

The Federation of Drug and Alcohol Professionals (FDAP) have just launched a new code of practice for workers in the substance misuse field.

What is the thinking behind it and what will it mean for practitioners and clients?

Making the code

‘FDAP IS ALL ABOUT HELPING to improve standards of practice across the field, and we see our new code of practice as one key element of this’, says FDAP Chief Executive, Simon Shepherd. The code is intended to give clear guidance on issues of professional and ethical practice, and ‘although we are only able to enforce it with our members (through our complaints and disciplinary procedures), we hope that it will also help to inform practice across the field,’ he says.

The code is based on core values of fairness, dignity and respect – between practitioners and their clients, and between practitioners and their colleagues – and was drawn up in consultation with a wide range of practitioners and other agencies (including The Alliance, EATA, DrugScope, Alcohol Concern and the NTA).

According to Shepherd, one of the key aspects of the code, and the one which generating the greatest amount of debate during the consultation process, is the issue of ‘fitness to practise’ for people who have, or have had, problems with drugs or alcohol themselves.

‘Traditionally there has been a view that people with on-going drug or alcohol problems should not work in this field. And many take the line that they should not do so for at least two years of having had a problem (the so-called ‘two-year rule’). While some practitioners felt that this made sense, many more felt it unfair and short-sighted, and we ultimately concluded that a more flexible approach was needed.’

The code makes it clear that practitioners ‘...should never practise while their competence is impaired by the use of any mood altering substance’.

Yet there is no blanket ban here on people with recent or even on-going drug or alcohol related problems from working in the field.

‘It is true that an ongoing drug or alcohol problem is likely to compromise a person’s ability to practice, and that working in this field if you have had recent difficulties in this area may also be potentially problematic, not only for the client but also for the practitioner themselves’, says Shepherd. ‘Yet we need to acknowledge that former users often have a particular contribution to make’. He believes that the same can also often be true for people on an ongoing methadone script for example, pointing to the excellent work of service-user advocates working for The Alliance.

‘There are two fundamental questions here,’ according to Shepherd: ‘Can a person provide a good service to the client, and is it safe for their own wellbeing for them to do so? If the answer to both questions is yes, there’s no reason why they shouldn’t do the job.’

The line taken in the code is that workers have a professional responsibility to acknowledge where their fitness to practise might be impaired (whether by a drug of alcohol problem or some other issue); to not practise where this is the case; and to seek professional guidance from a senior colleague where they are in any doubt about the matter.

Another potentially contentious area is that of relationships between practitioners and clients. Here, the code acknowledges that ‘practitioners must recognise that they hold positions of responsibility and that their clients and those seeking their help will often be in a position of vulnerability’ and makes it clear that they must not abuse their position in any way, including by [engaging] in sexual relations, or

any other type of sexualised behaviour’, with their clients.

But while acknowledging that considerable caution should be exercised before entering into any form of relationship (personal or business) with former clients, here too FDAP has opted against blanket bans – recognising that they are simply unworkable – pointing out that workers should ‘exercise considerable caution and consult their supervisor before entering into... relationships with former clients’ and making it clear that they ‘should expect to be held professionally accountable if the relationship becomes detrimental to the client or to the standing of the profession’.

And there is also a strong emphasis on the need for client consent to any work and on respect for the individual – ‘a particularly important consideration in a context of increasingly volatile calls for compulsory interventions and the tendency among politicians and commentators to forget about the people behind the problem’.

As well as placing ultimate responsibility for their practice on workers themselves, the code consistently emphasises the importance of regular supervision and the need to consult with a supervisor whenever they are in any doubt about how to handle a particular situation.

Much of this has come through the consultation process, according to Shepherd: ‘The advice we got through consultation is that practitioners shouldn’t keep things to themselves. They should be willing to be guided by a supervisor’.

‘We also need to protect and support practitioners, who are working in often challenging and difficult situations – and the guidance and support that supervisors can give is important here too.’

As Shepherd said at FDAP’s annual conference last month, ‘Ultimately our code of practice is about protecting both clients and practitioners – and is a key component in our work to drive up standards in the field, along with our work on improving the dissemination of information to the field and on professional certification.’

Introducing the CoP alongside Drink and Drugs News, at FDAP’s conference last month, Shepherd was swift to emphasise the connection between driving up standards and improving the flow of information to members.

‘The magazine will enhance what we’re doing on improving standards of practice – it’s all about getting people the information they need to do their jobs.’ And in the next issue of Drink and Drugs News we will look at another strand of their work, their new DANOS-based Drug and Alcohol Professional Certification.

Visit drinkanddrugs.net for a full version of FDAP’s revised Code of Practice for Drug and Alcohol Professionals. **DD**

FDAP code of practice Key points

General

- Act responsibly and professionally at all times.
- Respect the client’s rights and interests – being responsive to issues of diversity.
- Acknowledge the difference between fact and opinion.
- Cover your work by insurance.

Service provision

- Base services on assessment of individual need.
- Consult with the client to draw up a plan of action.
- Provide a service only when appropriate.
- Seek alternative services where your own is not appropriate.

Professional competence

- Keep knowledge and skills up to date.
- Present qualifications and experience accurately.
- Don’t practise if your ability is compromised by any ongoing problem related to alcohol, drugs, stress, or illness.
- Never work when your fitness to practise is impaired by a mood-altering substance.

Consent

- Gain informed consent before providing any service.
- Take into account that some people’s capacity to give consent may be diminished.
- Don’t exaggerate the effectiveness of services you can provide.
- If you impose conditions on continuation of your service, get approval of a supervisor.
- Recognise the client’s right to withdraw consent at any time.

Confidentiality

- Except under exceptional circumstances, don’t disclose any information without your client’s consent.

- If you believe a client poses serious risk of harm to themselves or others, consider disclosing information about the client without their consent, but seek consent first and consult a supervisor.
- Don’t publish information about clients without written agreement.
- Keep client records secure and comply with the Data Protection Act.

Client relations

- Recognise that you hold a responsible position and your client is vulnerable.
- Don’t abuse clients’ trust for any sexual, emotional or financial advantage.
- Exercise caution and seek a supervisor’s advice before entering into a personal or business relationship with a former client.
- Don’t carry out an assessment or intervention with, or provide supervision to, anyone with whom you have an existing relationship.
- If you come into contact with an existing or former client through a self-help group, handle contact carefully and seek a supervisor’s advice.

Professional supervision

- Have regular professional supervision to guide and support your practice.
- If you have any doubts on handling a situation seek guidance from your supervisor.

Professional standards

- Do not condone, support, conceal or enable unethical conduct of colleagues.
- Explain to your clients their rights in making a complaint about yourself or a colleague.



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