

Unit 54: Supporting Individuals who are Substance Users

Unit reference number: J/616/7425

Level: 3

Unit type: Optional

Credit value: 7

Guided learning hours: 42

Unit summary

This unit explores the area of substance use and the skills required when supporting an individual who is a substance user.

The unit will help you to adopt safe practices, provide care and support following an episode of substance use and support individuals' efforts to reduce or cease substance use.

You will explore the different substances, causes, signs and symptoms, therapies and treatments associated with drug and alcohol addiction. You will learn how to identify strategies that will facilitate a person-centred ethos in the delivery of effective care services to address the needs of people affected by addiction. To ensure that the rights and choices of people who are substance users are upheld, you will learn about some of the challenges faced when delivering services.

Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
<p>1 Understand different substances, their effects and how they might be used</p>	<p>1.1 Explain legislation, policies and guidelines on the use and storage of substances</p> <p>1.2 Describe the different substances that individuals might use</p> <p>1.3 Explain how different substances are used</p> <p>1.4 Explain the effects of substances individuals might use</p> <p>1.5 Explain the risks involved with substance use both in the short and the long term</p>
<p>2 Be able to support individuals to adopt safe practices associated with substance use</p>	<p>2.1 Evaluate the factors that influence individuals to use substances</p> <p>2.2 Analyse reasons why individuals decide to reduce or cease substance use</p> <p>2.3 Demonstrate how to support individuals to discuss their circumstances and history of substance use</p> <p>2.4 Advise individuals on ways in which methods of substance use and activities affected by it can be practised more safely</p> <p>2.5 Demonstrate how to support individuals to dispose of hazardous materials and equipment safely</p> <p>2.6 Describe harm-reduction strategies and how and why these may differ from individual to individual</p>

Learning outcomes	Assessment criteria
<p>3 Be able to support individuals when they have used substances</p>	<p>3.1 Evaluate relevant policies and procedures for the support of individuals who have used substances</p> <p>3.2 Demonstrate how to support individuals, taking into account the effect the substance has had on them</p> <p>3.3 Demonstrate how to make the environment and individual as safe as possible</p> <p>3.4 Demonstrate how to support individuals to meet their own needs and requirements after the effects of a substance has worn off</p> <p>3.5 Show when and how to request further support and assistance in line with agreed procedures</p> <p>3.6 Report information about episodes of substance use to an appropriate person and record it in the required format</p>
<p>4 Be able to support individuals in reducing substance use</p>	<p>4.1 Demonstrate how to assist individuals to review their progress in reducing substance use</p> <p>4.2 Demonstrate how to support individuals which respects their individual rights, and meets their needs</p> <p>4.3 Describe how to manage own feelings about the individual's progress or lack of this to minimise the impact on the support provided</p> <p>4.4 Identify specialist agencies and support networks involved in supporting substance users</p> <p>4.5 Explain strategies/methods used for alleviating potential effects and difficulties that are likely to arise in attempting to cease or reduce substance use</p>

What needs to be learned

Learning outcome 1: Understand different substances, their effects and how they might be used

Legislation, policies and guidelines on the use and storage of substances

- Legislation:
 - Medicines Act 1968 and amendments
 - Misuse of Drugs Act 1971 and amendments
 - Children Act 2004
 - Health and Safety at Work etc. Act 1974
 - Psychoactive Substances Act 2016.
- Guidelines relevant to own organisation.
- Procedures relevant to own organisation and role, e.g. safe storage and management of medication, including controlled drugs, safe disposal of medication and illegal drugs.

Different substances, their effect and use

- Depressants – drugs that suppress or slow the activity of the brain and nerves, acting directly on the central nervous system to create a calming or sedating effect, e.g. alcohol, barbiturates, benzodiazepines. Generally ingested.
- Stimulants – drugs that accelerate the activity of the central nervous system. Stimulants can make you feel energetic, focused, and alert, e.g. amphetamine, cocaine, crack cocaine. Generally inhaled or ingested.
- Hallucinogens – drugs act on the central nervous system to alter your perception of reality, time, and space, e.g. LSD, magic mushrooms. Generally ingested.
- Opioids – drugs that act through the opioid receptors. These relieve pain and cause drowsiness and a feeling of relaxation, e.g. heroin, methadone, codeine. Generally smoked, ingested, inhaled or injected.
- Inhalants – drugs with the shared trait of being primarily consumed through inhalation. Most of the substances in this class can exist in vapour form at room temperature. Many of these substances can be found as household items, e.g. glue, paint thinner, marker pens. Always inhaled.
- Cannabis – plant-derived drug that acts through the cannabinoid receptors in the brain. Cannabis comes in many forms, e.g. leaves and stem, resin, THC oil. Generally smoked or ingested.
- New psychoactive substances (legal highs) – these are drugs designed to evade the existing drug laws, e.g. synthetic cannabinoids, synthetic cathinones.
- The ways that substances may be combined, e.g. heroin and cocaine (speedball).

