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Ethics to Care

A framework for Addiction Prevention Specialists,
Counselors, and Leadership





Learning Objectives

Core Principles & Intersectionality

Apply bioethics principles (autonomy, beneficence, justice) to SUD care and examine how ethics and wellness intersect.

Clinical & Legal Competence

Identify stigma and structural inequities. Evaluate dilemmas in MOUD and harm reduction under 42 CFR Part 2 and HIPAA.

Practical Application

Use the stepwise ETHICS decision-making framework and communicate using person-first and culturally humble language.

The Intersection of Ethics and Wellness

Self - care as an ethical obligation

A probation officer with high satisfaction and low return rates faces a personal crisis when her child is diagnosed with cancer. Her demeanor shifts, becoming more punitive, leading to client probation violations and a negative caseload. This demonstrates how personal life can unfairly impact clients.

01

Competence Link

Competence is the essential link between ethics and self - care

02

Self - Awareness

We should strive to be aware of the possible effect of our own physical and mental health on those whom we serve.

03

Ethical Duty

Prioritizing wellness ensures fair and consistent client support.

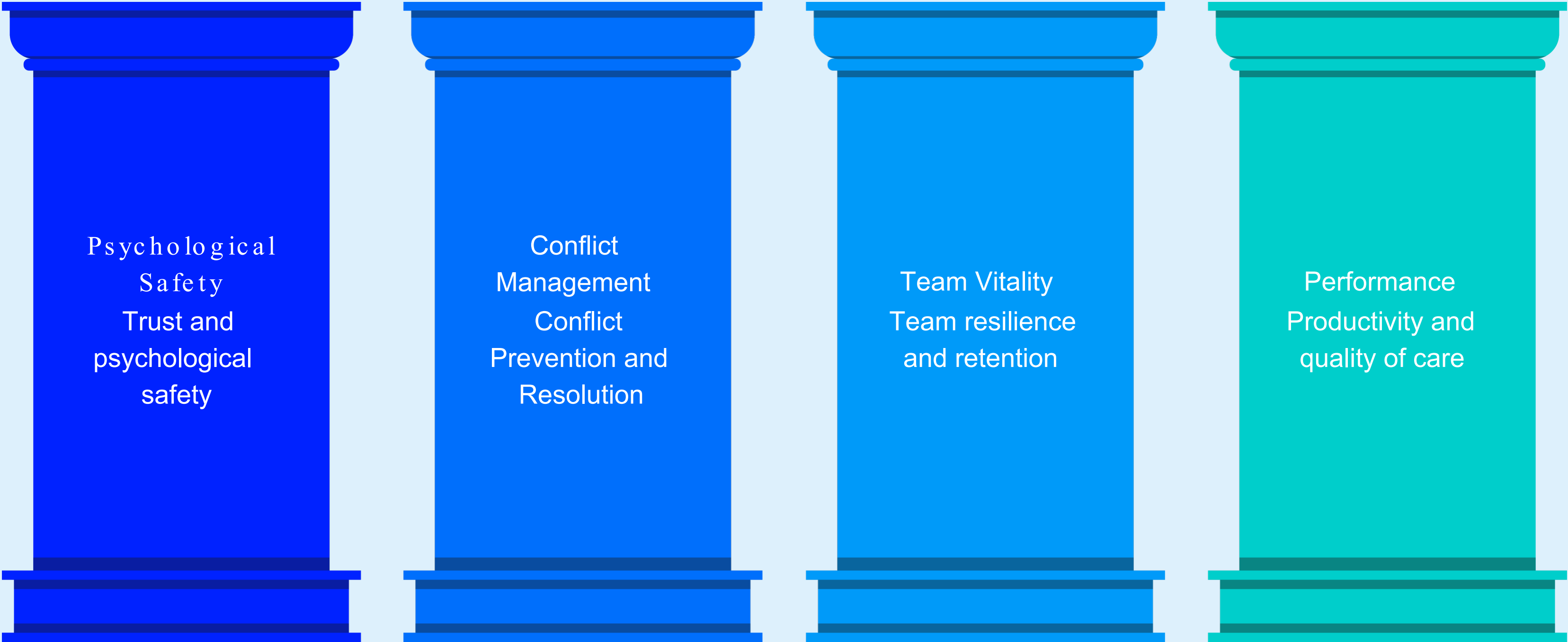
04

Client Impact

Maintaining personal stability prevents unfair punitive outcomes for clients.

Ethics to Outcomes: Organizational Impact

Benefits of embedding well - being into ethical culture



Compassionate Leadership as Ethical Practice

Building ethical infrastructure beyond "checking a box"

Sustainable Operations

Manageable caseloads and realistic productivity expectations; reducing non-clinical administrative burdens.

Supportive Supervision

Clinical supervision as well-being, not just compliance; peer support and trauma-informed models.

Structural Clarity

Transparent pathways for advancement and compensation.



Language, Stigma, and Cultural Humility

0 1 Language Matters

Use person - first language like person with SUD or in recovery, and avoid stigmatizing terms like addict, abuser, or clean and dirty tests.

0 2 Cultural Humility

Engage in reflective practice while recognizing power dynamics and intersectionality in patient care.

0 3 Clinical Strategies

Implement trauma - informed care, peer support integration, inclusive intake forms, and visual cues of safety.



Confidentiality and Privacy Frameworks



HIPAA

Health information privacy standards.



42 CFR Part 2

Extra protections for SUD treatment records and redisclosure limits.



ROI Management

Releases of information must address specificity, expiration, and revocation.



Special Populations

Minors and guardians: assent and mature minor doctrines.

Digital Ethics and Data Stewardship



Telehealth security & e-prescribing



Text and app communication protocols



Secure storage of digital data



De-identification and data minimization



Ethical Dilemmas in Treatment and Harm Reduction

MOUD Equity

Autonomy versus substituting one drug; access barriers and diversion concerns.

Overdose Prevention

Naloxone distribution ethics, fentanyl test strips, and Harm Reduction practices.

Special Clinical Contexts

Pain and SUD shared decision-making, pregnancy care, and avoiding forced withdrawal.



System Ethics and Institutional Demands

Criminal- Legal Context

Dual loyalty risks, clinician vs. correctional demands; MOUD continuity in jails; informed refusal.

Drug Testing

Accuracy, consent, scope, and confirmatory testing; addressing stigma risks.

Social Determinants

Addressing racism, poverty, housing, and rural and tribal access barriers.

Coercion vs. Leverage

Drug courts and mandated treatment; avoiding punitive approaches in contingency management.

The ETHICS Decision-Making Framework

A stepwise approach for complex cases

E: Establish

T: Think

Facts and stakeholders

Principles, laws, and policies

S: Select

H: Harms

Document and study outcomes

Harms/benefits and alternatives

C: Consult

I: Inquire

Ethics, legal, and peers

Patient values and goals



Closing: A Culture of Compassion and Competence



Recovery Orientation

Meeting people where they are through harm reduction.



Ethical Obligation

Prioritizing self-care and competence for the benefit of the client.



Systemic Change

Addressing structural determinants and allocation ethics (scarce slots).