ALCOHOL & OTHER DRUGS

Essential Information for Social Workers



SOME DO's & DON'Ts

DON'T assume that other professionals will have assessed for alcohol and drug problems

DON'T be afraid to ask; social work is all about dealing with sensitive personal issues

DON'T worry if you don't understand what people say about alcohol & drugs; they can explain

DON'T be judgemental; nobody starts using drugs or drinking intending to develop a problem

DON'T tell people to stop; stopping use without specialist input can be dangerous – even fatal – particularly with alcohol

DO expect there to be prejudice and stigma associated with alcohol and drug users

DO remember that even brief interventions from frontline workers have proved to help people change

DO routinely address alcohol and other drug issues. The more you practise the better you'll get and remember – anyone might be affected

DO your best to view alcohol and drug use in its wider context: is it making any problems worse or is it helping to reduce them?

ALCOHOL, DRUGS & SOCIAL WORK

Social workers are in the front line of health and social care services. Alcohol and other drug use can play a significant role in the lives of people who receive social work services.

Service recipients have the right to professional social care, delivered by well-trained, well-supervised workers. Social workers should be able to intervene confidently and effectively where they encounter alcohol and drug issues.

Alcohol and other drug problems have not always been high on the social work agenda. It is now recognised that core social work skills are ideally suited for work with people's alcohol and drug use.

Language: people seeking help for these issues may be described as being in 'Recovery'. N.B. this does not always mean they are or need to be abstinent.

This pocket guide seeks to support social workers to take professional responsibility for ensuring their knowledge and skills meet the needs of service recipients with alcohol and drug problems

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RECOGNISING & IDENTIFYING PROBLEMS

Social workers routinely assess the full range of needs people have but may be less informed on alcohol and other drug issues. If this key area of need is missed and not met, interventions for other issues will not be so effective.

Drinking and using drugs are associated with many problems familiar to social workers. Those problems are not necessarily caused by the use of alcohol or drugs but that use may complicate the picture. Routine, individual assessment is therefore essential.

While there may be evidence of alcohol or other drug use in some cases there is no magic checklist of signs or symptoms to 'spot'. Routinely asking sensitive questions is a vital skilled approach. Specialist websites provide access to basic information on alcohol and drugs (see Sources of Information).

The values and skills social workers deploy in conducting comprehensive assessments are those needed to assess alcohol and other drug problems.

Alcohol and drug issues have been neglected in social work training and education. The BASW Pocket Guide series seeks to redress this imbalance.

WORKING WITH ALCOHOL & DRUGS

AVOIDING COMMON PITFALLS

DRUGS: people frequently forget to ask about drugs, including prescription drugs. If drug use is identified it is easy to be distracted by it. Drug use is only ever part of the picture. The person's behaviour and experiences need to be assessed as a whole.

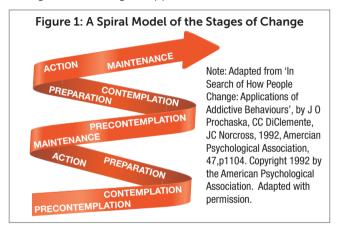
ALCOHOL: drinking is so common it may simply be overlooked, especially when there are other obvious problems. Because alcohol use is the norm, it should always be addressed. Many drug users have even worse problems with alcohol.

IT'S NOT MY JOB: alcohol and drug use are so prevalent among vulnerable service users that working with them is everybody's job. You do not have to be a specialist but do need enough to identify any issues, conduct an initial assessment and consult or make a referral to an appropriate specialist.

PASS IT ON: when referring people on to specialist services, it is essential to ensure that everyone understands what services the social worker will continue to offer and deliver.

WORKING WITH ALCOHOL & DRUGS

Changing problematic alcohol or drug use can be hard, psychologically and physically. People often resist externally imposed changes. They can and do make changes with the right support and motivation.



The **Stages of Change** is a model that helps explain the process of behaviour change (Prochaska & DiClemente 1983, 1994). Change is understood as a progression from Precontemplation, Contemplation, Preparation, Action, Maintenance and so on.

A key concept is that change rarely works first time. Learning from previous attempts can improve the chances of success. If an attempt has not worked staff can build motivation at every stage to try again.

