

Review Article

Managing Substance Use Disorders and Addiction: How to Integrate Professionalism and Ethics with the Complexity of Diagnosis and Therapy

Nurunnabi ASM¹, Nahar S², Akhter N³, Shaikh MAK⁴, Rahman MF⁵, Sultan MT⁶

ABSTRACT

Physicians and other healthcare staff who work with the patients having substance use disorders (SUDs) and addiction have to deal with different and complex scenario invariably in comparison to other healthcare providers dealing with regular medical services sought by the patients. Hence, the unconventional nature of practice regarding patients of SUDs and addiction and the diverse range of backgrounds among substance use workers, e.g., psychiatrist, general physician, nurse, psychotherapist, counsellor, social worker, and public health specialist highlights the universal relevance of being more professional and more ethical in practice. They are expected to demonstrate a variety of ethical and professional competences to safeguard themselves and others involved. Clinical team engaged in such activities requires specific ethical training that can help them face specific ethical dilemmas and guide through deeper consideration of those pressing and complex issues, using specific framework, professional guidelines, or institutional management approaches. Professional societies and accrediting institutions should apply their authority to establish practice standards, competencies, regulatory procedures, and codes of ethics to help guide practice and protect public trust and confidence. For the team involved in practice, it is important to become familiar with and adhere to the principles and values that define professionalism and ethical conduct in care for patients suffering from SUDs and addiction. The review paper aims to examine the intersection of professionalism and ethics with the complexity of diagnosis and therapy in this specific area of practice. Besides, some frameworks will be highlighted which may help healthcare providers to foster ethical decision making. It is also a modest effort to show some new insights for improving the quality of care in addiction and mental health by the professional team and healthcare organization from both clinical and operational viewpoint.

Keywords: Substance use disorders, addiction, addiction related practice, professionalism, medical ethics.

Mugda Med Coll J. 2024; 7(1): 42-47

DOI: <https://doi.org/10.3329/mumcj.v7i1.73977>

1. Dr. Abu Sadat Mohammad Nurunnabi, Graduate Student, Dalla Lana School of Public Health, University of Toronto, ON, Canada.
2. Dr. Saifun Nahar, Associate Professor and Head, Department of Addiction Psychiatry, National Institute of Mental Health & Hospital, Dhaka-1207, Bangladesh.
3. Dr. Nasrin Akhter, Assistant Professor and Head, Department of Psychiatry, Mugda Medical College & Hospital, Dhaka-1214, Bangladesh.
4. Maj. (Dr.) Muhammad Abdul Kayum Shaikh, Assistant Professor and Head, Department of Psychiatry, Army Medical College Cumilla, Cumilla Cantonment, Cumilla-3501, Bangladesh.
5. Dr. Md. Ferdous Rahman, Project Research Physician, Programme for HIV & AIDS, International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Mohakhali, Dhaka-1212, Bangladesh.
6. Dr. Mohammad Tipu Sultan, Assistant Professor, Department of Forensic Medicine & Toxicology, Pabna Medical College, Pabna-6602, Bangladesh.

Address of Correspondence: Dr. Abu Sadat Mohammad Nurunnabi, Graduate Student, Dalla Lana School of Public Health, University of Toronto, ON, Canada. Email: shekhor19@yahoo.com

INTRODUCTION

Substance use disorders (SUDs) and addiction are responsible for substantial health, economic and social costs in any society.¹ Substance abuse has become a substantial public health concern across the globe, as per estimation of the World Health Organization (WHO), over 275 million people use illicit drugs; of them, 31 million have an addiction problem.² Providing proper treatment environment, optimal management and prevention for SUDs and addiction is a crucial part of the national mental health strategy of Bangladesh. However, evidence showed that Bangladesh, a resource-poor, developing country of South Asia, has a high burden of mental health disorders with few mental health services.^{3,4} Recently, Bangladesh has enacted the Mental Health Act 2018 (MHA), which replaced a century old Lunacy

