CHCAOD001

Work in an alcohol and other drugs context.

Assessment 2 of 3

Project ASSESSOR GUIDE

Version # 1

Assessment Details

This section is for SUT VE Quality and Compliance review and feedback and must be deleted in the student version of the assessment.

SECTION 1

UNIT OF COMPETENCY DETAILS

Code	Title
CHCAOD001	Work in an alcohol and other drugs context

COURSE AND MODULE DETAILS

Assessments may be published in more than one course. Add lines for additional courses as needed.

Course Code (UPed)	Module Number (Order)	Module Code (UPed)
SOE4AOD01A	10	M00638A

ASSESSMENT TYPE

Assessment Method:	**Project**	Choose an item.	Choose an item.
Select all that apply.			

SECTION 2

STUDENT INSTRUCTIONS

The following instructions detail the requirements of the assessment and are captured in the LMS assessment page. This includes a description of the student instructions, associated files and submission instructions.

Student instructions

This is assessment 2 of 3 assessments for CHCAOD001 Work in an alcohol and other drugs context

This assessment requires you to answer three parts to test your understanding required of this unit.

To be assessed as competent, you must complete all tasks in the format required.

You are required to download your assessment by clicking on the assessment document icon below (see Let's begin) and upload your completed assessment for submission.

Supporting documents

To answer some of the questions, you will need to access the following documents:

- ACE Handbook
- Client Report Template

Files for submission

ASSESSOR GUIDE:

Submit the following files:

- Assessment document
- Client Report Template
- Video Submission

Submission instructions

Video and Audio Submissions

You may be requested to record an audio or video file for your assessment. You have the option to record directly into your assessment via this page, using the record button from the menu. The feature will provide you with an opportunity to review your recording and redo it as many times as needed, prior to submitting it.

PDF File Submissions

Please save all Word documents as PDF files before submitting.

IMPORTANT: Word documents will **not** be accepted.

Most modern web browsers can open and display a PDF file. If you have an older operating system, however, you may need a PDF reader installed on your device such as the Acrobat Reader, available from Adobe.

Windows: Word 2013 and newer

Choose **File** > **Export** > **Create PDF/XPS**.

Windows: Word 2010

1. Click the **File** tab
2. Click **Save As**
   - To see the Save As dialog box in Word 2013 and Word 2016, you have to choose a location and folder
3. In the **File Name** box, enter a name for the file, if you haven't already
4. In the **Save** as type list, click **PDF** (*.pdf).
   - If you want the file to open in the selected format after saving, select the Open file after publishing check box.
   - If the document requires high print quality, click Standard (publishing online and printing).
   - If the file size is more important than print quality, click Minimum size (publishing online).
5. Click **Options** to set the page to be printed, to choose whether markup should be printed, and to select output options. Click **OK** when finished.
6. Click **Save**.

macOS: Office for Mac

To save your file as a PDF in Office for Mac follow these easy steps:

1. Click the **File**
2. Click **Save As**
3. Click **File Format** towards the bottom of the window
4. Select **PDF** from the list of available file formats
5. Give your file a name, if it doesn't already have one, then click **Export**

For more detailed instructions refer to Microsoft Support.

SECTION 3

ASSESSMENT TASK CRITERIA AND OUTCOME

This assessment will be graded as Satisfactory (S) or Unsatisfactory (US).

To achieve Satisfactory; valid, sufficient, authentic, and current evidence of meeting the criteria must be submitted.

ASSESSOR GUIDE:

Refer to the mapping spreadsheet for details for this unit.

SECTION 4

ASSESSMENT DETAILS

Please refer to SECTION 2 to confirm how the assessment tools will be built and the methods that will be used to collect evidence i.e., Student's will type answers directly into LMS or will upload of files of completed assessment tasks.

The STUDENT INSTRUCTIONS above will be added directly into the LMS.

All associated files will be accessed via the LMS, as will any Assessor Guides, Matrix, Templates etc.

Students and Assessors have restricted permissions in the LMS. Assessor Guides, including model answers, will be available to Assessors ONLY.

The following pages contain the draft assessment which will be built into the LMS once reviewed. This includes:

☒ Instructions to students

☒ Questions /tasks

☐ Templates /tables where applicable

☐ Links to supporting files /websites

☒ Instructions to assessors

☒ Sample answers /examples of benchmark answers

SECTION 5

STAKEHOLDERS AND SIGN OFF

List all that apply for each of the stakeholder roles below.

