

Making Values and Ethics Explicit

A New Code of Ethics for the
Australian Alcohol and Other Drug Field





Making Values and Ethics Explicit

A New Code of Ethics for the
Australian Alcohol and Other Drug Field

March 2007

ALCOHOL AND OTHER DRUGS COUNCIL OF AUSTRALIA

AUTHOR

Mr Craig Fry, Senior Research Fellow, Turning Point Alcohol and Drug Centre, Melbourne.

STEERING COMMITTEE MEMBERS

Ms Donna Bull, Chief Executive Officer, ADCA

Professor Wayne Hall, Director, Office of Public Policy and Ethics, Institute for Molecular Bioscience, University of Queensland, QLD and ADCA Vice President.

Ms Barbara Kelly, Program Manager, Eastern Health Alcohol and other Drug Service, Melbourne, VIC and ADCA Board Director, Treatment & Rehabilitation Services.

Mr Larry Pierce, Executive Director, Network of Alcohol and Drug Agencies, Sydney, NSW, and ADCA Board Director, Workforce Development.

Copyright © Alcohol and other Drugs Council of Australia.

Published by the Alcohol and other Drugs Council of Australia,
17 Napier Close, Deakin ACT 2600, Australia. March 2007

ISBN: 978-1-876837-11-2

Fry, C (2007). Making Values and Ethics Explicit: A New Code of Ethics for the Australian Alcohol and Other Drugs Field. Canberra: Alcohol and other Drugs Council of Australia.

Contents

Background	2
THE NEED FOR GREATER ETHICS ENGAGEMENT	2
ADCA CODE OF ETHICS PROJECT	3
A New Code Of Ethics For The AOD Sector	4
AOD CODE OF ETHICS: MAKING VALUES & ETHICS EXPLICIT	4
PROMOTING ETHICS ENGAGEMENT	4
NATURE AND PURPOSE OF THE CODE	5
HOW TO USE THE CODE	6
THE NEW CODE: ETHICS FOR ALCOHOL AND OTHER DRUG WORKERS	6
CONTEXT	6
CORE VALUES	7
GUIDING PRINCIPLES	8
Appendices	12
APPENDIX A: SAMPLE CHECKLIST OF ETHICS ENGAGEMENT NEEDS	12
APPENDIX B: SAMPLE WORK SHEET FOR DISCUSSION ON ETHICAL ISSUES	14
APPENDIX C: RECOMMENDED ETHICS RESOURCES	16
CODES OF ETHICS	16
OTHER GUIDELINES	16
REFERENCES	17
ETHICS WEBSITES	17
GENERAL AOD ELECTRONIC FORUMS	17
APPENDIX D: SELECT APPLIED MODELS FOR ETHICAL DECISION-MAKING	18
References Cited	20

Background

THE NEED FOR GREATER ETHICS ENGAGEMENT

The Alcohol and Other Drug (AOD) field is currently without an agreed set of core values and related resources to guide decision-making around the unique ethical issues that exist in this area. It has been said of the AOD field that “...there is not a day that passes without an encounter with an ethical dilemma, a moral challenge or an outright breach of legal boundaries.” (Babor, 2003: p.1).

There are first-order or ‘macro-ethics’ questions for the AOD sector that require attention. For example: What health promotion, prevention and treatment initiatives should be developed? What research should be conducted? How should consumers be involved in the development, implementation and evaluation of these initiatives? What responsibilities do harm reduction practitioners have to the community before, during and after an initiative? There are also a host of applied or ‘micro-ethics’ issues in AOD practice or service delivery (e.g. voluntary informed consent in the context of dependent relationships, intoxication, duty to treat, unsolicited treatment offers, impact of clinical trials, privacy and confidentiality, and mandatory reporting) those which

relate to *research* (e.g. limits to assurances of participant confidentiality when researching illegal acts, participant payment, inducement and voluntary consent, collection of body samples, and the impact of intoxication on informed and voluntary consent), and those relating to *policy* development (e.g. resource allocation, community consultation and participation, conflict of interest, and organisational change).

This represents an area of vulnerability for the field, which may heighten the potential for preventable ethical breaches, undermine the quality and acceptance of innovative research and practice, and represent a threat to funding. It is also an area of risk for funding bodies, which may be drawn into disputes about the ethical conduct of funded services and the implications of supported research.

If we accept that values and ethics are fundamentally important in alcohol and drug practice, then it follows that a sound knowledge and skill base in relation to ethics should be viewed as a critical component of best practice in responding to drug problems. The most appropriate place of residence for these skills is the AOD workforce itself. Important workforce development opportunities exist in relation to policy development and education and training around the ethics of AOD work. Such a focus



is warranted given the importance of AOD issues in our society, the specific challenges created by legislative and policy progress (or lack thereof), and ongoing developments in research and service delivery.

As in other health fields, ethical challenges in AOD practice often involve tensions between a number of competing principles and values. In practice it is the AOD practitioner that must decide on the balance they will strike in responding to these everyday dilemmas. Codes of ethics and other similar values statements can become core resources for the field in addressing these issues. However, experience has shown that these are most useful when accompanied by methodological guidelines on approaches to decision-making around ethical challenges, and practical guidance in relation to common ethical dilemmas.

ADCA CODE OF ETHICS PROJECT

The Alcohol and other Drugs Council of Australia (ADCA) initiated the development of a model Code of Ethics due to concerns about the current low profile of AOD ethics and the lack of applied resources to support ethical practice in the field. In association with Turning Point Alcohol and Drug Centre, the first stage of the Project involved the preparation of a comprehensive Discussion Paper and draft revised Code of Ethics.

The starting point in developing this AOD code of ethics was the original ADCA code endorsed in 1993. The core content of this earlier code remains, but it has been revised to include explicit statements around core values in the AOD field. Other codes of ethics identified by ADCA and the Australian Professional Society on Alcohol and Other Drugs (APSAD) members as currently used in their AOD work were also reviewed in order to identify areas in which the revised ADCA ethics code might be harmonised against these sources. The background material that informed the development of the new AOD code of ethics is presented in the accompanying Discussion Paper, *Making values and ethics explicit: The development and application of a revised code of ethics for the Australian alcohol and other drug field*.¹

The Discussion Paper canvassed the following issues:

- the context of ethics in the Australian AOD field
- unique ethical challenges in AOD work
- current profile of AOD ethics and implications
- overview of the first national study of the place and practice of ethics in the AOD field (significant ethical challenges, current responses, training and professional development needs, implications)
- opportunities for making AOD values and ethics explicit (lessons from public health, workforce development, applied ethics frameworks)
- key issues in the development of codes of ethics (processes, format and purpose, regulation and enforcement, relevance and uptake, relationship with other codes).

