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Actions and effects of drugs

Knowledge of the actions of drugs and their effects on the body are essential underpinning knowledge in the assessment and referral of people accessing an AOD service. Over time, there has been an increase in the number of drugs illegally chemically manufactured and so the knowledge of AOD workers needs to keep up with the current and emerging trends in drug types and their effects on the body.

As you work with people in a face-to-face situation, you will get to know the visible signs and symptoms of particular drug use. This will vary amongst people according to the following factors indicated by the Department of Health.

Factors that influence the effect on the person:

- ▶ The type of drug
- ▶ Quantity used
- ▶ The time taken to consume the drug (e.g. 10 minutes versus 10 hours)
- ▶ The person's tolerance (e.g. regular cannabis smoker versus a new smoker)
- ▶ The person's gender, size and amount of muscle
- ▶ Other psychoactive drugs in the person's bloodstream (poly drug use)
- ▶ The mood or attitude of the person (e.g. angry, calm, confident or fearful)
- ▶ The person's expectation of the drug effect (e.g. expecting a powerful drug effect versus expecting a modest drug effect)
- ▶ The setting or environment in which the drug was consumed (e.g. large party versus a quiet night at home)

Methods of administration

You need to ask about the route used by a person to take drugs. There are many methods of drug administration and this information should be included on the assessment tool.

Here is some detailed information regarding methods of administration.

Methods of administration

Oral

Drugs are taken into the body through the mouth.

1

The most common way to take drugs is to swallow them. Swallowing drugs is convenient and no special equipment is required. Taking drugs this way can also slow down the effects of some drugs.

Sublingual

Drugs are placed under the tongue and the drug is absorbed directly into the blood stream. It is very quick and the drug is not affected by the acidity of the stomach.

2

Inhalation

Drugs are taken into the body through the nose. The drug is absorbed through the inside lining of the nose.

3

This method is known as sniffing, snuffing or snorting. Snuffing is used for cocaine, powdered opium, heroin and tobacco. Sniffing is used for petrol and substances such as glue.

Stages of withdrawal

Just as a person's withdrawal symptoms vary depending on the drug and level of dependence, there are various stages that a person withdrawing from different drugs might experience. Replacement of a person's drug of choice with a legally prescribed and dispensed substitute used as a part of withdrawal intervention will bring on the effects of withdrawal but in a slower and less severe way. The consequences of using such pharmacotherapy reduction interventions are that the person may be more successful because of the control of symptoms and because they are teamed with counselling and other support to encourage and motivate them through the process.

There is some disagreement about the stages of withdrawal in some drugs. However, many types of drug and alcohol withdrawal are known to move through at least two stages, which are outlined below.

Acute stage

The first stage is the acute stage, which can last for a few days to a few weeks. In this time, the person experiences anything from mild to extreme physical symptoms, depending on the drug and the degree of dependence.

PAWS

The second stage is called post-acute withdrawal syndrome (PAWS), and can last from weeks to months. During this stage the person's physical symptoms subside, but cravings for the drug, along with emotional symptoms such as anxiety and depression, can continue. The intensity of cravings for certain drugs can make this stage an especially vulnerable time for relapse.

Effects of drugs on development

The physical health issues surrounding drug use are well documented. The long-term effects on other aspects of health – such as social, cognitive and emotional development – are less known and understood.

The social consequences of drug use can include withdrawal from peers and family, and the higher likelihood of having problems with the law. This may also include difficulties interacting and maintaining education, employment and accommodation. The person might gradually neglect educational and career goals, nutritional needs, hygiene, and other needs and responsibilities. This is likely to affect their social networks and interaction within the community, resulting in social isolation.

Changes in mood or behaviour caused by alcohol and other drugs are the result of changes to the brain. This can have long term effects on cognitive functioning and may lead to brain damage in the case of alcohol caused acquired brain injuries (ABIs). Emotional development can be affected by drug use and emotional issues not dealt with can cause AOD issues. For example, mental health issues like depression and anxiety resulting from prolonged substance misuse can disrupt an adolescent's ability to function and develop in a constructive manner.



holistic and integrated support, and people with substance misuse and mental health conditions are at greater risk of social and health impacts.

