

# **Unit 55: Carry out Comprehensive Substance Misuse Assessments**

**Unit reference number: L/616/7426**

**Level: 3**

**Unit type: Optional**

**Credit value: 5**

**Guided learning hours: 30**

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## **Unit summary**

This unit is for those who assess the needs of drug, alcohol or substance misusers with complex requirements and/or those individuals who require more intensive and/or structured care programmes. This unit will enable you to develop the knowledge and skills needed to be able to carry out the delivery of services that meet the wide and varied needs of individuals affected by substance misuse.

In this unit, you will explore the signs, therapies and treatments associated with drug addiction. You will identify person-centred strategies for the delivery of effective care services to address the needs of individuals affected by substance misuse. The unit will also give you an awareness of the challenges faced when delivering services to ensure that the rights and choices of people affected by substance misuse are upheld.

## 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 the signs and implications of a range of different substance misuse-related problems</p>	<p>1.1 Describe the different substances which individuals might use, how they are used and their likely effects</p> <p>1.2 Identify the challenges faced by individuals who misuse substances, e.g. significant psychiatric and/or physical co-morbidity, young people at risk, social problems, legal problems</p> <p>1.3 Explain ways of keeping knowledge about substances and indications of substance misuse up to date</p> <p>1.4 Describe the jargon used by substance misusers in the locality</p>
<p>2 Understand different substance misuse services and interventions</p>	<p>2.1 Describe different treatment interventions and assessment services available in the locality</p> <p>2.2 Describe the eligibility criteria and protocols for accessing services in the locality</p> <p>2.3 Explain how to respond to individuals who do not want to be referred to other services</p>
<p>3 Be able to prepare for substance misuse assessments</p>	<p>3.1 Obtain information on individuals from previous assessments carried out by other services in line with protocols</p> <p>3.2 Establish any particular needs of the individual which will need to be taken into account during the assessment</p> <p>3.3 Fully and accurately record arrangements for the assessment in line with the organisation's procedures</p>

Learning outcomes	Assessment criteria
<p>4 Be able to assess possible risks to the individual in relation to their drugs misuse</p>	<p>4.1 Demonstrate how to assess the risk to individuals from their substance misuse and/or co-existent problems in line with agreed procedures</p> <p>4.2 Explain the importance of regularly reviewing risk assessments for individuals who misuse substances</p> <p>4.3 Demonstrate that the risk assessment takes account of the individual's needs and the legal duty of care to the individual and others</p>
<p>5 Be able to assess individuals' substance misuse and related problems</p>	<p>5.1 Involve the individual in the assessment as far as possible, according to their capability</p> <p>5.2 Assess the nature of the individual's substance misuse problems and related issues</p> <p>5.3 Assess the individual's understanding of services available and readiness to engage in a treatment programme</p> <p>5.4 Conduct the assessment in line with locally agreed criteria and using standardised documentation</p> <p>5.5 Manage challenging, abusive, aggressive or chaotic behaviour</p> <p>5.6 Seek clear conclusions from the assessment to inform the development of a comprehensive care plan</p> <p>5.7 Explain how to involve adults with parental responsibility in the assessment and referral of young people</p> <p>5.8 Describe how to take account of a young person's age and maturity when involving them in assessment</p> <p>5.9 Describe the principles of the relevant legislation in relation to individuals of substance misuse</p>

Learning outcomes	Assessment criteria
<p>6 Be able to follow up the assessment process</p>	<p>6.1 Keep accurate, legible and complete records of the assessment</p> <p>6.2 Continue assessment at appropriate intervals once the individual has commenced a care plan</p> <p>6.3 Provide individuals with accurate and clear information on systems for making complaints about the assessment system and appealing on the decisions</p> <p>6.4 Ensure consistency of approach with other members of the substance misuse service team</p>

### What needs to be learned

#### Learning outcome 1: Understand the signs and implications of a range of different substance misuse-related problems

##### Substances, their use and effects

- Substances:
  - class A drugs include heroin (diamorphine), cocaine (including crack), methadone, ecstasy (MDMA), LSD, 'magic mushrooms'
  - class B includes amphetamines, barbiturates, codeine, cannabis, cathinones (including mephedrone), synthetic cannabinoids
  - class C includes benzodiazepines (tranquilisers), GHB/GBL, ketamine, anabolic steroids, benzylpiperazines (BZP)
  - alcohol
  - prescription medication
  - legal highs.
- How they are used:
  - topical – includes insufflation or snorting and smoking
  - enteral – includes oral and suppositories
  - parenteral – includes injecting into blood vessels
  - pattern of use – typically initially used recreationally, for pain management or relief, to cope with mental ill health then increases to regular use, leading to addiction then dependency.
- Likely effects:
  - mood altering
  - acts as a stimulant, relaxant
  - enhances mood
  - lethargy
  - reduces inhibitions
  - paranoia
  - seizures
  - risks to psychological wellbeing.