Act of 1912.⁵ The MHA is now the prime legislation in Bangladesh that outlines procedures for admitting, assessing, and treating individuals with any mental health condition including SUDs and addiction.⁵ Moreover, UN Sustainable Development Goal (SDG) 3 sets out a commitment by governments to strengthen the prevention and treatment of substance abuse.⁶ However, there are numerous barriers have been identified to quality treatment uptake and recovery process among patients of SUDs and addiction. Evidence showed that an interplay of social and clinical factors including treatment cost, lack of availability, consultation style, social stigma, lack of professionalism and unethical behaviour of the service providers are some of the burning issues that bar access to optimum care for patients with SUDs and addiction.⁷⁻⁹ Specifically, Social stigma (i.e., how society views persons with drug abuse and addiction is fraught with emotion, misperceptions, and biases) and self-stigma all together including stereotyping, prejudice, rejection, social isolation, status loss, ignorance, low self-esteem, low self-efficacy, discrimination, and marginalization regarding SUDs and addiction are the some important reasons that compel them suffer in silence without any treatment.⁷⁻¹¹ Physicians and other healthcare staff who work with the patients having substance use disorders (SUDs) and addiction have to deal with different and complex scenario invariably in comparison to other healthcare providers dealing with regular medical services sought by the patients. Hence, the unconventional nature of practice regarding patients of SUDs and addiction and the diverse range of backgrounds among substance use workers, e.g., psychiatrist, general physician, nurse, psychotherapist, counsellor, social worker, and public health specialist highlights the universal relevance of being more professional and more ethical in practice. They are expected to demonstrate a variety of ethical and professional competences to safeguard themselves and others involved.¹² Moreover, the MHA has brought hope for those patients suffering from SUDs and addiction protecting their rights to health and keeping provisions for treatment and rehabilitative services.⁵ Under the circumstances, this review paper aims to examine the intersection of professionalism and ethics with the complexity of diagnosis and therapy in this specific area of practice. Besides, some frameworks will be highlighted which may help healthcare providers to act with professionalism and

foster ethical decision making. It is also a modest effort to show some new insights for improving the quality of care in addiction and mental health by the professional team and healthcare organization from both clinical and operational viewpoint.

PROFESSIONALISM AND ETHICS IN SUBSTANCE USE DISORDERS AND ADDICTION RELATED PRACTICES

While working with people with SUDs and addiction, at any level from the individual to the systemic, it is important to “evaluate decisions, policies and practices from the perspective of professionalism and ethics”.¹² Generally speaking, professionalism (which may be defined as skillful actions and behaviours guided by the practitioners’ values and knowledge) and ethics (the way of determining and doing what is good and right in specific situation) combinedly benefit service users and contribute much to ensure patient safety and support quality delivery of services and address mental health issues related to substance use disorders (SUDs) and addiction in the community as well.^{13,14} In other words, ethics is an intellectual approach to moral issues that deals with “some fundamental principles that provide a framework for addressing dilemmas” in healthcare or reviewing our conventional practices as physician or other healthcare providers.¹³ As per ‘Principlism’ described by Beauchamp and Childress,¹⁵ the ‘four principles’ (autonomy, beneficence, non-maleficence, and justice) are still governing mostly our ethical considerations in clinical and hospital based practices in Bangladesh.¹⁶⁻¹⁸ However, we have felt that it demands much more beyond those ‘four principles’ encompassing some other elements like “compassion, non-abandonment, non-oppression, confidentiality and client empowerment,” while being engaged in the field of addiction and mental health.¹³ In reality, healthcare workers in the substance abuse treatment field are constantly facing ethical dilemmas on an individual as well as a societal level.^{13,19} We are aware that ethics provide some “foundational values to guide conduct, thinking and decision making in the complex scenarios” that often surround problematic substance use disorders or addiction – those include “fairness, privacy, respect, safety, meaningful life and hope”.¹³ In our country, the supreme regulatory authority in medical profession, Bangladesh Medical and Dental Council has Code of Medical Ethics.²⁰ However, there is no specific direction for such sensitive and sophisticated practice like dealing with

people having SUDs and addiction. Moreover, there are no guidelines from the respective professional societies to date. Even the curricula of undergraduate and postgraduate medical education of the country lack formal clinical ethics training.²¹ Therefore, in most cases, when rules are not available, individuals turn to their own moral compass. Usually, professionals and care providers start by identifying a value, such as “courage and integrity” which defines a particular attitude, such as “the courage to do the right things consistently without regard to personal consequences,” which then results in an ethical behavior, such as to make “unpopular decisions based on fair consideration of the facts.”²²

