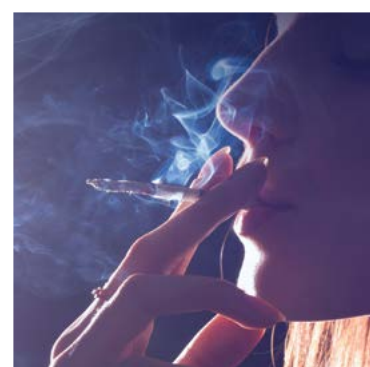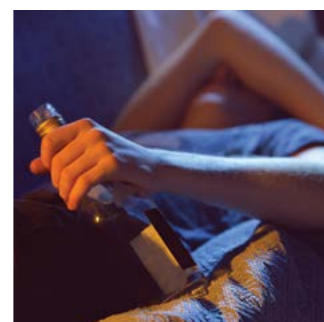# Alcohol and other Drug Use:
The Roles and Capabilities of Social Workers

Prof Sarah Galvani
March 2015

Foreword

Alcohol and other drug use is embedded in many of our social customs and cultures. The majority of people who use such substances will do so without harm to themselves or others. Unfortunately, a minority of people will develop problems which can negatively affect their own health and wellbeing and also that of their families, friends and community.
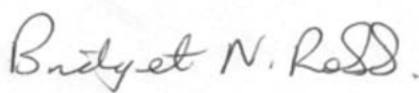
As social workers we work regularly with the complexities of people's lives. The use of substances is often part of that mix and is frequently combined with mental ill health, poverty and domestic abuse. It is also an issue that cuts across all areas of social work practice; it is not just a child protection issue, it is also an issue for our adult service user groups, their families or carers.

Social work is both a rewarding and demanding job. However, to do our jobs well we need clarity about what our roles are and the support of managers to fulfil them. This document is unique in that it sets out, for the first time, three key social work roles that are required for working with substance use, whatever the social worker's area of specialist practice.
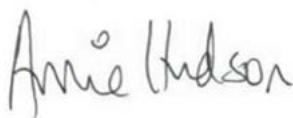
Each role presented here is grounded in a list of associated capabilities thus allowing social workers, their managers, employers, educators and policy makers, to have a clear set of expectations about what social workers need to be able to do when they encounter problematic substance use.

The cross referencing to the Professional Capabilities Framework (PCF) allows the developing practitioner to draw links between their own learning and development needs. It clarifies to educators and workforce development officers what social workers need to know and do in support of individuals and families negatively affected by substance use.

As the leading social work organisations in England, we are committed to supporting social workers at all stages of their career pathways. This document fills a huge gap in our shared understanding of what all social workers need to do to fulfil their duty of care to people affected by problematic substance use.

Bridget Robb
Chief Executive

Annie Hudson
Chief Executive

David Smith
Joint Chair
ADASS Mental Health Network

This document has been developed with representation from the following organisations:

East Sussex County Council, Children's Services

Association of Directors of Children's Services

Contents

Aims and structure

The aim of this document is to set out the roles and capabilities of social workers in relation to substance use. The document is not a guide to substances and their effects, nor does it provide detailed information on *how* to identify, assess and respond to substance use. What it does is set out the roles of social workers, the capabilities required for fulfilling those roles, and cross references these roles and capabilities to the Professional Capabilities Framework (PCF) (p. 20 and appendix A)[1].

The document aims to clarify the broad expectations of **all** social workers when they work with someone who is experiencing problematic substance use. Substance use may be the main reason for their involvement with social care or it may be one of a number of overlapping experiences that led to their contact with social care services. This is a generic document; it should be used as a foundation on which different areas of specialist practice can build, adding further detail about particular knowledge requirements, tailored interventions or assessment tools.

The document is designed to fill a gap in the current guidance to social workers and those who manage, educate and train them. Curriculum guidance for social work educators already exists (Galvani 2009a-e; Galvani and Forrester 2009, Galvani 2012a) but this needs to be supported by clarity about what various social work roles should, or could, be in responding to substance use in a variety of social work contexts. This will help social workers and their managers to locate their interventions within a wider framework of roles and capabilities; a framework that is both supported and recommended by the key social work organisations and health and social care colleagues.

This document focuses on the roles and capabilities for all social workers who do **not** specialise in substance use; rather they specialise in another area of adults' or children's social work practice. While specialist substance use social workers will need to be able to fulfil these roles and capability requirements, they will also be expected to have a much more comprehensive knowledge of their topic area than the roles and capabilities outlined here. Their work will be led by their agency's requirements and approach to substance use support and intervention and influenced by local and national government strategic priorities and workforce initiatives.

Terminology

Problematic substance use has been used throughout this document to refer to problems associated with alcohol and other drug use rather than low levels or occasional alcohol or other drug use which does not lead to social or health related problems. The terminology in the substance use field tends to change according to policy and practice development. Recently 'recovery' concepts are favoured in policy and practice; similarly discussions of different levels of risk of alcohol consumption (lower, increasing, higher) have replaced the previously favoured hazardous, harmful and dependent. Social models of substance use tend to use terms such as 'intervention' or 'problematic substance use' or 'drink/drug problem' rather than more medical concepts of 'treatment', 'alcoholic', and 'addict'. Reflecting on the meaning in language and what it conveys to others is an important part of sensitive and skilled communication (Galvani 2012b). In particular it speaks directly to social work principles of anti-oppressive practice and value based social work.

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[1] At the time of writing a review of PCF has been announced.

Background

Social work is a profession that seeks to assess, support and care for people who need a helping hand. For some this is a brief moment in their lives, for others the care needed is sporadic or longer term. At the core of social work practice sit a set of values and principles; values that ensure that social workers work with, and for, individuals but also with those who care for them or are dependent on them. Social workers seek to understand the person in their environment and in the wider context of their lives and acknowledge the interplay between the person's past, present and future. Importantly, social work aims to protect those at risk from harm from themselves or others, and is often faced with complex and competing demands relating to care or control. Whatever the level of support offered, social work is about building relationships and trust, offering respect and compassion, even in the most difficult circumstances, through skilled communication and an empathic and empowering approach.

Social workers work daily with diversity, be it in terms of age group, ethnicity, physical/learning/mental ability, and physical or mental health. They are not expected to be an expert in every social and health care issue that impacts upon people's lives but they often specialise in at least one. Social workers also work with complexity, simultaneously coordinating the different social and health care needs of individuals, couples, families, friends and communities. They work in a range of settings including people's homes, community based offices, hospitals, hospices, prisons, substance use services, care homes, schools and increasingly in multi-disciplinary and multi-agency contexts.

In the course of practice and in this range of physical and geographical environments, social workers regularly support people who are negatively affected by their own, or someone else's, alcohol or other drug use (hereafter 'substance' use). Research evidence shows that, on average, adults' social workers (for example, those specialising in older people, people with learning difficulties or physically disabled people) are likely to be working with two to three people affected by their own substance use or the substance use of someone close to them (Galvani et al. 2011). The proportion of people with substance problems on caseloads can be far higher depending on their area of specialist practice, for example, child protection caseloads can be as high as 70% (Hayden 2004) or 32% for those who work with young people (Galvani et al. 2011), whereas caseloads for social workers working with children with disabilities can be much lower (Galvani et al. 2011).

In spite of a growing evidence base, social work has struggled to respond adequately to substance use within its service user groups although evidence shows that some social work educators and local authority workforce and development training departments have attempted to respond with training on substance use topics (Allnock and Hutchinson 2014, Galvani and Allnock 2014). However, this is inconsistent across English social work qualifying programmes and Local Authority employers.