Following the development of the Discussion Paper and draft Code, a national consultation process was undertaken during 2005 to seek feedback on the draft code from the Australian AOD field. This involved targeted dissemination and workshop presentations at annual conferences held by the Network of Alcohol & other Drugs Agencies (NADA), Australasian Professional Society on Alcohol and Other Drugs (APSAD), and the Victorian Alcohol and Drug Association (VAADA). The consultation process was also opened to the wider AOD field with a call for submissions on the draft documents that were made available on the ADCA website, advertised on ADCA Update and brought to the attention of the various State/Territory peak AOD organisations.

¹ Available on request from ADCA.

A New Code of Ethics for the AOD Sector

AOD CODE OF ETHICS: MAKING VALUES & ETHICS EXPLICIT

PROMOTING ETHICS ENGAGEMENT

New Concepts

The new code is informed by the underpinnings of what some have described as a 'communitarian' approach to ethics. Communitarian ethics is best understood as a way of framing issues, where "...the first ethical question always to be raised should bear on the potential societal and cultural impact of a possible decision." (Callahan, 2003, p.502). Some of the key elements of communitarian ethics that are relevant for the current code are (Callahan, 2003):

- consideration of the 'welfare of whole' as the starting point in addressing ethical issues (incorporating attention to traditions, political institutions, practices, values, cultures)
- a concept of human nature as inherently social
- no distinction between public and private interests
- valuing of human rights where individual rights may be both negative and positive
- democratic participation providing access to all perspectives on 'human good'.

White and Popovits's concept of 'ethical sensitivity' also informs the new AOD code and accompanying resources. They describe ethical sensitivity as "...the ability to step outside oneself and perceive the complexities of a situation through the needs and experiences of the client, the agency, allied institutions and the public. It is the ability to project the potential consequences of one's own action or inaction on these various parties. It is the ability to recognize when one is in ethical terrain. It is the ability to identify and analyze the precise ethical issues involved in a particular situation and to isolate and articulate conflicting duties. It is the ability to weigh the advantages and disadvantages of various actions and to formulate ethically appropriate resolutions to complex situations." (White & Popovits, 2001: p.7).



New Methods

A variety of approaches are needed to promote ethics engagement and decision-making in the diverse specialty fields of public health, but they must be comprehensible. In relation to ethics, AOD professionals should be able to readily answer questions such as: "How is this *relevant* for me and my work?" "How might this be *applied* in my work?"

White and Popovits (2001) recommended two methodological resources for these ends, which are adapted for the purpose of the new code.

- 1) **Ethics Checklist:** an applied ethics resource which may be utilised to assess current organisational/ agency or individual level practices and gaps in ethics knowledge and skills, ethical standards, organisational culture, ethical decision-making and ethical breaches (see Appendix A for an adapted version).
- 2) **Ethics Decision-Making Model:** a worksheet format series of questions to be considered in relation to ethical dilemmas that arise in AOD practice, including (a) Whose interests are involved and who can be harmed? (b) What universal or cultural specific values apply to this situation and what course of action would be suggested by these values? (c) Which of these values are in conflict? (d) What standards of law, professional propriety, organisational policy or historical practice apply to this situation? (See Appendix B for an adapted version).

Supporting Resources

What has also emerged from the process of developing the new AOD code of ethics is set of recommendations that address the issue of how ethics engagement may be promoted and supported in the Australian AOD sector. In summary, the recommendations discussed in the accompanying Discussion Paper include:

- the establishment of a new 'AOD Ethics' national ADCA Reference Group or Advisory Committee
- development of practical ethics guidelines with case study examples for the AOD field (as an accompanying resource to the new ethics code) covering AOD policy, practice and research dilemmas.

Despite a long history of institutionalised ethics review and regulation, we are still at a rudimentary stage with regards to the development of applied ethics resources in multidisciplinary areas like public health (including the AOD sector). The assumption that ethical codes and other similar documents are sufficient for ensuring ethical behaviour ignores one significant fact about ethics as a social practice: that is, that it also requires 'more local' structures to promote engagement with applied ethical issues.

Many AOD organisations have current codes of ethics: however, in most cases these are developed at inception and may not always be up-to-date. Rather than being static, ethics is an evolving concern or as some have described it, a 'discourse' (Witkin, 2000). The health sector in particular, where there is rapid evolution of technologies and treatment and service delivery capabilities, requires an approach to ethics that strives to keep in step.

NATURE AND PURPOSE OF THE CODE

The new AOD code of ethics is less comprehensive than some of the other available examples of health sector ethics codes, some of which are accompanied by detailed ethical guidelines around topical applied ethics challenges for particular settings, target groups and professionals. The aim of the current project was not to develop guidelines in relation to the variety of specific ethical dilemmas encountered in AOD practice. Prior to this important task, a number of other ethics resources are required for the AOD field. One of these is an explicit statement of what might be considered as core AOD values. Another is the consideration of approaches to

ethical decision-making and accompanying supportive resources and structures that may promote greater engagement with AOD ethics in day-to-day practice. This document focuses on these latter tasks.

The new code of ethics is offered as a national resource that may be considered by the specialty AOD field to inform where timely the revision of existing codes, and the development of new codes. In presenting a new Code of Ethics for the AOD sector our hope is that the AOD field will consider how this new document might be utilised to augment existing ethics statements, and how the accompanying decision-making materials may be adapted locally to enhance ethical practice in relation to the everyday ethical challenges encountered in AOD work.

The new AOD code of ethics is intended to be a 'living document' that may be periodically revised in relation to new ethical issues arising and/or shifts in thinking and attitudes around core values and principles. It provides key statements and resources to guide the AOD workforce on ethics, and promotes applied ethics engagement (in which dialogue is considered a key process) as a mechanism for responding to these ethical challenges.

This will require an ongoing commitment from ADCA and other peak AOD bodies. Mechanisms will be needed to promote awareness among professionals (both those established and new to the field), and uptake across the diverse professional groups and settings of the AOD field. In this sense the new document is unlike other examples of prescriptive codes of ethics that focus narrowly upon individual autonomy. It is designed to occupy a new place in applied ethics for the AOD field.

The primary goal of the new code of ethics is to provide an explicit statement of core values and guiding ethical principles by way of promoting a 'strengths' approach to ethics: then the emphasis will be upon the things we *can* and *should* do in a process of proactive ethical problem solving.

The new code contains new sections on core values, recommended ethics resources and methods for ethical decision-making. It takes an inclusive approach to identifying candidate core values so as to deliberately avoid exclusion of traditionally less dominant interests and perspectives. The new AOD code of ethics is concerned with stipulating the ethical ideals of AOD practice, and offering some methodological resources to facilitate decision-making around the specific ethical

challenges that arise in the AOD field. The important practical guidance around these specific dilemmas can be developed only when a general consensus is achieved on the formative ideals or aspirations in the new AOD code and the recommended tools that accompany these.