ETHICAL ISSUES FOR THE HEALTHCARE PROVIDERS

Ethical issues are both personal (micro) and societal (macro) in nature. There is an ongoing struggle between legislating morality for the “public good” and fighting to retain the “right to autonomy” of the patient. It is the intense emotional nature of such concerns that takes an issue from a personal level to a societal level.^{22,23}

Another crucial task is balancing personal and professional standards. Substance abuse treatment professionals need to be familiar with the Code of Ethics and may have to reconcile personal beliefs with the profession’s code. There also may be institutional standards/guidelines that conflict with an individual’s personal beliefs. In either case, there is a constant need to weigh what may “feel right” personally with the standards and policies of the workplace environment and profession.^{13,22,23}

Perhaps the most difficult dilemma occurs when there are conflicts between the clinician’s values and the client’s behaviours. For example, does an adult with an SUD have the ability to make his or her own decisions? Some views of addiction might say “no,” while others might demand strict proof before accepting that such a person is incapable of making a decision. In other cases where professionals know that if a client threatens suicide or homicide, there is a duty to report. However, most of the daily concerns that arise are not so simple. For example, did the client understand what the release of information stated, or did he/she rush so that the provider could make the next appointment? Did the clinician listen to what the client said about his/her gender-specific demands or issues, cultural norms and religious beliefs, and

how the treatment plan would not work because it was not created in a culturally or faith-based competent manner? Was information about the client shared with another helping agency, even though he/she did not give a release to that specific agency? These are the kinds of issues that arise every day, affecting client care and reflecting on one’s status as a clinician, as well as on the institutional reputation.²²⁻²⁷

Another crucial ethical debate, which is mostly popular in western society, revolves around safe injection sites (for drug abusers) which is based on the counteraction in between the abstinence model and the harm reduction model. Those who oppose the safe injection sites are the proponents of the “abstinence model” of drug policymaking. The mechanism of action of this model is to decrease the number of illicit drug users in the society by “criminalizing drug use and implementing demand and supply reduction strategies”.^{28,29} On the contrary, those who are in favour of the operation of safe injection sites are the proponents of the harm reduction model. This model aims to decrease the possible negative outcomes in people and society related to drug use, which does not require any abstinence.²⁸⁻³⁰ Here we suggest that involved professionals must weigh and consider these two mechanisms based on their existing legislation, respective institutional policies and practice guidelines.

In modern health care, ethics also calls on us to be open to examining routine practices and conventional beliefs. In the SUDs treatment field, for example, the view of effective treatment has evolved from a focus on people with severe SUDs who are willing to commit to abstinence goals to the need for a broadened spectrum of services that address a continuum from mild to severe substance use problems. This evolution reflects the advancement in knowledge and growth of evidence-informed approaches, as well as a shift in the moral frame that influences how professionals, policy makers and the public view people with SUDs and the prevention and management of these health conditions.^{13,31,32}

SOME USEFUL RESOURCES FOR ETHICAL DECISION MAKING

Ethical decisions are informed by a full consideration of the circumstances, seeking a thorough understanding of the implications of all available mechanisms of action. Ethical reflection, discussion

and decision making are especially important in complicated situations where each of the available options makes things better in some ways, but worse in others.¹³ Hence, it needs to be compatible with country’s legislation, institutional policies, and professional Code of Ethics.

Making good ethical decisions requires a trained sensitivity to ethical issues and a practiced method for exploring the ethical aspects of a decision and weighing the considerations that should impact our choice of a course of action.³³ It is an essential part of healthcare to explore an ethical dilemma and decide on the best decision; to do so we could consider the following common approaches in our practice (as directed by the Markkula Center for Applied Ethics at Santa Clara University, USA):³³

1. *Utilitarian Approach:* Which option produces the most good and the least harm?
2. *The Rights Approach:* Which option respects the rights of everyone involved?
3. *The Justice Approach:* Which options treat people equally or proportionally?
4. *The Common Good Approach:* What best serves the community as a whole?
5. *The Virtue Approach:* Which action best represents your personal values?