The evidence also shows that many social work and social care professionals are not clear what they should be doing in relation to substance use and their role expectations vary according to their specialist area of practice, their knowledge of substance use, and their levels of confidence (Dance and Galvani 2014; Galvani et al. 2011, Hutchinson et al. 2013, Loughran et al. 2010). For the profession of social work to engage fully with substance use, it needs clarity over the roles and function its social workers should fulfil along with the capabilities they need to do so effectively. This clarity needs to begin at qualifying training level and extend into continuing professional development.

Social work codes of practice including BASW's *Code of Ethics for Social Workers* (2014), TCSW's *Code of Ethics for Members* (undated), and the Health and Care Professions Council *Standards of Conduct, Performance and Ethics* (2012) reinforce the requirements for all social workers to prioritise the wellbeing of the people they support, to work in a manner that is empowering, compassionate, and respectful, and to allow people self-determination and risk taking where no one else is harmed. Further, they are required to ensure that their own knowledge and skills base is maintained or improved. These ethics and principles apply equally to people who use, and have problems with substance use.

Why intervene

Evidence shows that problematic substance use is a behaviour that can be changed. With the right support and motivation people can and do change their use. Social workers can support people to identify their motivation for change. Policy frameworks emphasise notions of 'recovery' from problematic substance use and a focus on longer term change supported by the person's family, peers and community. Given the holistic and ecological framework underpinning social work practice, social workers are well placed to determine who and what is available to offer the person relevant and positive support to change.

It is the negative impact of substance use that will usually bring people to the attention of social care services. Apart from the economic costs, there are four key areas in which people experience negative effects:

1. Their ability to function well (including meeting their parenting/caring responsibilities or performing daily living skills).

2. Their physical and mental health can suffer (most organs of the body can be affected including brain damage, depression, anxiety, psychosis).

3. Social and criminological consequences (offending behaviour, accidents, loss of housing, loss of employment).

4. Loss of/strained relationships (partner, family, children, friends, work colleagues).

People with problematic substance use have an increased risk of death due to a range of issues including overdose, drug and alcohol related illnesses and accidents. There are small steps that social workers can take that can reduce the risk of harm at any stage of intervention (for example, giving simple advice about overdose risks), including with people who may not wish to make changes to their level of substance use.

Parents and carers with problematic substance use also place their dependents at particular risk of harm. Reviews from repeated Serious Case Reviews identify the 'toxic trio' of substance problems, domestic abuse, and parental mental ill health as underpinning child deaths.

Having a conversation about the negative impact of substance use on an individual, their families and other aspects of their lives, needs to be balanced with a briefer conversation about the positives of substance use. People report many positive aspects of substance use, from feelings of greater confidence and sociability to reduced pain, avoidance of withdrawal symptoms or support for relaxation. In supporting people to change their problematic substance use these should not be ignored even though the emphasis is more likely to be on the negative impact of their substance use.

It is worth noting that there is an increasingly diverse range of substances available beyond the better known substances such as alcohol, ecstasy, heroin, cocaine, methamphetamine and so on. New psychoactive substances (aka "legal highs") are emerging and people are finding creative ways to use them, e.g. injecting tanning agents or steroids, and are able to buy them easily online. For information on substances go online to specialist websites such as DrugScope (**www.drugscope.org.uk**) or Government websites such as Frank (**www.talktofrank. com**). For information on harm reduction go to the UK Harm Reduction Alliance website (**www.ukhra.org/**).

Roles: an overview

Working with substance use is part and parcel of social work practice. It is part of a social worker's statutory obligations as well as their duty of care. As evidence shows, it is increasingly a feature in the caseloads of all social workers regardless of specialism. Further, it often overlaps with people experiencing mental distress and domestic violence too. While it is more obvious in child protection work and among those working with people experiencing mental distress, they are not alone. Increasingly social workers working with older people, disabled people, parents (outwith child protection), and young people leaving care, are encountering problematic substance use.

Social workers are not expected to be experts in everything. Given the breadth of a social worker's reach into the lives of individuals, families and communities, they never will be prepared for every set of circumstances that may arise. However, clarity about one's role when working with particular issues is vital. Substance use is one such area.

The following three key roles are the starting point for social workers in relation to substance use:

1. To *engage* with the topic of substance use as part of their duty of care to support their service users, their families and dependents.
2. To *motivate* people to consider changing their problematic substance using behaviour and *support* them (and their families and carers) in their efforts to do so.
3. To support people in their efforts *to make and maintain changes* in their substance use.

How these are applied to each area of specialist area of social work practice will vary. The roles will also vary depending on the social worker's level of experience and seniority as well as on their role, service environment, and service model. As social workers become more experienced and move into management and mentoring roles, their knowledge and skills would be expected to develop and inform their support and supervision of less experienced staff. Advanced and principal social workers and managers would also be expected to take a strategic leadership role ensuring that responses to substance use are embedded in the organisation.

The roles and associated capabilities that follow have been set alongside the relevant PCF levels. In relation to this document these levels are not rigid — no one size fits all. Some people may be at a particular level of experience on the PCF and yet their substance use knowledge and skills may be far higher than indicated here, for example, a newly qualified social worker may have previously worked within specialist substance use services. The cross referencing to the PCF levels is therefore indicative.[2]

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[2] For brevity the term 'Advanced' has been used to denote Advanced, Principal Social Worker and Social Work Manager levels on the PCF.

Role 1: Engagement

To engage with the topic of substance use as part of their duty of care to support their service users, their families and dependents.

Engaging with the topic of substance use is a legitimate and necessary part of social work practice. While it is also a specialist area of practice, it is an issue that cuts across all service user groups. Whether the social worker's focus is on adults' or children's service user groups, social workers need to accept that substance use, its identification, assessment and appropriate intervention is part of their role. Evidence shows that many social workers are not consistently engaging with the topic and do not feel it is their responsibility or duty to do so.

No one starts using alcohol or other drugs intending to develop a problem or to negatively impact their own health and well being or that of the people they love and care for.

Yet people with substance problems often face discrimination and exclusion from a range of professionals and services.

They are often considered to be undeserving and may lack advocates or support from people who will recognise their strengths and help them to think about the choices they make. Countering such social injustice and negativity is part of the commitment and ethical requirements of social work practice.

Problematic substance use is a social care issue – it is not just a health or criminal justice issue. People start using for many reasons; among these are experiences of sexual and domestic violence and abuse, feelings of low self esteem and self worth, as well as mental and physical distress. People with problematic substance use will often be socially isolated and are likely to have a number of co-existing social and health care problems. These are the sensitive and complex issues that social workers engage with.

One of the most important elements of a person changing their substance using behaviour is the relationship with their professional and their willingness to listen and not judge. Social workers are good at building relationships, drawing on people's strengths and balancing care and control. These are among the capabilities that underpin social work practice and these are the same capabilities that are required for working with people with substance problems.