HOW TO USE THE CODE

The AOD Code of Ethics and accompanying resources presented here may be utilised for a variety of possible applications:

- as a tool for facilitating identification, reporting and decision-making around ethical issues in AOD practice
- a guide to developing a local-level code of ethics
- a mechanism to audit current decision-making and practices in relation to ethical dilemmas encountered in AOD work
- a source of information regarding key ethics guides and other resources
- to inform the implementation of formal ethical decision-making review systems at the local level
- a content source for national AOD competencies in workforce development initiatives
- to inform the future development of practical ethical guidelines for specific ethical dilemmas encountered in the various realms of AOD practice (e.g. AOD service delivery and treatment, research, policy development, for special target groups, for new technologies, and in industry relationships).

It is recommended that the Code of Ethics document be read in conjunction with the Discussion Paper also available from ADCA. The material presented in this document may be used and adapted by any organisation or individual working in the AOD sector. It has been developed primarily with AOD service providers in mind, though it has relevance for the wide range of professional and paraprofessional groups and individuals who work in this broad sector.

THE NEW CODE: ETHICS FOR ALCOHOL AND OTHER DRUG WORKERS

CONTEXT

People who work in the alcohol and other drugs field come from diverse backgrounds and professions. They may be nurses, doctors, psychologists, social workers, youth workers, community development workers, ex-users, researchers, teachers or come from a variety of other backgrounds (including volunteers). While individuals may bring their own personal and professional ethics to their work in the alcohol and other drugs field, clients have a right to expect high ethical standards and a consistent approach to identifying and responding to ethical dilemmas across different services and workers. These standards and approaches should also consider the value perspectives of the communities in which alcohol and other drug services are delivered.

Given the pluralistic nature of the AOD field, to be 'ethics engaged' requires the capacity for:²

- i) stepping outside personal concerns and appreciating the complexities of a situation through the needs and experiences of the client, the agency, allied institutions and the public/community
- ii) reflexivity around the possible consequences of one's own action or inaction on these various parties
- iii) knowing when a particular situation is in ethical terrain
- iv) identification and analysis of the applied ethical issues involved in a particular situation (including conflicting duties and values)
- v) weighing the likely benefits and costs of various courses of action
- vi) deciding on ethically appropriate resolutions to complex situations.

² Adapted from White & Popovits, 2001; Guilleman & Gillam, 2004; Callahan, 2003.

CORE VALUES

Rather than focusing upon achieving consensus on which core values are primary for AOD practice, the starting point for the new AOD code of ethics is the definition of a comprehensive set of humanistic values. These typically reflect the ideas of respect for persons, engagement and acceptance of others, and the need for trust and confidence in human relationships. A wide range of values exist which are potentially relevant to the AOD field. The new code adopts an inclusive stance towards identifying core AOD values in order to avoid exclusion of what may be less dominant interests and perspectives.

The following list has been alphabetised for convenience. It is not exhaustive or intended as mutually exclusive. The purpose of making these values explicit is to orientate AOD practitioners to some of the core issues that may be relevant in the applied ethical dilemmas encountered in AOD practice.



- Access** – ready access to services needed
- Autonomy** – enhance freedom of personal destiny
(individual and relational)
- Beneficence** – help others
- Compassion** – embracing the common humanity
- Competence** – be knowledgeable and skilled
- Community** – encompassing collaboration, democratic participation, equity of access, diversity
- Conscientious refusal** – disobey illegal or unethical directives
- Diligence** – work hard
- Discretion** – respect confidentiality and privacy
- Equity** – equal treatment for equal needs
- Fidelity** – don't break promises
- Gratitude** – pass good along to others
- Health** – all people have a right to resources necessary for health
- Honesty** – tell the truth
- Loyalty** – don't abandon
- Justice** – be fair, distribute by merit
- Non-maleficence** – actively avoid harm to others
(individual and social)
- Obedience** – obey legal and ethically permissible directives
- Reciprocity** – in-kind positive response towards the actions of others
- Respect** – prejudice free consideration of the rights, values and beliefs of all people
- Restitution** – make amends to persons injured
- Self-improvement** – be the best you can be
- Self-interest** – protect yourself
- Stewardship** – use resources judiciously
- Transparency** – openness in relation to the decisions affecting others and any limitations on such decisions.

Many of these values are implicit in the guiding principles of ethical practice that follow. In addition, these feature in the accompanying sample worksheet, which is based on White and Popovits' (2001) simple applied model designed to facilitate ethical decision making in the AOD field (see Appendix B). In this model, as in other ethical decision models (refer to Appendix D), one important question to consider in relation to ethical dilemmas is 'What core values apply to this situation?' AOD professionals should also be able to answer questions such as, "How is this *relevant* for me and my work?" "How might this be *applied* in my work?"

GUIDING PRINCIPLES

Equity and access is important in service provision

Clients should have ready access to the services they need and receive equal treatment for equal need (non-discriminatory). This is particularly important for people who have dual or multiple problems as they are often referred from one service to another without receiving appropriate treatment. Access and equity can be promoted through a non-discriminatory approach to all service users, significant others and community stakeholders, and by consideration of cultural, physical, religious, economic and social needs.

Services should be responsive to the individual's needs

Services should be relevant and responsive to the individual needs of the client. They should be appropriate for the client's gender, social circumstances, ethnic and cultural background and take into account any other problems or disabilities the person may have (for example: mental illness, intellectual, physical or sensory disability, brain injury, or chronic illness). The client's values, expectations and belief systems should be respected. Providing opportunities for clients and ex-clients to participate in the planning, development, management and evaluation of services will help ensure that services are relevant and responsive to clients.



Services should be responsive to community needs

In recognising that individual health and wellbeing is a relational concept dependent upon the place and practices of individuals as members of communities, AOD services have a responsibility to consider the broader community needs that may exist in relation to service operation.

Services should be effective

Services should strive to deliver positive outcomes for the client. The overall effectiveness of services should be measured from the perspective of the clients, and include consideration of ethics and values alongside other traditional outcome measures. Services should hold regular planning and evaluation sessions. Programs that are not effective should be revised and amended so they do provide a positive outcome.

A commitment to actioned community consultation and consumer involvement

Purposive consumer consultation and involvement can enhance health service design, quality, outcomes and community acceptance. Community consultation should be built into the formative processes that guide what we actually do. Implicit in this is the notion of community/consumer/client expertise *on their own* values and interests as a positive territory of authority in relation to planning and implementing new AOD innovations. It also entails the duty of AOD workers to inform clients of their rights and responsibilities as service users or participants.

AOD research should proceed on the basis of ethics committee approval

Consistent with peak ethics guidelines (e.g. NHMRC, Australasian Evaluation Society), research projects (including 'QA' and evaluation) involving human participants should be submitted to appropriate level of ethics committee review prior to conduct.

