Ethics in Practice, Part 6: Modern Ethics in Addiction Treatment & Panel Discussion

Presented by: Aaron Weiner, PhD, ABPP, MAC Additional Panelists: Mita M. Johnson, EdD, LAC, MAC, SAP, CTHP-II; Thomas Durham, PhD; Angela Maxwell, PhD, CSAPS
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Goals for the Day

• Learn about core concepts, ideas, and situations …
  … and then look at the ethical angles
• Engage with ideas and situations in new ways
• Think broadly
• Any recommendations are my own unless cited
• Let’s chat!
  • Disagreement is fantastic

Ethics: Why?

• Ethical decisions are everywhere!
• Ethics protect our integrity as practitioners
• Ethics protect the integrity of the field
• Ethical dilemmas are tricky and grey by nature
  • BUT our understanding of ethical principles helps us through these situations
• Thinking things through beforehand can remove some of the bumps
Ethics: What?

• A set of standards that represent the values of an individual or profession
• Ethical issues involve CONFLICT
  • Between ethical principles within a code
  • Between personal vs professional ethics
  • Between ethical responsibility, legal responsibility, and/or economic responsibility
  • Between different stakeholders
  • Between individual vs public interests
• Who’s to say what’s the “right thing”?

Poll #1: Scenario

• You have a new male client who reaches out to you on a Friday, and who would like to stop misusing prescription opioids. He is currently taking an average of twelve 5mg hydrocodone pills per day, which he currently buys each week from drug dealers. He is open to going to a MAT clinic for buprenorphine, but the soonest appointment for an induction is a week away. He is not willing to admit for medical detox per your recommendation, because he states will lose his job if he misses time. He is also not willing to go through a week of withdrawal. He asks: “well, what should I do in the meantime?”
• Poll: What do you say to this client?
• Why? What principles apply?
Drug Testing Basics

- A test for a substance or metabolite
- Provides a (generally) reliable indicator of recent use
- Sample Types
  - Urine
    - Most common test, highest concentration of substances (longer detection window)
    - Sample tampering is possible
  - Serum/Blood
    - Nearly impossible to tamper
    - Can be collected when urine is not available
    - Less concentrated (shorter detection window)
  - Others (saliva, sweat, hair, etc.)
    - Much less concentrated, but also less invasive
    - Can be easier to accidentally contaminate
    - Analyses less available

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Drug Testing Basics

- Variable half-lives and detection windows
  - Most substances are less than 1 week
- Two primary testing methods
  - Enzyme Immunoassay (EIA)
    - Pros: Fast results, low resource utilization
    - Cons: Can’t be precise
  - Liquid-Chromatography/Mass Spectrometry (LC/MS)
    - Pros: Highly sensitive, very difficult to tamper
    - Cons: More expensive, potentially longer turnaround time, potentially limited access

![Drug Testing Basics](image)

What is the utility of drug screens?

- Treatment
  - Biomarkers vs. self-report
  - Therapeutic tool for supporting recovery vs exacting punishment
  - Both positive and negative tests can be an opportunity for growth and/or encouragement
  - Potential marker of treatment progress
- Assessment
  - Assist in treatment planning
  - Discover potential contaminants
- Monitoring

![Drug Testing Basics](image)

What are the downsides to drug screens?

- "Gotcha" mentality
- Does abstinence = success?
  - Days using, quantity, etc.
- Cost to clients
- False positives
- Observed screens can be embarrassing for clients
- Frequent screens can sometimes communicate lack of trust

![Drug Testing Basics](image)
Ethical Considerations

- What is your responsibility as a treatment provider to find out the "truth"?
  - Beneficence vs. Respect for Autonomy
  - Does this change if a client is justice-involved?
- How do cost considerations factor in?
  - Ethical vs financial responsibilities
  - Presumptive vs. definitive testing
- For independent practitioners: are you drug screening at all? Do you have a partnership for this?
  - Beneficence, Competence

UDS Best Practices

- Select tests and schedules specifically for your purpose
  - Frequency, treatment context
- Avoid over-testing
  - Start with a screening, confirm specific substances

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UDS Best Practices

• Select tests and schedules specifically for your purpose
  • Frequency, treatment context
• Avoid over-testing
  • Start with a screening, confirm specific substances
• Schedule randomly
• Use as a tool to promote growth and change
• Lastly: a quick note about ethyl glucuronide (EtG) testing

Administrative Discharge

• Discharge initiated by a treatment center or housing environment
  • Generally either for...
    • Repeated positive urine drug screens
    • Infractions against center policy
  • Generally viewed as positive or necessary for patient, treatment center, or both
• Separating a vulnerable party from treatment for their condition...
  • How is this decision made? What are the guidelines?