##### Impact of substance misuse

- Physical:
  - the risk of the spread of illness or disease through discarded needles and paraphernalia
  - addiction-related accidents and injuries.
    - • Psychological:
  - significant psychiatric and/or physical co-morbidity.
    - • Social/legal/financial:
  - young people, family at risk
  - impact on urgent treatment or accident and emergency services
  - increased rates of petty crime
  - costs associated with crime solving and reduction
  - time lost from work, loss of earnings
  - loss of social life, self-esteem due to dependence.

### What needs to be learned

- Keeping knowledge about substances and indications of substance misuse current, e.g. reflection, peer mentoring, training/education, formal learning, informal learning, shadowing, accessing information from local agencies/national agencies.

#### Jargon

- Slang is often specific to certain geographic areas and can vary from locality to locality, e.g. addict, abuser, junkie, alky.
- Marijuana-Acapulco gold/red, home-grown, tea, weed, kif, weed, smoke, herb, skunk, Mary Jane, blaze, jive, buds, chronic, nugget, Colombo, Pakalolo, dagga, grass, green, hash, pot, reefer, sensi, solid, wacky baccy.

### Learning outcome 2: Understand different substance misuse services and interventions

#### Treatment interventions and assessment services available in the locality

- Support groups and networks, e.g. National Treatment Agency, Addaction, Community for Recovery, Narcotics Anonymous, Cocaine Anonymous, Alcoholics Anonymous.
- GP surgeries.
- Hospitals.
- Treatment centres.
- Criminal justice system: policy, probation services.
- Multi-disciplinary approaches to support.
- Psychopharmacology (drug therapy).
- Psychological therapies.
- Social support, including peers, support groups.
- Inpatient rehabilitation.
- Outpatient treatment programmes.
- Self-help programmes, lifestyle changes.
- Therapeutic community living.
- The 12 Steps Programme.
- Motivational interviewing.
- Coaching.

## What needs to be learned

### Eligibility criteria and protocols

- Age of individual.
- Alcohol/substance-specific eligibility criteria.
- Level of substance use.
- Length of substance use.
- Homeless/offender specific service.
- Risks of substance misuse.
- In line with agreed ways of working for referral.
- Action plan.
- Ongoing assessment.
- Availability of and access to support.

### Responding to individuals who do not want to be referred to other services

- Identifying individual rights.
- Exploring issues identified.
- Person-centred approach.
- Engagement in rehabilitation plan.

### Learning outcome 3: Be able to prepare for substance misuse assessments

#### Obtain information from previous assessments

- Agreed ways of working for obtaining previous substance misuse assessments.
- Other drug/drink agencies, social work or probation and police to get a holistic assessment.
- Abuse history:
  - drink – when individual drinks, how much, spirits, wine, surgical spirit, etc.
  - drugs – how often, where the drugs come from (pharmacy, street), whether the individual injects or smokes, etc.
- The boundaries of confidentiality.
- Recognising the limits and boundaries of own role and responsibilities.
- Utilising reporting and recording mechanisms.

## What needs to be learned

### Establish needs

- Individuals' physical, psychological and mental health support needs.
- Medication requirements.
- Support needs from carers/family.
- Personal safety of individuals and key people.
- How identified risks will be managed.
- Any specialist needs.
- Preferred method of communication and language.
- Religious and cultural needs of individuals.

### Record arrangements for the assessment

- Completion of required documentation.

## Learning outcome 4: Be able to assess possible risks to the individual in relation to their drugs misuse

### Assess the risk to individuals

- Impact of substance misuse on individual and others.
- General and psychological health.
- Risk assessment:
  - amount of substance individual has been taking
  - risk to unborn child if individual is pregnant
  - risk to other family members
  - identification of learning disabilities
  - identification of mental illness.
- Identification of risks:
  - withdrawal, including physical risks such as convulsions and psychological risks such as cravings.
- Risk management.

### Regularly reviewing risk assessments

- Importance of service delivery to meet the changing needs of the individual, e.g. if on a reduction programme or if withdrawal ceases or cravings increase.
- Change in behaviour.
- Changes in wellbeing.
- Change in needs.
- Unmet needs.

### Individual's needs and the legal duty of care

- Ensuring the safety and wellbeing of the individual and others.
- Duty of care to someone with unpleasant/dangerous withdrawal.
- Recognising the limits and boundaries of own role and responsibilities.
- Utilising reporting and recording mechanisms.

## What needs to be learned

### Learning outcome 5: Be able to assess individuals' substance misuse and related problems

#### Individual participation in the assessment

- Non-judgmental approach to assessment.
- Empathetic.
- Maintaining privacy.
- Safety and security of the environment.
- Use of body language.
- Genuine/authentic communication.
- Collaborative approach to assessment.
- Supportive.
- Active listening.
- Reflection.
- Use of questioning.
- Self-awareness.
- Legitimation of individuals' views.
- Respect.