UPed Learning Designer/Author name	Estelle Zivanovic
SOE Quality and Compliance Manager name	
SUT VE Quality Compliance name	
Date approved	

ASSESSOR GUIDE:

Assessment Instructions

Task overview

This assessment task is divided into 3 parts. Read each question carefully before typing your response in the space provided.

Part A: Research and analyse

Part B: Develop a strategy

Part C: Prepare a report.

Assessment Information

Submission

You are entitled to three (3) attempts to complete this assessment satisfactorily. Incomplete assessments will not be marked and will count as one of your three attempts.

All questions must be responded to correctly to be assessed as satisfactory for this assessment.

Answers must be typed into the space provided and submitted electronically via the LMS. Hand-written assessments will not be accepted unless previously arranged with your assessor.

Reasonable adjustment

Students may request a reasonable adjustment for assessment tasks.

Reasonable adjustment usually involves varying:

- the processes for conducting the assessment (e.g. allowing additional time)
- the evidence gathering techniques (e.g. oral rather than written questioning, use of a scribe, modifications to equipment)

However, the evidence collected must allow the student to demonstrate all requirements of the unit.

Refer to the Student Handbook or contact your Trainer for further information.

Please consider the environment before printing this assessment.

PART A: Research and analyse the social, political, economic, and legal contexts of AOD and provide a report on your results.

> **Instructions**
> For this task, you must research and analyse the social, political, economic, and legal contexts of AOD and report on your results.
> You can structure your report however you like (you may like to use the bullet points as your headings), but you must ensure that it is clear, and easy to understand and that you have cited all sources researched and used.
> When using sources, they must support your work (that is, you must not copy and paste other people's work into your assessment and use this as the basis of your work – you must write it in your own words).
> If you do not have access to an organisation, a fictitious organisation called ACE has workplace documents have been provided.

Ensure your report is clearly written and you have proofread and spell-checked your work before submitting it.

Your report must address the following:

Accurately research the current social, political, and economic contexts of AOD treatment and support. For example:

a) How do social contexts influence drug use, and how does drug use influence social contexts?

b) What is the economic cost to the individual and community of AOD use?

c) What is the political response to these factors?

(approx. 450 words)

a) Research AOD policy frameworks which impact your AOD work.

b) Analyse how these frameworks impact your AOD work practice.

(approx. 650-700 words)

Research the historical and social constructs of alcohol and drugs and the changes in alcohol and drug use.

(approx. 550 words)

Research the legal frameworks which impact your AOD work. How are these frameworks reflected in your organisation's OR ACE policy and procedures?

(approx. 100 words)

Research the current evidence-based models and frameworks of AOD work, including:

a) moral mode

b) disease model

c) psychodynamic model

d) social learning model

e) social-cultural model

f) public health model (including systems approach).

(approx. 1000 words)

Define and explain how each of the following is attached to AOD use:

a) stigma

b) discrimination

ASSESSOR GUIDE:

c) labelling

d) stereotyping

e) prejudice

f) Inequality

(approx. 300 words)

ASSESSOR GUIDE:

The student must discuss the community costs of health care, increased use and cost to the criminal justice system and reduced workplace productivity, including for those who care for someone with a substance abuse problem.

Individually, the economic costs are increased visits to the doctor, loss or reduction of income due to inability to work, cost of obtaining the drug, and cost of legal fees and insurance.

    c)   *What is the political response to these factors?*

Governments have to funnel money into putting policies and strategies in place, such as National Drug Strategic Framework and the National Drug Strategy 2017–2026 to reduce demand, reduce supply and reduce harm. These strategies help to reduce the load on health and law enforcement resources and produce social and economic benefits. This is done through information and awareness campaigns, marketing and advertising restrictions and treatment programs. The politicians will also look at updating laws and implementing further regulations.

2.   *a) Research AOD policy frameworks which impact their AOD work. Policies include:*

- *National Alcohol and Other Drug Workforce Development Strategy 2015–2018*
- *National Aboriginal Torres Strait Islander Peoples Drug Strategy 2014–2019*
- *National Drug Strategy Framework*
- *National Drug Strategy 2017–2026*
- *National Ice Action Strategy*
- *Home Affairs Illicit Drug Action Plan*
- *National Alcohol Strategy 2019–2028*
- *National Tobacco Strategy 2012–2018*

b) analyse how these frameworks impact your AOD work practice:

National Alcohol and Other Drug Workforce Development Strategy 2015–2018:

- *Impact: This strategy emphasizes the need for a skilled and knowledgeable workforce in the AOD sector through education, training, and professional development opportunities.*
- *Implications for AOD work practice: AOD professionals are encouraged to continuously update their skills and knowledge through relevant training programs and educational resources to ensure effective service delivery and support for individuals with substance use issues.*