Services should be cost efficient

Services should be efficient and use the available resources to achieve the best possible effect.

Privacy and confidentiality should be maintained

Privacy and confidentiality to the extent permissible by law is vital in any area of human service: however, it is even more important in the alcohol and other drug field. The illegal nature of some drug use and the stigma associated with drug dependency mean that confidentiality is a key issue for clients.

Training and professional development should reinforce ethical standards

Ongoing training and professional development is crucial to maintain high ethical standards. Increased funding needs to be devoted to this area to ensure that all staff have opportunities to develop their skills and awareness of ethical issues.

Stress and workload issues contribute to poor ethical standards

Breaches of ethics often occur when workers are under a high level of stress or have an impossible workload. Under these conditions it is difficult for staff to maintain appropriate ethical and professional standards. Such breaches are unacceptable. It is incumbent upon management to ensure that staff have a reasonable workload and suitable working conditions and that appropriate procedures, including support and training for the worker, are followed when such breaches do occur.

The client/worker relationship is of critical importance

A good relationship between the client and the worker is extremely important in achieving positive outcomes for the client. Services are most effective when the relationship is collaborative and focuses on working together to solve problems. Like any human relationship, the relationship between a client and a worker is complex. It is not appropriate for workers and clients to engage in any kind of sexual or financial relationship, as this will breach the therapeutic relationship they have developed. The welfare of clients and the general public, and integrity of profession, take precedence over self-interest and the interests of a members' employer and colleagues.

Advocacy in relation to public policy and public health outcomes is important

AOD practitioners, in adopting the stance of equality and social justice in relation to alcohol and other drug use and consequences, have a responsibility to engage at some level in ongoing debate and advocacy around drug policy reform issues and the social goals of other reforms to improve health and wellbeing of clients. In performing an advocacy role, AOD practitioners should strive to draw from a wide range of resources in relation to knowledge access and protection, science, ethics, practice and communication.

Ethics engagement

All AOD practitioners should be able to engage with the moral and ethical basis of drug use and its outcomes (both positive and negative). Ethical issues and value questions are as important in drug policy, practice and research as other clinical, empirical and political concerns. The AOD workforce has an obligation to consider the ethical, social and political dimensions of proposed programs and interventions, and in doing so seek the value perspectives and participation of all groups whose interests are affected. This requires an awareness of existing peak charters, codes and guidelines relevant to questions of ethics and values (e.g. ANCD Alcohol and Other Drugs Charter, ADCA Code of Ethics, relevant professional codes and NHMRC research ethics guidelines). It also warrants a preparedness to consider guides to decision-making processes around ethical challenges, and the consideration of ethics in evaluation of self-practice and innovations in the AOD field (e.g. research, policy, and treatment). The responsibility of ethics engagement exists for all sectors of the AOD workforce, including treatment, outreach, education and training, policy, research, administration, law enforcement, health promotion, prevention, primary care etc.



AFFIRMATION OF AOD CODE OF ETHICS

As an alcohol and other drug worker, I affirm that:

- 1) I owe a duty of care to my clients: that is, I will take reasonable care in exercising my professional responsibilities and skills when working with and for my clients. This means that I will do what I can to:
 - (a) do no harm to clients, drug users and other service consumers
 - (b) achieve and maintain appropriate standards of proficiency in my work for example, through attendance at relevant courses
 - (c) ensure that my clients have relevant and sufficient information about the programs in which they are participating so that their participation is on the basis of informed consent
 - (d) maintain appropriate client confidentiality at all times (in accordance with relevant practitioner and professional regulations, the law and when appropriate in accordance with national human research ethics guidelines).
- 2) I will apply my skills towards assisting with the identification, early intervention, treatment, rehabilitation and social integration of my clients, and I will work towards prevention of drug problems.
- 3) I will strive towards greater engagement with the ethical challenges that arise in relation to my practice in the AOD field, incorporating:
 - (a) an awareness of core values that are relevant in particular situations
 - (b) an alignment with the guiding principles of ethical AOD practice
 - (c) preparedness to implement formal mechanisms for decision-making on applied ethics dilemmas.
- 4) I will commit myself to work, as appropriate, with others who are involved in assisting in my clients' recovery in particular, health and related welfare workers. By doing this, I recognise that I will be able to participate in a holistic approach (involving consideration of diagnostic, clinical, environmental, cultural, service delivery, methodological, and ethical issues) to the care and support of my clients.
- 5) In keeping with this co-operative approach, I will take steps to ensure that my clients are referred to more appropriate care as soon as it becomes apparent that such referral is necessary in the interests of providing optimum standards of care for them.
- 6) I will respect the legal, civil and human (including moral) rights of my clients, including their right to make decisions on their own behalf (including decisions relating to personal drug use) and to participate in planning for their treatment or rehabilitation.
- 7) At all times I will carry my duties and responsibilities without prejudice in regard to the gender, age, ethnicity, religious or political affiliation, disability, sexual preference, or socio-economic and cultural background of my clients.
- 8) I will do my utmost to preserve the dignity, respect, health and safety of my clients, and will not enter into a sexual relationship of any kind with any of my clients.
- 9) I will participate in any reasonable review of my professional standards or skills (including professional ethics) and in any processes that relate to the resolution of conflicts with my clients or the handling of complaints made by or on behalf of my clients.
- 10) I will endeavour to conduct myself as a positive role model for my clients and colleagues.
- 11) The research I undertake either directly as a project leader/chief investigator or indirectly as a partner/associate investigator will proceed on the basis of approval from an appropriate ethics committee.

Name: _____

Signed: _____

Date: _____

Appendices

APPENDIX A: SAMPLE CHECKLIST OF ETHICS ENGAGEMENT NEEDS

The following is not intended as an exhaustive list, though use of this will assist in providing a focus for considering current needs (at the organizational and/or professional or sector levels) in relation to ethics.