Social and health impacts include:

- ▶ poor general health
- ▶ poverty
- ▶ homelessness
- ▶ family relationship problems
- ▶ risk of relapse and hospitalisation
- ▶ problems finding and keeping work.

Example

The impacts of AOD policy frameworks on AOD work practice

Self-help groups are made up of and run by people who have AOD issues. Alcoholics Anonymous and Narcotics Anonymous are two examples of self-help groups.

Alcoholics Anonymous (AA)

The only requirement to join Alcoholics Anonymous is the desire to stop drinking. AA is not a professional organisation. It does not provide services or have clinics, doctors, counsellors or psychologists. All members are themselves recovering from alcoholism. There is no central authority controlling how AA groups operate. It is up to the members of each group to decide what they do. AA was established in the USA in the 1950s and has spread all over the world. Its program of recovery has proven to be highly successful.

Narcotics Anonymous (NA)

Narcotics Anonymous is a non-profit, community-based organisation where members support each other to live drug-free and recover from the effects of substance misuse in their lives. Any person who wants to stop using drugs can become a member of NA. The focus is on recovery rather than on any particular drug.

Practice task 2

1. Identify two strategies that are incorporated into the National Drug Strategy.

2. List three types of drug categories.

3. List three methods of drug administration.

4. Outline policy framework in regards to the AOD sector.

Here are different approaches to substance misuse.

Moral model

19th century religious and temperance influences believed drug use was immoral and a sign of a weak character.

Enforced abstinence was seen as the only cure and people were punished by being sent to workhouses.

Disease or medical model

This approach sees substance misuse as a disease that the person has no control over.

The only cure is medical treatment and lifelong abstinence.

Psychodynamic model

A psychodynamic approach enables the person to examine unresolved conflicts and symptoms that arise from past dysfunctional relationships and manifest themselves in the need and desire to use substances.

The goals of psychodynamic therapy are individual self-awareness and understanding of the influences of the past on present behaviour.

Social learning model

Observations of other people engaged in using drugs may cause a person to repeat what they saw.

A remedy would be teaching new ways to cope with stress.

Social-cultural model

The cultural standards of a society and the negative effects of culture and society on individual behaviour cause drug dependency.

Education of the society to change the society standards is needed.

Public health model and systems approach

The public health model emphasises the overall health of the public in contrast to the traditional healthcare focus on the health of one individual. The systems approach focuses on the importance of groups and their influences over individual people.

These use a three prong approach to prevention and intervention:

- ▶ A susceptible host
- ▶ An infectious agent
- ▶ A supportive environment

By targeting any of these three areas public health should improve. Harm reduction is an example of targeting the harmful effects of substance misuse.

In the systems approach support is focused on improving the system's functioning.



Topic 2

In this topic you will learn how to:

- 2A Apply knowledge of broad and specific AOD contexts to AOD work practice**
- 2B Identify and use legal frameworks that impact on AOD work**
- 2C Identify, review and apply information about evidence based models and frameworks of AOD work**

Apply understanding of context to AOD practice

Australia offers a range of services and settings (the environment in which services and support programs take place) for people with AOD issues.

The type of service setting that an individual chooses will be based on their individual needs, preferences, circumstances, the seriousness of their problem and their level of motivation and professional advice given. It is important for AOD workers to understand the types of services available as well as what settings these take place in.

Disability discrimination

The *Disability Discrimination Act 1992* (Cth) prohibits discrimination based on disability. It also prohibits discrimination against people associated with those with disabilities, such as family or co-workers. The Act makes it unlawful to discriminate in the areas of:

- ▶ employment
- ▶ education
- ▶ access to public premises
- ▶ purchase of house and land
- ▶ provision of goods, services and facilities
- ▶ administration of Commonwealth Government laws and programs.