National Aboriginal Torres Strait Islander Peoples Drug Strategy 2014–2019:

- *Impact: This strategy focuses on addressing the specific needs and challenges faced by Indigenous communities in relation to substance use and access to culturally appropriate AOD services.*
- *Implications for AOD work practice: AOD practitioners need to adopt culturally sensitive approaches and engage with Indigenous communities in a respectful and collaborative manner. This may involve incorporating Indigenous cultural practices and perspectives into treatment programs and ensuring accessibility of services in remote or culturally diverse areas.*

National Drug Strategy Framework:

- *Impact: This framework provides a comprehensive approach to addressing drug-related issues, including prevention, harm reduction, treatment, and law enforcement.*
- *Implications for AOD work practice: AOD professionals need to align their practice with the principles outlined in the framework, such as adopting evidence-based interventions,*

promoting harm reduction strategies, and collaborating with other sectors to address the complex factors contributing to substance use.

National Drug Strategy 2017–2026:

- *Impact: This strategy sets out specific goals and priorities for addressing drug-related issues over a ten-year period, including reducing demand, harm, and supply of illicit drugs.*

- *Implications for AOD work practice: AOD practitioners need to align their interventions and services with the goals outlined in the strategy, such as supporting initiatives aimed at reducing drug-related harm, increasing access to treatment and support services, and contributing to efforts to prevent drug-related crime and trafficking.*

National Ice Action Strategy:

- *Impact: This strategy focuses specifically on addressing the harms associated with methamphetamine (ice) use, including prevention, treatment, and law enforcement measures.*

- *Implications for AOD work practice: AOD professionals need to develop specialized knowledge and skills in responding to the unique challenges posed by methamphetamine use, including implementing targeted prevention programs, providing tailored treatment approaches, and collaborating with law enforcement agencies to disrupt supply chains and trafficking networks.*

Home Affairs Illicit Drug Action Plan:

- *Impact: This plan outlines government efforts to combat illicit drug use through enforcement measures, international cooperation, and community engagement.*

- *Implications for AOD work practice: AOD practitioners need to be aware of law enforcement strategies and policies that may impact their work, such as changes in drug enforcement priorities or funding allocations. They may also need to collaborate with law enforcement agencies to address drug-related issues within their communities while maintaining a focus on public health and harm reduction.*

National Alcohol Strategy 2019–2028:

- *Impact: This strategy aims to reduce alcohol-related harm through targeted interventions, including prevention, treatment, and regulatory measures.*

- *Implications for AOD work practice: AOD professionals need to be aware of the latest evidence-based approaches to addressing alcohol-related issues, such as implementing brief interventions, providing support for individuals with alcohol dependence, and advocating for policies that promote responsible alcohol consumption and reduce alcohol-related harm in the community.*

National Tobacco Strategy 2012–2018:

- *Impact: This strategy focuses on reducing tobacco use and its associated harms through a range of measures, including prevention, cessation support, and regulation.*

- *Implications for AOD work practice: AOD practitioners may need to incorporate tobacco cessation support into their services for individuals with substance use issues, as tobacco use is often intertwined with other forms of substance use. They may also need to advocate for smoke-free environments and support policies aimed at reducing tobacco availability and advertising to prevent uptake and encourage cessation.*

3. *Research the historical and social constructs of alcohol and drugs and the changes in alcohol and drug use:*

   Historically, how a drug has been regulated – or not – has depended on the era, location and context of that drug. Over time, most psychoactive drugs have become controlled substances, resulting in both

expected and unforeseen outcomes. For example, the criminalisation of certain drugs in Australia and internationally has contributed greatly to the stigma experienced by the people who use them.

After World War II in 1952, the first Diagnostic and Statistical Manual of Mental Disorders (DSM) was created and formed the idea that drug addiction and alcoholism arose from a primary personality disorder. In 1965, alcoholism was recognised as a disease for the first time and declared a medical disorder, accepting those patients into hospitals and developing treatment centres. During this time, the development of effective pharmacologic treatments were also introduced. In 1968, three types of alcoholism were recognised: episodic excessive drinking, habitual excessive drinking, and alcohol addiction, and in 1976 alcoholism was defined as "… a chronic, progressive, and potentially fatal disease. It is characterized by tolerance and physical dependency or pathologic organ changes, or both – all the direct or indirect consequences of the alcohol ingested." In 1980 the trend of separating substance use disorders from other mental health conditions continued, and the cultural perspectives on addiction were acknowledged, offering a diagnostic criterion that a person would have behavioural changes that "almost all subcultures would view as extremely undesirable". In 1990, alcoholism was redefined as "… a disease characterized by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial". The most recent update to the definition, as of 2013, includes a behavioural component to addiction.