Yes	No	Knowledge & Skills
		Are education, experience and certification/licensure requirements for positions within the agency set at such a level as to increase the likelihood that staff have prior knowledge and skills in ethical decision-making?
		Have ethical issues been addressed within the in-service training schedule, not just as a special topic, but integrated as a dimension to be addressed across all training topics?
		Are there opportunities for staff at all levels to explore ethical issues with other professionals within and outside the agency?
		Does the agency have access to outside technical expertise for consultation on complex ethical-legal issues?
Yes	No	Ethical Standards
		Does the agency have a code of professional ethics integrated within its personnel policies or corporate compliance program?
		Have staff had the opportunity to participate in the development or episodic review of the professional practice standards?
		Are the ethical standards and values written with sufficient clarity and discussed sufficiently to allow their application in daily problem solving?
		Are violations of ethical conduct addressed immediately and consistently?
		Could staff when asked define the core values of the agency?
Yes	No	Organisational Culture
		Are ethical issues raised within the context of employee hiring and new employee orientation?
		Do agency leaders talk about ethical issues in their communications with staff?
		Is adherence to ethical and professional practice standards a component of the performance evaluations of all staff?
		Does ethical conduct constitute a core value of the agency as reflected in agency history and mythology, the designation of heroes and heroines, agency literature, storytelling, symbols and slogans?
		Are rituals built into the cycle of agency life that help identify practices that undermine or deviate from aspirational values and which provide opportunities to celebrate and recommit ourselves to those values (e.g. staff meetings, retreats, planning)?
		Are the mechanisms in place through which agency leaders can identify and rectify environmental stressors (e.g. role overload, role conflict etc) that can contribute to poor ethical decision-making?
		Does the agency have an active employee assistance program that addresses areas of personal impairment that could affect the ethical judgement and conduct of staff?

Yes	No	Ethical Decision-making
		Have staff been oriented to the multiple parties whose interests must be reviewed in ethical decision-making?
		Does the agency have a clear mechanism for reporting and investigating ethical violations?
		Are the forums clearly defined within which ethical issues can be explored (e.g. supervision, team meetings)?
Yes	No	Ethical Breaches
		Are the potential consequences of breaches of ethics clearly defined and communicated to staff?
		Does the agency have a clear mechanism for reporting and investigating ethical breaches?
		Are the procedures through which ethical breaches are addressed at the agency clearly defined and communicated to staff?
Yes	No	Other?

Adapted from White & Popovits (2001)



APPENDIX B: SAMPLE WORK SHEET FOR DISCUSSION ON ETHICAL ISSUES

Adapted from White & Popovits (2001)

ETHICAL ISSUE # _____

ETHICAL ISSUE: _____

1(a) Whose interests are involved and who can be harmed?

1(b) Which interests, if any, are in conflict in this situation?

Interests & Vulnerabilities	Significant	Moderate	Minimal/None
Client/family			
Staff member			
Agency			
Professional field			
Community/public safety			

2) What universal or cultural specific values apply to this situation?

	<i>Access</i> – ready access to services needed
	<i>Autonomy</i> – enhance freedom of personal destiny (individual and relational)
	<i>Beneficence</i> – help others
	<i>Compassion</i> – embracing the common humanity
	<i>Competence</i> – be knowledgeable and skilled
	<i>Community</i> – collaboration, democratic participation, equity of access, diversity
	<i>Conscientious refusal</i> – disobey illegal or unethical directives
	<i>Diligence</i> – work hard
	<i>Discretion</i> – respect confidentiality and privacy
	<i>Equity</i> – equal treatment for equal needs
	<i>Fidelity</i> – don't break promises
	<i>Gratitude</i> – pass good along to others
	<i>Health</i> – all people have a right to resources necessary for health
	<i>Honesty</i> – tell the truth

	<i>Loyalty</i> – don't abandon
	<i>Justice</i> – be fair, distribute by merit
	<i>Non-maleficence</i> – actively avoid harm to others (individual and social)
	<i>Obedience</i> – obey legal and ethically permissible directive
	<i>Reciprocity</i> – in-kind positive response towards the actions of others
	<i>Respect</i> – prejudice free consideration of the rights, values and beliefs of all people
	<i>Restitution</i> – make amends to persons injured
	<i>Self-improvement</i> – be the best you can be
	<i>Self-interest</i> – protect yourself
	<i>Stewardship</i> – use resources judiciously
	<i>Transparency</i> – openness in relation to the decisions affecting others and limitations

3) What laws, standards, policies or historical practices apply to this situation?

4) Discussion notes

APPENDIX C: RECOMMENDED ETHICS RESOURCES

CODES OF ETHICS

Australian Association of Social Workers

AASW Code of Ethics http://www.aasw.asn.au/adobe/about/AASW_Code_of_Ethics-2004.pdf

Australasian Chapter of Addiction Medicine

Ethical issues in treating drug-related problems

(Competency 8 in training manual)

<http://www.racp.edu.au/public/addictionmed.htm>

Australian Counselling Association

http://www.theaca.net.au/docs/code_conduct.pdf

Australian Medical Association

AMA Code of Ethics (2004)

[http://www.ama.com.au/web.nsf/doc/WEEN-5WW5YY/\\$file/090304%20Code%20of%20Ethics%202004%20\(final,%20March%202004\).pdf](http://www.ama.com.au/web.nsf/doc/WEEN-5WW5YY/$file/090304%20Code%20of%20Ethics%202004%20(final,%20March%202004).pdf)

Australian Nursing & Midwifery Council

ANMC Code of Ethics for Nurses in Australia (2002),

developed under the auspices of the newly formed ANMC, Royal College of Nursing Australia, Australian Nursing Federation.

<http://www.anmc.org.au/website/Publications/Codes%20of%20Ethics%20and%20Professional%20Conduct%20for%20Nurses%20in%20Australia/ANMC%20Code%20of%20Ethics.pdf>

Code of professional conduct (2003)

<http://www.anmc.org.au/website/Publications/Codes%20of%20Ethics%20and%20Professional%20Conduct%20for%20Nurses%20in%20Australia/ANMC%20Code%20of%20Professional%20Conduct.pdf>

Australian Psychological Society

Code of Ethics, Ethical Guidelines and related resources

<http://www.psychology.org.au/aps/ethics/default.asp>

The Royal Australasian College of Physicians (RACP)

Ethics Manual for Consultant Physicians

www.racp.edu.au/public/Ethics_Manual.pdf

Ethical guidelines in the relationship between physicians and the pharmaceutical industry.

www.racp.edu.au/public/Ethical_guide_pharm.pdf

Royal Australian and New Zealand College of Psychiatrists

Code of Ethics

<http://www.ranzcp.org/pdf/ethguide/Code%20of%20Ethics%20Document.pdf>

OTHER GUIDELINES

AIVL (2003). A national statement on ethical issues for research involving injecting/illicit drug users.

Canberra: Australian Injecting & Illicit Drug

Users League. [http://www.aivl.org.au/files/](http://www.aivl.org.au/files/EthicalIssuesforResearchInvolvingUsers.pdf)

[EthicalIssuesforResearchInvolvingUsers.pdf](http://www.aivl.org.au/files/EthicalIssuesforResearchInvolvingUsers.pdf)

Australian National Council on Drugs (2005). Alcohol and Other Drugs Charter. Canberra: ANCD.

