



## The opioid crisis and ethical considerations for counselors

One cannot avoid the horrifying news about the nation's current opioid epidemic, which continues to grow in scope and proportion. Experts are now declaring that it may not peak until the middle of the next decade. The Centers for Disease Control and Prevention estimates that 70,000 to 75,000 Americans died of drug overdoses, many of which were opioid related, in 2017, and figures for 2018 are expected to reflect another increase.

Counselors are on the front lines in responding to this crisis, and there are ethical dimensions of this response that are worthy of consideration. Unfortunately, stigma related to people with substance use disorders is alive and well, and helping professionals can be as guilty of perpetuating this stigma as other people are. The 2014 *ACA Code of Ethics* is one helpful resource that can guide counselors in how to — and how not to — respond.

### Relevant ethics code standards

**A.1.c. Counseling Plans:** This standard requires that counselors and clients “work jointly” to devise plans that have “a reasonable promise of success.” It also states that plans should be reviewed and revised regularly.

*Ethically appropriate:* A counselor listens to the client, considers what treatment efforts have been implemented previously and collaborates with the client on a plan to address the current substance use issues.

*Ethically inappropriate:* The counselor presents as the expert, dictates the treatment plan, admonishes the client for noncompliance and imposes consequences for relapse or other deviation from treatment goals.

**A.2.e. Mandated Clients:** Counselors are guided by this standard to discuss the limitations of confidentiality with clients who are mandated to treatment, as well as what information may be disclosed. Counselors respect the right of clients to refuse services but discuss what the potential consequences of that refusal might be.

*Ethically appropriate:* The counselor follows established procedure and has a thorough informed consent discussion with the client, obtains the client's signature on the release of information form and explains thoroughly how disclosure will work.

*Ethically inappropriate:* The counselor incorrectly views the legal system representative, rather than the individual mandated to treatment, as his or her client. As such, the counselor discloses unnecessary details about the mandated client without fully informing the client of what will be disclosed. This action has the potential of bringing harm to the client.

**A.4.b. Personal Values:** This standard challenges counselors to avoid imposing their own values on clients. The use of some substances, particularly those that are illegal, may be inconsistent with counselors' values. We must, however, be respectful of our clients' abilities to make choices, of the value systems clients bring to counseling and of the many elements that may lead to a substance use disorder.

*Ethically appropriate:* A counselor might ask a client how his or her use of opioids began after treatment for an injury or after surgery and strive to understand the complex factors that may have contributed to the client developing a substance use disorder.

*Ethically inappropriate:* Judging clients as weak-willed or immoral on the basis of

their use of substances risks violating this standard. Unfortunately, it is not unusual for clients in substance use disorder treatment to be labeled as “addicts” or “alcoholics,” implying that to be their only identity. Person-first language (e.g., “individual with a substance use disorder”) should be used instead.

**A.7.a. Advocacy:** The central theme of this standard is counselors advocating to address societal obstacles to care for clients.

*Ethically appropriate:* Counselors may need to work with clients to help them access care, particularly when the chronic nature of addiction leads to multiple treatment episodes. This can be especially challenging when clients face insurance-related obstacles such as denial of coverage, limits on lengths of stay, required failure of a level of care that is less than adequate, or high deductibles. Counselors may need to go above and beyond in helping these clients find the help they need.

*Ethically inappropriate:* Given the schedule and caseload demands that counselors face, it may be difficult to find the time to identify resources for clients and to advocate for such resources. Ethically, however, counselors have an obligation to make such efforts to help clients overcome societal barriers.

**C.2.b. New Specialty Areas of Practice:** This standard directs counselors to take on new specialty areas of practice only after “appropriate education, training and supervised experience.”

*Ethically appropriate:* Counselors who wish to begin serving clients with opioid use disorders should make sure that their training meets at least the minimum standards for doing so. These counselors would be well-served to

obtain supervision from an experienced provider of such services. Counselors might also seek out additional specialized coursework or continuing education to ensure safe and competent practice in accordance with the *ACA Code of Ethics*.

