



Ethics in Addiction Counseling: Doing the Right Thing

Doing the Right Thing When the Right Thing Is Hard

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Why *Ethics* Matter in Addiction Treatment

Clients come to treatment during some of the most vulnerable moments of their lives.

01

Shame and stigma

02

Legal pressure

03

Family breakdown

The *Basic Question* : Why Do We Need Ethics?

Ethics helps us answer: "What should I do when pressures are pulling in different directions?"



Clients



The profession



The organization



Ourselves



Ethics Protects *Clients*

Ethical practice protects clients from exploitation and harm.

01 **Exploitation**

02 **Boundary** violations

03 **Discrimination**

04 **Abandonment**

05 **Breaches** of privacy

06 **Incompetent** care

07 **Conflicts** of interest

08 **Coercion**

09 **Retaliation**

Ethics Protects *Clinicians*

Ethics protects professionals by giving a framework for accountability.



Decision - making



Documentation



Supervision



Risk management



Scope of practice



Boundaries



Self- care



Accountability

Ethics Protects *Organizations*

Ethical organizations are more likely to have healthier cultures and better outcomes.



Lower liability



Better client outcomes



Stronger staff retention



Healthier workplace culture



Clearer policies



More trust from referral sources,
payers, and the community

Ethics Protects the *Profession*

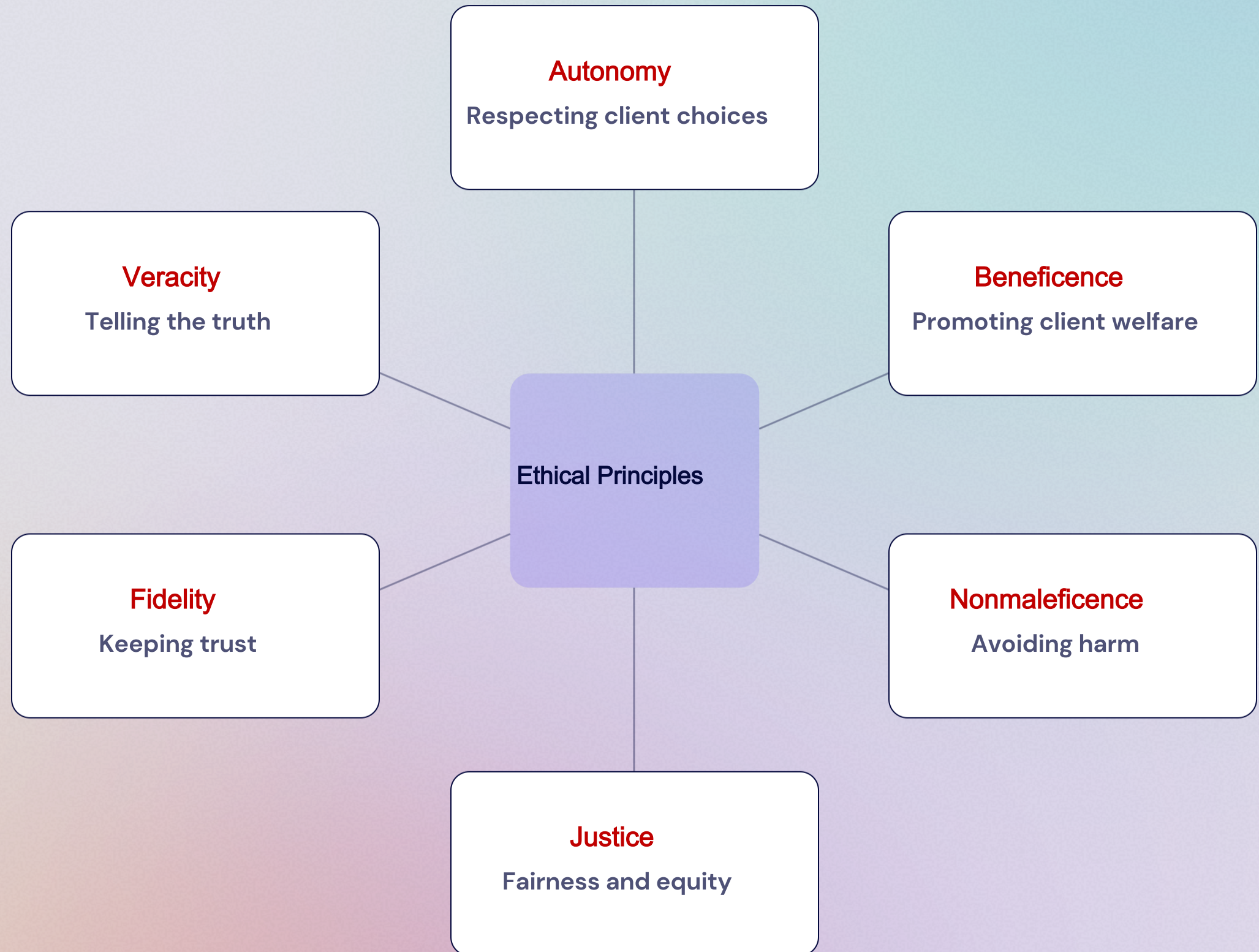
Every unethical act damages public trust in addiction treatment.

