

Unknown territory

Social workers are confronted with substance misuse on a daily basis, but admit to being largely ill-equipped to deal with it. Maria Ahmed on how welfare bosses are missing a trick by failing to get its workforce drug-trained.

Dealing with people with drug and alcohol problems is part of an average day for most social workers. They are often the first point of contact for families in trouble.

The sadly familiar statistics show how substance misuse is often at the heart of family problems. One million children in England are affected by their parent's substance misuse problems, and around half of child protection cases involve alcohol as a factor, according to Department of Health figures.

Up to a quarter of older people are thought to have alcohol-related problems, while three-quarters of users of drug services and 85 per cent of alcohol service users have a mental health problem. Excessive drug and alcohol abuse also has strong links with domestic violence and suicide.

Such problems inevitably require a multi-agency response, but social workers say they are ill-equipped to play their part.

"Training on dealing with people with drug or alcohol problems consisted of just one two-hour session," says one female social worker from London.

"When I was newly qualified I worked with a family where the father was using heroin, but I didn't recognise the signs until he actually overdosed. It was a frightening experience as no-one had prepared me for what to expect or what to do. It makes me angry now to think I was left in such a situation."

She says that she sometimes finds communication with

drugs workers "difficult" as they can spot the gaps in her knowledge. "I think some look down on social workers, which I don't think is helpful," she adds. "There should be closer joint working and joint training between health and social care agencies to help resolve these issues. I think drug and alcohol training should be compulsory for social workers, at least equipping us with the basic knowledge of how to recognise the effects of different substances, the signs of addiction and what to do in an emergency."

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The government's consultation on the next drugs strategy emphasised the 'vital' importance of training for practitioners. It cited measures to boost the expertise of youth and health workers, but social workers didn't get a single mention. Sarah Galvani, lecturer in social work at Birmingham University, argues that this risks sidelining the importance of social work

support for people with substance misuse problems.

"One of the difficulties is that there is little to no recognition of the extent to which social workers are working with drug and alcohol problems by those who write the policies and procedures that subsequently dominate the drug and alcohol agendas. I suspect there is a lack of understanding about what social workers do at a senior policy level, particularly when such policies tend to be health or criminal justice led," she says.

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A much-needed focus on substance misuse has also been lacking in social workers' professional training. In 1992, the Central Council for Education and Training in Social Work (CCETSW) published guidance on substance misuse for the diploma in social work. But CCETSW failed to monitor the impact of the guidance, and "anecdotal evidence suggests it affected little change," according to Galvani.

Substance misuse is not a compulsory part of the social work degree, which was introduced in 2003. Hilary Burgess, senior lecturer in social work at Bristol University, says it may be taught as a free-standing specialism, but this is unusual. "Since there is not a national curriculum as such for the social work degree, what is available will vary significantly."

Galvani believes one of the key reasons for neglect of substance misuse training in social work is the commonly 'medicalised' view of drug and alcohol problems as health rather than social issues.

"This means alcohol and drug problems can be seen as marginal to the social worker's job and the subsequent responsibility for identifying and addressing such problems can be passed to health colleagues," she says.

Galvani says that social work training "has failed to keep up" with the raft of measures introduced under Blair including the drug and alcohol strategies, the establishment of the National Treatment Agency and cash investment in drug treatment and the criminal justice response. Now as the next drug strategy looms, the need to improve social work's expertise is more pertinent than ever.

Drug and alcohol charity Addaction wants to see substance misuse to be made a compulsory part of the social work degree in England, as it is in Scotland.

"There is a clear need for specific training for social workers on how to address the needs of those affected by alcohol and drug use," says the charity's press and policy officer Claire McNeil.

Following concerns that a shortage of a skilled substance misuse workforce would risk the implementation of the 1998 drug strategy, the Department of Health last year published a plan to develop training. This included a goal to ensure substance misuse was included in initial training and continuing professional development for social workers.

Just how far the workforce plan has got in social work has yet to be seen.

Currently, the National Treatment Agency says it does not hold information on what action social services departments are taking to equip their staff to fulfil their role in implementing the next drugs strategy.

Simon Shepherd, chief executive of the Federation of Drug

and Alcohol Professionals, argues that the plan must have an impact on social work training.

"The workforce plan requires all those working in a client-facing role within health and social care settings, whatever their job, to have at least some basic awareness of drugs. Social workers are often the first point of contact for families and vulnerable people affected by drugs - so this is particularly important for them. At the very least they need to be able to recognise when someone might have a problem and know to refer people appropriately," he says.

"There may be an assumption that general social work training prepares you for dealing with people with substance misuse problems, but it does not and cannot. Responding to someone with a crack problem, for example, requires some specific knowledge and skills that go beyond social work training."

In response to such concerns, there is growing recognition within social work that substance misuse training must improve.

Birmingham University and the British Association of Social Workers have set up a special interest group on alcohol and drugs in social work with a website (www.swalcdugs.com) for information sharing.

There is also good practice being developed on some social work courses.

Hull University runs two modules on working with substance users as part of the social work qualifying programme. Students taking the MA and diploma in social work at Birmingham University receive between 20-25 hours on substance misuse with additional teaching on modules relevant to the service user group including Motivational Interviewing. Leeds University also offer a substance misuse module on their top-up degree for social workers.

Galvani, who has been collating this information on substance misuse education in social work, says the modules are "highly popular" - proving the hunger for knowledge on substance misuse.

But she also says modules on some other social work courses disappeared when "key members of staff moved on," pointing to the need for consistency across the sector.

Galvani argues that full recognition of the role of social workers in implementing the next drugs strategy will be needed to ensure people with drug and alcohol problems get the right support.

"What this strategy does well is acknowledge the need for better social care and support for people who are entering and leaving treatment. Evidence has repeatedly shown that substance misuse interventions work best when there is positive social support and a stable social environment. A lot of potential support can be provided by social workers and other social care staff who are working with these issues on a daily basis," she says. "But unless we see a political shift towards seeing substance misuse as a social issue, social workers' contribution will continue to be ignored."

People interested in finding out more at the special interest group on social work, drugs and alcohol run by Birmingham University, Aquarius and the British Association of Social Workers can contact s.konstandis@basw.co.uk

Further reading: *Refusing to listen: is English social work education failing the needs of people with alcohol and drug problems?* By Sarah Galvani, Institute of Applied Social Studies, University of Birmingham, published in *Social Work Education* 2007

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