Engagement with this area of practice requires social workers to:

Capability	PCF level
Recognise that working with substance use is part of social work practice.	ASYE & Social Worker
Critically reflect on their own views and experiences in relation to substance use and how they could impact on practice.	ASYE & Social Worker
Be prepared to challenge others' negative views in relation to people using substances.	ASYE & Social Worker
Be willing to learn and fill gaps in substance use knowledge and skills through CPD (continuing professional development).	ASYE & Social Worker
Understand why people use substances and may develop problems and develop a critical understanding of the social context of substance use, e.g. poverty, abuse, self-medicating.	ASYE & Social Worker
Have an awareness of the range of effects substances might have on a person or others around them, including children and other dependents.	ASYE & Social Worker
Recognise the challenges people, and their families/carers, face in trying to change their problematic use.	ASYE & Social Worker
Be willing and prepared to identify and respond to substance use, for example, ask questions about substance use routinely.	ASYE & Social Worker
Be willing and prepared to identify and respond to risks to self and others posed by substance use.	ASYE & Social Worker
Be willing and prepared to engage carers, children and family members, in discussion around their own support needs and how they can support the individual using substances.	ASYE & Social Worker

Key reading and resources

- Galvani, S. (2012) *Supporting people with alcohol and drug problems*. Bristol: Policy Press.
- Hutchinson, A., Galvani, S. & Dance, C. (2013) Working with substance use: Levels and predictors of positive therapeutic attitudes across social care practitioners in England. *Drugs: Education, Prevention and Policy*, 20, (4) 312-321.
- Loughran, H., Hohman, M., & Finnegan, D. (2010). Predictors of Role Legitimacy and Role Adequacy of Social Workers Working with Substance-Using Clients'. *British Journal of Social Work*, 40, 239-256.
- Paylor, I., Measham, F. and Asher, H. (2012). *Social Work and Drug Use*. Maidenhead: Open University Press.

Capability	PCF level
Recognise their role in advocating on behalf of people with problematic substance use.	ASYE & Social Worker
Take the initiative to work in partnership with substance use services including mutual exchange of knowledge about service models, confidentiality, duties and boundaries of care.	ASYE & Social Worker
Recognise the stigma people with problematic substance use face and commit to non-judgemental practice, including positive language and an inclusionary approach.	ASYE & Social Worker
Be committed to undertake formal substance use assessments requiring developed knowledge, use of reference materials, and the capacity to use validated assessment tools (where appropriate).	Experienced
Be willing and able to encourage and support less experienced colleagues to engage with substance use as part of their practice.	Experienced Advanced
Be willing to take advanced training in particular models of working with substance use.	Experienced Advanced
Demonstrate a commitment to routinely raise and discuss substance use issues in supervision and management roles.	Advanced
Critically appraise staff willingness and engagement to work with substance using clients.	Advanced
Determine substance use related CPD needs for social work staff.	Advanced
Encourage staff to reflect on risks, ethics of care, and attitudes relating to substance use and people with substance problems.	Advanced

Role 2: Motivation and support

To motivate people to consider changing their problematic substance using behaviour and support them (and their families and carers) in their efforts to do so.

Social workers meet people at different points in their substance using histories, therefore different levels of motivation and support will be required. The key is to ensure that the motivation and support offered maximises the likelihood of behaviour change, even with people who are highly resistant. Adversarial discussion will lead only to entrenchment of positions and result in the opposite of the desired outcome. Done well, the motivation and support will move many people to consider changing their substance use or to take action with the social worker's support. However, some people will choose not to change their substance use despite the best efforts of their social worker.

The following is a summary of the different points at which social workers may encounter people with substance problems. People may fall into more than one of these groups during the course of their engagement with social care so ongoing assessment is needed.

1. *Occasional problems relating to substance use*

   A person may not be a frequent or daily drinker or other drug user but their use will occasionally result in problems for them. They may be binge drinking or using regularly and may not realise the harm or potential harm to themselves and others. They may also be exploited by others when under the influence.

2. *Frequent or daily problems relating to substance use*

   This is when a person is experiencing a range of problems relating to their substance use. It may be negatively affecting their physical or mental health, financial or employment status, parenting ability, family and relationship problems, they may have involvement with the criminal justice system or have lost or in danger of losing their housing. They may also be exploited by others when under the influence.

3. *Previous problematic use but no current problematic use*

   This is where someone has a history of problematic use but is now maintaining non-problematic consumption or abstinence.

People will be at different stages of motivation to change their substance using behaviour and the social worker needs a mental toolkit of strategies to apply at each stage. Prochaska et al. (1992), in their stages of change model presented a five stage process to conceptualise how people think about, then change, their behaviour:

- **Stage 1: pre-contemplation**
  (not thinking about behaviour change)
- **Stage 2: contemplation**
  (thinking about it but not taking action as yet)
- **Stage 3: preparation**
  (starting to plan how they can make the change)
- **Stage 4: action**
  (doing something to make changes, for example, speaking to someone about their substance use)
- **Stage 5: maintenance**
  (maintaining their non-problematic level of use)

Prochaska et al. also considered another stage, 'relapse'. This will be considered further in role 3.

The stages of motivation are a helpful concept and, in practice, people might move between stages quickly. The key concept to understanding motivation to change is ambivalence. People are almost always ambivalent about change – there are pro's and con's. The social work role is to help people identify motivation for positive change and to find strategies to support it. Acknowledging that 'bad' habits have 'good' things about them can make the difference between successful and failed attempts to change. Remember, most people try a number of times before successfully achieving change. Where people are not ready for change, harm reduction guidance can be offered. In some circumstances it may also require further action to safeguard themselves or dependent children or family members.

Motivation and support starts from the first conversation with people about their substance use and progresses through to post intervention support. It also includes offering support to the people negatively affected by their loved one's problematic substance use.

Motivating and supporting someone to change their substance use requires the social worker to i) identify and assess substance use, including risk to self and others, ii) offer advice, brief intervention and onward referral to specialists (where required) and iii) provide or receive informed supervision and leadership.

Identify and assess

Capability	PCF level
Identify substance use and problematic substance use.	ASYE & Social Worker
Determine the person's level of motivation for change through skilled listening and communication.	ASYE & Social Worker
Have knowledge of the general impact of substances on mental and physical health and well being (including risks of overdose, blood borne viruses).	ASYE & Social Worker
Assess the person's substance use sensitively and effectively, e.g. know what to ask, how, and when to ask it. Have a conversation.[3]	ASYE & Social Worker
Assess the risk to self from the person's substance use, e.g. overdose, dehydration, psychosis.	ASYE & Social Worker
Assess the risk to others from the person's substance use, e.g. harm to children (including unborn children) and other dependents.	ASYE & Social Worker
Assess the needs of children and close family members or those most directly negatively affected by the person's substance use.	ASYE & Social Worker
Identify strengths and positive support in the person's life.	ASYE & Social Worker
Understand the law and wider policy in relation to substance use, e.g. Mental Capacity Act 2005, the Care Act 2014, Mental Health Act 1983 (amended 2007).	ASYE & Social Worker

Offer advice, intervention and onward referral

Capability	PCF level
Offer harm reduction advice to minimise any risks to self or others.	ASYE & Social Worker
Take action on any risks identified and decide whether safeguarding action is needed or education/advice provided.	ASYE & Social Worker
Deliver a brief intervention (where appropriate) (see appendix C).	ASYE & Social Worker
Be knowledgeable about the range and types of specialist substance use intervention and support available (including the strengths and limitations drug testing).	ASYE & Social Worker
Have knowledge of local services, their referral processes and waiting list times (or at least how to find out quickly).	ASYE & Social Worker
Make an informed referral to a relevant substance use service and support the service user to attend wherever possible.	ASYE & Social Worker
Work in partnership with specialist substance use colleagues and any other health and social care professionals involved in the person's care, e.g. housing, probation, safeguarding hubs.	ASYE & Social Worker
Provide information and support to children/family members/ partners/carers (both independently in their own right and as part of the family/carer group) or refer to a more appropriate service.	ASYE & Social Worker
Advocate for service users and families through the referral and intervention process.	ASYE & Social Worker
Seek feedback from service users regarding the effectiveness of, and impact of, the service they received.	ASYE & Social Worker

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[3] See appendix B for a range of assessment tools. These should be used in the context of a supportive and skilled conversation.