The use of psychoactive substances has been around since the Greeks, with evidence showing they were using opium both medically and spiritually in 10,000 BCE. Around 5,000 BCE, there were reports of alcohol being used for levels of intoxication in Egypt. Cannabis, opium, and alcohol are substances commonly seen throughout history, with almost 2,000 references to wine and vineyards in the Bible alone and evidence of marijuana use dating back tens of thousands of years in Europe and Taiwan. The attitudes and perceptions towards substances have changed over the years, with religious, cultural, and industrial influences impacting those opinions.

In the Bible, drinking alcohol was acceptable in moderation but was seen as sinful to drink to excess. The temperance movement of the late 19th century solidified the belief that alcohol use was immoral, as demonstrated by the prohibition movement.

During the industrial revolution, characteristics sometimes associated with addiction, such as poor productivity, reliability, and punctuality in working environments were magnified as workers moved to factory systems. The view on individuals struggling with substance use disorder was that they were unproductive social outcasts and should be judged. Substances of abuse like cocaine and cannabis were stigmatised and associated with criminals and the lower class in the 20th century.

Today, there has been a shift from viewing addiction as a moral and lifestyle choice to viewing it as a treatable chronic medical disease. Alcohol use is generally accepted and is even sometimes promoted and advertised as glamorous. There are still some religions, such as Islam and Buddhism, that reject alcohol, while others, such as certain branches of Christianity, view any excess alcohol use as immoral.

Example taken from https://www.addictioncenter.com/community/definitions-addiction-historical-views-versus-todays-views/

4. *Research the legal frameworks impacting AOD work and describe how they are reflected in their organisation's policies and procedures. For example, consider legislation relevant to:*

   ▪ *drugs*

   ▪ *mandatory reporting*

   ▪ *confidentiality and privacy*

   ▪ *duty of care*

   ▪ *occupational health and safety*

   ▪ *state/territory-based equivalents of:*

     – *Severe Substance Dependence Treatment Act 2010*

     – *Drugs, Poisons and Controlled Substances Act 1981*

ASSESSOR GUIDE:

- *Mental Health Act 2014*
- *Children, Youth and Families Act 2005.*

5. *Research the current evidence-based models and frameworks of AOD work.*

   a) *Moral model:*

Substance users are made out to be misfits or no-hopers and viewed as objects of pity, essentially as helpless victims. The prevailing belief is "Once a junkie, always a junkie." This model reinforces a person's belief that they are inherently bad or worthless, leading them to find evidence to confirm this view. It reinforces the desire of many substance users to use self-blame and self-hatred, and to have a sense of extreme powerlessness which, in turn, creates learned helplessness and works against the idea of genuine change. It reduces motivation and allows the user to avoid taking responsibility for their actions.

   b) *Disease model:*

This model suggests that a person has a disease that is lifelong and progressive. Practitioners use the twelve-step process that is seen in Alcoholics or Narcotics Anonymous. To change, the user must become enlightened by realising that change is only possible by relinquishing personal control to a 'higher power'. To succeed, a person must develop and maintain complete abstinence from all addictive substances and activities, as this stops the disease and places it into dormancy. Some practitioners also believe a genetic makeup predisposes some people to dependency on substances, which has led to a belief that there is an 'addictive personality' type.

   c) *Psychodynamic model:*

By teaching the addict to face underlying emotions, this form of therapy lowers the chances of relapse. Recovering clients learn skills to evaluate their thoughts, look into their minds, and identify the reasons for current behaviours. This skill helps prevent substance abuse and relapse and also leads to a generally happier and healthier life. This treatment model is often used in conjunction with cognitive-behavioural theory and dialectical behaviour theory to help round out an individual's skills in coping with the thoughts and feelings that have led to substance abuse.

   d) *Social learning model:*

Social learning interventions focus on changing the client's relationship with their environment. A key concept is a person's beliefs about their ability to perform tasks and achieve goals. These beliefs can influence the outcome of the attempt to cease using alcohol and/or drugs. The treatment uses coping skills and cognitive restructuring methods to assist people in changing and controlling their drug use. Prevention strategies find ways to change individual environmental conditions that foster problematic behaviour.

   e) *Social-cultural model:*

The sociocultural perspective looks at you, your behaviours, and your symptoms in the context of your culture and background. Multicultural counselling and therapy aim to offer both a helping role and a process that looks at and defines goals consistent with clients' life experiences and cultural values. It works to recognise client identities to include individual, group, and universal dimensions, advocate the use of universal and culture-specific strategies and roles in the healing process and balance the importance of individualism and collectivism in the assessment, diagnosis, and treatment of the client and their lives.