When one provider exploits,
neglects, or mistreats clients,
it reinforces *stigma* against addiction
treatment as a whole.

FRAMEWORK
OVERVIEW

Core *Ethical Principles* in Addiction Counseling

Principles can sound simple, but
in practice, they often conflict.



Autonomy : Respect The Client's Right to Choose

Clients have the right to make their own decisions, even those we disagree with.



Residential Treatment

A client refuses residential treatment.



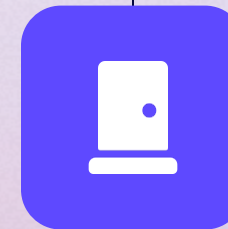
Treatment Preference

A client wants medication-assisted treatment, but their family opposes it.



Harm Reduction

A client chooses harm reduction instead of abstinence.



Treatment Discharge

A client wants to leave treatment against clinical advice.



Ethical Tension

Respecting choice vs. wanting to prevent harm

Beneficence : Do Good

We are obligated to act in ways that promote client welfare.

Evidence-based Care

Providing evidence-based care

Referral

Referring to a higher level of care when needed

Advocacy

Advocating for medical treatment

Care Coordination

Coordinating care

Access Support

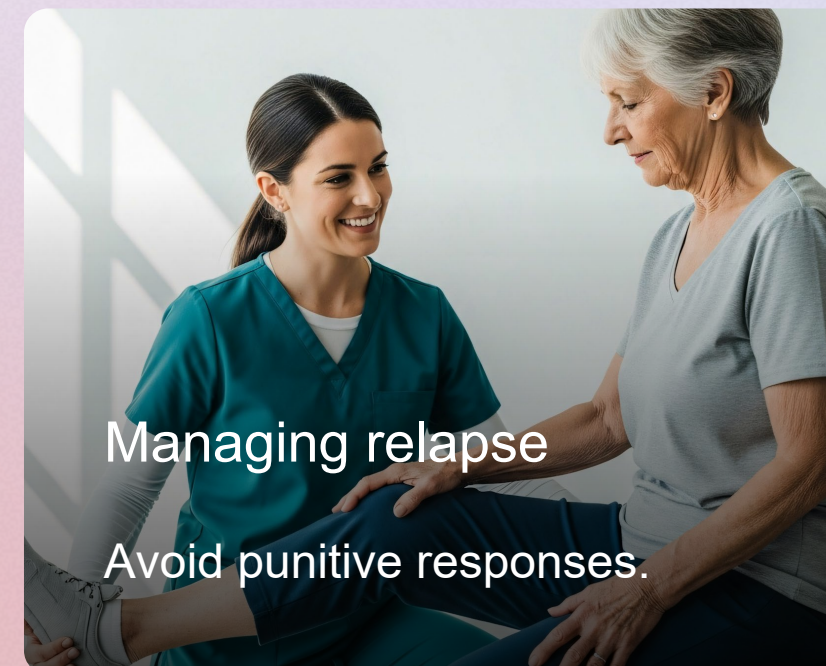
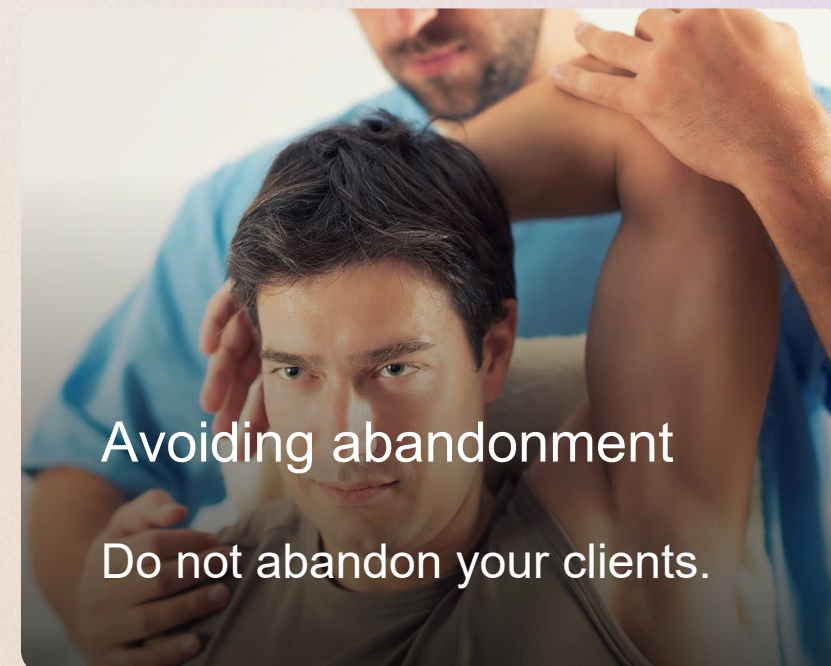
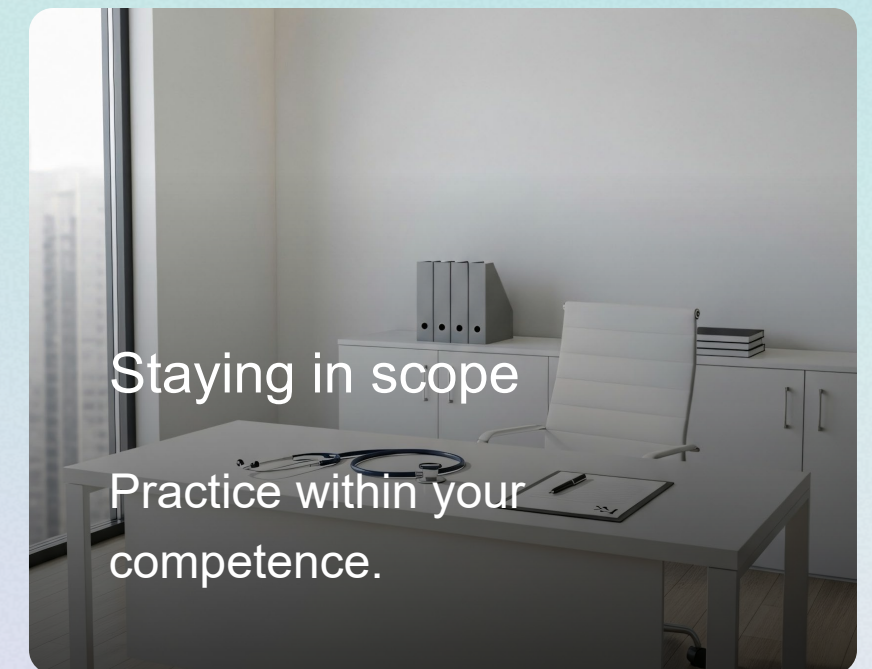
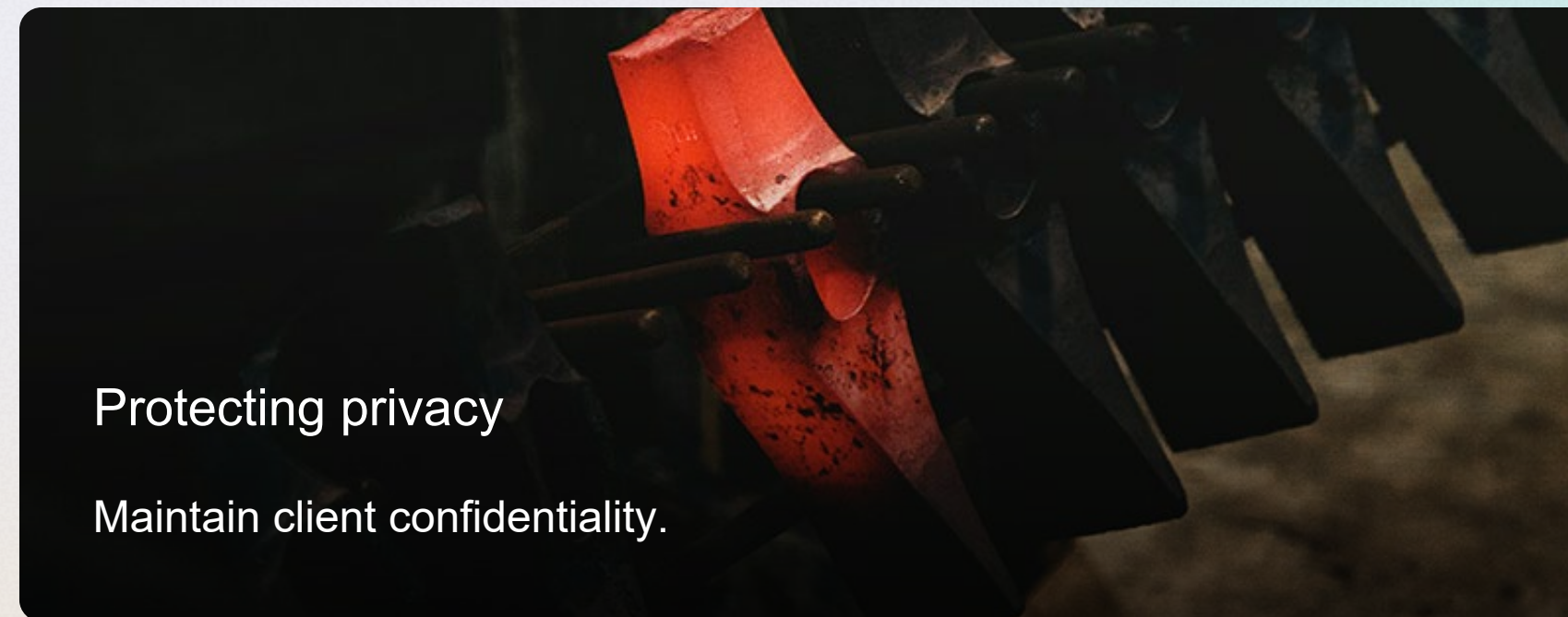
Helping clients access housing, medication, or support

