Protocol #PR-95-001
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Appendix C

SUBSTANCE ABUSE PROTOCOL

Purpose:

The purpose of this protocol is to provide additional guidance to staff working with families affected by substance abuse.

The primary focus of DSS intervention in substance abuse cases is the ongoing assessment of the risk to children.

Definition Of Substance Abuse:

Substance Abuse refers to patterns of use of alcohol, and/or drugs (street, over the counter or prescribed drugs) which interfere with an individual's social, occupational, legal, financial, emotional and physical functioning.

Substance Abuse is often characterized by: denial and minimization, compulsive use, loss of control, cravings, inability to cut down, repeated attempts to stop or control use, continuation of use despite negative consequences, e.g., arrests, accidents, neglect, and/or abuse of children.

I. Guidelines For Assessing Substance Abuse:

The assessment of substance abuse is an ongoing process, not an event. The most effective ways to assess substance abuse are:

1. observations of the physical environment, the individual and children;
2. exploration of a person's past and present substance use.

A. OBSERVABLE INDICATORS WHICH *MAY* INDICATE SUBSTANCE ABUSE

1. Physical Environment

- dark/windows covered
- lack of food
- utility problems
- a lot of people in and out of the home
- social worker's visit confined to one area of the home
- drug paraphernalia including beer cans/bottles, razor blades, crack vials, plastic bottles with aluminum foils, needles and needle caps
- smells/odors:
  - alcohol/marijuana
  - crack/cocaine (which has a pungent chemical smell)
  - cleaning products (sometimes used to cover smells of drugs)

2. Adult Characteristics

- poor eye contact
- unresponsive/disoriented
- sleepy, spacey, lethargic

- pupils inappropriately large or small
- needle tracks or skin abscesses
- agitated, irritable
- jaundiced
- dark glasses, long sleeves, little skin exposed
- markedly underweight

3. Child Characteristics

- circles under eyes
- dirty or inappropriate clothing
- unkempt hair
- signs of illness
- hollow cheeks
- lack of affect
- not up to date medically
- no sleeping or daily routine
- parentified behavior
- poor school attendance
- knowledge of drug paraphernalia

B. THE INTERVIEW - EXPLORING PAST AND PRESENT SUBSTANCE USE

How to approach the interview:

- Be aware that individuals who abuse substances experience a lot of shame. Being respectful during the assessment/interview process may help the client out of his or her feeling of shame.
- Be aware that clients tend to minimize their use. This interview process will also surface many of the client's defenses which are an integral part of the cycle and pattern of substance abuse.
- Be supportive - no one starts using drugs or alcohol with the intention of becoming addicted.
- Keep in mind that you are confronting an addicted person's system of defenses which may include strong denial of any problem.
- Talk to the client in a spirit of caring and compassion; be aware of your own feelings of frustration and hopelessness.
- Remain non-judgmental.
- Be culturally sensitive.
- Know how you will respond to shocking or traumatic statements.
- Ask questions matter of factly.
- Avoid yes/no questions; keep the conversation open.
- Clarify vague responses.
- Keep in mind that the client may be less than honest out of fear of partner's anger and/or violence.
- Be patient and persistent (rephrase questions as needed).
- Give the client specific examples of behaviors and problems caused by substance abuse.

Questions to ask:

These 4 questions can be used for initial screening of substance abuse:

1. Are you currently living or associating with anyone whose alcohol or drug use (including prescription drugs) is of concern to you?

2. What age were you when you first tried alcohol and/or any other drugs? What was it? How much then? How much now?
3. Who complains most about your drinking or drug use? Why?
4. Have you ever had any of the following? (If yes, ask more specifics about its relationship to drug and alcohol use)

_____ car accidents	_____ physical or health related problems
_____ arrests/jail	_____ job difficulties
_____ injuries/fights	_____ overdose
_____ ever tried to stop or control use?	_____ problems with children using substances
_____ treatment	_____ financial problems

The following are more detailed questions to assess current and past use for the purpose of assessing risk to children and determining treatment options. The questions should be adapted to the situation, but be aware that polydrug use is very common.