   f) *Public health model (including systems approach):*

This model acknowledges that no single factor is considered sufficient for understanding drug use or the problems that may arise from it. Because of this, the public health approach:

- *acknowledges that drugs can be both beneficial and hazardous*
- *recognises significant individual differences in susceptibility to drug problems*

- stresses the relevance of social and environmental factors in determining rates of drug use and related problems

- highlights the importance of influences such as the availability and promotion of drugs

Drug use is understood as occurring for many reasons and occurs along a continuum between abstinence and harmful drug use.

It is an integrated approach that recognises three pivotal factors and how they interrelate. These are the individual (the user and their characteristics), the agent (the drug or drugs of choice and its characteristics) and the environment (the context in which the drug is used). These categories can also help identify the range of harms that people may experience as part of their drug use and help focus on the strategies to help reduce harm related to drug use as part of the Interaction Model.

A range of interventions is offered to suit the many different types of people affected. From a public health perspective, these would include harm reduction strategies, structural environmental changes, and treatment interventions.

Stages of change model

Stage 1 – Precontemplation

The client is not thinking sincerely about changing and can be defensive about drug use. At this stage, they may not see that their drug use is problematic. The way they see it, the pluses of their using outweigh the minuses or negative consequences, so they are content to continue using.

Stage 2 – Contemplation

The client ponders the prospect of quitting or decreasing their drug use but is unsure about taking the next step. They still enjoy taking drugs but are starting to experience negative consequences, such as personal, psychological, physical, legal, social or family problems.

Stage 3 – Preparation

The client has tried to change their using habits in the last 12 months. They have now recognised the negative consequences of continuing to use outweigh the pleasures brought by taking the drug, and they have become more serious about the next steps to sobriety. The client understands they must make changes and that the time for change is on the horizon. However, some people will decide not to make any changes at this stage.

Stage 4 – Action

The client will take active involvement in the steps required to start changing their using habits and may take huge strides towards meaningful changes in their behaviours. The client may try various methods of giving up or reducing drug taking. During this part of the process, clients are at their biggest risk of relapse. Some clients may still feel ambivalent about change at this stage.

Stage 5 – Maintenance

The client can avoid the temptation to go back to their past using behaviours. They have learned how to anticipate and manage their impulses to use and have learned new ways of coping that they can employ. It is normal for clients to have minor setbacks at this stage, but these setbacks are not seen as failures.

The behaviour change model is useful in an AOD setting because it ties in with a person-centred approach, supports self-determination, identifies strengths and prepares the client for setbacks by taking positive action in a supported environment. It also reminds practitioners in the AOD field not to make assumptions about their client's readiness to make immediate or permanent changes to their behaviour. When a worker can identify where the client is in the change process, they can provide interventions tailored to the client's stage of readiness for change.

Students should define and explain how each of the following is attached to AOD use. Example answer provided below, student must provide evidence of the same concept.

- *Stigma: Stigma refers to the negative attitudes and beliefs that society holds about a particular group or characteristic. In the context of substance use, stigma can manifest as the perception that individuals who use alcohol or drugs are morally weak, irresponsible, or dangerous. This stigma often leads to social exclusion, shame, and reluctance to seek help for substance use disorders.*

- *Discrimination: Discrimination involves unfair treatment or prejudice against individuals based on certain characteristics. In the context of alcohol and other drug use, discrimination can manifest as denial of employment, housing, or healthcare services to individuals who use substances. This discrimination can further marginalize and isolate individuals, making it difficult for them to access support and resources.*

- *Labeling: Labeling occurs when individuals are assigned a particular identity or category based on their behavior or characteristics. In the context of substance use, labeling can involve referring to individuals as "addicts," "junkies," or "drunks," which can reinforce negative stereotypes and stigmatize those struggling with substance use disorders. Labels can also limit individuals' sense of self-worth and perpetuate the cycle of addiction.*

- *Stereotyping: Stereotyping involves making assumptions about individuals based on perceived characteristics associated with a particular group. In the context of substance use, stereotypes may include beliefs that all individuals who use drugs are irresponsible, dangerous, or morally deficient. These stereotypes overlook the diversity of experiences and circumstances among individuals who use substances and contribute to the perpetuation of stigma and discrimination.*