Provide supervision and leadership

Capability	PCF level
Provide leadership in the skills and knowledge needed to assess, intervene, and refer on, effectively.	Experienced/Advanced
Actively develop local links with substance use services.	Experienced/Advanced
Provide effective supervisory support and resources for less experienced colleagues including guidance on risk assessment and CPD recommendations.	Experienced/Advanced
Contribute to development and/or delivery of continuing professional development programmes on alcohol and other drug use and problems.	Experienced/Advanced
Actively engage with the research agenda and evidence base in relation to substance use.	Experienced/Advanced
Contribute to the development and commissioning of services through representation on, and involvement in, relevant substance use fora.	Advanced

Key reading and resources

- Miller, W.R. and Rollnick, S. (eds.) (2012) Motivational Interviewing. (3rd edition). London: Guilford Press. **N.B. This is a key text for all three roles.**

- NICE (2010) Alcohol-use disorders: preventing harmful drinking. Available online at www.nice.org.uk/guidance/PH24

- DrugScope website: www.drugscope.org.uk – national drugs charity. Includes helpfinder, legal overview, details of substances, practice guidance, research evidence and more.

- Adfam website: www.adfam.org.uk – national charity supporting families of people with alcohol and drug problems including resources and support group information.

Role 3: Supporting and maintaining change

To support people in their efforts to make and maintain changes in their substance use.

People who have changed their substance use, either reducing or abstaining, report that the hardest part can be maintaining the change in the short, medium and long term. Stage 5 of Prochaska et al.'s (1992) Stages of Change model is 'maintenance'. Attending a substance use service will only provide support for as long as the intervention lasts. In general, substance use services are not funded to provide post intervention support although increasingly there is a reliance on mutual aid groups to provide substance specific support. Some areas will provide 'recovery' oriented services or 'champions' to help people post formal intervention but this will vary according to local commissioning priorities. Yet building or rebuilding relationships and thinking about a future without relying upon the substance can be incredibly challenging and fearful for the individuals concerned. They have to learn new coping mechanisms and new ways to relate to people, as well as developing a new daily routine for example. In addition, the family and friendships around the person may be supportive but have concerns about whether the change will be maintained. Rebuilding trust and reengaging with *supportive* friendships and social networks with people who are not experiencing current problems with substance use can take time.

The social worker's role is vital in supporting the change process and ensuring a care plan or additional appropriate support is in place to commence from the moment the substance use intervention finishes. This applies to the individual themselves, their children and their family members. The role here is to provide encouragement, reflect the person's achievements and strengths to date, provide practical support and links to supportive activities and employment options. This may require advocacy both internally, when pressure is on to close 'cases', and externally with agencies whose support of, or attitude towards, the individual may be negative. But this is what social workers do well.

Not providing post intervention support increases the risk of someone returning to problematic use (sometimes termed 'Relapse'[4]). White and Ali (2010) prefer to describe this stage as a "transitional stage in which people pass back and forth between addiction and recovery" as part of the process of behaviour change. However, a return to problematic use is costly on every level to everyone involved. This can include costs to relationships or the cost financially to services who need to provide more care to the individual. Potentially it means costs to children and other family members, particularly if there are dependent family members at risk of harm or neglect.

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[4] N.B. Lapse and relapse are not the same. Lapse can be a one-off drinking session or use of drugs. Relapse refers to a return to problematic levels and patterns of substance use. Both can be used positively for discussion about, and reflection on, what preceded the lapse/relapse and how to avoid it in future.

Supporting someone to maintain changes to their substance use requires the social worker to:

Capability	PCF level
Provide continuing support for people who enter formal treatment settings and those who choose not to.	ASYE & Social Worker
Provide ongoing support for family members, particularly in terms of supporting them to rebuild relationships or take care of themselves.	ASYE & Social Worker
Provide a holistic approach to support, recognising the environmental risk factors for relapse, e.g. domestic abuse, peer pressure.	ASYE & Social Worker
Work in partnership with the individual, their children and family members to develop a maintenance and relapse prevention plan, including planning additional activities or routines to replace substance use.	ASYE & Social Worker
Conduct ongoing risk assessment to ensure they and any dependents are supported if substance use increases and to determine if reduction in substance use has not reduced the risks to self or others.	ASYE & Social Worker
Have knowledge of local and national organisations providing aftercare/recovery support and their referral processes.	ASYE & Social Worker
Provide practical assistance as needed to ensure the maintenance plan meets the needs of all concerned.	ASYE & Social Worker
Review and amend post intervention care plan periodically.	ASYE & Social Worker
Advocate for the individual, their children and family members as needed including access to practical and financial resources.	ASYE & Social Worker
Make referrals to other agencies or helping professions as needed.	ASYE & Social Worker
Initiate re-referral to specialist agencies if problematic use is a risk or has re-emerged (and maintain supportive contact).	ASYE & Social Worker
Consult, liaise and work in partnership with addictions specialists which may include specialist treatment services.	ASYE & Social Worker
Provide effective supervisory support and resources for less experienced colleagues, including advice on levels of advocacy and length of time for post intervention support.	Experienced/Advanced
Help develop and support mutual aid and peer led support networks or group activity.	Experienced/Advanced
Acquire and share knowledge of recovery capital models with staff to help them support people with continued change.	Advanced

Key reading and resources

- Best, D. and Laudet, A. (undated) *The Potential of Recovery Capital*. Available onilne at: www.thersa.org/globalassets/pdfs/reports/a4-recovery-capital-230710-v5.pdf [accessed 1 Feb 2015]

- Daddow, R. and Broome, S. (2010) *Whole Person Recovery: A user-centred systems approach to problem drug use*. Available online at: www.thersa.org/globalassets/pdfs/reports/rsa-whole-person-recovery-report.pdf

- Public Health England (2013) *Routes to Recovery: via the community*. Available online at: www.nta.nhs.uk/uploads/phemappingmanual.pdf [accessed 5 Feb 2015]

- Public Health England (2013) *Improving access to mutual aid*. Available online at: www.nta.nhs.uk/uploads/commissioners-guide-to-mutual-aid.pdf [accessed 6 Feb 2015]

Substance use capabilities across all levels of social work

The following table sets out the three key roles, alongside their respective capabilities and cross references them to the relevant PCF domain. To recap:

- **Role 1:** To *engage* people who use substances as part of their duty of care to support their service users, their families and dependents.
- **Role 2:** To *motivate* people to consider changing their problematic substance using behaviour and *support* them in their efforts to do so.
- **Role 3:** To *support* people in their efforts to *make and maintain changes* in their substance use.

Further information on the PCF domains can be found in Appendix A and via The College of Social Work website.

