

Work effectively in the alcohol and other drugs sector: Assignment 2

[Author Name(s), First M. Last, Omit Titles and Degrees]

[Institutional Affiliation(s)]

Work effectively in the alcohol and other drugs sector: Assignment 2

Task One

1. Society and the media generally portray young people as immune to the risks associated with drug and alcohol use/abuse, but in truth, the segment of the population is as affected by these dangers as older people. According to SMART recovery, most Australian males report using alcohol for the first time by age fifteen. For Australian females, the average age is seventeen. This, despite legislation designed to prevent access to alcohol before age eighteen. 2007 National Drug Strategy Household Survey indicates that twenty-three percent of young adults between the ages of fifteen and twenty-four reported the use of illicit drugs at least once in the preceding twelve months, almost twice as high as those above the age of twenty-four (Smart Recovery, 2015).
2. A great deal of popular music, movies, and television shows depict the use of drugs and alcohol. Young people are strongly influenced by the images and messages they are exposed to in popular media, and this certainly inspires drug and alcohol use within this demographic. The growing acceptance of marijuana, and its legalization in some parts of the United States in particular, can only be seen as providing tacit approval for its use, which is a strong message that young people receive that encourage drug use(O'Brien, 2003, p. 39).
3. Young adults are at severe risk for negative health impact from drug and alcohol use. According to Narcotics Anonymous, hospitalizations associated with use of illicit drugs or prescription drug abuse rises sharply in the population beginning at age fifteen as

measured by hospitalizations, and does not begin to markedly decline until age thirty-four (2015).

4. Social programs that illustrate the dangers of drug and alcohol use, including negative health or developmental impact, increased risk of accidental injury or death, overdose, and the increased risk of addiction should be utilized to educate young people, such as the Smart Recovery Young Adult Outreach Program and Narcotic's Anonymous' Area Outreach Program. Young people also need to be provided with a counterpoint to popular media that may be seen as glamorizing drug and alcohol use (Smart Recovery, 2015; Narcotics Anonymous, 2015). Additionally, programs that concentrate on controlled drinking can be of use to young people that have begun to drink excessively (Australian Center for Addiction Research, n.d.).

Task Two

1. Addictions can be managed, but not cured.

Addiction has been recognized as a medical condition that be treated, but abstinence is the only recognized path to preventing the harms associated with it, according to Narcotics Anonymous.

The phenomenon of relapse is well documented, and resumption of the use of alcohol or drugs by an addict quickly results in the progression of the disease to levels observed before cessation of use.

Alcohol and drug rehabilitation programs recognize the ongoing nature of addiction that requires constant maintenance through peer groups, support systems, and counseling in order to prevent relapses.

Many people have successfully stopped using drugs and alcohol, and never return to active addiction.

Addicts often suffer from underlying mental health issues, such as depression, that are the primary cause for their use.

Addicts have been observed to cease use of mind-altering substances without assistance of traditional alcohol and drug treatment regimens.

Treating addictions requires a holistic approach to wellness that treats underlying psychological and sociological issues that contribute to the addictive behavior. Understanding the cause for the addictive use of alcohol and drugs is necessary to successfully treat addicts.

2. Heroin is worse than alcohol.

Heroin is one of the most addictive substances in existence.

Heroin use is often accompanied by risky behaviors including sharing needles.

Heroin is now more potent, which allows abusers to smoke or snort it, thus bypassing injection as the sole form of ingestion.

Alcohol kills more people every year around the world than does any illegal drug.

Alcohol is legal, and widely available.

Society is much more tolerant of alcohol use than that of illegal drugs.

Addiction, regardless of substance, is a disease that threatens the life of the addict, and the treatment does not vary substantially between alcoholics or heroin addicts.

3. Public money should be spent on prevention of drug abuse rather than on interventions for drug abuse.

Preventing drug abuse offers a greater potential benefit to the individual and the community.

Preventing drug abuse also prevents negative health effects associated with active abuse.

Preventing drug abuse through social programs raises societal awareness.

Intervention allows targeting of specific individuals and allows allocation of funds to those who need it most.

Intervention is the only method that can enable an addict to recover.

Intervention is a recognized facet of drug addiction treatment, and should be the main focus for the treatment community.

Successful treatment in the form of drug intervention is necessary, and unfortunately will always be needed, because prevention programs, while deserving of funding and also important in preventing abuse, are not sufficient alone to prevent drug abuse.

4. All drugs should be legalized.

Drugs and alcohol have been used and abused throughout the recorded history of humankind, and will likely not ever be eliminated.

Legalization would provide a funding source, through taxation, to fund increased drug prevention and intervention programs.

Legalization would allow harm reduction methods by ensuring safer use of drugs through consistent strength and the elimination of the criminal market that currently exists.

Legalizing drugs sends the message that use of drugs is accepted, which will increase their use.

The criminal market will still exist for underage users, as it does for minors who use alcohol.

Increased use will present a greater hazard to the community.

Treatment of alcohol and drug abusers is the primary goal, not affecting public policy regarding the legality of drugs.