Exemptions to the Act include when an employer would be placed under unjustifiable hardship in order to employ a person with a disability (although they are expected to make reasonable adjustments). An example might be the cost extensive renovations to allow wheelchair access would have on a small business.

Racial discrimination

The *Racial Discrimination Act 1975* (Cth) prohibits discrimination and offensive behaviour based on racial hatred. It covers discrimination against race, colour, descent, national or ethnic origin. It also protects those who may be discriminated against based on their association with people of a particular ethnicity.

The *Racial Hatred Act 1995* (Cth) was added to the Racial Discrimination Act and provides an avenue for people to complain about racist behaviour that offends, insults, humiliates or intimidates others in public. Exceptions to the law include when the behaviour is a matter of public interest (such as a newspaper report on racially-based violence), or is part of an academic discussion which is not malicious or spiteful. These exceptions often involve rights to free speech.

Sex discrimination

The *Sex Discrimination Act 1984* (Cth) prohibits discrimination against someone based on their sex, marital status, pregnancy or potential pregnancy. It sets out laws against sexual harassment as well as dismissal from work based on family duties.

According to the Act, it is unlawful to refuse to provide goods or services, education or employment based on a person's sex. The Act also covers discrimination within awards and enterprise bargaining, insurance and superannuation, Commonwealth laws and programs, and accommodation.

An exception to the Act includes when goods or services can only be applied to one sex, for example female or male-specific health care. Sexual discrimination in the training and ordination of religious ministers is also not covered under the Act.



Racial discrimination

International Convention on the Elimination of All Forms of Racial Discrimination



Women

Convention on the Elimination of All Forms of Discrimination against Women



Torture

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment



Children

Convention on the Rights of the Child



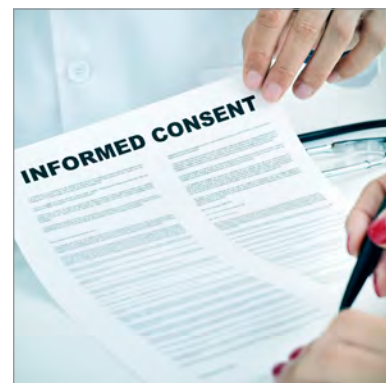
Disabilities

Convention on the Rights of Persons with Disabilities.

Informed consent

You must always obtain informed consent from a person to do an activity, make a referral or share information. If the person is under 18 years of age, this consent must be given by the person's parents or legal guardian.

Once a person is 18 years of age, they are legally seen as an adult and can consent to take part in an activity or task. In some cases, there may be a court instruction that the person is not able to make their own decisions. In these cases, family members or legal guardians must give informed consent on the person's behalf. If this happens, there will be information in the person's file about who you need to ask seek permission from.



Record management

All community and government services organisations have privacy and confidentiality policies and procedures. Depending on the organisation, these policies and procedures must be based on either the *Privacy Act 1988* (Cth) or state and territory privacy laws (such as Victoria's Health Records Act). These laws contain directives about respecting people's privacy and how information can be collected, stored and used.

An organisation's privacy policies must contain information about how the organisation manages personal information, including:

- ▶ the type of personal information that is collected and held
- ▶ why the information is needed
- ▶ how the information is collected
- ▶ how the information will be used and how it can be disclosed
- ▶ who can access the information.

Written documents, forms, emails and personal records are permanent and legal documents, and a person's case notes and personal files are recognised as evidence in a court of law. Make sure that you always write case notes and reports in a clear and legible way. Most organisations recommend that you use a black or blue pen and that you don't use correction fluid to correct mistakes. If you need to correct errors, draw a line through the error and initial it and always double-check the name of the person you are writing about.

Make sure completed records are filed appropriately, such as in a locked filing cabinet or a password-protected computer file.

Rights and responsibilities of workers, employers and individuals

Rights and responsibilities differ throughout Australia and between community services organisations.

Here are some common rights and responsibilities of workers, employers and individuals.