Role	PCF domain	Capability
1	Professionalism Values and Ethics	Understand that working with substance use is part of social work practice.
	Professionalism Critical reflection and analysis Values and Ethics	Be willing to acknowledge their own views and experiences in relation to substance use and how they could impact on practice.
	Professionalism Values and Ethics Diversity	Be willing to challenge others' negative views in relation to people using substances.
	Professionalism Knowledge Critical reflection and analysis	Be willing to learn and fill gaps in substance use knowledge and skills through CPD.
	Knowledge Critical reflection and analysis	To understand why people use substances and may develop problems and develop a critical understanding of the social context of substance use, e.g. poverty, abuse.
	Knowledge	Have an awareness of the range of effects substances might have on a person or others around them, including children and other dependents.
	Knowledge Diversity	To understand the challenges people, and their families/carers, face in trying to change their problematic use.
	Values and Ethics Critical reflection and analysis	Be willing to identify and respond to substance use, for example, ask questions about substance use routinely.
	Values and Ethics Critical reflection and analysis	Be willing to identify and respond to risks to self and others posed by substance use.
	Values and Ethics Critical reflection and analysis	Be willing to engage carers, children and family members in discussion around their own support needs and how they can support the individual using substances.
	Rights, justice and economic wellbeing Diversity Values and Ethics	A willingness to empower and advocate on behalf of people with problematic substance use.
	Professionalism Context and organisations	Be willing to work in partnership with substance use services including mutual exchange of knowledge about service models, confidentiality, duties and boundaries of care.
	Rights, justice and economic wellbeing Diversity Values and Ethics	To recognise the stigma people with problematic substance use face and commit to non-judgemental practice, including positive language and an inclusionary approach.
	Professionalism Knowledge Critical reflection & analysis	Be willing to undertake formal substance use assessments requiring developed knowledge, use of reference materials, capacity to use validated assessment tools (where appropriate).
	Professional leadership Context and organisations	Be willing to encourage and support less experienced colleagues to engage with substance use as part of their practice.
	Professional leadership Knowledge Critical reflection & analysis	A willingness to take advanced training in particular models of working with substance use.
	Professional leadership Critical reflection and analysis	To demonstrate a commitment to routinely raise and discuss substance use issues in supervision and management roles.
	Professional leadership Critical reflection and analysis	To critically appraise staff willingness and engagement to work with substance using clients.
	Professional leadership	To determine CPD needs for social work staff.
	Professional leadership Critical reflection and analysis	To encourage staff to reflect on risks, ethics of care, and attitudes relating to substance use and people with substance problems.

Role	PCF domain	Capability
2	Knowledge Intervention and skills	Identify substance use and problematic substance use.
	Knowledge Intervention and skills	Determine their level of motivation for change through skilled listening and communication.
	Knowledge	Have knowledge of the general impact of substances on mental and physical health and well being (including risks of overdose, blood borne viruses).
	Diversity Critical reflection and analysis Intervention and skills	Assess the person's substance use sensitively and effectively, e.g. know what to ask, how and when to ask it. Have a conversation.
	Knowledge Intervention and skills	Assess the risk to self from the person's substance use including overdose, dehydration, psychosis.
	Knowledge Intervention and skills	Assess the risk to others from the person's substance use including harm to children (including unborn children) and other dependents.
	Critical reflection and analysis Intervention and skills	Assess the needs of children and close family members or those most directly negatively affected by the person's substance use.
	Values and Ethics Intervention and skills	Identify strengths and positive support in the person's life.
	Knowledge	Understand the law and wider policy in relation to substance use, e.g. Mental Capacity Act 2005, the Care Act 2014, Mental Health Act 1983 (amended 2007).
	Knowledge Intervention and skills	Offer harm reduction advice to minimise any risks to self or others.
	Knowledge Intervention and skills	Take action on any risks identified and decide whether safeguarding action is needed or education/advice provided.
	Knowledge Intervention and skills	Deliver a brief intervention.
	Knowledge Context and organisations	Be knowledgeable about the range and types of specialist substance use intervention and support available (including the strengths and limitations of drug testing).
	Knowledge Context and organisations	Have knowledge of local services, their referral processes and waiting list times (or at least how to find out quickly).
	Professionalism Intervention and skills Context and organisations	Make an informed referral to a relevant substance use service and actively support the service user to attend wherever possible.
	Professionalism Context and organisations	Work in partnership with specialist substance use colleagues and any other health and social care professionals involved in the person's care, including housing, probation, safeguarding hubs.
	Diversity Intervention and skills	Provide information and support to children/family members/partners/carers (both independently in their own right and as part of the family/carer group) or refer to more appropriate service.
	Rights, justice and economic wellbeing Professionalism Values and ethics Context and organisations	Advocate for service users and families through the referral and intervention process
	Professionalism Critical reflection and analysis	Seek feedback from service users regarding the effectiveness of, and impact of, the service they received.
	Professional leadership Intervention and Skills	Provide leadership in the skills and knowledge needed to assess, intervene, and refer on, effectively.
	Professionalism Context and organisations	Actively develop local links with substance use services.
	Critical reflection and analysis Professional leadership	Provide effective supervisory support and resources for less experienced colleagues including guidance on risk assessment and CPD recommendations.

Role	PCF domain	Capability
2	Professional leadership	Contribute to development and/or delivery of continuing professional development programmes on alcohol and other drug use and problems.
	Professionalism Knowledge	Actively engage with the research agenda and evidence base in relation to substance use.
	Professional leadership Professionalism	Contribute to the development and commissioning of services through representation on, and involvement in, relevant substance use fora.

Role	PCF domain	Capability
3	Intervention and skills	Provide continuing support for people who enter formal treatment settings and those who choose not to.
	Intervention and skills Diversity	Provide ongoing support for children and family members, particularly in terms of supporting them to rebuild relationships.
	Intervention and skills Diversity Knowledge	Provide a holistic approach to support recognising the environmental risk factors for relapse.
	Intervention and skills Knowledge	Work in partnership with the individual, their children and family members to develop a maintenance and relapse prevention plan, including planning additional activities or routines to replace substance use.
	Intervention and skills Knowledge Critical reflection and analysis	Conduct ongoing risk assessment to ensure they and any dependents are supported if substance use increases and if any reduction in substance use has not reduced the risks to self or others.
	Context and organisations Knowledge	Have knowledge of local and national organisations providing aftercare/recovery support and their referral processes.
	Knowledge Intervention and skills	Provide practical assistance as needed to ensure the post intervention care plan meets the needs of all concerned.
	Intervention and skills Critical reflection and analysis	Review and amend the post intervention care plan periodically.
	Values and Ethics Rights, justice and economic wellbeing Intervention and skills	Advocate for the individual, their children and family members as needed including access to practical and financial resources.
	Professionalism Intervention and skills Context and organisations	Make referrals/re-referrals to other agencies or helping professions as needed.
	Professionalism Intervention and skills Context and organisations	Consult, liaise and work in partnership with addictions specialists which may include specialist treatment services.
	Critical reflection and analysis Professional leadership Rights, justice and economic wellbeing	Provide effective supervisory support and resources for less experienced colleagues, including advice on levels of advocacy and length of time for post intervention support.
	Professional leadership Contexts and organisations	Help develop and support mutual aid and peer led support networks or group activity.
	Professional leadership	Acquire and share knowledge of recovery capital models with staff to help them support people with continued change.

- **Specialist substance use social workers (England)** may also wish to cross reference these capabilities with the Drug and Alcohol National Occupational Standards, in particular AA1, AB2, AB7, AD1, AF1, AF2, AH10, AI1, AI2.

- **Scottish social workers** may wish to cross reference these capabilities to the document 'Supporting the development of Scotland's Alcohol and Drug Workforce' at www.scotland.gov.uk/Publications/2010/12/AandD

Implications for policy, practice, education and research

Policy

- Key policy documents driving any revision or reform of social work *education* need to include substance use as core knowledge and skills.
- Key policy documents on substance use and social care need to routinely include social worker's roles in supporting people with problematic substance use, e.g. NICE guidance.
- Practice guidance on 'essential knowledge and skills' for social workers in adults' and children's social work needs to include substance use.

Practice

- Training and workforce development teams in the statutory and voluntary sectors need to review training programmes to ensure these roles and capabilities are covered.
- Reviews of social work practice need to acknowledge substance use as a cross cutting issue and this needs reflecting in all levels of career development.
- Supervision and management need to support and lead staff by example in relation to substance use enquiry and intervention.
- Collaborative practice development across disciplinary boundaries can build relationships and foster understanding about each others' roles and remit, including work with specialist substance use services.