<http://www.ancd.org.au>

Australasian Evaluation Society (2000). Code of ethics. Canberra: AES.

http://www.aes.asn.au/about/code_of_ethics.pdf

Australasian Evaluation Society (2002). Guidelines for the ethical conduct of evaluations. Canberra: AES.

http://www.aes.asn.au/about/guidelines_for_the_ethical_conduct_of_evaluations.pdf

Consumers' Health Forum & National Health and Medical Research Council (2001). Statement on consumer and community participation in health and medical research, Canberra: NHMRC.

<http://www.nhmrc.gov.au/ethics/index.htm>

Fry C.L., & Hall W. (2004). Ethical challenges in drug epidemiology: Issues, principles and guidelines.

Global Assessment Programme on Drug Abuse

Epidemiological Toolkit, Module VII. Global

Assessment Programme on Drug Abuse. Vienna:

United Nations Office on Drugs and Crime.

http://www.unodc.org/pdf/gap_toolkit_module7.pdf

National Health and Medical Research Council (1999).

National statement of ethical conduct in research

involving humans. Canberra: Commonwealth of

Australia. <http://www.nhmrc.gov.au/ethics/index.htm>

National Health and Medical Research Council (2002).

Human research ethics handbook. Commentary on

the national statement on ethical conduct in research

involving humans. Canberra: Commonwealth of

Australia. <http://www.nhmrc.gov.au/ethics/index.htm>

National Health and Medical Research Council (2003).
Values and ethics: Guidelines for ethical conduct in
Aboriginal and Torres Strait Islander health research.
Canberra: Commonwealth of Australia.
<http://www.nhmrc.gov.au/ethics/index.htm>

REFERENCES

- Babor, T. F. (2003). Ethics matter: to authors, editors and those we serve. *Addiction*, 98, 1–2.
- Callahan, D. (2003b). Individual and common good: A communitarian approach to bioethics. *Perspectives in Biology and Medicine*, 46(4), 496–507.
- Coady, M. & Bloch, S. (2002). *Codes of Ethics and the Professions*. Carlton: MUP.
- Coughlin, S. S., Soskolne, C. L., & Goodman, K. W. (1997). *Case studies in public health ethics*. Washington DC: American Public Health Association.
- Fry, C. (2005). Making values and ethics explicit: The development and application of a revised code of ethics for the Australian alcohol and other drug field. ADCA Discussion Paper. Canberra: Alcohol and other Drugs Council of Australia.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity and “ethically important moments in research”. *Qualitative Inquiry*, 10, 261–80.
- White W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Second edition. Bloomington: Lighthouse Institute.
- Witkin, S. L. (2000). Ethics-R-U.s. *Social Work*. 45(3). 197–200.

ETHICS WEBSITES

Applied Ethics Resources
<http://www.ethicsweb.ca/resources/index.html>

Australian Association for Professional and Applied Ethics
<http://www.arts.unsw.edu.au/aapae>

Codes of Ethics Online
The Center for the Study of Ethics in the Professions,
Illinois Institute of Technology, USA
<http://www.iit.edu/departments/csep/codes/>
(Accessed September 22, 2005)



NSW Health, Health Ethics Branch
<http://www.health.nsw.gov.au/healthethics/index.html>

Philosophy in Cyberspace
<http://www-personal.monash.edu.au/~dey/phil/ethics.htm>
(Accessed September 22, 2005)

Procedural Ethics Weblibliography
Bowling Green State University, USA
<http://www.cs.bgsu.edu/maner/heuristics/bib.htm>
(Accessed September 22, 2005)

GENERAL AOD ELECTRONIC FORUMS

Drug and Alcohol Nurses Australasia Forum
<http://www.danaonline.org/phpBB2/>

ADCA Update and Drugtalk
<http://www.adca.org.au/drugtalk.htm>

NSP Forum
listserv@lists.spmed.uq.edu.au

Australian Injecting and Illicit Drug Users' League (AIVL)
<http://www.aivl.org.au/forum/default.asp>

APPENDIX D – SELECT APPLIED MODELS FOR ETHICAL DECISION-MAKING

Benaroyo, L. (2004). *Méthodologie en éthique clinique: une approche intégrant les diverses dimensions éthiques du soin. *Medecine et Hygiene*, 2486, 1304–1307.*

An applied ethics process, the goal of which is to reach consensus decisions on ethical challenges, through structured open discussion in a series of steps:

- 1) identify the practical ethical problem
- 2) identify the client's individual context
- 3) identify the duty of care responsibilities of each staff member
- 4) identify the values staff consider essential to responding to the problem
- 5) identify any conflicting values
- 6) identify alternative solutions to the ethical conflicts identified
- 7) choose the consensus option best suited to the program objectives; and
- 8) provide justification for the choice.

Canadian Psychological Association (2000). Canadian code of ethics for psychologists. 3rd Edition. Ontario: CPA. <http://www.cpa.ca/ethics.html>

Present a summary of steps that are claimed to typify approaches to ethical decision-making:

1. identification of the individuals and groups potentially affected by the decision
2. identification of ethically relevant issues and practices, including the interests, rights, and any relevant characteristics of the individuals and groups involved and of the system or circumstances in which the ethical problem arose
3. consideration of how personal biases, stresses, or self-interest might influence the development of or choice between courses of action
4. development of alternative courses of action
5. analysis of likely short-term, ongoing, and long-term risks and benefits of each course of action on the individual(s)/ group(s) involved or likely to be affected (e.g. client, client's family or employees, employing institution, students, research participants, colleagues, the discipline, society, self)
6. choice of course of action after conscientious application of existing principles, values, and standards
7. action, with a commitment to assume responsibility for the consequences of the action
8. evaluation of the results of the course of action
9. assumption of responsibility for consequences of action, including correction of negative consequences, if any, or re-engaging in the decision-making process if the ethical issue is not resolved
10. appropriate action, as warranted and feasible, to prevent future occurrences of the dilemma (e.g. communication and problem solving with colleagues, changes in procedures and practices).

van Hooft, S., Gillam, L., & Byrnes, M. (1995). Ethical Decision Making. Facts and Values: An Introduction to Critical Thinking for Nurses. Philadelphia: MacLennan and Petty.

1. Define the problem.
 - a) Be aware that, in defining the problem, you are also defining the range of possible solutions.
 - b) Define the problem in such a way that the range of possible solutions is maximized.
2. Gather information.
 - a) Collect information that is relevant to the problem as defined.
 - b) Organize this information by category.
3. Identify constraints that limit possible solutions.
 - a) Consider facts about the situation that cannot be changed.
 - b) Consider limits or requirements imposed by the problem-solver.
4. Generate possible solutions (or courses of action).
 - a) Generate as many different courses of action as possible, virtually all possibilities.
 - b) Include non-action as one possibility.
5. Identify criteria for judging the best solution.
6. Evaluate possible solutions according to these criteria.
 - a) For each possible solution, list advantages and disadvantages relative to these criteria.
 - b) Will the solution actually achieve what is wanted?
 - c) Will the solution violate any of the constraints identified earlier?
7. Select the solution that best fits the criteria.
 - a) If the criteria are ranked or can be ranked, identify the solution that best meets the most important criterion.
 - b) If the criteria are unranked, identify the solution that best meets all the criteria.
8. Implement the solution.
9. Check progress of the solution.
10. Modify the solution, if necessary.

