



# **ADDICTION PROFESSIONALS STANDARDS OF CONDUCT AND ETHICS**

## AP STANDARDS OF CONDUCT AND ETHICS

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## 1 INTRODUCTION

1.1 As a Practitioner Member/Advanced Practitioner Member/Affiliate Member of AP you are required to make sure that you are familiar with the standards and that you keep to them. If you are applying for membership you will be asked to sign a declaration to confirm that you have read and will keep to the standards. For existing members of AP who have already signed a declaration that they will adhere to AP's Code of Practice, these 'Standards' replace those 'Code of Practice' and existing members are deemed to have accepted these 'Standards'.

1.2 It is important that you read and understand this document. If someone raises concerns about your practice, we will consider these standards when we decide whether we need to take any action.

1.3 It is important that you meet AP's standards and are able to practise safely and effectively. We also want to make sure that you maintain high standards of personal conduct and do not do anything which might affect the public's confidence in you, AP or any profession to which you may belong

1.4 Many AP members are also members of professional bodies and will therefore be bound by codes of practice of those professions. AP recognises the valuable role professional bodies play in representing and promoting the interests of their members. This often includes providing guidance and advice about good practice, which can help you meet their standards and those in this document.

1.5 Addictions practitioners provide a wide range of services including: education and prevention; services to people with alcohol and other drugs problems; services to those affected by alcohol and other drugs use; and professional services to other practitioners. This Standard of Conduct and Ethics covers all such activities whether working online, face-to-face or using any other methods of communication.

## 2 PROFESSIONAL CONDUCT

2.1 Addiction practitioners seek to help reduce the damage caused by addictive behaviours to individuals, those close to them and the wider community, and this goal should guide their work at all times.

2.2 Addiction practitioners should act in a professional and responsible way at all times. They should be honest and fair in their professional dealings, act with integrity, be conscientious, careful and thorough in their work, and take account of their obligations under the law, regulations and other requirements and to the wider public interest.

2.3 Practitioners must at all times respect the rights, dignity and interests of their clients. They should treat all clients equitably, and must not discriminate on grounds of lifestyle, gender, age, disability, race, sexuality, religion, beliefs, culture, ethnicity, or financial or social status against clients, colleagues, or anyone else with whom they have dealings in the course of their work.

2.4 In making statements to clients, other professionals and the general public, practitioners should recognise the difference between fact and opinion, acknowledge where professional opinions differ, and state as fact only what has been empirically validated as such.

2.5 Practitioners should ensure that their work is adequately covered by insurance for professional indemnity and liability, whether through their employer or independently.

### 3 SERVICE PROVISION

3.1 Any service provided by a practitioner should be based on an assessment of the individual's need, and take account of the practitioner's professional responsibilities and the relevant evidence base on effective practice.

3.2 Treatment services should be based on a treatment plan, drawn up in consultation with the client concerned.

3.3 Practitioners should provide a service only where they feel that it would, taking account of their professional responsibilities, be appropriate for them to do so, and should ensure that those concerned are aware of any alternative options open to them.

3.4 Practitioners who receive payment or other benefits from service providers for advising people about, or referring them to, their services must make this clear to all concerned and not allow their own financial interests to compromise their wider professional responsibilities.

3.5 Where a practitioner feels it would be inappropriate for them to provide a service they should take all reasonable steps to help find a suitable alternative where appropriate.

### 4 PROFESSIONAL COMPETENCE

4.1 Practitioners should keep their knowledge and skills up-to-date. They should not attempt to work beyond their competence.

4.2 Practitioners should take care to present their qualifications and experience accurately and to avoid them being misrepresented.

4.3 Practitioners should refrain from practice when their ability to act professionally is impaired as a result of a psychological or physical condition, for example an on-going or recent alcohol or other drug related problem, illness, or personal stress. Where a practitioner is under any doubt regarding this they should seek the guidance of their supervisor and should notify their supervisor and employer of any recent or on-going alcohol or other drug problem. They should inform AP promptly if their fitness to practise is impaired.

4.4 Except for medication taken under direction of a doctor, practitioners should not take any mood-altering substance, including alcohol, prior to, or while carrying out, their work. Practitioners should never practice while their competence is impaired by the use of any mood-altering substance.

4.5 Practitioners will promptly notify AP about any criminal charges, convictions or disciplinary procedures brought against them by their organisation or professional body.

Practitioners will also notify AP of civil claims arising from work in the professional sector, or if they have been declared bankrupt.

4.6 Practitioners will collaborate with colleagues over work with specific clients where this is consistent with client consent and will enhance services to the client.

## 5 CONSENT

5.1 Before providing a service, practitioners should secure the informed consent of the person concerned (or their legal representatives) and must take all reasonable steps to ensure that the nature of the service, and anticipated consequences, are adequately understood.

5.2 Written consent must always be secured for a person's involvement in research - and information about the purpose or nature of a research study should be withheld only where this is approved by an appropriately constituted ethical committee made up of other practitioners and lay representatives.

5.3 Practitioners must recognise that in some situations a person's capacity to give valid consent may be diminished and should take this in to account before agreeing to provide a service. Practitioners must never use any form of coercion to obtain consent.