Education

- Reviews of social work education need to ensure substance use is a *requirement* of qualifying course content and this needs monitoring.
- There needs to be minimum standards of content and skills relating to substance use within social work qualifying education which are geared to meeting these roles and capabilities.
- Social workers need a good understanding of the research base relating to substance use interventions, the robustness of the evidence and gaps in the evidence base.
- Links with local and regional substance use services should be developed/strengthened in order to maximise use of practice placements during qualifying education.

Research

- There is a need to monitor and evaluate the inclusion of substance use education in qualifying programmes and workplace settings – both in terms of quality and quantity.
- There needs to be an evaluation of the effectiveness of 'evidence based' substance use interventions in the reality of social work practice contexts.
- There needs to be ongoing evaluation and monitoring of social workers' skills and proficiency in working with problematic substance use.
- Research exploring service users experience of social work interventions in relation to substance use would be valuable and enable service users to identify what they want from social workers in relation to their substance use.

Summary

This document is the first of its kind to set out the roles and capabilities required of social workers when working with substance use. It is a generic document on which different areas of specialist social work practice can build. The scope of these capabilities has been kept broad in order for them to apply to all specialist areas of social work practice while at the same time allowing them to be adapted and tailored to particular social work practice contexts.

Three key roles have been identified:

1. To *engage* with the topic of substance use as part of their duty of care to support their service users, their families and dependents.
2. To *motivate* people to consider changing their problematic substance using behaviour and *support* them (and their families and carers) in their efforts to do so.
3. To support people in their efforts *to make and maintain changes* in their substance use.

At the core of these roles sit communication skills and an empathic and non-judgemental approach. Social work is a profession that is predicated on building relationships and working with individuals, couples, families and communities. Relationships and communication are at the core of effective interventions for people with substance problems, as is the ability to look beyond the individual and family to the wider social and political influences on people's lives.

Social work is not alone as a profession whose education and training around alcohol and other drug use needs to improve in order to support its practitioners to practice effectively, however, it is a profession that has expertise in working with complexity and with people with multiple needs in a holistic way. This expertise and skill set is exactly that required for working with people whose substance use is leading to problems for themselves and those around them.

References

Allnock, D. and Hutchinson, A. (2014) 'Employment-Based Training on Alcohol and Other Drugs in England: Bridging the Gap.' *Social Work Education: The International Journal*, 33 (6), 760-773.

BASW (2014) *The Code of Ethics for Social Work*. Statement of Principles. Birmingham: BASW.

Copello, A., Orford, J., Hodgson, R., Tober, G., & Barrett, C., on behalf of the UKATT Research Team. (2002). 'Social Behaviour and Network Therapy: Basic principles and early experiences.' *Addictive Behaviors*, 27, (2) 345–366.

Dance, C. and Galvani, S. (2014) 'Substance use and disabilities: Experiences of Adults' Social Care Professionals and the Implications for Education and Training.' *Social Work Education: The International Journal*, 33 (5), 670-684.

Galvani, S. (2009a) *Learning and Teaching Digest: Integrating Substance Use Teaching into the Social Work Curriculum*, SWAP, University of Southampton.

Galvani, S. (2009b) *Helpsheet: involving alcohol and other drug specialists in social work education*, SWAP, University of Southampton.

Galvani, S. (2009c) *Information sheet: domestic violence and substance use in the social work curriculum*, SWAP, University of Southampton.

Galvani, S. (2009d) *Information sheet: Key resources for teaching substance use*, SWAP, University of Southampton.

Galvani, S. (2009e) *Case studies: teaching substance use in social work education*. SWAP, University of Southampton.

Galvani, S. (2012a) *Curriculum Guidance: Substance Use*. The College of Social Work, London.

Galvani, S. (2012b) *Supporting people with alcohol and drug problems*. Bristol: Policy Press.

Galvani, S. and Allnock, D. (2014) 'The nature and extent of substance use education in qualifying social work programmes in England'. *Social Work Education: The International Journal – Special Issue*. 33 (5), 573-589.

Galvani, S. and Forrester, D. (2009) Social Work and Substance Use: Teaching the Basics, SWAP, University of Southampton.

Galvani, S. and Forrester, D. (2011) 'How well prepared are newly qualified social workers for working with substance use issues? Findings from a national survey', Social Work Education, 30 (4), 422–439.

Hayden, C. (2004) 'Parental substance misuse and child care social work: research in a city social work department in England.' *Child Abuse Review*, 13 (1), 18-30.

HCPC (2012) *Standards of conduct, performance and ethics*. Available at: http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/index.asp.

Hutchinson, A., Galvani, S. and Dance, C (2013) "Working with substance use: Levels and predictors of positive therapeutic attitudes across social care practitioners in England." *Drugs, Education, Prevention and Policy*, 2013, 20 (4), 312-321.

Karban, K. (2011) *Social Work and Mental Health*. Cambridge: Polity Press.

Loughran, H., Hohman, M. & Finnegan, D. (2010) 'Predictors of role legitimacy and role adequacy of social workers working with substance-using clients', *British Journal of Social Work*, 40 (1), 239–256.

Miller, W.R. and Rollnick, S. (eds.) (2012) *Motivational Interviewing*. (3rd edition). London: Guilford Press.

Orford, J., Templeton, L., Patel, A. Copello, A. and Velleman, R. (2007) The 5-Step family intervention in primary care: I. Strengths and limitations according to family members', *Drugs: education, prevention and policy*, 14:1, 29 – 47.

Prochaska, J.O., DiClemente, C.C. and Norcross, J.C. (1992) In Search of How People Change: Applications to Addictive Behaviors. *American Psychologist*, 4 (9), 1102-1114.

Rollnick, S. and Miller, W. R. (1995) What is Motivational Interviewing? *Behavioural and Cognitive Psychotherapy*, 23 (4), 325-334.

TCSW (undated) *Code of Ethics for Membership of The College of Social Work*. Available at: www.tcsw.org.uk/uploadedFiles/TheCollege/Members_area/CodeofEthicsAug2013.pdf

Templeton, L.J., Zohhadi, S.E. and Velleman, R.D.B. (2007) Working with family members in specialist drug and alcohol services: Findings from a feasibility study. *Drugs: education, prevention and policy*, 14(2): 137-150.

Appendices

Appendix A – Professional Capabilities Framework (PCF)

PCF Framework

1. **Professionalism** – Identify and behave as a professional social worker, committed to professional development

2. **Values and Ethics** – Apply social work ethical principles and values to guide professional practice

3. **Diversity** – Recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice

4. **Rights, Justice and Economic Wellbeing** – Advance human rights and promote social justice and economic wellbeing

5. **Knowledge** – Apply knowledge of social sciences, law and social work practice theory

6. **Critical Reflection and Analysis** – Apply critical reflection and analysis to inform and provide a rationale for professional decision-making

7. **Intervention and Skills** – Use judgement and authority to intervene with individuals, families and communities to promote independence, provide support and prevent harm, neglect and abuse

8. **Contexts and Organisations** – Engage with, inform, and adapt to changing contexts that shape practice. Operate effectively within own organisational frameworks and contribute to the development of services and organisations. Operate effectively within multi-agency and inter-professional settings

9. **Professional Leadership** – Take responsibility for the professional learning and development of others through supervision, mentoring, assessing, research, teaching, leadership and management

Appendix B –
Links to assessment tools

A number of tools have been developed and validated for alcohol, far fewer have been developed and validated for drugs.