Task Three

1. I would be alarmed and disappointed with my colleague for violating the confidentiality of a patient.
2. I would attempt to take my colleague aside and remind them of the confidentiality policy and tell them that their behavior was unacceptable.
3. I would follow the procedures in place at my service for reporting the breach of the confidentiality policy and speak with the appropriate persons at the facility.
4. My colleague has violated the confidentiality requirement for those at my service, and opened themselves and the facility to liability in addition to placing our client at increased risk resulting from embarrassment and the stigma others may attach to their addiction.

Task Four

Conflict resolution is an important communication skill in alcohol and drug treatment. I have relied upon this skill when addressing an addict who does not want to admit the negative impact that their addiction has had on their life and those around them, such as family, friends, and their coworkers. He insisted that his alcohol use was not the cause of the problems in his life. Working through the addict's denial and refusal to take responsibility for his actions that had caused pain and suffering to those around him required conflict resolution skills.

The challenge to employing effective conflict resolution for me personally is being assertive and refusing to be intimidated by the person that I am in conflict with. I can sometimes become nervous in such situations, which diminishes my ability to perform my job.

Improving this technique will require practice and observation of more trained members of the profession. With continued practice, I will become more comfortable challenging others and observing others will help me to become more skillful at finding ways to perform conflict resolution more effectively.

The ability to communicate sensitive issues is essential when working in drug and alcohol treatment. Addicts often enter treatment as a result of legal trouble, losing a job, or disintegrating personal relationships. The details of these topics are often sensitive in nature, requiring tact in order to communicate effectively without causing undue stress or shame to the addict or their families, if they are an active part of the treatment. I have had to maintain confidentiality of those who have approached me to discuss drug and alcohol issues that they or those close to them were suffering. If I had divulged this information, it would have betrayed their trust, and would be a breach of ethics on my part.

The challenge to communicating sensitive issues is that often it is difficult not to react when you are told something that shocks or disturbs you personally. It is important to maintain even composure and not give an indication of disapproval. It can also be tempting to seek the opinion of others after you have been approached with a sensitive issue, but these situations require me to rely upon my training and not to repeat what I have been told.

Communicating sensitive issues is a skill that will become easier with repetition, both in becoming less affected by what I am told and in regard to my ability to deal with situations like this independently.

I have spoken with aboriginals who discussed their alcohol and drug use with me, and the differences in our cultures and experiences made it somewhat more difficult for us to communicate effectively, and for me to assess any underlying mental illnesses that may have contributed to his problems.

Challenges to effective intercultural communication can be addressed most effectively by learning about different cultures and how the addict is affected by their environment (O'Shaughnessy, 2007). As I gain more experience in dealing with intercultural differences and learn from my mentors and colleagues about how to address them, I will become more practiced in this skill.

Intercultural communication requires that the alcohol and drug treatment worker understand how societal and cultural influences may affect the addict's behavior. Finding ways for the addict to assimilate themselves back into a normal routine demands remaining open to new approaches that may be more palatable to the individual due to cultural or societal differences. Alternative treatment methods, such as correspondence treatment, have proven to be effective, and can help to address those who are unwilling to seek help for fear of being ostracized within their social group. Learning more about how various cultural groups identify their alcohol or drug use requires experience and education. Studying aboriginal cultural practices, for example, and talking to more experienced members of the profession

for their understanding of intercultural communication strategies will enable me to increase this skill.

References

Australian Center for Addiction Research.(n.d.).Controlled Drinking by Correspondence Program- Finalist for the 2005 National Drug and Alcohol Awards Excellence in Treatment. Retrieved from <http://www.acar.net.au/pdfs/08072005n.pdf>

About Drug Treatment Services: Alcohol & Other Drugs Services in Victoria , Victoria, Australia. *Department of Health and Human Services*.N.p., n.d. Web. 6 June 2015.

Australian Government Department of Health. "6.1 What is Harm Minimisation?"*Department of Health | Welcome to the Department of Health*.N.p., 2015. Web. 6 June 2015.

<<http://www.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front5-wk-toc~drugtreat-pubs-front5-wk-secb~drugtreat-pubs-front5-wk-secb-6~drugtreat-pubs-front5-wk-secb-6-1>>.

Department of Health and Human Services, Victoria. "Alcohol and Other Drugs Services in Victoria , Victoria, Australia." *Department of Health and Human Services*.N.p., 6 May 2015. Web. 6 June 2015. <<http://www.health.vic.gov.au/aod/index.htm>>.

Narcotics Anonymous, Australia. *Welcome to Narcotics Anonymous Australia*. N.p., 2012. Web. 6 June 2015. <<http://www.na.org.au/>>.

O'Brien, C. P. (2003). Research Advances in the Understanding and Treatment of Addiction. *American Journal on Addictions*, 12(2), 36-47.
doi:10.1080/10550490390210092

O'Shaughnessy, J. (2007, June 20). News | The University of Sydney. Retrieved from <http://sydney.edu.au/news/84.html?newsstoryid=1776>

SMART Recovery."SMART Recovery® - Meetings in Your Area." *Self Help Addiction*

Recovery | SMART Recovery®.N.p., 2015. Web. 6 June 2015.

<http://www.smartrecovery.org/meetings_db/view/show_countryau.php>.