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Five Questions to Consider

- Is the client benefitting from treatment?
  - Beneficence, Competence
- Is the client attempting to adhere to treatment center guidelines?
  - Stewardship, Justice
- What is the impact of the patient on the rest of the milieu?
  - Responsibility for one vs. everyone
- What would be the psychological impact on the patient of the discharge?
  - Conscientious Refusal
- Does the patient have a follow-up plan after discharge?
  - Competence, Beneficence

Checking Our Assumptions as Clinicians

Recognizing and addressing what we bring to the table

Identifying our Lens

- What are our biases about individuals in addiction and recovery?
  - Lived experience?
  - Family? Clinical experience?
  - “Frequent Flyer”
- What are our biases about the process of treatment?
  - How quickly would you move beyond your training?

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Capacity - A Complicated Question

- If addiction is a "disease of the brain," what are the implications for addiction-related behavior?
  - Neurological factors do exist
  - Passive vs. volitional consciousness and decisions

(Buchman, Skinner, & Illes, 2010)

States with involuntary commitment laws

(Backman, Skinner, & Illes, 2010)

Capacity - A Complicated Question

- If addiction is a "disease of the brain," what are the implications for addiction-related behavior?
  - Neurological factors do exist
  - Passive vs. volitional consciousness and decisions
  - What obligation might family, providers feel to guide patients in the "right" direction?

(Buchman, Skinner, & Illes, 2010)
Poll #2: Scenario

You are treating a patient in an IOP program for opioid use disorder, and who has a previous history of overdose. She is not on any maintenance medications by personal preference. Yesterday she shared in group therapy that she is struggling with cravings, and worries that she will relapse on heroin. Today she has no-showed, she is not responding to her phone (nor are her emergency contacts), and you are worried she may have relapsed. Deepening your concern, as she has been off opioids for 6 weeks, she is at greater risk of overdose if she resumes use.

Do you call in a safety check? Why or why not? What ethical principles apply?

Enabling

- Actively encouraging a behavior to persist or grow
- Allowing a behavior to persist through your intervention
  - Prevention of natural consequences
- Distinguishing between helping and enabling is crucial for family members
  - Autonomy and Competence
- Empowering the patient is also essential
  - Dignity and autonomy

“Tough Love” & Shaming

- “Tough love” – Being verbally harsh and aggressive with an intent to motivate behavior change
  - Often confused with honesty, directness, and offering candid feedback
- Can be humiliating and generate shame
  - Mixed literature on shame: can be maladaptive or protective depending on mediating factors
- Practice is not consistent with models of therapeutic intervention
  - Patient as expert, integrity, respect for dignity, nonmaleficence

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Poll #3: Ethical Question!

New Jersey is prioritizing cigarette smokers for COVID-19 vaccines because of their risk of severe disease

Should smokers jump to the front of the line?

What's your reaction?

Stigma and Addiction

- Addiction is a highly stigmatized condition
  - ...why should it be, factually?
  - One theory: others take the behavior personally
- We have pejorative words for the population
  - Addict, junkie, dirty (vs. clean)
- We have violent terms for the act of using
  - Drug abuse, shoot up
- We arrest, and sometimes incarcerate, users
- Does society treat it like a crime? A moral failing? A simple choice? Or a complex medical/behavioral problem?
Why does stigma matter?

- Stigma harms the psychological well-being of users
  - More so than for other behavioral health
- Stigma impacts our legal system, our medical system, and our legislative system
  - Individuals in this population often cannot advocate for themselves
- Stigma decreases the chance someone asks for help
  - May increase overdose risk

It's on us to redefine the narrative of addiction
With our treatments, with our actions, and with our communication

Language – What can we do?

- Use person-first language
  - Someone has an addiction, is not an addict
  - Someone has an alcohol problem or struggles with alcoholism, is not an alcoholic.
  - We are not defined by a disease we have
  - Commonplace in most other parts of medical and behavioral healthcare
- This can be a challenging shift
  - Clients may self-identify as their disease
    - What's good for the goose may not be good for the gander
    - But that doesn't mean the goose can't do it!

Language – What can we do?

- Eliminate the word “abuse”
  - Shown to increase stigmatizing attitudes, even in clinicians(!)
  - Viewed as more personally culpable and deserving of punitive action (rather than therapeutic action)
- Eliminate “clean” and “dirty” from dialogue with clinicians and patients
  - Not medical terminology – there are no “dirty” mammograms
  - In this context, “clean” is referential to “dirty”
  - Urine drug screens are positive or negative

When we start to talk differently, we start to think differently

When we start to think differently, society will start to think differently

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Panel Discussion

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