- *Prejudice: Prejudice refers to preconceived judgments or attitudes toward individuals or groups, often based on stereotypes or incomplete information. In the context of alcohol and other drug use, prejudice can lead to negative attitudes and beliefs about individuals who use substances, regardless of their circumstances or experiences. Prejudice can fuel discrimination and contribute to the social marginalization of individuals struggling with substance use disorders.*

- *Inequality: Inequality refers to disparities in opportunities, resources, and treatment experienced by different groups within society. In the context of substance use, inequality can manifest in various forms, including unequal access to healthcare, education, employment, and legal representation for individuals who use substances. These inequalities can exacerbate the challenges faced by individuals with substance use disorders and perpetuate cycles of poverty, marginalization, and discrimination.*

Analyse their research results and prepare a report

Ensure the following documents have been submitted for assessment:

- *Research report*

- *Reference list*

Record the outcome of this assessment in the Assessor Checklist.

ASSESSOR CHECKLIST: PART A Did the student demonstrate the required level of competence for each of the following points?	Benchmarks
Accurately research the current social, political, and economic contexts of AOD treatment and support.	*The student discussed social contexts that influence drug use, particularly the theory of social learning and how drug use is a learned behaviour that is reinforced by peers, parents, partners and/or the media.* *The student explained how drug use influences the social contexts that users operate in.* *The student discussed the economic costs of AOD use to the community and the individual.*

ASSESSOR GUIDE:

ASSESSOR CHECKLIST: PART A Did the student demonstrate the required level of competence for each of the following points?	Benchmarks
	The student discussed the political response to all of these factors, referring to policies and strategies.
Accurately research AOD policy frameworks which impact their AOD work.	*The student referenced and discussed governmental AOD policies and strategies that impact AOD work and workers, such as:* *National Alcohol and other Drug Workforce Development Strategy 2015-2018* *National Aboriginal Torres Strait Islander Peoples Drug Strategy 2014-2019* *National Drug Strategy Framework* *National Drug Strategy 2017-2026* *National Ice Action Strategy* *Home Affairs Illicit Drug Action Plan* *National Alcohol Strategy 2019-2028* *National Tobacco Strategy 2012-2018*
Accurately analysed AOD policy frameworks and their implication on the AOD work practice.	*The student provides the impact and implication from the frameworks they have researched, on their role in AOD.*
Accurately research the historical and social constructs of AOD and the changes in AOD use.	*The student provided a summary of the history of AOD use and how this behaviour has been, and currently is ,viewed in society.*

Research the legal frameworks impacting AOD work and describe how they are reflected in their organisation's policies and procedures.	*The student discussed and explained how the following legislation impacts AOD work and how these frameworks are reflected in the organisation's policies and procedures. Legislation relevant to:*
	
	drugs
	
	mandatory reporting
	
	confidentiality and privacy
	
	duty of care
	
	occupational health and safety
	
	State/territory-based equivalents of:
	
	    Severe Substance Dependence Treatment Act 2010
	
	    Drugs, Poisons and Controlled Substances Act 1981
	
	    Mental Health Act 2014
	
	    Children, Youth and Families Act 2005.

Research the current evidence-based models and frameworks of AOD work, including: ☐ *moral model* ☐ *disease model* ☐ *psycho-dynamic model* ☐ *social learning model* ☐ *social-cultural model* ☐ *public health model, including systems approach* ☐ *stages of change model*	*The student summarised each model and briefly discussed how those were or are currently used in AOD practice.*
Define and explain how each of the following is attached to AOD use: ☐ *stigma* ☐ *discrimination* ☐ *labelling* ☐ *stereotyping* ☐ *prejudice* ☐ *inequality*	*The student provided a brief definition and explanation of how each item affects AOD users in their lives.*
Analyse their research results and submit a research report.	*The student submitted a report with a reference list for marking.*

ASSESSOR GUIDE:

PART B: Develop a strategy.

Instructions

Using your research from Part A, develop a strategy for an AOD workplace.

Your strategy must cover how a workplace will manage:

1. staying up to date with changes to the social, political, economic, and legal contexts

2. applying policy frameworks to your AOD practice

3. staying up to date with changes to alcohol and drug use and applying that knowledge to your AOD practice

4. applying relevant legislative frameworks to your AOD practice

5. applying strategies for evidence-based models of AOD services and support.