Generally, we, as healthcare providers, always need to value human relationships and work with

individuals and families alike. At times, the entire family can be defined as the client, while in other situations, an individual member of that family is the client. This can be challenging when there are conflicting principles such as confidentiality, self-determination and informed consent.^{14,22} Considering all those, the following chart could be used as a common guideline/framework for ethical decision-making for the healthcare providers (Fig. 1):

Another important option is the *CLEOS* model, which is a practical approach to working through complex ethical decisions in health care that integrates easily into practice. Health care professionals may review the situation considering each of five key perspectives of the *CLEOS* model:¹³

1. **Clinical**, including client history, concerns and goals, intervention options and the expected benefits, risks and burdens, and therapeutic relationship and engagement;
2. **Legal**, such as laws, regulations, guidelines, occupational health and safety rules, and professional college standards;
3. **Ethical**, informed by principles and values;
4. **Organizational**, such as resource availability (including staffing and space), policies, funding and workplace culture;
5. **Systemic**, including social determinants of health, stigma, social values and priorities.

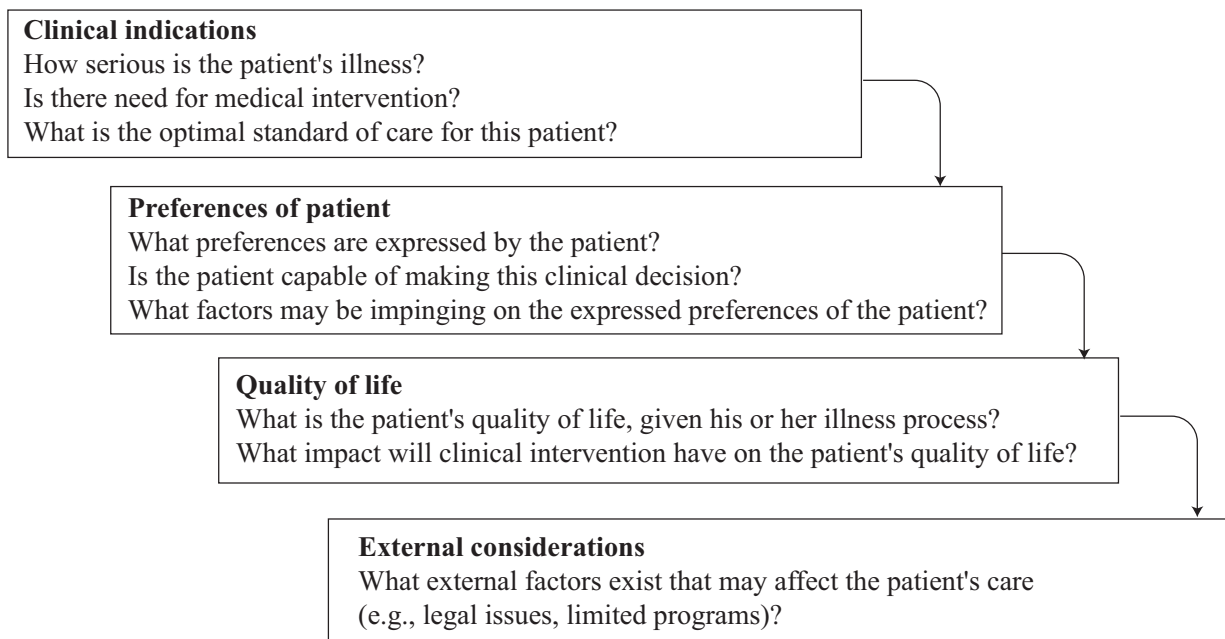


Fig. 1: Steps for clinical ethical decision making (Adopted from Roberts & Dyer, 2004).²²

In recent times, clinical team engaged in such activities requires specific ethical training that can help them face specific ethical dilemmas and guide through deeper consideration of those pressing and complex issues, using specific framework, professional guideline or institutional management approaches, e.g., by following the *CLEOS* model.

Last but not the least, these are only some examples of resources to facilitate the team engaged in the treatment of SUDs and addiction. The more novel and difficult the ethical choice we face, the more we need to rely on discussion and dialogue with others about the dilemma. Only by careful exploration of the problem, aided by the insights and different perspectives of others, can we make good ethical choices in such situations.³³⁻³⁵

Additional factors such as patient preferences and quality of life considerations can be included in discussing options for care. This comprehensive model moves ethical considerations from being an add-on to becoming integral to individual, collaborative professional practice. It is important to become familiar with and adhere to the principles and values that define professionalism and ethical conduct in care for people with substance use or addiction problems.^{13,34,35} By being guided by professional Codes of Ethics, professionals engaged in such practice must demonstrate that they are practicing in ways that are both professional and ethical as well as fulfilling the demands of the MHA.