#### Nature of the individual's substance misuse

- Type of use.
- Length of time of use.
- Impact on lifestyle.
- Effect on physical and mental wellbeing.
- Impact on others.
- To cope with trauma/traumatic life events, including bereavement.
- Experience of abuse, including domestic violence.
- Social deprivation and homelessness.
- Workload/academic demands, pressure or stress.
- Self-perception, insecurity.
- Peer or social attitudinal pressure.
- Relationship breakdown.
- Mental ill health, including depression, anxiety, psychoses.
- Learned behaviour, e.g. parental/caregiver influence.
- The availability of and ease of access to substances.
- Injury or illness requiring prescription pain relief leading to continued reliance on prescribed medication to manage or 'block' pain.

## What needs to be learned

- The substance used and how addictive it is.
- Theory of genetic predisposition.
- Lifestyle choices such as consumption of dietary supplements, e.g. steroids, appetite suppressants, alcohol, smoking.

### Engaging in a treatment programme

- Clear exploration of the nature of the treatment programme, i.e. supervised withdrawal or a drug reduction programme.
- Consent to engage in the programme.
- Acceptance of the need for intervention/support.
- Type of treatment, exploring if there is a different drug that helps with controlling symptoms.
- Privacy.
- Dignity.
- Consent.
- Commitment from both sides.
- Willingness.
- Sensitivity.
- Effective communication and interpersonal skills.

### Assessment

- Agreed ways of working for assessing substance misuse.
- Standardised approach for assessing substance misuse.
- Consistency of recording and information gathering.

### Managing challenges

- Assessing, monitoring and managing behaviour.
- Skills to defuse a challenging situation.
- Effective, non-challenging communication.
- Active listening.
- Use of personal space.
- Contact colleagues for support.
- Adherence to policy and procedure.
- Duty of care.
- Safety and security.
- Reporting and recording.
- Limits and boundaries of own role.

## What needs to be learned

### **Development of a care plan**

- In line with agreed ways of working.
- Signposting to other support and advice services.
- Action plan.
- Regular review of care plan.
- Availability of and access to support.

### **Assessment and referral of children and young people**

- Clear roles and responsibilities.
- Appropriate sharing of information.
- Involvement of adults with parental responsibility in assessment, monitoring and review.
- Clear lines of reporting.
- Validity of information contributing to positive outcomes.
- Regular meetings.
- Reporting and recording protocols.

### **How to take account of a child or young person's age and maturity when involving them in assessment**

- Assessment of capacity and understanding.
- Legal ages for consent.
- Level of decision making.
- Previous role and responsibility.
- Previous level of involvement.
- Relationship with parent/carer.

### **The principles of the relevant legislation**

- The Data Protection Act 1998, the Data Protection Bill 2017, the Children's Act 2004, UN Convention on the Rights of the Child 1990.
- The need for consent to share information.
- Understanding when information may be shared without consent.
- Concept of 'need to know'.
- The need for transparent policy and protocols for information sharing.

## What needs to be learned

### Learning outcome 6: Be able to follow up the assessment process

#### Records of the assessment

- In line with agreed ways of working for recording assessments.
- Action plan for follow up.
- Availability of and access to support.

#### Continued assessment

- Meeting/not meeting agreed aims/targets.
- Review of agreed outcomes.
- Changes to treatment programme or support provided.

#### Complaints and appeals procedure

- Local complaints procedure.
- Information provided to meet the needs of the individual.
- Use of advocate/interpreter.

#### Consistency of approach

- Protocols regarding the sharing of information with other members of the substance misuse team.
- Established recording and reporting mechanisms.

## Information for tutors

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### Suggested resources

#### Books

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

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

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

Life: Style – *Addiction: The Last ADDICTION RECOVERY Guide – The Infallible Method to Overcome Any Addiction* (CreateSpace Independent Publishing Platform, 2015) ISBN 9781519741103

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

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

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

#### Other

Department of Health – *Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care* (Department of Health, 2002)

## Websites

<a href="http://www.drugwise.org.uk">www.drugwise.org.uk</a>	Drugwise provides advice, research and information.
<a href="http://www.eata.org.uk">www.eata.org.uk</a>	European Association for the Treatment of Addiction (UK) provides support for aftercare and ongoing recovery.
<a href="http://www.fdap.org.uk">www.fdap.org.uk</a>	Federation of Drug and Alcohol Professionals, the professional body for the substance misuse (drugs and alcohol) field.
<a href="http://www.gov.uk">www.gov.uk</a>	Department of Health, drug and alcohol addiction, and obesity: effects on employment outcomes.
<a href="http://www.intervene.org.uk">www.intervene.org.uk</a>	Intervene provides information and advice relating to treatments.
<a href="http://www.nice.org.uk">www.nice.org.uk</a>	National Institute for Health and Care Excellence, provides information on alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.
<a href="http://www.who.int">www.who.int</a>	World Health Organization, provides 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 3, 4, 5 and 6 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 3, 4, 5 and 6.

Assessment of learning outcomes 1 and 2 may take place in or outside of a real work environment.