*Ethically inappropriate:* Out of our desire to be helpful, it may be tempting to step in and offer services that we are not qualified to provide, especially in a time of crisis or urgency such as currently exists with the opioid epidemic. Counselors without the training to provide such services may risk doing harm to clients in a variety of ways, such as by advising immediate abstinence when the medical risk of withdrawal symptoms may be significant, for example.

**C.5. Nondiscrimination:** This standard lists several variables on which counselors may not discriminate, and recent American Counseling Association initiatives have stressed the unethical nature of counselors referring out based solely on values differences. Although not specifically noted, substance use disorders could be considered a “disability,” which is one of the categories listed in Standard C.5.

*Ethically appropriate:* Counselors should refer out only if they do not possess the skill or expertise needed to work with a client with a substance use disorder. It is important, given the current opioid crisis, for counselors to be aware of resources in their communities, to include outpatient and residential treatment centers, public and private options, and individual practitioners.

*Ethically inappropriate:* Clients with substance use disorders are sometimes known for their challenging nature. For that reason, it isn't unusual to hear of helping professionals who will not work with these clients, claiming that they are “too difficult,” “not worth it” or “not ready to change.” Counselors must be careful not to reject clients solely on the basis of these attitudes. Otherwise, they risk being in violation of the *ACA Code of Ethics*. Referral is a skill like any other, and it needs to be exercised judiciously, ethically and intentionally.

**D.1.a. Different Approaches:** This standard encourages counselors to be respectful of approaches that differ from their own and to be open to others that

are “grounded in theory and/or have an empirical or scientific foundation.” As research continues to provide encouraging new ways to treat individuals with substance use disorders, counselors should be willing to consider alternative approaches on a case-by-case basis to help each individual client.

*Ethically appropriate:* Counselors may espouse a particular philosophical approach (e.g., cognitive behavior therapy) but should always be clear about their approach (e.g., through informed consent) and consider whether it will be a good fit with the client and the client's needs.

*Ethically inappropriate:* With recent advances in medication-assisted treatments (buprenorphine, naltrexone, methadone, etc.), counselors should be careful not to immediately require or mandate an abstinence-only approach if the client might benefit from another approach or expresses interest in a different approach. A client with an opioid use disorder who has attempted abstinence on several occasions and has a history of overdoses, for example, may be a strong candidate for a medication-assisted approach rather than mandated abstinence. Sometimes referred to as “harm reduction,” medication-assisted approaches may be lifesaving measures for those with chronic substance use disorders.

**D.1.c. Interdisciplinary Teamwork:** Given the opioid epidemic, this ethics standard on interdisciplinary teamwork is particularly relevant. Counselors are admonished to work with other professionals and to draw on the “perspectives, values and experiences” of the counseling profession and of other disciplines.

*Ethically appropriate:* Interdisciplinary teams working in addiction treatment may be composed of professionals from nursing, medicine, social work and psychology, among others. Advocating for the counseling needs of the client may be essential. For example, taking only medication to “cure” a substance use disorder neglects the many environmental and societal challenges, plus the damage from active use, that clients must face to establish long-term recovery. Counselors work with allied professionals to ensure that clients' counseling needs are also met as part of the team approach.

*Ethically inappropriate:* Counselors who work with clients with substance use disorders must become comfortable collaborating with professionals whose training is quite different from their own. Rather than avoiding consultation and interaction with medical doctors, or waiting to be consulted, for example, counselors should initiate such discussions to facilitate change. It is easy to assume that physicians will not be accessible or will not be inclined to engage in such consultation, but counselors have an ethical duty, at minimum, to attempt such collaboration.

## Conclusion

In addressing such a critical societal issue as the opioid epidemic, counselors should always consult the *ACA Code of Ethics* to ensure that they are acting ethically and appropriately in their efforts to be of help. With mounting numbers of overdose deaths, counselors will continue to play a critical role in responding to this public health emergency. We need to be both courageous and cautious to ensure that our response is appropriate, focused and ethical. The *ACA Code of Ethics* provides a framework for this effort, and wise counselors will rely on it now more than ever. ♦

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