

Free research paper on ethical issues in counseling drug addicts

[Health & Medicine](#), [Drug Abuse](#)



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Introduction

Drug abuse (also called substance abuse) is generally a worldwide problem. National governments have launched various programs to attack this problem. However, no single program has evidenced its total eradication. According to the National Institute on Drug Abuse (NIDA) (2011), drug abuse and addiction create negative consequences for people and for the whole society. The total estimates of the overall costs of drug abuse in the United States alone exceed \$600 billion every year. (Ibid.) This figure includes productivity, health and crime-related costs. It also includes an estimated US\$181 billion for illicit drugs, \$193 billion for tobacco, and \$ 235 billion for alcohol. (Ibid.) These statistics do not cover the more staggering social and psychological costs of this disease. Drug abuse problems have a wide and destructive public health and safety implications and this includes family issues, loss of jobs, academic failures, domestic violence, and child abuse, among others.

The Mayo Clinic staff defines drug addiction as “ dependence on an illegal drug or a medication.” (Mayo Clinic, 2011)This simply means not being able to control the intake of drugs despite its foreboding negative side effects.

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Drug addiction can cause a strong urge to take the drug. Even when the person finds it rational to quit, he/she cannot stop. It often starts by a casual use of drugs which then leads to serious drug abuse. Drug addiction can cause severe, continuing consequences, including physical and mental health problems, conflicting relationships, and problems involving employment and the law. (Ibid.) It is a “ chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her.” (National Institute on Drug Abuse, 2011) While people first take drug on their own personal volition, the effects of the said drugs to their brains over time alter the way they are able to control themselves and resist the strong desire to take the drugs again.

It is very fortunately that drug abuse can be treated. Hence, its disruptive effects can be countered. Research shows that by integrating drug abuse medication treatment with behavioral therapy is the most successful way of combating the said disease. Various approaches to treatment can be customized to each patient’s patterns of drug abuse and any co-occurring psychiatric, medical and social problems that can result to a sustained recovery and a life free from drugs.

Ethical Issues Involving Drug Abuse Counselors 981

Ethics is a mental approach to issues concerning what is right or wrong based on a philosophical framework or principles which critically evaluate people’s choices and actions in daily life. (SAMHSA/CSAT Treatment Improvement Protocols, 1993) People and professionals dealing with drug

abuse cases are regularly faced with ethical issues and dilemmas. Generally, there are forces aside from the needs of the clients during therapy.

According to Miller (1999), this is rooted on two facts: 1. some individuals suffering from drug abuse are not able or willing to acknowledge relevant behavior, and 2. the bad effects of drug abuse redounds to the greater society and the abuser's familiar settings. Hence, the abusers' treatment is an issue other than himself wanting to be freed from addiction. His may be a case of his parents wanting him to stop his drug abuse, among others.

Historically, society frowns on drug addiction and this is a highly charged issue. There are many misconceptions and biases involved in dealing with drug abuse. Hence, various ethical issues and concerns arise. (Ibid.)

Marlatt & Gordon (1985) views the drug abuse counselors as a key player in the education, therapy and treatment of a drug abuse patient. He/she guides the patient in the context of individual and group therapy sessions and structured PE programs. He/she helps clients acknowledge relapses through facilitating insight, catharsis, and behavior change. The drug abuse counselor must be very directed in his/her approach towards the patients or clients. He/she must establish the agenda of the treatment and maintain the clinical procedures in dealing with the patients. He needs to be flexible to meet the needs of the drug abuse clients. However, it needs to be stressed also that the patients also direct the treatment in terms of providing the content of the therapy. They have to be especially mindful of their client care in order to secure the best atmosphere for them.

Drug abuse counselors rigidly adhere to ethical and clinical procedures as prescribed by the Health Insurance Portability and Accountability Act (HIPAA) privacy standards as they do their counseling. (Day, n. d.) In the performance of their jobs, they are challenged by various ethical concerns and dilemmas. These include the following:

1. Confidentiality. Counselors gather confidential patient information during counseling and treatment. This must be handled very carefully. This is often tricky when the drug abuse counselors deal with minors. In the United States, each state has varied laws and regulations with regards to the confidentiality and privilege for patients, especially minors. (Williams, 2007) Thus, the counselor has to explain confidentiality to his patients very carefully and extensively. This must be explained in the manner that the patient, whether an adult or a minor, will understand. In keeping up the trust of the patients, the counselors need to secure confidential matters and make it a point to be trustworthy. Breach of confidentiality may lead to harm or destruction so the counselor must weigh and decisively judge whether he/she needs to disclose information or not. Crucial information must be weighed in the utmost protection of the patients.