A FRAMEWORK FOR HELPING

FRAMES is a model from an evidence-based approach: **Motivational Interviewing**

Feedback on the alcohol and drug use must be accurate and positive

Responsibility - be clear that the **choice** to change and responsibility for it rests with the individual

Advice giving – give clear information & advice

Menu – always offer a choice of change options

Empathy – an empathic style is essential

Self-efficacy – promote independence

WORKING WITH SPECIALIST SERVICES

- Ask for advice & information on alcohol and other drugs, services available & referral procedures
- Establish their capacity and willingness to conduct joint assessments and joint interviews
- Establish information sharing boundaries before starting work
- Offer mutual support e.g. training exchanges
- With agreement, consider three-way meetings with service recipients & specialist services
- Maintain regular communication and meetings with colleagues in specialist services

ASSESSMENT & INTERVENTION: ALCOHOL

Alcohol consumption is counted in Units

Units can help work out how much we drink. Counting units can help with cutting down. Units can also help assess the severity of any alcohol problems.

Chief Medical Officers' guideline for women and men:

- It is safest not to drink regularly more than 14 units per week, to keep health risks to a low level.
- If you drink 14 units per week it is best to spread this over 3 days or more: heavy drinking increases risks from long term illness accidents and injuries.
- The risk of developing illness (e.g. mouth, throat & breast cancers) increases with any amount you drink on a regular basis.
- If you wish to cut down your drinking, a good way is to have several drink-free days each week.

Pints of beer usually = 2.5-3 units; standard pub wine glass = 2 units - large wine = 3 units; bottle of wine = 9-10 units; single 25ml pub spirits = 1 unit.

N.B. People tend to pour bigger measures at home.

Online Alcohol Units information:

www.nhs.uk/Livewell/alcohol/Pages/alcohol-units.aspx

ASSESSMENT & INTERVENTION: ALCOHOL

Helping people talk about their drinking or drug use is about asking the right questions in the right way. Tone of voice and an empathic approach are crucial. Once you understand units you can ask the following questions:

Women: Do you ever drink more than 6 units a day? **Men:** Do you ever drink more than 8 units a day?

If they answer **Never** they are unlikely to have an alcohol problem. To explore in more depth:

- How does your drinking help you?
- Does drinking ever cause problems for you?
- Would you like to change your drinking?
- Have you successfully made changes before?
- How confident are you that you could change your drinking?
- What help do you need to change?

There may be locally agreed alcohol screening & assessment tools in place: find out. They can help social workers work in partnership with specialist agencies. Specialist alcohol services can also be a source of free advice and guidance to professionals. There's no harm in asking. Ensure you are familiar with local alcohol referral pathways and procedures.

ASSESSMENT & INTERVENTION: DRUGS

The social worker may be the first professional to ask about drug issues. They can play a key role in helping people with drug related problems.

Key information to ask about includes:

- What are people using?
- How much are they using?
- How often do they use?
- How do they use (smoke, swallow, inject)?
- What are the effects for them positive & negative – of using drugs?
- What happens if they stop using?

Slang is often used to describe drugs. If you don't understand – ask the person to explain. This acknowledges the person's expertise and offers a respectful empowering approach.

Most local areas have agreed drug questionnaires to screen and initially assess drug problems. There will also be specialist drug referral pathways. If you don't know about these check with managers or local specialist drug services. Specialist alcohol and drug treatment are now often provided by the same agency. Front line workers should know where to refer for alcohol and for drugs.

ASSESSMENT & INTERVENTION: DRUGS

With illegal drug use people may be wary of telling officials what they use. An assertive, empathic social work approach can be effective.

Key questions that may help include:

- What do you want from your drug use?
- Do you always get it?
- Are there other ways you could get the same effects or things?
- Would you like to change your drug use?
- What help do you think you might need?

People respond differently to different drugs at different times. Don't assume you know the effects a drug will have on someone. Always ask them.

Drug information and trends in drug use can also change rapidly. Local specialist services can be a source of up-to-date information and training.

Contracts for drug services can also change quite regularly. Make sure you know who the current alcohol & drug service providers are; what they offer your particular client group and how your services can work together. Remember, partnership working often starts with frontline workers.