Alcohol

- AUDIT – Alcohol Use Disorders Identification Test – 10 item questionnaire. This is currently the best alcohol assessment tool. Variations of this have been adapted to suit a range of different groups of people. Available online at: www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/?parent=4444&child=4896

- FAST – Fast Alcohol Screening Test. 4 item questionnaire. Available online at: www.dldocs.stir.ac.uk/documents/fastmanual.pdf

Specific service use groups

|	
Pregnancy	The T-ACE and TWEAK assessment tools have been validated for assessment of alcohol use during pregnancy. These are available online at: www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Publications/Appendix%205_Alcohol%20screening%20questionnaires.pdf
Young people	National Treatment Agency (2007) *Assessing young people for substance use*. Available online at: www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/virtuallibrary/110406.pdf
	Galvani, S. and Livingston, W. (2012) *Young People and Alcohol. Pocket Guide for Social Workers*. Birmingham: BASW. Available online at: http://cdn.basw.co.uk/upload/basw_14812-7.pdf
Older people	AUDIT – as above. Also a shortened version of it – Audit C. Available online at: www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/
	MAST – G – Michigan Alcohol Screening Test – Geriatric Version. Available online at: www.ssc.wisc.edu/wlsresearch/pilot/P01-R01_info/aging_mind/Aging_AppB5_MAST-G.pdf
Mental health	The AUDIT has been validated for use with people experiencing substance use and mental ill health. See above.
Learning disability	Speak up (2012) *Alcohol: Information and advice for people with learning disabilities and other vulnerable people*. Rotherham, UK: The Friendly Resource Company. Available online at: www.speakup.org.uk/?page_id=622
	There are a lack of assessment tools in this area. If people are unable to read or read well, questions may need to be in other formats such as easy to read/see leaflets containing pictures or symbols as well as words.

Drugs

Unlike alcohol where there are lots of tools to use potentially, the same has not emerged for other drugs. Basic, good practice, assessment questions can be found in:

- McCarthy, T. and Galvani, S. (2010) *Pocket Guide for Social Workers on Alcohol and Other Drugs*. (reprinted 2012). Birmingham: BASW. Available online at: http://cdn.basw.co.uk/upload/basw_31759-10.pdf

  - **The 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 and negative – of using drugs?

    - What happens if they stop using?

  - **Additional questions include:**

    - What do you want from your drug use?

    - Do you always get it?

    - Are there other ways you could get the same things?

    - Would you like to change your drug use?

    - What help do you think you might need?

Specialist assessment tools are available and examples are given below. These are provided for information:

- **DAST** – Drug Abuse Screening Test – 28 item screening and therefore overly long for an initial screening tool. Available for reference at: **www.drtepp.com/pdf/substance_abuse.pdf**

- **DUST** – Drug Use Screening Tool – a specialist screening tool for drug use by young people. Available for reference online at: **www.kent.gov.uk/__data/assets/pdf_file/0004/15844/Young-persons-DUST-form.pdf**
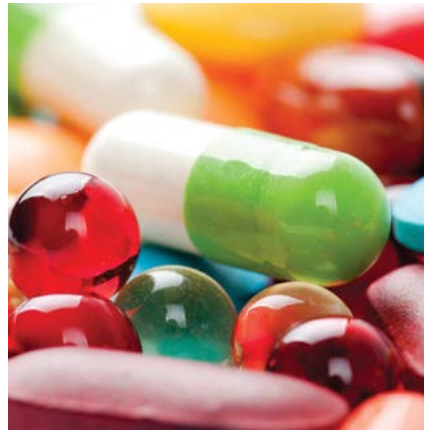
Appendix C –
Links to intervention models

Social workers' training usually involves a range of teaching on methods, models and skills. Some of these are exactly the approaches required for working with people with alcohol or other drug problems, for example, cognitive behavioural interventions, motivational techniques, and task centred or solution focussed approaches. What they have in common is that they are based on skilful, respectful engagement by professionals with excellent communication skills at their core. The following is a very brief summary of a range of methods that social workers can use in their work with people with problematic substance use together with signposts to further information. These are offered as methods that comprise skills and techniques that can be applied by every social worker regardless of specialism, however full training and supervision should be undertaken to use these methods most effectively. Other approaches specific to different areas of specialist practice are also available.

Brief Interventions (BI)

Brief Interventions are suitable for social work practice because the interventions for social work because the interventions are time limited, as the name suggests, and suitable for delivery by non-substance specialists. There is a strong evidence base for brief interventions. There are a number of approaches to BI but they advise the same broad approach. One version of BI uses the acronym FRAMES (Miller and Sanchez 1994 in Rollnick and Miller 1995) to identify six key characteristics:

1. **F**eedback of personal risk or impairment
2. **R**esponsibility for change
3. **A**dvice to change
4. **M**enu of alternative change options
5. **E**mpathy on behalf of the practitioner
6. **S**elf-efficacy or optimism in client facilitated by the practitioner.

Of utmost importance is the tone and manner with which BI is delivered. For example, 'responsibility for change' is not about telling someone "it's your responsibility to change", rather it's about emphasising their control and choice over their decisions and how no-one can make that decision for them. Similarly 'advice to change' is not about saying "I think you need to change" rather it is about presenting the results of the brief assessment and pointing out, factually, that the results show that changing their substance use would reduce the risks they currently face, and so on. For Brief Intervention/IBA tools and e-learning visit www.alcohollearningcentre.org.uk and see 'topics'> 'IBA'.

Motivational Interviewing (MI)

MI can be used as a brief intervention and its techniques are widely used in BI approaches. Unlike BI it is not time limited. MI starts from the assumption that people will be ambivalent about change and also that each person has the resources and motivation to effect change. It is the social worker's role to evoke statements about change from the person who is considering making the change. The evidence base for the effectiveness of MI is vast and it is widely used in specialist substance use services in the UK. Its originators, Miller and Rollnick (2013: 12) describe it as "a collaborative conversation style for strengthening a person's own motivation and commitment to change". Ultimately it is about communication skills and using them to both acknowledge someone's ambivalence about change and support them to resolve it. It has four key phases: relationship building; engaging with the person, focussing on the issues of concern, evoking 'change talk' (that is encouraging conversation and asking questions that lead the person to identify the positive reasons for making the change) and planning next steps. Empathy and reflective listening sit at the core of MI; they also sit at the core of good social work practice. Miller and Rollnick also identify compassion, partnership and acceptance as 'the spirit' of MI. The approach requires warmth and genuine concern and support. Effective MI takes skill and ability but social work is well suited to this approach. Further information on MI can be found at www.motivationalinterviewing.org.

Cognitive Behavioural Interventions

Cognitive behavioural interventions or therapy (CBI/CBT) can be summarised as interventions that focus on the relationship between what people think and their subsequent feelings and behaviour. It is often at the core of many other methods and approaches. Its focus is on the present and identifying strategies for change (Karban 2011) and forms part of a structured intervention that is often time limited. It is recommended for use with people with a range of mental health problems and some substance problems. For a summary of the evidence for its application with people with problematic illicit drug problems, go to: www.nice.org.uk/guidance/cg51/evidence/cg51-drug-misuse-psychosocial-interventions-full-guideline2. This is NICE guidance on the use of different psychosocial interventions for people with problematic drug use.

Solution focussed brief therapy

SFBT is a relatively recent intervention that moves from focussing on problem behaviour to a focus on identifying and seeking solutions. It is based on the principle that even with entrenched problems there are times when people are doing better than others and this becomes the focus. The role of the practitioner is to identify what the person is doing already that could lead to a resolution of the problem and reinforce this behaviour. It is also underpinned by the belief that identifying future goals or lives without the problem help people to move towards that end. This is done through asking questions that focus on what the person's life would be like without the problem and helping them to see a picture of what life could be like. Further information can be found on the SFBT association website: www.sfbta.org/research.html.