2. Informed consent: the objective of informed consent is to build respect and autonomy on both sides of the client/patients and the drug abuse counselors. Thus, counselors need to inform the patients of the counseling process and the limitations and purpose of that process. In this way, the counselors give the patients the leeway to continue with the counseling or not. This is sometimes problematic since patients have different stages of developments and they have varied cognitive levels. The counselor's

language and demeanor also affect the delivery of his information. Others factors involved is the term of abuse or if the patient is intoxicated. Basically, some patients' understanding may be impaired or they might underestimate the importance of self disclosure and these may result into problems which the counselor faces with regards to informed consent. As it is, making the decision to disclose confidential information is a challenging aspect and a personal decision of the counselors. In any mishap, it is still expected that the counselor will protect the interest of his patient and this is very difficult. (Ibid.)

3. Parents' rights vs. child's rights: Counselors also face ethical issues when the minors concerned are under the custody of their parents. There is always the right of the parents versus the rights of the child (as young drug users). The rights they initially have to protect are those of their patients, the children or the minors. As mandated by state laws, the minor's consent is heeded when the counselor is referring him/her to outside agencies. (Ibid.) These minors also have the right to refuse consent in sharing their substance abuse information including information from a school-based alcohol and drug treatment or after-care program. However, the custodial function of parents and families often circumvent this and this is a dilemma to counselors especially when they see the parents more fitted to make the decisions for the minor's treatment or therapy.

4. Duty to report: most of the state laws and professional associations' ethical standards provide for a breach of confidentiality when the patient is in imminent danger. In other words, confidentiality cannot be sustained in aspects where there is danger, either to the patient or to others. (Ibid.)

However, this clause can be abused when situations are exaggerated in order to mask a level of danger or an urgency of danger. Hence, a counselor should choose between if the situation actually constitutes imminent danger in the context of drug abuse. Then, the said danger has to be reported to the person in authority i. e. the patient's parents or guardian. Breaching the confidentiality with the patient is justified by the fact that the urgency may have a negative turn of outcome that may lead to the patient's greater harm. In this regard, the counselor must rather lose the trust of his patient than lose his life (for the severe extent). Hence, he must be in the most preemptive mode to counter any danger or negative effect to the drug abuse patient. He must also consider the safety of those within the abuser's environment.

Millard & Rubin (2003) admonish counselors to be reasonable when faced with ethical dilemmas in their counseling of drug users. To resolve them, the counselor must acknowledge the ethical dilemmas and be skillful enough to reach reasonable resolutions to those dilemmas.

Sensitivity to and resolution of an ethical dilemma may be significantly influenced by personal values, especially for counselors who are in recovery.

The ethical literature provides many types of decision-making models.

Generally, these models outline the following:

1. Defining the problem emotionally and mentally.
2. Applying the ethical codes and the legal issues.
3. Evaluating the patient's chronological and developmental levels.
4. Taking into consideration the setting, parental rights and minor's rights.
5. Applying the moral principle.

6. Assessing a prospective course of action and its consequences.
7. Examining the chosen action.
8. Consulting with other counselors.
9. Applying the selected course of action.

References:

Day, R. (n. d.). HIPAA Privacy Regulations for a Substance Abuse Counselor. Retrieved on October 12, 2011 from, http://www.ehow.com/about_6849289_hipaa-regulations-substance-abuse-counselor.html#ixzz1aZBZrQ7Z.

Marlatt, G. A., and Gordon, J. R., eds. (1985). Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors. New York: Guilford Press.

Mayo Clinic Website. (2011). " Definition of Drug Abuse." Retrieved on October 12, 2011 from, <http://www.mayoclinic.com/health/drug-addiction/DS00183>.

Millard & Rubin (2003). Substance abuse counselors and ethical dilemmas: the influence of recovery and education level. Journal of Addictions & Offender Counseling. Retrieved on October 12, 2011 from, http://goliath.ecnext.com/coms2/gi_0199-774834/Substance-abuse-counselors-and-ethical.html.

Miller, F. (1999). Mandated Treatment for Substance Abuse: Recognizing Ethical Issues. 7(2). Retrieved on October 12, 2011 from, http://www.sassi.com/docs/news_7_2.htm.

<https://assignbuster.com/free-research-paper-on-ethical-issues-in-counseling-drug-addicts/>

National Institute on Drug Abuse. (March 2011). “ NIDA InfoFacts: Understanding Drug Abuse and Addiction.” Retrieved on October 12, 2011 from, <http://drugabuse.gov/infofacts/understand.html>.

SAMHSA/CSAT Treatment Improvement Protocols. (1993). Center for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US). Retrieved on October 12, 2011 from, <http://www.ncbi.nlm.nih.gov/books/NBK26239/>.

Williams, Rhonda. Ed. D., LPC, NCC. The Ethics of Substance-Abuse Issues. May 01, 2007. Retrieved on October 12, 2011 from, http://www.ascaschoolcounselor.org/article_content.asp?edition=91&ion=140&article=927.