be good to others and promote the personal growth and well-being. And fidelity to be faithful and to keep promises. That is something else you need to consider when working with a consumer and with an induction, a lot of times they did not keep promises. And often happens where for example if it is a married couple and the husband is an addict. And he can say, I will go to the store be right back and I'm going to go buy some cigarettes of the Rebecca doesn't show up for two or three days or two or three weeks. We may be able to practice that fidelity and we have to practice that ability to make it may be easy for us but we need to teach them because that was not part of their life when they were in full-blown addiction.

And justice to be fair to all clients. Of course nonmaleficence and veracity.

I like when we see the term of veracity, where it says to be honest, candor, that's important to consumers that it -- that are in recovery. And not to be disrespectful but I can tell you not violating confidentiality but when I was an intern at one of the recovery agencies here, I remember sitting there with my mentor and she was a license dependency counselor and this was on a Friday evening late at night. We closed a group session and were clearing her office and all of the sun this guy, huge tall guy comes in and says, thou, I need to talk to you many need help right now. He and his brother had been binging on drugs for at least two weeks. He was trying to get into a rehab center. She of course is very calm and we were the only ones there and I was like okay. She started asking questions calmly and of course he is answering and not being very careful and I'm listening to all of this and taking it in and all of a sudden she says, okay you can stop with the BS. I'm trying to help you in trying to get you a bed in a recovery center but you need to be honest with me. And maybe we don't need to be that direct but it's important to be honest with our consumer. Sometimes maybe close to that point as my friend did.

Moving on to the actual, talking about the drug abuse. A few statistics and again I'm sorry if if you -- if you cannot hear me, let me know.

-- to what the needs are to achieve success.

There are two things that can happen. As I said, most often the consumer has an experience that support in such a long time because maybe they didn't have it at the beginning. Or because people or family or friends gave up on them. And sometimes that has to happen because that is the way that the other person that doesn't have an addiction, the family member or friend, that's what they have to do to survive and give up trying to support the addict. So we need to be supportive but on the other hand what happens when they get that support, it's something they never have -- had in if they have the street-smart it can sometimes be easy to take advantage of. That's why we need to remember to be candid and think of veracity but very important point.

Quickly some stats and trends. Social drugs. These again, I don't like to include too many stats why present presentation because statistics always change but is at least one set of research studies, social drugs at least \$104 billion on alcohol. I think that number will increase this weekend because it is Super Bowl Sunday. And of course cigarettes, 2 billion for secures and 5.7 billion for coffee. If Starbucks goes up than that number goes up as well.

On prescription drugs, 430 billion and that depends on what type of prescription drugs are being used and I know the at the pens, the price went skyhigh. But they are working on that. Of course the over-the-counter drugs. OTC, 23.5 billion and nonmedical use of prescription drugs. 2000 160% of Americans or older had missed use prescription drugs at least once in their lifetime. Where going back to the comment of this use term. -- misuse term.

Illnesses that stem from the drug use. Shorten lifespan, broken homes, fetal alcohol syndrome correct drugs in place. Again as a professional or rehab professional when you work with consumer, this is a red flag because when you get them employed, you need to understand there are others perhaps in the same job and at that same job site that are actively using drugs and believe me, one addict can spot another, always. It is part of that culture that they have. I don't mean that in a disrespectful way but be aware of that.

Let's look at heroin. It averages to 100,000 per year but then again if they are no longer a functioning addict or never were, what are they doing to do to get the money if they no longer have a job? To pay for drug use.

Drugs in the workplace, the loss to companies due to the employees, alcohol and drug use. They listed drug users and when they did a study looking home 2002 to 2004 and look at month per month in the statistics showed 57.5% of listed drug users were

heavy alcohol users. Those aged 18 to 64 were employed full-time so they were able to function enough to have money to pay for their drug use.

Then again, among the 19 major industry categories, the highest rate of listed drug use age 18 to 64 were finding accommodations and food services and construction. Food services, sometimes it's easy especially if the consumer is 18 or right out of high school, it's easy to get a job in food services. But at least here, for I am at, there is a time when you can see in the back, behind the restaurant, UC employees go out and all of a sudden you see someone drive up and the employee goes, I have are you and leans against the car door. And there they go they get in score their drug. I have seen it. And I have known people to do that permit when you look at it in places of employment, it's things that you want to look into and consider and look at the jobsite and before perhaps recommending it to someone who is in recovery. Going the extra stop that being the advocate for that person.