What needs to be learned

The risks of substance use

- Short term, e.g. risk of accidents, unprotected/non-consensual sex, poor judgement, bad reaction, confusion, sleep problems, impurity of illegal drugs, overdose.
- Long term:
 - addiction, including tolerance, psychological dependency, withdrawal effects
 - physical effects, e.g. cirrhosis of the liver, cancers, changes to brain
 - psychological effects, e.g. anxiety, paranoia, loss of income
 - social/legal, e.g. eviction/homelessness, stigma attached to addiction, loss of family/friends, criminal activities to fund drug use, impact of criminal record, unemployment, financial – cost of drugs/unable to work.

Learning outcome 2: Be able to support individuals to adopt safe practices associated with substance use

Substance use

- Reasons individuals use substances.
- Environment and culture, e.g. celebration, media/advertising, religion, availability, deprivation, cost, peer pressure.
- Defence mechanism/self-medicating, e.g. to relieve emotional/physical problems, addiction, psychological dependency.
- Medical, e.g. prescription medicines/over-the-counter medicine.
- Curiosity/pleasure/rebellion.
- Reasons why individuals decide to reduce or cease substance use:
 - readiness for change
 - lack of access to substances
 - lack of funds
 - lifestyle changes demand reduction or cessation
 - physical ill health
 - psychological ill health
 - impact on self, family, friends.

Users' circumstances and history of substance use

- Length of time of use.
- When and why used.
- How much is used.
- Lifestyle choices.
- Influences.

What needs to be learned

Supporting individuals to discuss their circumstances and history of substance use

- Communication is appropriate to individual, delivered at an appropriate pace.
- Actions to support individuals who have used substances are consistent with agreed role and agency policies and procedures.
- Interaction with individuals is in a manner that recognises each individual's needs and rights.
- Circumstances and history of drug use is appropriate to substance, e.g. if substance is street drug, length of time used, quantity, time of day, how much used.

Methods of substance use and activities affected by it can be practised more safely

- Use information from history to plan and provide appropriate support and assistance.
- Agencies who may help within locality, e.g. needle exchange scheme.
- Safe use of substances and equipment, e.g. taking the drug in a different way, safe supplies.
- Reducing quantity of substance used.
- Infection prevention and control.
- Regular health checks.
- Access to services and support in own locality.

Safe disposal of hazardous materials and equipment

- Access to methods of disposal.
- Use of personal sharps bins.

Harm-reduction strategies

- Needle and syringe exchange programmes.
- Pharmacotherapies, e.g. nicotine patches, methadone programme.

What needs to be learned

Learning outcome 3: Be able to support individuals when they have used substances

Policies and procedures

- Policies and procedures in own organisation relevant to role, e.g. health and safety.
- Safe administration/storage/disposal of medication.
- Confidentiality.
- Reporting and recording.
- Boundaries.

Support individuals in a manner appropriate to the substance used

- Assessment and evaluation of symptoms.
- Keeping individual and others safe.
- Ensuring environment is safe.
- Specialist intervention if necessary.
- Communicating with and supporting individuals, their friends and family.

Make the environment and the individual safe

- Risk assessment and management.
- Lone working arrangements.
- Access and egress points.
- Alarm systems.
- Back-up support.
- Move individual to safety when:
 - high level of risk identified
 - risk cannot be managed
 - self-harm indicated
 - medical intervention necessary.

What needs to be learned

Support individuals after the effects of the substance have worn off

- Treatment for after-effects, e.g. hangover, confusion, thirsty.
- Medications to help with cravings and discourage further use.
- Medications to treat psychiatric illnesses.
- Medication to treat physical symptoms.
- Residential treatment.
- Therapeutic communities.
- Outpatient treatment.

When and how to request further support and assistance

- When:
 - limited or no progress within agreed parameters
 - safety at risk
 - setting not suitable
 - impact on wellbeing.
- How:
 - referral
 - request for additional support or back up
 - case review
 - part of treatment plan
 - assessment of need
 - progress update.

Report and record

- Reporting and recording following agreed ways of working.

What needs to be learned

Learning outcome 4: Be able to support individuals in reducing substance use

Assisting individuals who have made a commitment to reduce substance use

- Individual acknowledging their addiction.
- Review of behaviour or actions leading to use.
- Behaviour change – steps to planning to reduce substance use.
- Need to rehabilitate for personal/career/health reasons.
- Reviewing why past attempts at reducing have not succeeded.
- Facilitating family/carer involvement.