This strategy must be presented in the form of a short report. Make sure you reference relevant policies and procedures that would be used in a workplace. (approx. 1000 words)

Assessor instructions:

Purpose of the Task

The purpose of this task is to assess the student's ability to:

- ▪ *research, analyse and maintain up-to-date knowledge and awareness of the social, political, economic, and legal contexts of AOD*

- ▪ *research and analyse the impacts of AOD policy frameworks on work practice*

- ▪ *apply their understanding of the historical and social constructs of alcohol and drugs and the changes in alcohol and drug use*

- ▪ *apply the knowledge of broad and specific AOD contexts to their work practice*

- ▪ *identify legal frameworks that impact on AOD work*

- ▪ *identify and review information on evidence-based models and frameworks of AOD work*

- ▪ *use critical thinking skills to evaluate information regarding the current values and philosophy in AOD.*

Reassessment Arrangements

If the task is marked as Not Satisfactory (N/S), provide the student with feedback about which parts of the task were deemed unsatisfactory or insufficient. The student may need to submit the whole task again or only the parts of the task that were deemed unsatisfactory – you will need to guide the student as to what will be required in their resubmission to ensure that the resubmission is clear for you. Provide the student with a new due date by which they must resubmit, allowing them enough time to gather additional evidence, but also ensuring the new due date is soon enough to ensure progression. The student has up to three attempts to achieve a Satisfactory outcome for the task before they must follow re-enrolment procedures.

Guidance to Assessors About this Task

The student must complete the following

---

1. *Staying up to date with changes to the social, political, economic and legal contexts*

The student must mention professional development, connection to peer networks, upgrading qualifications and subscribing to websites that provide updates on legal requirements. They should discuss workplace training sessions, posters and newsletters to inform employees and personal reading to stay updated on media coverage.

2. *Applying policy frameworks to AOD practice*

The student should mention policies in line with the National Drug Strategy 2017–2026: person-centred approaches, harm reduction methodology, and education.

3. *Staying up to date with changes to alcohol and drug use and applying that knowledge to AOD practice*

The student must mention professional development, connection to peer networks, upgrading qualifications and subscribing to websites that provide updates on legal requirements. They should discuss workplace training sessions, posters and newsletters to inform employees and personal reading to stay up-to-date on media coverage.

4. *Applying relevant legislative frameworks to AOD practice*

The student must mention regular policies and workplace training reviews to ensure relevant information is used and applied.

5. *Applying strategies for evidence-based models of AOD services and support*

The student must mention motivational interviewing, cognitive behavioural and dialectical behavioural therapies, psychosocial groups such as support groups, pharmacological support, and therapy. The student should describe evidence-based practices that are effective for working alongside people with co-occurring alcohol and other drugs (AOD) and mental health conditions and identify key stages to implementation in an organisation.

- *Prepare a report summarising their strategies and referencing relevant policies and procedures:*

Ensure the following document have been submitted for assessment:

Strategy report

- *Record the outcome of this assessment in the Assessor Checklist.*

ASSESSOR CHECKLIST: PART B **Did the student demonstrate the required level of competence for each of the following points?**	**Benchmarks**
1. Analyse and use the research they conducted to develop an effective strategy for: ☐ *staying up to date with changes to the social, political, economic and legal contexts* ☐ *applying policy frameworks to your AOD practice* ☐ *staying up to date with changes to alcohol and drug use and applying that knowledge to your AOD practice* ☐ *applying relevant legislative frameworks to your AOD practice* ☐ *applying strategies for evidence-based models of AOD services and support.*	*The student mentioned the following:* - *professional development* - *peer networks* - *additional education* - *publication subscriptions* - *workplace training* - *posters and newsletters* - *aligning policy and procedure to AOD legislation* - *using person-centred approaches* - *harm reduction* - *regular policy reviews* - *motivational interviewing* - *cognitive behaviour therapies* - *psychosocial groups such as support groups*

ASSESSOR GUIDE:

	• *evidence-based practices*
	• *key stages to implement.*
Prepare and submit a report summarising their strategies and referencing relevant policies and procedures.	*The student must submit a report summarising strategies and referencing relevant policies and procedures.*

PART C: Personal values.

Instructions

Prepare a report on your personal values regarding AOD. (approx. 500 words)

Your reports should be well-written using Plain English and should be free from spelling and grammatical errors.

Your report must address the following:

1. Consider social constructs of the AOD sector and how this has impacted your personal values and attitudes regarding AOD use.

2. Describe how your values impact your work in AOD support.

3. Discuss your organisation's values in relation to providing AOD services and support.

4. Explain how your organisation's values impact your practice.

Please reference all sources of information used to develop your report.

Protecting the privacy of the clients, their families, and the carers you work with is paramount. You must not record any identifying features in your work.

A simulated organisation "ACE" has been created if you require access to organisations values, and documentation.