Questions or comments?

Basically times are changing and there are more varieties which are available and an increase in prescription and prescription drugs. We have herbal medicine and vitamins and so forth that are out there that oftentimes are not monitored. They are allowed to be on the market. For example, I know of one person, an acquaintance that used to work at the gym with us and had a vitamin shot. And there was a supplement that actually made the sense think you were on speed because it made you so wired and sold as a healthy supplement but my body test your body reacted as though it was on speed and because it helped those that were into weightlifting having the stamina to get a good workout and lift more weight and so forth. Technology, now you can pretty much get any drug online. And medium influence. Let's look at commercials you will see if you watch the Super Bowl, one of my friend says, I don't like to watch the game I just like to watch the commercials. A lot of them do influence someone to drink. There's nothing wrong with that and remember it is legal. That drug is legal. So also, drug use is increasing among people in their 50s and 60s and why, because we are the baby boomers.

The rates of illicit drug use have historically been higher than those of previous generation.

Questions or comments?

Why has that been higher in the baby boomer generation?

I think because we were around with the culture and context, the place you are at, the surroundings. We grew up with the 60s and 70s and we were the cocaine era that

came in, and the Edy's. And although most of us have gone -- in the Edy's -- 80's. There's still that culture and context that was around us. And in which we grew up. That is still in a sense, we have the baby boomers in certain ways.

Does that make sense.

Regular go over what is a drug and/or body functioning and second act of drugs are substances that affect the central nervous system and alter consciousness. As I mentioned we talk about licit and illicit, prescribed OTC's over-the-counter. Think of examples of licit and illicit example drugs. Can you think of any?

Comments?

Waiting for someone to come in.

The baby boomers is a society when they got more education and the development of new drugs and restrictions of the use of drugs.

Going back to what you were talking about earlier.

Absolutely.

Some forms of education are good and some could lead to trouble.

Examples of licit and illicit example drugs for Mac

--.

Licit, legal. Would you think of alkyl all -- of alcohol as being an example?

In some states we now consider marijuana illicit cycle drug.

In some states.

Several people say yes.

And another term you hear is gateway drugs and those are drugs that I believe that lead to using mine altering and addictive drugs, for example, someone can start with alcohol or just smoking pot. In the progress. The graduate to something stronger. Maybe cocaine or crack. Gateway drugs and one thing when you work with consumers that are in recovery, you want to make sure you educate yourself on the language. The verbiage, lingo slang, make sure you at least you familiar with terms. Like the gateway drug over-the-counter. They know you can understand or trying to

understand and a lot of times they will tend to have the mindset of you have not walked in my shoes. In the ask have you ever done drugs. If you know or admit that you haven't, then they say how can you understand me. That is very common that is when you have to be ethical about addressing that but at the same time we have to be candid and shift the spotlight off us in back onto them.

They may say were not here to talk about me but here to talk about you. If you start using some of their language at least they know, maybe you did not walk in the same shoes or did the same experiences that you can at least the -- supplies and understand.

Misuses the unintentional or inappropriate use of OTC. Antabuse is the willfulness use of either legal or illegal drugs for recreational purposes or because someone perceives it is a necessity and need it. Or convenience.

Six examples of drug misuse. Probably all of us have been guilty of one of these. Taking more drugs than prescribed. If I have a migraine and I take two Excedrin tablets, and four hours later or even three hours later, and it has not gone away, I may take tomorrow or three more. That is misuse.

If a family member has a prescription for a certain drug and the other one says, my tooth is hurting and do you have any painkillers? Let me have that. And they give it to them and that is drug misuse.

Questions on that?

We have one person on the last slide that asked for examples and they mentioned the misuse of motion sickness medication. I have never heard of that before.

Yes I have family members that will do that.

Or where they will have a prescribed medication and Dr. says that I have been very guilty of this.

Two or three days go by and I feel better, don't finish it. That is misuse.