5.4 Practitioners must not make false or exaggerated claims about the effectiveness of the services they are providing, nor should they ascribe unusual powers to themselves.

5.5 If conditions are imposed upon the continuation of a service, they must have the approval of a senior colleague or supervisor and be considered to be clearly consistent with the practitioner's professional responsibilities. Such conditions must always be clearly explained to the client.

5.6 Practitioners must recognise and uphold a client's right to withdraw consent at any time.

## 6 CONFIDENTIALITY

6.1 Personally identifiable information about clients should normally be disclosed to others only with the valid informed consent of the person concerned (or their legal representatives) - and the boundaries and limits of confidentiality should be explained clearly before any service is provided.

6.2 Where a practitioner holds a sincere belief that a client poses a serious risk of harm to themselves or others (including exploitation), or where obliged by law, a practitioner may be required to disclose personally identifiable information without the client's consent. Before breaking confidentiality, however, practitioners should still seek to secure valid consent for disclosure from the person concerned and should consult with their supervisor or a senior colleague where this is not provided - except where the practitioner judges that any delay this might cause would present a significant risk to life or health, or place the practitioner in contravention of the law.

6.3 Information identifying clients must never be published (for example in an article or book), without their written agreement (or that of their legal representatives).

6.4 All reasonable steps should be taken to ensure that any records relating to clients are kept secure from unauthorised access and the requirements of the General Data Protection Regulation (GDPR) should be complied with at all times.

## 7 CLIENT RELATIONS

7.1 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.

7.2 Practitioners must not abuse their client's trust in order to gain sexual, emotional, financial or any other kind of personal advantage. Practitioners should not engage in sexual relations, or any other type of sexualised behaviour, with or towards clients. Practitioners will avoid having sexual relationships with or behaving sexually towards people whom are known to be close to our clients in order to avoid undermining clients' trust or damaging the therapeutic relationship.

7.3 Practitioners should exercise considerable caution and consult their supervisor before entering into personal or business relationships with former clients and should expect to be held professionally accountable if the relationship becomes detrimental to the client or to the standing of the profession.

7.4 Practitioners should not carry out an assessment or intervention with, or provide supervision to, someone with whom they have an existing relationship. In the event of a practitioner having an existing relationship with any person who is referred to an agency in which they work, this should be drawn to the attention of the practitioner's line manager and supervisor.

7.5 It is recognised that some practitioners are involved in on-going self-help / peer support groups, and that they may on occasions come in to contact with existing or former clients within this context. Any such contact must be handled carefully. If a practitioner is asked by a former client to act as a 'sponsor' in such a context, the practitioner should seek guidance from their supervisor before agreeing to do so.

## 8 PROFESSIONAL SUPERVISION

8.1 All practitioners should have regular professional supervision, focusing on reviewing, guiding and supporting their practice. If such supervision is not provided by an employer it should be obtained elsewhere.

8.2 Where a practitioner has any serious doubts about how to handle a situation, including in relation to this Standard of Conduct and Ethics, they should discuss this with their supervisor / line manager at the earliest opportunity.

## 9 PROFESSIONAL STANDARDS

9.1 Practitioners must disclose to their employer and supervisor any past disciplinary action taken against them by an employer or professional body in relation to unprofessional or unethical conduct.

9.2 Practitioners must not condone, support, conceal or otherwise enable the unethical conduct of colleagues. Where they are aware of, or have good reason to suspect, misconduct on the part of a colleague this should be discussed with the practitioner's own line manager or supervisor and under their guidance should be drawn to the attention of the colleague's line manager, supervisor and/or professional body - taking account of the need to respect clients' rights of confidentiality.

9.3 Practitioners have a duty to explain to clients their rights and options in making a formal complaint about a service they have received, whether the service was provided by the practitioner him/herself or by a fellow practitioner. Practitioners must never attempt to prevent or dissuade a client from making a complaint about a service with which they are dissatisfied.

## 10 TRAINING AND EDUCATION

10.1 Trainers and educators will have the skills, attitudes and knowledge required to be competent teachers and facilitators of learning for the education that is being provided.

10.2 Information provided about the teaching, education or learning opportunities will be accurate allowing potential students to make an informed choice.

10.3 Trainers should ensure that course content should be up-to-date and based wherever possible on evidence. Where there is not evidence for an approach, this should be made clear to participants.

10.4 Selection of students will be fair, respectful and transparent and will use procedures designed to select suitable students.

10.5 Any assessments of students will be fair, respectful and provide reasoned explanations for the outcome to the students.

10.6 When using examples of work with clients for teaching purposes, any client information is used with the consent of the person or sufficiently anonymised so that the person concerned cannot be identified by any means reasonably likely to be used.

10.7 Trainers and educators will model high levels of good practice in their work.

10.8 Trainers and educators will encourage trainees to raise any concerns promptly and will have processes and policies for addressing trainee's concerns. Trainers and educators are responsible for providing opportunities for trainees to discuss any of their practice-related difficulties without blame or unjustified criticism and, when appropriate, to support trainees in taking positive actions to resolve difficulties.