5 step model

This model supports family members/close friends of the person with the substance problem, *in their own right* (Copello et al. 2000). While the model is designed to educate and support family members who may wish to support their friend or relative with the substance problem, it also has been found to benefit the health and wellbeing of the family member/friend (Orford et al. 2007). The five steps are:

1. Giving the family member the opportunity to talk about the problem;
2. Providing relevant information;
3. Exploring how the family member copes with/responds to their relative's substance misuse;
4. Exploring and enhancing social support; and
5. Exploring the need for and the possibilities of onward referral for further help and support.

(Templeton et al. 2007: 138)

The focus on the coping mechanisms and support of the children/family member/friend has also led to change in the alcohol or drug use by the relative with the problem in some cases. This model facilitates self help through focussing on the family member and how they can take care of themselves while simultaneously offering positive support to their loved one.

Appendix D – Additional reading and practice guidance

General

- Davies. M. (ed.) (2013) *The Blackwell Companion to Social Work*. (4th edition). Oxford: Blackwell Publishing

- Galvani, S. (2012) *Supporting people with alcohol and drug problems*. Bristol: Policy Press

- Galvani, S. and Forrester, D. (2011) *Social Work Services and Recovery from Substance Misuse: A Review of the Evidence*, ADSW/University of Bedfordshire. Available online at www.scotland.gov.uk/Publications/2011/03/18085806/0

- McCarthy, T. and Galvani, S. (2010) *Pocket Guide for Social Workers on Alcohol and Other Drugs*. (reprinted 2012). Birmingham: BASW.

- MacAndrew, C. and Edgerton, R.B. (2003) *Drunken Comportment: A Social Explanation*. Reprinted edition. New York: Percheron Press. (Originally published in 1969 by Aldine).

- Miller, W.R. and Rollnick, S. (eds.) (2012) *Motivational Interviewing*. (3rd edition). London: Guilford Press

- Paylor, I., Measham, F. and Asher, H. (2012). *Social Work and Drug Use*. Maidenhead: Open University Press.

- Webber, M. (ed.) (2014) *Using evidence in social work practice*. Basingstoke, Hants: Palgrave.

Children, Families and Young People

- Adamson, J. and Templeton, L. (2012) *Silent voices: supporting children and young people affected by parental alcohol misuse*. Available at www.childrenscommissioner.gov.uk/content/publications/content_619

- Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's Needs – Parenting Capacity. Child Abuse: Parental mental illness, learning disability, substance misuse and domestic violence*. 2nd edition. Available for download at www.official-documents.gov.uk

- Foetal Alcohol Spectrum Disorder websites: www.fasdtrust.co.uk and www.fasaware.co.uk

- Forrester, D. and Harwin, J. (2011) *Parents Who Misuse Drugs and Alcohol: Effective Interventions in Social Work and Child Protection*. Chichester, West Sussex: Wiley-Blackwell.

- Galvani, S. and Livingston, W. (2012) *Young People and Alcohol. Pocket Guide for Social Workers*. Birmingham: BASW.

- Glover, M. (2012) *Drugs, alcohol and parenting: a workbook for parents*. Available to read online or buy: www.exchangesupplies.org/shopdisp_drugs_alcohol_and_parenting_handbook.php?page=read

- Harris, P. (2013) *Youthoria – Adolescent substance misuse – problems, prevention and treatment. Lyme Regis, Dorset*: Russell House Publishing.

- Houmøller, K., Bernays, S., Wilson, S. and Rhodes, T. (2011). *Juggling Harms – Coping with parental substance misuse*. London: School of Hygiene & Tropical Medicine.

- McCarthy, T. and Galvani, S. (2012) *Children, Families and Substance Use. Pocket Guide for Social Workers*. Birmingham: BASW.

- Wales, A. and Gillan, E. (2009) *Untold Damage: children's accounts of living with harmful parental drinking*. London: NSPCC.

Adults

- Crome, I., Chambers, P., Frisher, M., Bloor, R. and Roberts, D. (2009) *The relationship between dual diagnosis: substance misuse and dealing with mental health issues*. SCIE briefing 30. Available online at: www.scie.org.uk/publications/briefings/briefing30/

- Davies. M (2012) *Social Work with Adults*, London: Routledge. (*5 chapters on substance use)

- Galvani, S. and Livingston, W. (2012) *Mental Health and Substance Use. Pocket Guide for Social Workers*. Birmingham: BASW.

- Institute of Alcohol Studies (2013) *Alcohol and Older People*. Available online at: www.ias.org.uk/uploads/pdf/Factsheets/Alcohol%20and%20older%20people%20FS%20May%202013.pdf

- Krahn, G., Farrell, N., Gabriel, R. and Deck, D. (2006) 'Access barriers to substance abuse treatment for persons with disabilities: An exploratory study.' *Journal of Substance Abuse Treatment*, 31 (4) 375–384

- Lawrence, M., Kerr, S., Darbyshire, C., Middleton, A., Fitzsimmons, L. and Watson, H. (2009) *Tobacco and alcohol use in people who have a learning disability: giving voice to their health promotion needs*. Glasgow: Glasgow Caledonian University. Available online at: www.qnis.org.uk/wp-content/uploads/2012/11/2008-Tobacco-Alcohol-Use-in-People-who-have-a-Learning-Disability-Giving-Voice-to-their-Health-Promotion-Needs-Final-Report.pdf

- Livingston, W. and Galvani, S. (2012) *Older People and Alcohol. Pocket Guide for Social Workers*. Birmingham: BASW.

- Speak up (2012) *Alcohol: Information and advice for people with learning disabilities and other vulnerable people*. Rotherham, UK: The Friendly Resource Company. Available online at: www.speakup.org.uk/?page_id=622

- Stella Project (2007) *Domestic violence, drugs and alcohol: good practice guidelines*. 2nd edition. Available for download at www.avaproject.org.uk/our-projects/stella-project/stella-project-resources.aspx.

- Taggart, L., Mc Laughlin, D., Quinn, B. and Milligan, V. (2004) A*n exploration of substance misuse in people with learning disabilities living within Northern Ireland*. Ireland: School of Nursing, University of Ulster. Available online at: http://alcoholresearchuk.org/downloads/finalReports/AERC_FinalReport_0042.pdf

- UKDPC (United Kingdom *Drugs Policy Commission) (2010) Drugs and Diversity: Disabled People. Learning from the evidence*. Available online at: www.ukdpc.org.uk/resources/disabled_policy_briefing.pdf.

- Watson, S., Hawkings, C. and Aram, L. (2007) *Dual Diagnosis: Good Practice Handbook*. London: Turning Point.

Appendix E – Working Group and Virtual Advisory Group

This document was developed with the support and expertise of two main groups of people. First, the working group supported the work from its inception, offering expert guidance and comment. Second, the 'virtual' advisory group of practitioners also gave their time to comment on this document as it developed. I am extremely grateful to everyone for their support in making this happen.

Working Group
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Public Health England • Iain Armstrong, Alcohol Programme Manager • Michael O'Kane – Programme Manager in Alcohol and Drugs • Eustace De Sousa, Deputy Director, Children, Young People and Families
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Practitioner representatives • Vicki Ellis – Advanced Practitioner, East Sussex County Council, Children's Services • Julie Cotton – Social Worker, Cheshire & Wirral Partnership NHS Trust.
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