Quickly, [Inaudible] alcohol, caffeine, it is a stimulant. Is to have my students participate in a group project where for the semester they had to abstain from something. And for example, behavioral or if some of them would admit they smoke pot, they had to abstain for the remember -- remember -- remainder of the semester. Someone's caffeine because they drink a lot of soda or caffeine. Within the first week they would say, oh my gosh I am getting more headache for I feel horrible. At first they would not believe it was a stimulant. It's legal and you get at that desk and you

get that at Starbucks or the store. Then they would feel the effect of withdrawal permit and it was amazing, they had to see, it was amazing and does affect the body.

Of course cannabis, marijuana issues. Steroids and inhalants and narcotics. Drug culture addiction is an equal opportunity affliction. We talked about legal and illegal substances. And responsible for more deaths in sickness and it comes into play with us as rehab professionals. You may be working with a consumer that was in an accident. Because they were under the influence. Now let's say they are paralyzed or they acquired hep C or HIV we will talk about the definition of addiction and not use but addiction and the discussion of addiction and types of drug users and warms up administering drugs. Then again we have to remember that societal reaction to various drugs changes as time and place change. Think about that, it's part of drug culture. We talked about baby boomers and back then, the early 80s, you software cocaine was a grand entrance into the United States. Now it is a big problem but we have other things that we did not have back then in the culture is different. Again time has changed in places have changed in drugs have changed and now we have synthetic marijuana and it is extremely dangerous.

Of course I had to point out, for us baby boomers, there still is part of the drug culture and if anyone remembers the Cheech and Chong, please speak up, I don't want to be the only one thinking yes I remember those days.

Several people say they remember. Someone also noted that marijuana in the view on that has obviously changed over time with it being legalized in the same with alcohol.

Absolutely.

Now we see states that approve or legalize marijuana for medicinal purposes and if someone wants to in the drug of choice for someone and they want to be able to use without having to worry about the legal ramifications, they will do whatever they have to do to be able to get that for so-called medicinal purposes and they find a way to get their drug of choice. Yes it is changing and this is now the generation saying this is the least of it and a lot of people will say it is a plant or an herb. So we are seeing a lot of it and not to get used to be back in the 70s.

Now we will talk about addiction. Originally the World Health Organization defined it as a state of pure attic or in quantic [Inaudible] which is characterized by an overwhelming desire to take the drug and obtain it by any means. And that is very true. It is characterized as compulsive. Between misuse and addiction or dependence, remember, consider the tape -- the term comes also -- compulsive addiction it is something that they deal with daily, every minute of the day. A heroin addict can use those for and feel the effects and come down and all his son has to go score again it

doesn't matter what day or what time of day, that is the cycle and compulsive. A lot of times, uncontrollable. That Hank -- they have that craving. Someone new to recovery is still viewing with all of this.

They are trying to function and yet trying not to use again.

Not just someone for example with a physical disability that is independent and has to use a wheelchair and go to work. And yes they deal with the disability but they have become unable to function and have become independent. That is what they focus on. With someone in recovery, that is not what happens. Trying to do two things at once.

Addiction is a complex disease.

Questions on that at all?

We do not have any questions. Just a couple other people also who saw Cheech and Chong and you are not alone.

[laughter]

The types of drug users. You have some that experiment but remember when the experiment, that is when they start using the gateway drugs and then can become recreational users and compulsive users.

There are different types of drug use. Legal and illegal and legal instrumental use is an example when you take over-the-counter medicine. Or prescribed medications. Legal right racial use, drinking alcohol, having a margarita. Illegal is taking nonprescribed drugs to achieve the task result. Someone with the show starts into the medicine cabinet and is trying to steal any drugs or use any drugs that are in there because they need to get high.

And illegal recreational uses basically taking illegal drugs for fun or pleasure and again that can be recreational user using cocaine.

In to break the monotony I thought I would put this in here because I was guilty of hitting my best friend cat hooked on catnip.

I didn't mean to, it just happened.

And with flu season, having another flu shot.

So forms and methods of taking drugs, morally, topical application, vaginal or rectal, inhalation and snorting. The oral ingestion, that is the most common and topical, it

can be anything like using a nicotine patch. And vaginal rectal, some people with addictions if their drug of choice is cocaine, they have been known to actually place cocaine in their vagina or in the rectum and to achieve that effect of the drug and yes it does happen and they do feel the FX. -- the effects. Injections, a lot of people they will say they will never shoot up.

And I used to sit in and support group meetings and they would say they would never shoot up but it gets to where they need more and more of the drug and they do start using and start injecting. Injections can be into the veins, into the muscle or beneath the skin and all to get the drug. And snorting cocaine. This is what can happen when someone has decided to start shooting up and for example, if they were using cocaine which this person was, the drug is never pure. Even if the dealer says it's pure as driven snow or pure as you're going to get, that is never true. It is always cut was something else and sometimes it can be flowers or rat poison to Mac it doesn't matter because they care about selling that drug they knew the addict will take it and use it and they don't care what is in it. They are shooting up the foreign bodies that get caught in the injection site. Let's say the needle is dirty or if they do clean it with cotton or example. All of that is on the tip of the needle in you keep using the same vein and it builds up and this is what can happen. Let's say they go into recovery and they are still going to have marks. If they shoot heroin they will have tracked marks. That is on their appearance. How would you explain that if to a potential employer if you're trying to help them get a job.

How would that person explain it if they had to.

It's not just staying clean but the harm that they're doing to the body and the long-lasting effects that the addiction has cost. -- has caused.

One person saying appreciate the inclusion of images and help to identify whether someone may have been using or currently using.

Thank you. I actually was going to put in more pictures but they didn't want it to be too overwhelming. Thank you for saying that.

With inhalant, it tends to be more [Inaudible] and again they start huffing and a lot of times they turn to paint or we say huffing spray in years ago, I know here in the Valley, Walmart actually made it a point to lock up all the spray paint. They were actually in a glass case. Where you have to get the workers to assist you in getting the paint you want because too many teens were going in and buying spree paint and getting high. Again this is in a sense for teens but I have known that least -- at least people who have done this into adult hood. And one acquaintance they actually kept doing this and this is not a drug. People tend to say drug use, inhalants, no they are

substances and not a drug. But this was his choice and what he decided to use to get high and up until his mid-30s or late 30s, and died because he was under the influence and walking along a [Inaudible] and fell in and died.

Something else that can happen is someone is snorting coke and news they are affected and they end up looking like they went in and pierce the nose but it is not.

Questions or comments?

I know we have about two minutes. Me see if I can get through a couple more slides. Does anyone have any more questions at all?

Anything you want me to address?

We don't have any at this time.

Signs and symptoms of addiction. We need to remember, look at the nature of addiction that is it to be considered a bad habit? Does a consumer family say, it's just a bad habit? And slip into denial? Is it the failure to make healthy choices or the failure of morality? Does a person using drugs not have any morals?

People in society say, they have no morals or self-discipline. Again, what do you think and how do you think about this and what is the nature to you, what is the nature of addiction and why the attraction to use? It is important. There is no one factor that explains the development of substance related disorders. Because there are different contributing factors and biological factors. Psychological. Social. Cultural. And environmental. Biological. Again psychological, thinking I need to drink and so I can have more confidence.

If we think of Native American Indians who can legally use [Inaudible] in their rituals, that is part of their culture. Here in the valley we used to say alcohol is part of the culture. You go to church on Sunday and the preacher would say go to church and get out at noon mass and fire up the grill and get those beer bottles out. Culture, cultural and environmental. The context, who are they around when they grow up and what influenced them? And again when someone uses it is to release pain, stress tension, depression, searching for pleasure, even to peer pressure, to enhance religious experiences or work performance or even to relieve pain or symptoms of illness but then to keep using that drug and get a addicted desk get addicted to that drug.

Questions or comments?

We do have comments and say thank you for this, it has been informative and looking forward to next week.

Thank you. It has been my pleasure and if no one minds maybe I will include a couple more pictures. Don't mean to overpower but at least get more of an idea.

Wonderful.

Thank you so much. Everyone have a great afternoon in a great weekend.

Thank you Judith for your time. We look forward to hearing you next week. Please complete the survey is the feedback is vital for improving webinar offers and recorded his webinar and it will be posted on the [Inaudible] website if you would like to review the information in the future and a certificate of division will be uploaded to the user portal within one week after next session Mac look for that as a conclusion in the next session thank you again for your attention. Have a great day.

Thank you.

[Event Concluded]