References Cited

- ADCA (1993). *Code of ethics for alcohol and other drug workers*. Canberra: Alcohol and other Drugs Council of Australia.
- ADCA (2003). *Workforce Development Policy*. http://www.adca.org.au/policy/policy_positions/2.11Workforce_development_23.10.03.pdf (Accessed 1/02/2005).
- Agar, N. (1998). Liberal eugenics. *Public Affairs Quarterly*, 12(2), 137–155.
- AIVL (2003). *A national statement on ethical issues for research involving injecting/illicit drug users*. Canberra: Australian Injecting & Illicit Drug Users League. <http://www.aivl.org.au/files/EthicalIssuesforResearchInvolvingUsers.pdf>.
- ANCD (2007). Australian Alcohol and Other Drugs Charter. Canberra: Australian National Council on Drugs. http://www.ncnd.org.au/publications/pdf/aod_charter.pdf
- Babor, T. F. (2003). Ethics matter: to authors, editors and those we serve. *Addiction*, 98, 1–2.
- Beauchamp, T. L., & Childress, J. F. (2001). *Principles of Biomedical Ethics*. Fifth Edition. Oxford: Oxford University Press.
- Beauchamp, T. L., & Steinbock, B. (1999). *New ethics for the public's health*. New York: Oxford University Press.
- Bell, D. (2001). Communitarianism. In: Zalta E. N. (Ed.), *The Stanford Encyclopedia of Philosophy*. Stanford University. <http://plato.stanford.edu/archives/win2001/entries/communitarianism/>
- Benatar, S. R., & Singer, P. A. (2000). A new look at international research ethics. *British Medical Journal*, 321, 824–826.
- Biggs, D., & Blocker, D. (1987). *Foundations of ethical counselling*. NY: Springer Publishing Company.
- Birkelund, R. (2000). Ethics and education. *Nursing Ethics*, 7(6): 473–480.
- Bissell, L., & Royce, J.E. (1994). *Ethics for addiction professionals*. Second Edition. Minnesota: Hazelden.
- Bloch, S., & Pargiter, R. (2002). Developing a code of ethics for psychiatry. In M. Coady & S Bloch (Eds.), *Codes of Ethics and the Professions* (pp. 193–225). Carlton: MUP.
- Brody, B. (1998). *The Ethics of Biomedical Research: An International Perspective*. OUP.
- Callahan, D. (2003a). Principlism and communitarianism. *Journal of Medical Ethics*, 29, 287–91.
- Callahan, D. (2003b). Individual and common good: A communitarian approach to bioethics. *Perspectives in Biology and Medicine*, 46(4), 496–507.
- Callahan, D., & Jennings, B. (2002). Ethics and public health: Forging a strong relationship. *American Journal of Public Health*, 92(4), 169–176.
- Coady, M., & Bloch, S. (2002). *Codes of Ethics and the Professions*. Carlton: MUP.
- Collins, D. J., & Lapsley, H. M. (1996). *The social costs of alcohol and drug use*. Canberra: Australian Government Publishing Service.
- Clouser, K. D., & Gert, B. (1997). A critique of principlism. In Jecker N. S., Jonsen, A. R., Pearlman R. A. (Eds.), *Bioethics: An introduction to the history, methods and practice* (pp.147–151). Boston: Jones and Bartlett.
- Coughlin, S. S., Soskolne, C. L., & Goodman, K. W. (1997). *Case studies in public health ethics*. Washington DC: American Public Health Association.
- Daly, J., & McDonald, I. (1996). *Ethics, responsibility and health research*. In: *Daly J (Ed.), Ethical intersections: Health research, methods and researcher responsibility* (pp.xiii–xxi). St Leonards: Allen & Unwin.
- Dickert, N., Emanuel, E., & Grady, C. (2002). Paying research subjects: an analysis of current policies. *Annals of Internal Medicine*, 136, 368–73.
- Erickson, P. G., Riley, D. M., Cheung, Y. W., & O'Hare, P.A. (1997). *Harm reduction: a new direction for drug policies and programs*. Toronto: University of Toronto Press.
- Fitzgerald, J. L., & Sowards, T. (2002). *Drug policy: The Australian approach*. ANCD Research Paper, No. 5. Canberra: Australian National Council on Drugs. http://www.ncnd.org.au/publications/pdf/rp5_australian_approach.pdf
- Fox, E., Arnold, R. M., & Brody, B. (1995). Medical ethics education: past, present and future. *Academic Medicine*, 70(9): 761–769
- Fry, C. (2002). Raising the profile of human research ethics in addictions research: A key role for addictions journals. *Addiction*, 97(2), 229–230.