Assist individuals to review their progress in reducing substance use

- Review of successes.
- Review of progress.
- Review of agreed goals.
- Health checks.

Support individuals in a way that is appropriate to their needs

- Using a person-centred approach.
- Support at the individual's own level and pace.
- Non-judgemental approach.
- Staff knowledge, skills and competence.

Managing own feelings

- The effects of own beliefs and feelings about substance use and the impact of this on own behaviour.
- Acceptance of slow progress, disappointment, failure.
- Review of own competence, knowledge and skills.
- Reflection on progress.

Agencies and support networks involved in supporting substance users in locality

- Support groups and networks, e.g. National Treatment Agency for Substance Misuse, Addaction, Community for Recovery, Narcotics Anonymous, Cocaine Anonymous, Alcoholics Anonymous.
- Statutory services, e.g. GP surgery, NHS hospital inpatient and outpatient services, social services.
- Voluntary sector, e.g. Turning Point.
- Private sector, e.g. BUPA.
- Self-help programmes, lifestyle changes.

What needs to be learned

Effects and difficulties in attempting to cease or reduce substance use

- The impact of certain medication on awareness and the ability to interact.
- Supporting an individual according to their mental and physical wellbeing.
- Medication currently prescribed affecting interactions.

Barriers in relation to the environment and how it facilitates communication and interaction.

- Pain or discomfort.
- Dependence.
- Reluctance.
- Mental ill health.
- Physical ill health.
- Resistance.
- Peer pressure.
- Surviving without substance use.
- Acceptance of support.
- Anxiety.
- Embarrassment.
- Interactions and cognitive-communication ability.
- Use of jargon/terminology/dialect.
- The communication approach used.
- Failing to understand what is being said.
- Confidence.
- Strategies/methods for alleviating effects:
 - using a person-centred approach
 - staff training
 - staff knowledge, skills and competence
 - funding and resources
 - service availability
 - family/carer involvement, as appropriate
 - reducing stigma.
- Support at the individual's own level and pace.

Information for tutors

Suggested resources

Books

Allan G – *Working with Substance Users: A Guide to Effective Interventions* (Palgrave Macmillan, 2014) ISBN 9781137278043

Dorling Kindersley – *BMA Concise Guide to Medicine and Drugs*, 5th edition (Dorling Kindersley, 2015) ISBN 9780241201015

Heanue K and Lawton C – *Working with Substance Users (Social Work Pocketbooks)* (Open University Press, 2012) ISBN 9780335245192

Koubel G and Bungay H – *The Challenge of Person-Centred Care: An Interprofessional Perspective* (Palgrave, 2008) ISBN 9780230550773

Life-Style Ebooks – *The Last Addiction Recovery Guide: The Infallible Method To Overcome Any Addiction* (CreateSpace Independent Publishing Platform, 2015) ISBN 9781519741103

Roberts G W and Machon A – *Appreciative Healthcare Practice: A Guide to Compassionate, Person-Centred Care* (M&K Publishing, 2015) ISBN 9781905539932

Sanderson H and Lewis J – *A Practical Guide to Delivering Personalisation: Person-Centred Practice in Health and Social Care* (Jessica Kingsley Publishers, 2012) ISBN 9781849051941

Smith J E and Meyers R J – *Motivating Substance Abusers to Enter Treatment: Working with Family Members* (Guilford Press, 2008) ISBN 9781593856465

White T – *Working With Drug and Alcohol Users: A Guide to Providing Understanding, Assessment and Support* (Jessica Kingsley Publishers, 2012) ISBN 9781849052948

Other

Department of Health – *Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care* (Department of Health, 2003)

Websites

www.drugwise.org.uk	DrugWise – promotes evidence-based information on drugs, alcohol and tobacco.
www.eata.org.uk	European Association for the Treatment of Addiction (UK) – support for aftercare and ongoing recovery.
www.fdap.org.uk	Federation of Drug and Alcohol Practitioners – the professional body for the substance misuse (drugs and alcohol) field
www.gov.uk/government/organisations/department-of-health	Department of Health – research and analysis on drug and alcohol addiction, and obesity: effects on employment outcomes.
www.nice.org.uk	National Institute for Health and Care Excellence – advice on alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.
www.who.int	World Health Organization – includes guidance on substance abuse.

Assessment

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

Unit assessment requirements

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment decisions for learning outcomes 2, 3 and 4 must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 2, 3 and 4.

Assessment of learning outcome 1 may take place in or outside of a real work environment.