Workers have the right to:

- ▶ work in a safe environment
- ▶ not to be bullied or suffer from sexual harassment
- ▶ not to be discriminated against.

Workers have a responsibility to:

- ▶ duty of care and not harm the health and safety of others
- ▶ apply all applicable legislation
- ▶ maintain confidentiality
- ▶ behave within the codes of conduct operating within their organisation
- ▶ act ethically
- ▶ treat people with respect and dignity.

Defuse the situation

Managing your own feelings and responses and de-escalating the situation by using good communication skills is particularly important in safety risk situations.

Make sure that you:

- ▶ listen to the person in a respectful manner
- ▶ do not make threats or demands
- ▶ speak calmly and assertively
- ▶ try to establish rapport with the person
- ▶ make appropriate requests such as relocating to a quiet room.

Specific AOD legislation

Working with people who use alcohol and others drugs requires knowledge of legal and ethical considerations.

Each state and territory has its own specific laws outlining rules for the consumption and selling of alcohol. These are generally referred to as 'Liquor laws'. For example, in NSW it is the *Liquor Act 2007* (NSW). Consumption laws include details on where a person can drink. There are also laws for being in a public place while drunk, and driving while under the influence of alcohol.



There are rules for selling alcohol (i.e. age restrictions and if the person is already drunk) and premises where alcohol can be sold is tightly regulated. A licence can be required to sell alcohol at certain events and functions.

There are also specific laws for the importing and exporting of drugs, as well as the possession, use, production and supply of drugs. For example, in NSW this law is the *Drug Misuse and Trafficking Act 1985* (NSW).

Random driver drug testing occurs across Australia. This tests drivers for particular drugs and links to road transport laws.

Australia is a signatory to a number of international treaties and conventions about drugs and drug policy. These treaties are not law, but countries that sign these treaties must agree to pass laws against using and trading recreational drugs. It is also an offence under the Commonwealth Criminal Code Act to assist or be knowingly involved in the illegal importation of drugs.

Work role boundaries

Work role boundaries are a clear definition of the duties, rights and limitations of a worker. It is important to describe your work role boundaries to a person receiving your support, as it:

- ▶ helps avoid confusion and misconceptions about the scope of your role
- ▶ helps the person know when you will need to refer them to another colleague or health professional

Withdrawal programs

The goal of withdrawal programs is to address the biopsychosocial elements of withdrawal. These may include pharmacotherapy reduction or maintenance, and management of concurrent illnesses and psychological, social and emotional issues.

Medications that are provided to people on different types of withdrawal programs can have a number of aims, including:

- ▶ helping them to relax and sleep
- ▶ reducing the risk of seizures and other serious effects of withdrawal
- ▶ reducing other symptoms, such as diarrhoea and nausea
- ▶ mimicking the drug so that withdrawal is slower and less severe
- ▶ provoking a more severe but faster withdrawal.

People in withdrawal programs are offered support and counselling to encourage them through the difficult symptoms, and to motivate them to continue changing their drugusing behaviour. They should also be given a clear plan for the provision of further support or intervention once the withdrawal program is finished.

Pharmacotherapies

Pharmacotherapies are particularly used for people dependent on opioids or alcohol. They use a range of prescription drugs to assist people in withdrawal programs to obtain some control over their drug use, and are usually recommended in combination with counselling and other support services. The prescription drugs used include methadone, buprenorphine and naltrexone for opioid dependence, and acamprosate for alcohol dependence. Another example of a pharmacotherapy more widely used is nicotine patches for smokers.

The objectives of pharmacotherapy are to:

- ▶ bring to an end or significantly reduce a person's illicit opioid use
- ▶ reduce the risk of overdose
- ▶ reduce the transmission of blood borne diseases
- ▶ improve general health and social functioning, including a reduction in crime.

Inform the person

People are less likely to follow up on referrals or support options if you do not clearly explain why and how the service might assist them. Make it clear to the person that the referral or other support may help them to develop a sense of control over their problems. Try to address any fears or concerns as they arise. Provide as much reassurance as possible that the referral or other support will potentially provide a positive outcome to address the person's identified needs and goals.



Understanding the reasons for referral and other support also helps the person to maximise the extended services that are available to them. When they know why they are being referred to a particular service they can feel empowered to approach that service with a sense of ownership. You may need to employ negotiation skills with the person.

Work with the person to determine referral options and responsibilities

People have the right to make their own decisions about support and can refuse any assistance or referrals offered to them. People have the right to remain in control of their decisions and this can provide them with a sense of empowerment and control over their drug use. People are required to make commitments in terms of time and effort in order to successfully take part in support options, so they should be made aware of these factors.

The choice of referral destination should be selected in consultation with the person. You should provide a choice of referral options and information about intake criteria, waiting times, costs, transport and availability. Inquire into the person's past experiences with these or other services and ask them to determine which service they want to be referred to. They should feel that you are available to provide information and support during the time that they access other services, and that the referral is appropriate for their needs.

Here is more information.

Referral options

- ▶ People should be given as much information as possible so that they can make informed decisions about their preferred options for support. Reasons for the referral, the likelihood of success and practical factors such as waiting lists and costs are all examples of information that you should provide.

Eligibility

- ▶ People should be informed about the eligibility criteria for entering a program or service so as to avoid disappointment if they do not qualify for entry. Some AOD services are offered on a regional basis, and only people who live in that region can access those services.



Topic 3

In this topic you will learn how to:

- 3A** Assess AOD practice values and ensure support and interventions are person-centred
- 3B** Apply a harm minimisation approach to maximise support for the AOD client
- 3C** Support the client's rights and safety, including access and equity of services

Integrate the core values and principles of AOD work into practice

As with other community services sectors, work in the AOD sector rests on certain core values and principles, such as the principles of confidentiality, social justice, access and equity, the protection of human rights and the person's participation. The sector also embraces philosophies and principles central to the nature of AOD work, such as the policy of harm minimisation.

Empowerment

As a professional in the community services sector, you will work using an empowerment approach to support people. Empowerment refers to a state that people arrive at which sees them take control of their own lives. A large number of people accessing support services are often vulnerable because of their care needs and the myths and stereotyping that occurs.

Your approach to your work should always be based on trying to 'do yourself out of a job'. Don't worry - this will never actually happen. If your focus is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will always be working to uphold people's rights through an empowerment approach.



Disempowerment

Disempowerment in AOD work relates to acting in ways that demoralise the person being supported and the ultimate decline of their human rights. Working in such a way says more about the worker than it does the person. The worker may have a personal lack of power and the only way they can feel good about themselves is by taking power from others; or their disempowerment can be caused simply through ignorance. A worker might believe they are doing the best they can for a person by doing everything for them. In fact, this approach is disempowering because it leads to further dependencies and a lack of control for the person being supported, and results in their rights not being upheld.

Here are some tips to help develop an empowerment, rather than disempowerment, work practice.

Reflect on your practice

- ▶ Ask yourself, 'Did I provide services in ways to put myself out of a job?' If you answered 'no', you need to ask yourself why. Check your approach to your work.

Empathise

- ▶ Think about how you would want to be treated if you were in a role reversal with the person you support. Would you want people providing support in ways that stripped you of your dignity and personal control over your own life?

Find a mentor

- ▶ Talk to your supervisor and ask them to mentor you to build the skills to work from an empowerment model. Make a meeting time to meet regularly with your supervisor to discuss how you handled situations. Be honest – especially with yourself.

Example

Ensure support and interventions are person-centred

Harry has been referred to Martin's AOD assessment and referral organisation as a condition of his suspended sentence for possessing heroin.

Harry is reluctant to cooperate and appears sullen and disinterested. Martin will be undertaking Harry's assessment. He meets with Harry to complete an intake assessment and provide him with information about the comprehensive assessment.