RISK ASSESSMENT & UNMET NEEDS

People with alcohol and other drug related problems and their families are vulnerable to other risks. Make sure you ask about them.

Suicide & self-harm prevalence is higher among people with drink or other drug problems.

Domestic abuse & violence is highly correlated with problem drinking and drug use.

Mental ill health often co-occurs with alcohol or drug problems: both issues should be addressed at the same time (not one after the other).

Physical health problems may be caused or exacerbated by alcohol and drug use.

Child care alcohol or drug use may impair parenting capacity but neglect or abuse should not be assumed. Assess actual behaviour and support needs.

Older people also have alcohol and drug problems: and evidence suggests they respond well to support.

Adverse childhood experiences make people vulnerable to problems with alcohol and other drugs.

CULTURE. FASHION & CONTEXT

People and Groups develop their own styles and fashions in drinking and using drugs.

Peer Groups are a huge influence. People are typically introduced to drink and drugs by friends. Peer groups can also offer support & motivation to build on positive behaviour change.

Initiation: drink and drug use takes practice. First experiences are often negative yet most try again. Fitting in; belonging to a group is strong motivation.

Risk: all use carries risk (and reward). People use to feel and act differently. This is normal.

Stigma: alcohol or drug problems and being a social work client, all bring stigma. Stigmatised individuals may be held to higher standards than other people.

Culture and sub culture. Risky substances and ways of using can be part of group culture (e.g. injecting drugs; Chemsex). Close knit groups may be hard to access and getting help to individuals even harder.

Context e.g. Intoxication and child care don't mix **but** are there exceptions e.g. festivals, xmas etc?

NEW & EMERGING TRENDS

'LEGAL HIGHS' & NPS

The emergence of 'Legal Highs' in the 2000's was a reminder: people like to get 'High' and most prefer to stay 'Legal'. These Novel Psychoactive Substances are a challenge. Their legal status is often uncertain. The effects they have are even more so.

NPS are claimed to mimic traditional drugs e.g. Cannabis. In reality producers may not know what they've made, dealers won't know what they've sold, users have no idea what they've bought. Similar looking drugs vary wildly. Some are highly toxic. If effects are not what was expected this can result in distress and harm. Young users, homeless people and prisoners are vulnerable groups known to use NPS.

THE OPIOIDS RETURN?

Opioid use, Heroin etc. had declined but is now reemerging. Drugs like Fentanyl may be sold as Heroin but can be riskier. Deaths are increasing so harm reduction e.g. making Naloxone available (which can reverse opioid overdose) is still important.

ALCOHOL NEVER WENT AWAY

And having said all that ... remember **alcohol** is our most commonly used and potentially harmful drug.

SOURCES OF INFORMATION

BASW British Association of Social Workers

www.basw.co.uk

Alcohol Research UK:

Fund & publish research http://alcoholresearchuk.org

Down Your Drink:

Online help for drinkers www.downyourdrink.org.uk

NHS Choices Alcohol Units

www.nhs.uk/Livewell/alcohol/ Pages/alcohol-units.aspx

Findings: Alcohol & Drug research reviews http://findings.org.uk

Release: Drugs & legal information charity www.release.org.uk

Drugwise: drugs & alcohol info & email alerts www.drugwise.org.uk

Alcohol Focus Scotland

www.alcohol-focusscotland.org.uk

Scottish Drugs Forum www.sdf.org.uk

Alcohol & You Northern Ireland

www.alcoholandyouni.com

Help with alcohol drug problems

NI Direct www.nidirect.gov.uk/articles/g etting-help-drug-or-alcoholproblems

Alcohol Concern Cymru

www.alcoholconcern.org.uk/P ages/Category/alcoholconcern-cymru

Public Health Wales:

Substance misuse drugs & alcohol www.wales.nhs.uk/sitesplus/8 88/page/72997

The Loop:

Drug advice and substance testing service https://wearetheloop.org

LOCAL CONTACT INFORMATION

DRUGS:	
ALCOHOL:	

Feedback:

BASW and our Special Interest Group on Alcohol & Other Drugs welcome feedback on this pocket guide. Advice on individual cases is best obtained in partnership with local specialist professionals.

Contact us:

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An online version of this text can be downloaded at www.basw.co.uk

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