Ethical Tension

What we believe is “good” may differ from what the client wants.

Nonmaleficence: Do No Harm

Avoid actions that harm clients emotionally, physically, or legally.



Justice: Be Fair and Equitable

Clients deserve fair access to care
regardless of background or identity.



Race,
Ethnicity, Gen
Attention to
identity factors.



Sexual Orientation



Socioeconomic
Status and
Immigration status

Reviewing
economic and
immigration.



Criminal
Language
Criminal justice
and language
support.



Medication
Status
MOUD/MAT
status
considerations.



Diagnosis
History
Focus on
diagnosis or
relapse.



Ethical Tension
Equal treatment =
Equitable care.

ETHICAL
RESPONSIBILITIES

Fidelity :
Keep Trust

Addiction counseling depends on
trust and ethical responsibility.

1	Keep promises
2	Maintain confidentiality Trust challenged by legal or safety disclosure duties.
3	Be honest and follow through
4	Avoid manipulation
5	Admit mistakes Practice within role limits.



Veracity : Tell the Truth

Clients deserve honesty across all aspects of the treatment process.

Program Rules

Program rules and
Confidentiality limits

Diagnosis

Diagnoses and Treatment
recommendations

Legal/Testing

Drug testing and Reports
to courts

Operations

Billing practices and Staff
credentials

Medication

Likelihood of discharge
and Medication policies

Ethical Tone

Being honest while
remaining compassionate
and clinically appropriate.

Tough *Confidentiality Example*

Scenario: A client admits to a fentanyl relapse and asks to withhold info from probation.

Ethical Questions	Ethical Response
Is there a valid release of information?	Review the release carefully.
What exactly does the release allow?	Consult supervision/compliance.
Does it permit disclosure of relapse?	Discuss with the client transparently.
Is disclosure required or discretionary?	Encourage client participation in communication.
Is the client at imminent medical risk?	Share only the minimum necessary information.
What was explained at admission?	Document decision - making.
Are we protecting or punishing the client?	Avoid using disclosure as punishment.

Commitment to *Ethical Excellence*

Doing the right thing even when the clinical and organizational pressures pull elsewhere.

- 1 **Protect**
Clients from harm and exploitation through rigorous boundary management.
- 2 **Support**
Clinicians by providing clear frameworks for documentation and supervision.
- 3 **Strengthen**
Organizations by fostering healthy cultures and reducing liability.
- 4 **Honor**
The profession by maintaining the public trust and reducing stigma.