Martin begins the session with the following explanation.

'I've been asked to collect some initial information from you that'll help us to make sure you're given the best types of support we can offer. Tomorrow, I'll spend an hour or two talking with you in more detail so that we can properly understand your drug use and help you to avoid any further problems with the law. It's important that you know you're the most important person in this process. You can choose not to answer questions, but I give you my assurance that what you do tell me can help us work together so you can manage your situation in the future, whether you choose to continue to use heroin or try to get clean. Your decisions and input will guide how we work together.'

When Harry realises that Martin is not going to preach to him or force him to change, his attitude relaxes and he appears more willing to talk.



Practice task 7

1. Identify the individual rights and values that human rights are based upon.

2. List the five domains of the recovery oriented approach.

3. List three types of discrimination that can occur.

Summary

1. Workers must be aware of and demonstrate adherence to the principles of access and equity. This applies to workers who work on a one-on-one basis with a person as well as those who work with groups of people in a community development framework.
2. Access means that workers must ensure that they provide access to services to everyone who is entitled to them. This means that everyone should have the same opportunity to find and use services without any form of discrimination.
3. Equity means that workers must provide the same level of service to all people who use a service. It is based on fair or equal treatment and focuses on participation and achievement at the same level.
4. Workers should have a good understanding of diversity in their community. This means they should be familiar with the different cultural and language groups in the area and the different social, physical, health and economic conditions that people experience.
5. Australia is an increasingly diverse society. Workers who recognise and value diversity in all its forms can more easily address the needs of a person.
6. Inclusive practice in community development is based on the principle that all people in a community have the right to participate and contribute to decisions that affect them and the community as a whole.
7. The principles of access and equity ensure that all people have the same right to receive services. In Australia, the principles of access and equity in community services are well-established.

4A Reflect on personal values and attitudes regarding AOD use and acknowledge their potential impact when working in AOD contexts

Everybody has their own values, attitudes, beliefs and assumptions. These are developed over time and are often based on personal experiences. Friends, family, television, radio, newspapers and the Internet may also influence you. It is important that you are aware of your own thoughts, feelings, attitudes, values, beliefs and biases about drug use, as these may affect the way you work and communicate with co-workers and people accessing services. Your values and attitudes will also influence how you behave and make decisions about others.

Here is more information.

Values

Values allow people to identify the things they would like to see happen and the things they would prefer to avoid. Values make people accept certain things and reject others. Values often change with time.

Attitudes

Attitudes make a person decide whether something is good or bad, right or wrong, useful or useless, safe or dangerous, beautiful or ugly. How people act and what they say represents their attitude.

Beliefs

Beliefs are thoughts and ideas that are accepted as being true. Beliefs allow a person to understand the world in terms of how one thing affects another, what things they can influence and change and what things are beyond their control.

Assumptions

Assumptions are things people believe without proof. They provide a way of seeing things that people take for granted.

Codes of ethics

Codes of ethics help workers align their own values with professional practice. For example, a worker may not agree with a person's lifestyle but ethical practice requires that they adopt a non-judgmental stance in order to provide effective services for the person.

The person-worker relationship is a complex one that requires the worker to walk a fine line between offering support and maintaining the professional boundaries of the

Demonstrate equality and fairness

One of the most important parts of your job is to treat people fairly and equally. You may be the first person an individual meets at a service and lasting impressions are made from this first contact.

Here is more information.

