

THE FUTURE OF SOCIAL WORK PRACTICE IN ADDICTIONS

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Abstract: *Few social workers specialize in addictions practice. That number may grow in the years ahead due to demographic changes in the population, an expanding definition of addiction, and other factors. Social workers in all areas of practice see clients with addictions and their family members, but there is a large gap in the numbers who need treatment and receive it. The social work workforce of the future must be better equipped to develop and identify prevention and treatment services that are both appealing to clients and effective. These services may need to be offered in other setting where clients are seen. There is also much work to be done in the years ahead in the political environment to make treatment available and to see that individuals with addictions are treated fairly. Substantial research is being conducted on genetics and the brain chemistry of addiction. Psychosocial factors are also believed to play a substantial role in the development of addictions, thus ensuring social workers place in the addictions field in the years ahead.*

Keywords: future, social work, addictions

INTRODUCTION

Social workers have assisted individuals with addictions and their families since the earliest days of the Charity Organization Societies (COS) and settlement house movement (for a history, see Straussner & Fewell, 1996; Straussner & Senreich, 2002). Though the sin and moral models of alcoholism were prominent, Mary Richmond (1917), a notable COS leader, had a more enlightened view of the problem. She referred to "inebriety" as a disease and encouraged early identification and treatment. Richmond developed an alcoholism assessment instrument that remains a model for those used today. In these early days of the profession, social workers addressed alcohol problems through the temperance movement and their work in public welfare, child welfare, the workplace, and other practice arenas. There was little focus on specialty alcoholism treatment programs until the mid-1900s. Among the most notable accomplishments of social workers during this period was the work of Gladys Price, Margaret Cork, and Margaret Bailey, particularly with families of alcoholics (Straussner & Senreich, 2002).

Developments in the 1970s led more social workers and other helping professionals to enter the field of addictions. The federal government established the National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institute on Drug Abuse (NIDA); and Alcohol, Drug Abuse, and Mental Health Administration, now the Substance Abuse and Mental Health Services Administration (SAMHSA). These government entities lent legitimacy to work in the field of alcohol and drug problems, and federal financial assistance became available to students interested in preparing for careers in these fields. Today, social workers hold some of the top positions in government agencies like SAMHSA.

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In 1995, the National Association of Social Workers (NASW) established a specialty practice section for members specializing in alcohol, tobacco, and other drug (ATOD) problems and more recently began offering an ATOD specialty clinical credential. The first social work journal devoted to addictions, *Journal of Social Work Practice in the Addictions*, was established in 2001. In 2003, a social worker became president of the Association for Medical Education and Research on Substance Abuse. Social workers are taking a more active role in addictions research with the help of initiatives like the NIDA-funded social work research development programs launched in 1999. Their intent is to make social workers more competitive in obtaining federal research funding. These events indicate that social workers will assume more leadership roles in the addictions field in the future.

FUTURE EXPANSION OF THE ADDICTIONS FIELD

The field of addictions practice for social workers and other helping professionals can be expected to grow for at least six reasons. First is population growth and related demographic changes. Life spans are increasing, even for those with alcohol and other drug problems. Given that the baby boomers (those born between 1946 and 1964) are the first generation with wide exposure to illicit drugs, social workers will be seeing more older people with problems related to illicit drug use as well as alcohol and prescription drug use. Another demographic feature of concern is the large number of immigrants coming to the U.S. Many immigrants have been victims of war, genocide, extreme poverty, and other horrific conditions in their homelands or as refugees in other countries (see, for example, Amodeo, Robb, Peou, & Tran, 1996; McNeece & DiNitto, 2005). They may turn to alcohol and drugs, including substances indigenous to their homelands, to assuage the pain from these ordeals (see, for example, Mokuau, 1999). Social work's attention to culturally relevant models of practice can be useful in identifying and treating these problems.

A second reason that social workers will become more involved in the field is that the term addiction is now widely used to include more than substance use disorders. Broadly defined, addictions now include compulsive behaviors such as gambling, sex, eating, shopping, and Internet use (see, for example, van Wormer & Davis, 2003). The Internet has fueled addictions with access to games of chance (like video poker), shopping opportunities (that also abound on TV), and sexual images. Immigrants may bring culturally-based addictions to behaviors not previously recognized in the U.S. Undoubtedly the term addiction will come to include even more behaviors, and social workers will be seeing more clients with addictions.

A third reason that social workers' involvement in addictions prevention and treatment will continue to grow is rapid expansion of knowledge in the field. The number of psychosocial treatment approaches has grown to include brief and very brief interventions, the community reinforcement approach (CRA) for treating alcohol dependence and variants of CRA for other drug disorders, voucher reinforcement therapy, network therapy, and other models (for an overview of the range of treatment approaches, see McNeece & DiNitto, 2005). More medications are being tested and approved for use in the addictions field, such as naltrexone for alcohol dependence and buprenorphine for opiate (heroin) dependence. Social workers are contributing to the research done on medications as well as psychosocial treatments (Zweben, 2001). With these new technologies comes the hope

that more people with addictions will be attracted to treatment, helping to close the huge gap between those needing and those receiving treatment, and providing more practice opportunities for social workers.

A fourth reason for continuing growth of the field is recognition that addiction often occurs with a wide variety of other diagnoses, including mental and physical disabilities (DiNitto & Webb, 2005). Though clinicians in the fields of mental illness, spinal cord injury, traumatic brain injury, and so on, have often thought that alcohol and other drug problems would remit with adequate treatment for the mental or physical disability, most are now aware that alcohol and drug problems are conditions that require treatment in their own right. This has led to the development of integrated models for treating co-occurring disorders and the need for professionals like social workers interested in providing these treatments.

Fifth is the sheer numbers of clients with addictions, primarily alcohol and other drug problems, seen in settings such as child protective services and adult and juvenile corrections. Some of the largest addictions treatment programs are now housed in correctional institutions. Many more individuals are being directed to addiction treatment programs in order to keep or have their children returned or to fulfill conditions of probation or parole. Sixth is that most insurance plans include treatment for addictions. With this coverage also comes more demand for the services that social workers provide, including social workers in private practice.

FUTURE OF ADDICTION POLITICS

Despite lip service in the U.S. that addictions should be treated as diseases or public health problems, the political climate remains imbued with a criminal justice perspective (for overviews of this topic, see DiNitto, 2002, 2005; McNeece & DiNitto, 2005). This perspective is commonly called the "war on drugs." Of the \$12 billion annual, national drug control budget, about 45 percent goes to "demand side" efforts (treatment, prevention, and related research), while 55 percent goes to "supply side" efforts (law enforcement and interdiction) (Office of National Drug Control Policy, 2004). Given evidence that \$1 spent on treatment results in \$12 saved in criminal justice, health care, and related costs (NIDA, 1999), social workers will continue to make a case for shifting more funds to treatment. Social work is one of the few helping professions in which information on political action and advocacy must be part of the curriculum. NASW's code of ethics includes obligations for advocacy and political participation. In the decades ahead social workers have much to do and "undo" in the political arena in order to see that treatment is readily available, affordable, and more consistent with social work values and ethics.

There are some signs that the U.S. "war on drugs" is abating (DiNitto, 2002). Community drug courts, some with social work staff, offer treatment rather than prosecution, generally to first-time, non-violent drug offenders whose crimes are minor. Proposition 36 in California diverts first- and second-time drug possession offenders to treatment rather than incarceration. In the coming decades social workers have a lot to do in seeing that all incarcerated individuals with addictions have access to treatment and in helping to divert more offenders away from prisons and jails and into treatment.

Other aspects of decriminalization also warrant social workers' serious consideration

in the years ahead, such as reduced penalties for possession of small amount of drugs like marijuana and the availability of marijuana for medical purposes. Work is also needed to reduce the penalties for crack cocaine offenses since they are much stiffer than the penalties for offenses involving powdered cocaine. This will bring more equitable treatment for the disproportionate number of poor people and African Americans convicted of crack cocaine offenses (United States Sentencing Commission, 2002).

Political action by social workers is also needed in other aspects of social welfare policy, primarily public assistance and other cash and in-kind benefit programs. Alcohol and drug problems are the only disabilities that can keep otherwise qualified individuals from receiving Supplemental Security Income and Social Security Disability Insurance. Felony drug convictions are the only convictions that can keep otherwise qualified individuals from receiving Temporary Assistance for Needy Families and food stamps. Public housing tenants can be evicted if any member of their household is using drugs. A college or university student with a drug conviction as an adult is ineligible for federal student financial aid for a designated period of time. The Americans with Disabilities Act does not provide individuals who currently use illegal drugs or whose job performance is impaired by alcohol use with same degree of employment protections as individuals with other disabilities. Children may be removed from homes where a parent is using drugs without evidence of child abuse or neglect. Women have been arrested and incarcerated for using drugs while pregnant even though a fetus has no legal standing as a person. Such policies may violate the equal protection and due processes clauses of the U.S. Constitution, requiring social workers' continued vigilance and activism to prevent civil rights infringements.

While trying to reverse or modify public policy that treats individuals with alcohol and drug problems and their families in unjust or punitive ways, there is much proactive work to do in the political arena in the years ahead. Progress has been made in increasing health insurance parity for alcohol and drug treatment, though it lags behind coverage for physical and mental health treatment. Managed care has taken a toll by limiting access to the type and amount of alcohol and drug treatment (see, for example, Hay Group, 2001). Especially problematic is that millions of Americans have no health insurance coverage. Insurance coverage not only affects patients' or clients' access to treatment, it also affects social workers' and other providers' access to reimbursement for their work. Social workers will continue to press for some type of national health insurance program that includes coverage for addictions treatment and for full parity in all insurance plans.