- Fry, C. L., & Hall, W. (2002). An ethical framework for drug epidemiology: identifying the issues. *Bulletin on Narcotics*, 54(1–2), 131–142.
- Fry, C. L., & Hall, W. (2004). *Ethical challenges in drug epidemiology: Issues, principles and guidelines*. Global Assessment Programme on Drug Abuse Epidemiological Toolkit, Module VII. Global Assessment Programme on Drug Abuse. Vienna: United Nations Office on Drugs and Crime. http://www.unodc.org/pdf/gap_toolkit_module7.pdf
- Fry, C.L., Peerson, A., & Scully, A. M. (2004). Raising the profile of public health ethics in Australia: Time for debate [Point of View]. *Australian and New Zealand Journal of Public Health*, 28, 13–15.
- Fry, C., & Hall, W. (2005). Ethical considerations for drug abuse epidemiologic research. In: Sloboda, Z. (Ed.), *Epidemiology of Drug Abuse* (pp145–157). NY: Kluwer Academic.
- Fry, C., Madden, A., Brogan, D., & Loff, B. (in press). Australian resources for ethical participatory processes in public health research. *Journal of Medical Ethics*. 22/07/05.
- Fry, C. L., Treloar, C., & Maher, L. (in press). Ethical challenges and responses in harm reduction research: Promoting applied communitarian ethics. *Drug and Alcohol Review*, 24(5). 06/05/05.
- Fry, C. (forthcoming). Ethics in practice: Experiences, attitudes and responses of professionals in the Australian alcohol and other drug field. Australian Professional Society on Alcohol and other Drugs (APSAD) Conference, Poster, November 6–9, Melbourne.
- Gaita, R. (2004). Breach of trust: Truth, morality and politics. *Quarterly Essay*, 16, 1–68.
- Gijsbers, A., McDonough, M., Fry, C., & Whelan, G. (2002). Can there be consensus on ethical issues in drug and alcohol work? Workshop presented at the combined Australian Professional Society on Alcohol and other Drugs (APSAD) and National Methadone Conference, November 18–20, Adelaide (p.136).
- Gijsbers, A., McDonough, M., Fry, C., & Whelan, G. (2003). *Towards consensus on ethical issues in drug and alcohol work*. Discussion Paper. Author: Unpublished.
- Glass-Crome, I. (1992). Training: a vital ingredient for alcohol treatment services. *Current Opinion in Psychiatry*, 5, 436–440.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity and “ethically important moments in research”. *Qualitative Inquiry*, 10, 261–80.
- Hampshire, S. (1982). Morality and convention. In: Sen A, Williams B, eds. *Utilitarianism and beyond*. New York: Cambridge University Press.
- Hathaway, A. D. (2002). From harm reduction to human rights: bringing liberalism back into drug reform debates. *Drug and Alcohol Review*, 21, 397–404.
- Hunt, N. (2004). Public health or human rights: what comes first? *International Journal of Drug Policy*, 15, 231–237.
- Hunt, N. (2005). Public health or human rights? *International Journal of Drug Policy*, 16, 5–7.
- Jennings, B., Kahn, J., Mastroianni, A., & Parker L. S. (2003) *Ethics and public health: Model Curriculum*. Health Resources and Services Administration and the Association of Schools of Public Health. <http://www.asph.org/document.cfm?page=782> (Accessed 1/02/2005)
- Keane, H. (2003). Critiques of harm reduction, morality and the promise of human rights. *International Journal of Drug Policy*, 14, 227–232.
- Kuhse, H., & Singer, P. (1999) *Bioethics: An anthology*. Oxford: Blackwell Publishers UK.
- Levin, B. W., & Fleischman, A. R. (2002). Public health and bioethics: The benefits of collaboration. *American Journal of Public Health*, 92(4), 165–167.
- Lichtenberg, J. (2002). What are codes of ethics for? In M. Coady & S Bloch (Eds.), *Codes of Ethics and the Professions* (pp. 13–27). Carlton: MUP.
- MacIntyre, A. (1981). *After virtue*. London: Duckworth.
- McDonough, M. (1995). *Draft policy and position statement on ethics for APSAD*. Author: Unpublished.
- Ministerial Council on Drug Strategy (2004). *The National Drug Strategy: Australia's integrated framework, 2004–2009*. Intergovernmental Committee on Drugs and Australian National Council on Drugs. Canberra: Commonwealth of Australia. <http://www.nationaldrugstrategy.gov.au/pdf/framework0409.pdf>

- National Centre for Education and Training on Addiction (2004). *Tertiary Training Review: Review of Alcohol and Other Drugs (AOD) Tertiary Training*. <http://www.nceta.flinders.edu.au/projects.htm#tertiary> (Accessed 15/10/04).
- National Health and Medical Research Council (1999). *National statement of ethical conduct in research involving humans*. Canberra: Commonwealth of Australia. <http://www.health.gov.au/nhmrc/issues/index.htm> (Accessed 05/03/2003).
- Network of Alcohol and Other Drugs Agencies (2003). *Alcohol and Other Drugs (AOD) Recently Revised Qualification Framework and Competencies*. NADA. http://www.nada.org.au/training/AOD_Competencies_and_Quals_2003.doc
- Nicholas, B. (1999). Power and the teaching of medical ethics. *Journal of Medical Ethics*, 25(6): 507–513.
- NSW Health and Network of Alcohol and Other Drug Agencies (2005). *Training directory*. NSW Health Workforce Development Program in Hepatitis, HIV and Sexual Health. www.nada.org.au/Training/WDP_e-Directory.pdf
- Nussbaum, M. (1993). Non relative virtues: An Aristotelian approach. In: Nussbaum M, Sen A, (Eds.), *The quality of life*. New York: Oxford University Press.
- Rawls, J. A. (1971). *Theory of Justice*. Oxford: Oxford University Press.
- Roberts, M. J., & Reich, M. R. (2002). Ethical analysis in public health. *The Lancet*, 359, 1055–59.
- Roche, A. M. (1996). Increasing primary care providers' willingness to intervene in alcohol and drug related problems: a review. *Substance Abuse*, 17, 201–217.
- Roche, A. M., & McDonald, J. (2001). *Systems, settings, people: Workforce development challenges for the alcohol and other drugs field*. Adelaide: National Centre for Education and Training on Addiction, Flinders University of South Australia.
- Roche, A. M. (2001). What is this thing called workforce development? In A. M. Roche & J. McDonald (Eds). *Systems, settings, people: Workforce development challenges for the alcohol and other drugs field* (pp 5–22). Adelaide: National Centre for Education and Training on Addiction, Flinders University of South Australia.
- Rogers, W. A. (2004). Ethical issues in public health: a qualitative study of public health practice in Scotland. *Journal of Epidemiology and Community Health*, 58, 446–450.
- Siggins, I. (2002). Professional codes: Some historical antecedents. In M. Coady & S Bloch (Eds.), *Codes of Ethics and the Professions* (pp. 55–71). Carlton: MUP.
- Sindall, C. (2002). Does health promotion need a code of ethics? *Health Promotion International*, 17, 201–3.
- Skene, L. (2002). A legal perspective on codes of ethics. In M. Coady & S Bloch (Eds.), *Codes of Ethics and the Professions* (pp. 111–129). Carlton: MUP.
- Skinner, N., Freeman, T., Shoobridge, J., & Roche, A. (2003). *Workforce development and the alcohol and other drugs field: A literature review of key issues for the NGO sector*. National Centre for Education and Training on Addiction (NCETA), Flinders University.
- Somerville, M. (2000). *The Ethical Canary. Science, Society and the Human Spirit*. Viking. Penguin Books Australia Ltd.
- Strang, J. (1993). Drug use and harm reduction: responding to the challenge. In: Heather N, Wodak A, Nadelmann E, O'Hare P (Eds.), *Psychoactive drugs and harm reduction: from faith to science* (pp.13–20). London: Whurr Publishers.
- Thomas, J. C., Sage, M., Dillenberg, J., & Guillory, V. J. (2002). A code of ethics for public health. *American Journal of Public Health*, 92(7), 1057–59.
- Weed, D. L., & McKeown, R. E. (2001). Ethics in epidemiology and public health I. Technical terms. *Journal of Epidemiology and Community Health*, 55, 855–857.
- White W. L., & Popovits, R. M. (2001). *Critical incidents: Ethical issues in the prevention and treatment of addiction*. Second edition. Bloomington: Lighthouse Institute.
- Witkin, S. L. (2000). Ethics-R-Us. *Social Work*. 45(3). 197–200.