1. What kind of alcohol do you drink? How much do you drink? How often do you drink? Ask specifically about number of bottles, cans, size of glass.
2. What kind of drugs do you use (including prescription and over the counter drugs)? How much do you use (number of bags, grams, joints)? How do you use drugs?
3. Has your drinking/drug use changed in the past year?
4. What was your drinking/drug use like when you were pregnant?
5. Are you currently or have you ever attended a self-help program? Why?
6. Are you currently or have you ever been in a drug or alcohol treatment program? If so, when, where, and for how long? What was or was not helpful about the program?

II. Risk Factors

Some risk indicators related to substance abuse are:

- denial of drug/alcohol use in spite of indication of use
- parent's belief that drug/alcohol use is not a problem for him/her in spite of information to the contrary
- non-compliance with substance abuse treatment program (poor attendance, positive drug screen, etc., or failure to obtain drug screens)
- many people in and out of the home
- refusal to meet with social worker and keep appointments
- children do not get to day care or school
- domestic violence
- poor follow-through on medical appointments
- indicators of illegal activities
- criminal offense - e.g., Operating Under the Influence (OUI), Drug arrest
- weapons in the house
- no food, money or basic necessities

III. Developing Intervention Strategies:

Issues of **trust** are raised when a person is being asked to confront his/her addiction. Disclosures may lead to DSS removing his/her children. Even this intervention of removal done in a supportive way can break through denial and move a client toward treatment.

The following are suggestions for how to intervene:

A. Review with your supervisor:
- information from 51A
- material gathered during the assessment
- observation of the physical environment, individual characteristics, child characteristics
- information on frequency, type, amount of substance use and past and present treatment attempts or lack thereof
- client's acknowledgment of substance abuse as a problem
- risk factors
- client's readiness, willingness, and ability to access available resources in the community
- other support systems, such as family/friends

B. Educate parent on the affects of substance abuse on his/her children, give specific examples such as emotional and physical unavailability, medical issues, inconsistent school attendance, parentified behavior, etc.

C. Help the client understand the progression of his/her own substance abuse.

D. Predict consequences of continued drug and alcohol use (on parent and his/her children).

E. Maintain a sense of hope for recovery and express that hope to the client. Recovery is possible.

IV. Treatment Modalities:

There are various substance abuse treatment options available in your community such as, out-patient (day and evening), in-patient (short-term and long term), specialized treatment programs for pregnant and parenting women, and self-help groups. Some programs are publicly funded and some are privately funded requiring insurance.

- Be aware that the privately funded services may be affected by the client's insurance or lack thereof.
- Inform the client that his/her insurance information is needed to secure a bed in a program.
- If the client has no insurance, ask the program if there is a Department of Public Health (publicly funded) bed available.
- Contact the Alcohol and Drug Referral Hotline at **1-800-327-5050** for treatment program information.

Detox Information:

- MBHP has restrictions around admission criteria
- Detox is a medical intervention (individuals using alcohol, heroin or polydrugs are at high risk for medical complications)
- Client must be actively using and willing to cooperate
- Be aware there are detox programs for pregnant women

When do you refer for out-patient treatment?

IDEALLY:

- the client has self-identified as an addict
- the client has had some treatment and sobriety
- the client has some positive support systems in the community

REALISTICALLY:

Social workers often refer for out-patient treatment when the client is unwilling to enter a structured residential treatment program. This may be due to the following:

- the client is not ready to accept the level of addiction and the need to enter a structured residential program
- the client does not want to leave the community or his/her children
- the client does not have anyone to care for the children

When do you refer for in-patient treatment?

- the client has been unsuccessful in out-patient treatment
- medical complications
- the client has few social supports
- the client has potential withdrawal problems (detox necessary)

Refer to the DPH Bureau of Substance Abuse Services' Directory for detailed information on available resources.