To provide service equally and fairly, you need to remember the following points

- 1

Respect people's differences

Each person is unique. This is a fact that everybody should accept and learn from. Everybody approaches life and work differently. People should respect each other's feelings and values despite any differences.
- 2

Address people appropriately

Always use the person's proper name or title such as Mr or Ms unless instructed otherwise. Do not use terms of endearment when speaking with the person.
- 3

Acknowledge people

You should always greet the person and co-workers in a friendly manner. Acknowledge their presence and be positive when talking to them. For example, say good morning and smile. Answer the phone with a positive tone of voice.
- 4

Listen

Listen to the person and co-workers when they talk to you. You should always give people your full attention. Face the person you are speaking with. Acknowledge you are listening by nodding or using positive facial expressions.
- 5

Participate in a team

When you are part of a team, you have the opportunity to learn from experienced workers. Working together helps the team to find solutions to common problems.
- 6

Treat others as you expect to be treated

Treat others with respect and courtesy in a non-discriminatory manner.
- 7

Keep information private

Ensure the person and co-workers' confidentiality and privacy are maintained at all times.
- 8

Use appropriate language

The use of crude or bad language is not appropriate, and could offend the person and co-workers.
- 9

Cope with challenging behaviours

Individuals with challenging or inappropriate behaviours should be given support and assistance when required, according to the established procedures of the facility. Always seek the advice of your supervisor if you are unsure of a situation.

to treat them respectfully from your first meeting to set the tone of the working relationship. Building the relationship involves being positive, supportive, non-judgmental and using effective communication techniques.

By communicating in a sensitive and respectful way with people and responding to their individual needs, you demonstrate that you value the person's opinions and actively seek their participation in decision-making.

Communicate and establish rapport with people accessing the service

Building rapport with the person helps you to create a working relationship built on trust and respect and encourages cooperative behaviour. It also provides an environment where you can discuss issues and concerns openly with the person.

You should also communicate in a respectful and courteous way with the person's family members and other service providers. This ensures you develop a good working relationship with all the people you must deal with and fosters cooperation.

If the person, family member or other person insults you or becomes angry or abusive, always remain calm and continue to speak in a courteous and respectful way. Try to find out what the person's needs are and whether or not you can meet these needs. Be clear and assertive about what you can and cannot do.

It is important that you build rapport or mutual trust with people by:

- ▶ focusing on and listening attentively to the person
- ▶ being empathic
- ▶ offering choices so the person is involved in making decisions
- ▶ making it clear that you wish to work in the best interests of the person.

Example

Apply awareness of values

AOD workers must apply their organisation's values to all communication and always remember that they are performing a professional role and that this differs from a friendship. They should be careful about the amount of information they disclose about themselves and how they relate in general to people who access the service.



Here is an example.

Steve, a new worker at a youth AOD service, is keen to develop a bond with the young people who access the service. He tells a couple of teenage boys he has become friendly with about his own past drug use and how he sometimes stole money to finance it. Soon one of the boys, Jason, is using this information to his advantage. Whenever Steve attempts to caution Jason for smoking or dealing drugs at the centre, Jason starts loudly telling staff and other people who access the service what Steve

told him about stealing. Steve is embarrassed as he had not wanted other people to know this. He realises that he has not acted in a professional way and that it will be difficult to gain the respect of the people who access the service and other staff.

Example

Consider client values

Mrs Tran is an older woman who uses opium. She has recently arrived in Australia to live with her granddaughter. When she was growing up in her own country, it was the custom of older people who were dying to use opium to help relieve pain and give them a good few final years. She says Australian doctors don't understand her and don't try to help her – they just tell her that she has a drug dependency and should go on methadone. Mrs Tran does not want this and says she needs to speak to someone who can understand.

Arabella, her AOD worker, discusses the matter with her friend Su Chee who works at a cultural-specific service. Su Chee tells her that this is quite a common problem and that Mrs Tran might be better to see a doctor from her own culture. She provides Arabella with a list of names and offers to assist in any way she can.

Arabella organises an appointment with Dr Goh, who is able to determine that Mrs Tran mainly uses opiates to help her relieve pain and feel sedated and calm. Dr Goh suggests that they try some traditional remedies and work out together what other medicines will best suit her needs so she can stop using opium. Mrs Tran is happy as she has found someone who understands her needs and values.

Practice task 12

1. Identify three special needs groups that an AOD worker might encounter.

2. List three issues a young person with alcohol or drug dependency may have.

3. Identify three ways to build a positive relationship with people accessing services.
