

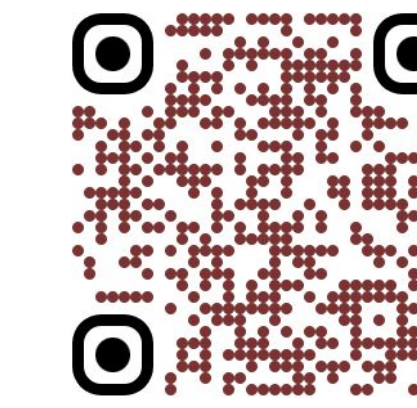


Attitudes of Social Workers Employed in Substance Use Treatment Facilities on Harm Reduction: An Ethical Conflict

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References



Introduction

The National Association of Social Workers (NASW) Code of Ethics outlines six core values that define standards for practice, policies, and research in the profession; integrity, social justice, dignity and worth of the person, competency, importance of human relationships, and service (National Association of Social Workers [NASW], 2021). Despite these standards, treatment for substance use disorders is all too often punitive, one size fits all, and abstinence-based. Even though harm reduction is a research-informed approach, and aligns with social work values, it is rarely offered as a recovery option in most substance use treatment facilities. Harm reduction offers a viable pathway to recovery providing people who do not want abstinence as part of their recovery to live a healthier lifestyle. Harm reduction has been shown to reduce instances of diseases like HIV and AIDS and using tools like fentanyl testing strips can aid in reducing overdoses (National Association of Social Workers [NASW], 2013).

This study sought to understand social workers who work in substance use disorder treatment programs and their experience of the conflict between the NASW Code of Ethics and the realities of current treatment options for substance use disorders.

Literature Review

The dominant narrative in society often portrays substance use through a lens of criminality and morality, identifying the source of the problem as a lack of self-discipline and moral deviancy resulting in treatment approaches that predetermine abstinence as the goal in recovery (Sarabia & McTighe, 2020).

Harm reduction reduces rates of overdose through measures like naloxone distribution and administration training to increase bystander intervention (Hawk et al., 2015). Fentanyl testing strips reduce the incidence of overdose and can empower people who use drugs with a greater sense of self-determination by providing them with the knowledge they need to make informed and safer decisions about their substance use (Weicker et al., 2020). Extensive peer-reviewed research shows practices like syringe exchange programs are effective in reducing direct risk associated with intravenous substance use including HIV, Hepatitis C, and local and systemic bacterial infections (Vearrier, 2019).

A strong predictor of treatment outcomes is the counselor's ability to engage in an empathic relationship, working collaboratively with the client, and building trust. This can have a positive impact on client outcomes, while confrontational and punitive approaches can create resistance in the client's willingness to engage in treatment (Williamson, 2020). Furthermore, restrictive agency policies can impact the social worker's ability to provide quality person-centered care and create dilemmas in navigating practices that abide by the NASW Code of Ethics (Sarabia & McTighe, 2020).

Methods

This study used a qualitative research design geared towards understanding the phenomenology of the lived experiences of social workers in the field of substance use disorders.

Criteria for participation in the study are as follows: participants must be a licensed professional in the field of social work, must be over the age of 18, and participants must work in an agency that provides services for people who use substances.

One interview was conducted with each participant lasting approximately one hour. Interviews were conducted individually via WebEx or face to face, consisting of 16 open ended questions, with the researcher asking unstructured follow up questions as needed.

Findings

Research to Practice Gap

Throughout the interviews, a theme that arose consistently was the gap between what research shows to be effective and what is commonly done in practice at agencies. For example, harm reduction is a research-informed approach to treatment for substance use disorders; however, few participants reported a concrete implementation of harm reduction in their agency.

"Had our social work classes and textbooks been updated, and we had younger supervisors going through our internships and people who are, I guess you could say hip with the times. Right? That's the best way. I can explain it. I think we would see a lot of improvement in relationships when people are getting social services and better outcomes when it comes to social services, right?" (P1)

Findings

Clinician's Concern for Risk

When discussing policies addressing the use of harm reduction (within their agencies) many participants identified a lack of concreteness in assessing, defining, and reducing harm as their primary reason for not fully embracing the practice within their agencies. Participants also noted that this gray area in the practice of harm reduction turned many agencies away from the idea for fear of putting their client's safety at risk and in turn making themselves vulnerable to liability concerns.

"When you say, 'how do you approach harm reduction?', it's not, you have harm reduction or you don't, that's such a gray area. You really need to define it. What are you defining as harm? How are you reducing it? What is your posturing on abstinence, continued use of different substances. You have to consider all of those variables, in my opinion, if you want to responsively approach harm reduction" (P4)

Findings

Structural Barriers to Harm Reduction

Participants working outside of non-profit organizations often pointed to outside entities like insurance companies, child protective services, recovery court, and corporate policymakers as forces that can create limitations in the social workers' ability to meet the client where they are at. Governing bodies set guidelines and policies regarding what treatment is supposed to look like to be successful leaving little room for client input or implementation of harm reduction practices.

"Insurance is abstinence, you know, it's like, if I have somebody who relapses more than twice, I get a call. Like, what are we doing? They have to go somewhere. They can't be in our program. Until insurance catches up with where we're at, I think it's always going to be this big discrepancy" (P6)

Recommendations

- Education of agency leaders on best practices for embracing harm reduction and the multiple pathways approach to recovery from a substance use disorder
 - A focus on understanding the importance of the research supporting these approaches and how they can be used to increase positive client outcomes
- Increased advocacy work within agencies for policies and practices that best align with the individual needs of their clients and the core value outlined in the social work code of ethics
- Clear policies regarding addressing positive drug and alcohol screenings using research-informed practices like harm reduction and the multiple pathways approach