Assessor Instructions
Purpose of the Task

The purpose of this task is to assess the student's ability to:

• *reflect on personal values and attitudes regarding AOD use*

• *acknowledge their personal values can potentially impact them when working in an AOD context*

• *apply their awareness of the organisation's values to their AOD practice*

• *use critical thinking skills to evaluate information regarding the current values and philosophy in AOD.*

Reassessment Arrangements

If the task is marked as Not Satisfactory (N/S), provide the student with feedback about which parts of the task were deemed unsatisfactory or insufficient. The student may need to submit the whole task again or only the parts of the task that were deemed unsatisfactory – you will need to guide the student as to what will be required in their resubmission to ensure that the resubmission is clear for you. Provide the student with a new due date by which they must resubmit, allowing them enough time to gather additional evidence, but also ensuring the new due date is

---

Guidance to Assessors About this Task

Provide the student with the due date for each part of the task.

The student must submit a report discussing the following:

1. *Consider how their social constructs have impacted their personal values and attitudes regarding AOD use:*

   Example: I was raised in a lower-middle-class home with parents who rarely drank but used cannabis regularly. However, my extended family mostly abstained from alcohol and drugs, with small quantities of alcohol on occasion seen. My friends drank most weekends, often to excess, as it was the culture to "party on the weekends". I knew and associated with a small group of people who used psychedelics such as mushrooms on occasion too. Because of these social and familial examples, I don't have any real bias towards users of cannabis or alcohol. I understand the impact of peer pressure as I did try most of the substances I saw used at one point or another.

2. *Describe how their values impact their work in AOD:*

   Example: Because I grew up in an environment where drugs and alcohol are normal, I don't have much bias towards users of most drugs and alcohol. I understand the pressures that cause the choices and empathise with those causes and the people who use. My biggest challenge will be dealing with users of methamphetamines, as this is something I have only encountered in media, movies and television. I will have to work at using my core values in this instance.

3. *Discuss their organisation's values in relation to providing AOD services and support:*

   These will vary depending on the organisation that the student is working with. They should mention similar to the following:

   ▪ *treating clients with respect, dignity and courtesy*

   ▪ *providing an accessible service that takes into account individual and cultural diversity*

   ▪ *planning and developing treatment plans and strategies in collaboration with clients*

   ▪ *achieving and maintaining appropriate standards of proficiency and participating in ongoing professional review and development*

   ▪ *providing services in a safe environment and ensuring that duty of care is maintained*

   ▪ *ensuring that client information is kept confidential unless disclosure is otherwise authorised*

   ▪ *providing adequate information to clients about organisational and independent complaints processes*

   ▪ *adhering to relevant professional codes of conduct and ethics*

   ▪ *complying with federal and state legislation and regulations.*

4. *Explain how their organisation's values impact their practice:*

   These will vary depending on the organisation that the student is working with and how that workplace aligns with their values.

   Example: The service I work with has the values of ICARE – Integrity, Compassion, Acceptance, Respect, Excellence. These values encourage the use of treatment approaches, including: cognitive behaviour therapy, motivational interviewing and person-centred practice, helping clients change the way they think about their substance use, and finding ways that allow them to make positive changes in their lives and achieve their goals. I value honesty, compassion and respect and strive to accept and perform to my highest ability. Therefore, I find that the values of this service align with mine making working with them an easy transition.

Ensure the following document have been submitted for assessment:

▪ *Values Report*

Record the outcome of this assessment in the Assessor Checklist.

ASSESSOR CHECKLIST: PART C **Did the student demonstrate the required level of competence for each of the following points?**	**Benchmarks**

1. Prepare and submit a report discussing:
 	
    how their social constructs have impacted their personal values and attitudes regarding AOD use
    how their values impact their work in AOD
    their organisation's values in relation to providing AOD services and support
    how their organisation's values impact their practice.
	The student provided information on their personal values and attitudes regarding AOD use, such as:
	
	economic status
	
	experience of AOD use in the home and family
	
	social experiences with AOD use.
	
	The student provided information on how they think their values will impact them when working in AOD context, such as:
	
	any bias they may or may not have
	
	strengths and weaknesses
	
	challenges they may face.
	
	The student provided information on their organisation's values about AOD use, such as:
	
	how clients are treated
	
	accessibility of services
	
	collaborative planning
	
	professional review and development
	
	duty of care
	
	confidentiality
	
	complaints process
	
	codes of conduct and ethics
	
	compliance with federal and state legislation/regulation.
	
	The student discussed how the organisational values impact they way they provide AOD services, such as:
	
	the values of organisation and self
	
	treatment approaches.

ASSESSOR GUIDE:

Congratulations you have reached the end of Assessment 2!

ASSESSOR GUIDE: