

Unit 33: Support Individuals with Issues of Substance Misuse

Level:	3
Unit type:	Optional (Group B2)
Credit value:	4
Guided learning hours:	24

Unit introduction

When working in the care sector, it is important to be able to recognise any signs that may indicate that someone is misusing drugs (illegal, prescription or over the counter), alcohol, solvents, or other substances. There are many risks associated with substance misuse, so care workers need to be clear about which actions need to be taken and how to follow organisational policy and practice to ensure the safety of the individuals, themselves and others.

The unit will enable you to explore the risks and impact of substance misuse on users. You will learn how to refer individuals with indications of substance misuse to other specialist service providers and practitioners where it is the appropriate action. You will explore how to ensure that the correct information is shared according to the requirements of confidentiality and how records are stored, according to organisational requirements and policy. You will also explore your role in monitoring the situation and taking appropriate action as the situation changes.

Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Be able to recognise indications of substance misuse	1.1 Identify different substances which may be misused and their effects on individuals 1.2 Identify possible indications of substance misuse

Learning outcomes		Assessment criteria
		<p>1.3 Identify factors which produce indications that may be interpreted as caused by substance misuse</p> <p>1.4 Demonstrate how to obtain specialist assistance where required</p> <p>1.5 Demonstrate how to keep personal knowledge about substances and possible indications of substance misuse up to date</p>
2	Be able to assess and monitor risk of substance misuse	<p>2.1 Assess the risk to the individual and to others which may result from substance misuse, in accordance with organisational procedures</p> <p>2.2 Review the assessment of risk and explain why this is important</p> <p>2.3 Demonstrate actions which may be required to monitor changes to the situation and level of risk</p>
3	Be able to handle information and maintain records regarding substance misuse	<p>3.1 Demonstrate that accurate, legible and complete records regarding substance misuse have been kept</p> <p>3.2 Explain the rights of individuals in relation to the principles of confidentiality</p>
4	Be able to refer individuals to appropriate services	<p>4.1 Identify different services relevant to substance misuse available locally and nationally</p> <p>4.2 Demonstrate how to refer individuals to services in line with organisational requirements</p> <p>4.3 Provide referral services with complete and accurate information relating to the individual in line with organisational requirements</p>

Unit content

What needs to be learned

Learning outcome 1: Be able to recognise indications of substance misuse

Substances which may be misused

- 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).
- Illegal drugs.
- Prescription drugs.
- Over-the-counter drugs.
- Alcohol.
- Solvents.

Effects on individuals

- Effects, e.g. acts as a stimulant, relaxant, enhances moods, lethargy, reduces inhibitions, dependence, overdose, health risks, paranoia, seizures, risks to psychological wellbeing, loss of social life and/or earnings, lack of self-esteem due to dependence.

Indications of substance misuse

- Psychological, e.g. mood swings, paranoia, hallucinations, irritability, depression, uncontrollable desire or need to drink alcohol or take substances, even on waking.
- Social, including, e.g. increasing isolation, neglecting personal hygiene and appearance, loss of interest in activities and hobbies, lack of money or the need for more money to feed habit, behaviour changes, reduced inhibitions, drinking alone or in secret, neglect of responsibilities, self and others, increased risk taking and aggression, financial instability, use of substances or alcohol to function on a daily basis.
- Physical, e.g. flushed skin, broken capillaries on the face, trembling hands, bloody or black/tarry stools or vomiting blood, withdrawal symptoms when stopping or significantly reducing substance or alcohol intake, e.g. ranging from sweating and nausea to anxiety, seizures and delirium tremens, drinking to excess, blackouts or memory loss, increasing tolerance of alcohol, dilated pupils, involuntary muscle twitching, shaking or teeth clenching, chills and sweating, trouble sleeping or sleeping more than usual.

What needs to be learned

How to obtain specialist assistance where required

- Referral/self-referral.
- Case review.
- Request.
- Part of treatment plan.
- Assessment of need.
- Progress update.

How to keep personal knowledge about substances and possible indications of substance misuse up to date

- Research.
- Information exchange.
- Journals, books, the internet.
- Training.
- Conferences.
- Shadowing.
- Mentoring.

Learning outcome 2: Be able to assess and monitor risk of substance misuse

Assess risks

- Use of drug/alcohol screening tools.
- Assess drug/alcohol use.
- Impact on individual and others.
- Social situation.
- General and psychological health.
- Risk assessment.
- Identification of risks.
- Risk management.
- Review of assessment.

Monitor risks

- Referral to drug treatment agency.
- Signposting.
- Action plan.
- Regular review.

What needs to be learned

- Ongoing assessment.
- Availability of and access to support.

Learning outcome 3: Be able to handle information and maintain records regarding substance misuse

Records regarding substance misuse

- Referral/self-referral.
- Care planning – identifying medical and psychological needs.
- Screening to ascertain level of use of drugs/alcohol.
- Risk assessment of immediate/long-term needs on individual and others.
- Reporting concerns.
- Supporting individuals to raise concerns or make complaints.
- Whistleblowing.

The rights of individuals and the principle of confidentiality

- Principles of current legislation, e.g. the Data Protection Act 1998.
- 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.

Learning outcome 4: Be able to refer individuals to appropriate services

Services for substance misuse

- Support groups and networks, e.g. National Treatment Agency, Addaction, Community for Recovery, Narcotics Anonymous, Cocaine Anonymous, Alcoholics Anonymous.
- Treatment centres, e.g. hospitals, GP surgery.
- Criminal justice system, e.g. police, probation services.
- Multidisciplinary approaches to support, psychopharmacology (drug therapy), psychological therapies.
- Social support, including peers, support groups.
- Inpatient rehabilitation and outpatient treatment programmes.
- Self-help programmes, lifestyle changes.
- Therapeutic community living.
- The 12 Steps Programme.

What needs to be learned

- Motivational interviewing.
- Coaching.

Refer individuals to services

- In line with agreed ways of working.
- Signposting.
- Action plan.
- Regular review.
- Ongoing assessment.
- Availability of and access to support.
- Provide referral services with information relating to the individual.
- Boundaries of confidentiality.
- Progress.
- Engagement in rehabilitation plan.
- Progress of plan.
- Agreed goals.
- Outcomes met.
- Issues encountered.
- Risk identified.
- Risk management plan.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real working environment, where evidence is naturally occurring and collected over a period of time. Assessment decisions for all learning outcomes (competence) 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 any learning outcome.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

Suggested resources

This section lists resource materials that can be used to support the delivery of the qualification.

Textbooks

British Medical Association – New Guide to Medicines and Drugs
(Dorling Kindersley, 2015) ISBN 9780241183410

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

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

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 2002a)

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

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) provide support and advice in relation to recovery.
www.fdap.org.uk	Federation of Drug and Alcohol Professionals is the professional body for the substance misuse field (drugs and alcohol).
www.gov.uk	Department of Health shapes and funds health and care in England. Drug and

alcohol addiction, and obesity: effects on employment outcomes.

www.nice.org.uk

National Institute for Health and Care Excellence –alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.

www.who.int

World Health Organization guidance on substance abuse.