CONCLUSION

Professional teams dealing with patients suffering from substance use disorder (SUD) and addiction must establish and maintain their professional and ethical standards consistent with the specialty and national standards. We have shown the necessity to formulate some directions specific to managing substance use disorders and addiction patients in the code of ethics; we believe that those are very foundational, must be followed by all physicians and other professionals and residents involved in practices related to substance use disorder (SUD) and addiction. However, it falls upon the senior faculty members and largely on the institution to teach these attributes to the healthcare providers working in this sector and trainees/residents. We have also discussed here some of the available frameworks for ethical practice in the field of addiction and mental health. Besides, online resources for ethics education and

discussion on this trendy topic may be warranted. We hope that this knowledge dissemination is relevant to everyone working in substance use, addiction and mental health care, from residents, to specialized physicians to highly experienced consultants/supervisors to administrators and policy makers.

REFERENCES

1. Daley DC. Family and social aspects of substance use disorders and treatment. *J Food Drug Anal.* 2013;21(4):S73-6.
2. World Health Organization (WHO). Public health dimension of the world drug problem: Report by the Director-General. Seventy-fifth World Health Assembly. (April 25, 2022). Retrieved from: https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_43-en.pdf (Accessed April 29, 2022).
3. Hossain MD, Ahmed HU, Chowdhury WA, Niessen LW, Alam DS. Mental disorders in Bangladesh: a systematic review. *BMC Psychiatry.* 2014;14:216.
4. Islam A, Biswas T. Mental health and the health system in Bangladesh: situation analysis of a neglected domain. *Am J Psychiatry Neurosci.* 2015;3(4):57-62
5. Karim ME, Shaikh S. Newly enacted mental health law in Bangladesh. *BJPsych Int.* 2021;18(4):85-7.
6. World Health Organization (WHO). The Global Health Observatory. SDG Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. Retrieved from: <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/target-3-5-strengthen-the-prevention-and-treatment-of-substance-abuse-including-narcotic-drug-abuse-and-harmful-use-of-alcohol> (Accessed January 19, 2023).
7. Nyashanu T, Visser M. Treatment barriers among young adults living with a substance use disorder in Tshwane, South Africa. *Subst Abuse Treat Prev Policy.* 2022;17(1):75.
8. Pullen E, Oser C. Barriers to substance abuse treatment in rural and urban communities: counselor perspectives. *Subst Use Misuse.* 2014;49(7):891-901.
9. Quanbeck A, Wheelock A, Ford JH 2nd, Pulvermacher A, Capoccia V, Gustafson D. Examining access to addiction treatment: scheduling processes and barriers. *J Subst Abuse Treat.* 2013;44(3):343-8.