Harm reduction approaches are consistent with the social work philosophy of "starting where the client is" and dignity and worth of the individual. Some harm reduction strategies such as heroin replacement therapy are too radical for the U.S. government to consider, but other approaches are also ignored. For example, the federal government has refused to fund needle-exchange programs despite acknowledging that this approach can reduce HIV transmission and does not promote injection drug use ("Research shows..." 1998). To save more lives, social workers must think of ways to promote harm reduction that are palatable to elected officials and the public.

FUTURE OF THE ADDICTIONS WORKFORCE

An estimated 2 percent of NASW members ("72 Percent Work..." 2001) and 3.3 percent

of licensed social workers (Center for Health Workforce Studies, 2005) in the U.S. call addictions their primary practice area. Perhaps more would do so if evidence indicated that social workers are particularly effective in preventing and treating addictions. There are, however, no data to indicate that any particular profession is best suited to treat clients with addictions. It is also difficult to make a case for any particular treatment approach (Project MATCH Research Group, 1997). The limited research on the subject suggests that alcohol and drug therapists' interpersonal skills rather than their credentials are key ingredients in promoting treatment effectiveness (see, for example, Najavits & Weiss, 1994; Project MATCH Research Group, 1998). Nevertheless, Straussner and colleagues (Straussner & Fewell, 1996; Straussner & Senreich, 2002) believe that social work, which is based in systems theory, the person-in-environment perspective, and a biopsychosocial approach, is "an ideal discipline" for work in the field of addictions. This statement is particularly interesting at this juncture when substantial resources are being expended on understanding the genetics and brain chemistry of addiction. In the future, testing for genetic markers may replace criteria found in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000) and the paper and pencil and verbal assessment tools that social workers and others now use to identify addictive disorders. Gene therapy and medications that alter brain chemistry might also make psychosocial treatments for addictions obsolete.

Social workers espouse a biopsychosocial approach to addictions prevention and treatment but are necessarily heavier on the psychosocial aspects than biological aspects. Though really still in their infancy, psychosocial approaches are the mainstays of the mutual-help movement and addiction treatment programs. Medications to treat addictions are newer still and are only recommended in conjunction with psychosocial services. Many people believe that while genetics and brain biology are important pieces of the puzzle in unlocking the mysteries of addiction, psychosocial factors play equally important roles, thus ensuring a place for social workers in addiction prevention and treatment in the future (Wilcox & Erickson, 2005). It might also be argued that greater efficiency would accrue if a single treatment professional were able to address the biological aspects of addiction (including the prescribing of medications) as well as psychological, social, and spiritual aspects. The addictions workforce of the future may be "up for grabs." On one hand, it may go to the lowest bidder—those who can perform the work at the lowest cost—as often seems to be the case today. On the other hand, highly skilled professionals commanding larger salaries may be needed to address the complex problems of individuals who have addictive disorders and those with co-occurring mental and physical disorders.

Though only a small number of social workers identify addictions as their primary area of practice, their involvement with clients who have addictions is better demonstrated by a survey of NASW members which indicated that 71 percent had "taken one or more actions in relation to clients with substance abuse disorders in the past year" (O'Neill, 2001, p. 10). At a minimum, social workers in all practice settings must be prepared to screen clients for alcohol, drug, and other addictions and refer clients to specialty treatment as necessary. Since there will not likely be sufficient number of social workers or other professionals in specialty addictions programs to meet the demand for services, professionals in a wide variety of settings must be prepared to incorporate treatment for addictions

(see Miller & Weisner, 2002). To achieve this goal, AMERSA's Strategic Plan for Interdisciplinary Faculty Development encourages integration of substance abuse content in all required social work courses and an increase in the number of certificate programs in substance abuse (Straussner & Senreich, 2002). Despite urging, there is no indication that the Council on Social Work Education, the accrediting body for social work education programs, plans to adopt any requirement specific to addictions content.

In 2003, NASW began a workforce initiative "to determine the number of social workers; the jobs they perform; credentials they need; compensation and reimbursement; professional development needs; licensing needs; articulation of practice domains; avenues of administrative, regulatory and legislative advocacy; and other social work workforce issues" (O'Neill, 2003, p. 1). This is an important undertaking as members of the various helping professions, including addictions counselors without degrees in the helping professions, vie with each other for jobs and prominence. Social workers can help secure their place in addictions prevention and treatment by (1) developing and identifying effective prevention and treatment approaches, (2) obtaining the knowledge and skills needed for work in the field, and (3) providing evidence that they can help clients become abstinent or reduce use and achieve other treatment goals. Clients and third-party payers are expecting nothing less.

CONCLUSIONS

The definition of addictions is expanding and along with it the number of individuals needing addictions treatment. Knowledge about addictions and the repertoire of skills needed to practice in the field are also growing rapidly. Social workers are playing a more prominent role in developing new technologies in order to encourage more people to engage in treatment and to improve treatment outcomes. Social workers in all settings are facing increased pressure to ensure rapid transfer of these technologies to practice and also to demonstrate that they can effectively treat clients with addictions. Equally important for the future is for social workers to insure that everyone with an addictive disorder has access to affordable and effective treatment.

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