V. Service Planning:

A. How to Approach Service Planning

- The client is likely to minimize or deny his/her substance abuse problem.
- Substance abuse affects all family members and all members need to be included in the service plan.
- If domestic violence issues are present, two separate service plans should be considered (refer to Domestic Violence Protocol).
- Service plan needs to be consistent with the provider's treatment plan once a client is participating in a treatment program. Collaborate with the treatment provider in developing the service plan.

  Participation in appropriate treatment programs means all of the following:
  - regular attendance and follow-through with a program
  - agreement to share information between the provider and DSS
  - doing urine screens as requested, and
  - exhibiting other behavior indicative of the client's progress towards recovery.
- Set short range goals - "one day at a time" as said in A.A. (ask the client to attend one self-help meeting before the next home visit).
- Ask the client to refrain from use for a set period of time as a measure of his/her level of addiction and as a technique in breaking down the denial.

B. Service Plan Tasks:

1. A formal drug and alcohol assessment can help to establish the history of use (including amount and type), client's treatment history and determine recommendations for appropriate treatment. The social worker should state clearly to the client and provider the purpose of the evaluation.
2. Participation in appropriate substance abuse treatment programs, e.g., detox, drug treatment, out-patient, in-patient, self-help groups. Counseling to deal with underlying issues is not a substitute for substance abuse treatment.
3. All family members need appropriate referrals for treatment. Options include individual and/or group therapy, and/or a twelve step program.
4. Identify the concrete behavioral changes that need to occur to ensure safety of the children, for example, children's attendance at school, children's medical care, provision of a safe home environment without people in and out of the home.
5. **Supervised** random urine screens are an objective measure of drug use that can help break through the client's denial and monitor sobriety.

Basic Information on Urine Screens:

- Most drugs stay in the system for 2-3 days, so urine screens should be done 2 to 3 times per week (especially at the early stages of DSS involvement).
- To detect alcohol, blood tests are more accurate. Alcohol is only in the system 7 to 12 hours.
- Be aware that the client can use vinegar and herbs to produce negative screens.
- Cost of urine screens vary.
- Client needs referral from his/her primary care physician for payment.

How to Use Urine Screens:

- Clients not engaged in treatment should be requested to do 2-3 screens a week until they are in regular treatment. The treatment provider will then determine the need and frequency of urine screens. The DSS social worker may want to request random urine screens for purposes of documenting the client's sobriety.
- Urine screens are not considered treatment.

Suggestions on How to Respond to Positive Screens:

After one positive screen, you should consider other factors to determine risk to children. These factors include:

- Is the client acknowledging his/her use?
- Has the client been doing regular screens? If not, request the client to do screens 3 times a week, then decrease to random if several screens come back negative.
- Has the client been in treatment? If not, is he/she willing to engage in treatment now that his/her screen came back positive?
- Is this a relapse after a period of sobriety? (see Relapse section)
- Can the client openly (without minimizing or denying) discuss the circumstances of the his/her use?
- Assess the impact on the children.

After a couple of positive urine screens:

- Re-assess the client's form of treatment (if a client is engaged in out-patient treatment, he/she may need in-patient).
- Re-evaluate risk to the children (see risk factors section).
- If the client continues to refuse treatment and the children are at risk, a legal consult might be appropriate.

VI. Relapse:

After a service plan is developed and a client enters treatment, he/she is still at high risk for relapse. Relapse means a return to alcohol and/or drug use after a period of commitment to sobriety and a period of abstinence. Relapse can be part of the recovery process. A relapse can be a learning experience, if it is used to identify triggers for use and to develop prevention strategies. Actual drug use is the end stage of relapse.

Social workers can help the client by:

- being aware that relapse is likely to occur especially during a client's first attempt at treatment or during early stages of recovery
- helping client identify events which may be triggers for relapse
- developing with the client alternative responses and concrete plans to handle these situations
- reinforcing the need to return to treatment and to continue with his/her self-help program.