10. Matthews S, Dwyer R, Snoek A. Stigma and self-stigma in addiction. *J Bioeth Inq.* 2017;14(2):275-86.
11. Luoma JB, Nobles RH, Drake CE, Hayes SC, O'Hair A, Fletcher L, et al. Self-stigma in substance abuse: development of a new measure. *J Psychopathol Behav Assess.* 2013;35(2):223-34.
12. Canadian Centre on Substance Use and Addiction (CCSA). Competencies for Canada's substance abuse workforce. 2015. Retrieved from: <https://www.issup.net/files/2018-04/CCSA-Workforce-Competencies-Report-in-Short-2015-en.pdf> (Accessed December 21, 2022).
13. Canadian Centre on Substance Use and Addiction (CCSA). Professionalism and Ethics. 2017. Retrieved from: <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Professionalism-Ethics-Summary-2017-en.pdf> (Accessed December 21, 2022).
14. Russell B. An integrative and practical approach to ethics in everyday health care. *Risk Manag Canadian Health Care.* 2008;10(2):9-13.
15. Beauchamp TL, Childress JF. Principles of Biomedical Ethics. 8th ed. New York, USA: Oxford University Press; 2019.
16. Nurunnabi ASM, Jahan MU, Alam MA, Hoque MM. Safe blood transfusion and ethical issues in transfusion medicine. *J Dhaka Med Coll.* 2010;19(2):144-9.
17. Nurunnabi ASM. Palliative care ethics. *J Dhaka Med Coll.* 2011;20(2):199-203.
18. Nurunnabi ASM, Khasru MR, Mozaffor M, Haseen F. Ethical issues in rehabilitation medicine. *Mugda Med Coll J.* 2023;6(2):93-8.
19. Manuel JK, Forcehimes AA. The therapeutic relationship in substance abuse treatment. In: Geppert CMA, Roberts LW. eds. *The book of ethics: expert guidance for professionals who treat addiction.* Minnesota, USA: Hazelden Publishing; 2008.
20. Bangladesh Medical and Dental Council (BM&DC). Bangladesh Medical and Dental Council: Code of Professional Conduct, Etiquette and Ethics. Available at: <https://www.bmdc.org.bd/docs/EthicsBookMakeupfinal.pdf> (Accessed April 29, 2022).
21. Nurunnabi ASM, Hasan MJ, Quddus AR, Khan MTI, Sultan MT, Sharmin S, et al. Teaching and learning medical ethics: how to bring positive change. *Community Based Med J.* 2022;11(2):167-75.
22. Roberts LW, Dyer AR. *Concise Guide to Ethics in Mental Health Care.* Washington, D.C., USA: American Psychiatric Publishing; 2004.
23. Geppert CMA, Roberts LW. Ethical Foundations of Substance Abuse Treatment. In: Geppert CMA, Roberts LW. eds. *The Book of Ethics: Expert Guidance for Professionals Who Treat Addiction.* Minnesota, USA: Hazelden Publishing; 2008.
24. Geppert CMA. Compassion, respect and dignity. In: Cooper DB. ed. *Ethics in Mental Health – Substance Use.* New York, USA: Routledge; 2017.
25. Venner KL, Bogenschutz MP. Cultural and Spiritual Dimensions of Addiction Treatment. In: Geppert CMA, Roberts LW. eds. *The Book of Ethics: Expert Guidance for Professionals Who Treat Addiction.* Minnesota, USA: Hazelden Publishing; 2008.
26. Substance Abuse and Mental Health Services Administration (SAMHSA). *Enhancing Motivation for Change in Substance Abuse. Treatment Improvement Protocol (TIP) Series, No. 35.* Rockville, USA: SAMHSA; 2019.
27. Substance Abuse and Mental Health Services Administration (SAMHSA). *Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No. 51.* Rockville, USA: SAMHSA; 2009.
28. Christie T, Groarke L, Sweet W. Virtue ethics as an alternative to deontological and consequential reasoning in the harm reduction debate. *Int J Drug Policy.* 2008;19(1):52-8.
29. Elliott R, Malkin I, Gold J. Establishing safe injection facilities in Canada: legal and ethical issues. *Can HIV AIDS Policy Law Rev.* 2002;6(3):7-10.
30. Chan CA, Canver B, McNeil R, Sue KL. Harm reduction in health care settings. *Med Clin North Am.* 2022;106(1):201-17.
31. Paquette CE, Daughters SB, Witkiewitz K. Expanding the continuum of substance use disorder treatment: nonabstinence approaches. *Clin Psychol Rev.* 2022;91:102110.
32. Drake RE, Mueser KT, Brunette MF. Management of persons with co-occurring severe mental illness and substance use disorder: program implications. *World Psychiatry.* 2007;6(3):131-6.
33. Velasquez M, Moberg D, Meyer MJ, Shanks T, McLean MR, DeCosse D, et al. A Framework for Ethical Decision Making. Markkula Center for Applied Ethics at Santa Clara University (November 8, 2021). Retrieved from: <https://www.scu.edu/ethics/ethics-resources/a-framework-for-ethical-decision-making/> (Accessed January 19, 2023).
34. Nicolini M, Vandenberghe J, Gastmans C. Substance use disorder and compulsory commitment to care: a care-ethical decision-making framework. *Scand J Caring Sci.* 2018;32(3):1237-46.
35. Brennan TK, Clark HW. Ethical Issues in Addiction practice. In: Miller SC, Fiellin DA, Rosenthal RN, Saitz R. eds. *The ASAM Principles of Addiction Medicine.* 6th ed. Philadelphia, USA: Wolters Kluwer; 2019.