

Ethics and the Profession

He discusses the impact of the lack of ethical standards, preparation for those in our field to address ethical concerns and the broad devastation and reactive measures that unfold when festering challenges explode into the limelight of the media and the worst flaws become public spectacle. To me, the most important sentence in the section is this one:

“Our organizations have tended to define ethics as an individual rather than institutional issue.”

It is here he calls for the development of a broad ethical framework of how care is delivered and adhered to by the majority of our service institutions, which he notes was in that era vital for forward progress.

Systematic Approaches to Professional Practice Issues

At the end of the paper, he included a sample ethical decision-making tool across multiple domains, including: knowledge and skills to consider, ethical standards, organizational culture, ethical decision making, and ethical violations. Each section has questions to assist practitioners to consider the nuances of an ethical dilemma and support for effective resolution. It is a valuable tool that stands the test of time.

Questions for consideration in our own era

- In respect to the six challenges facing the field that Bill White raised in the mid-1990s, do we see any parallels in our own era? Are we at a turning point in our current times? Who or what is driving that change and how is the field and those they serve engaged in that change process, if at all?
- While we have seen a proliferation of ethical standards on the level of the addictions professional through certification boards and other oversight entities, what progress have we made on developing standards widely adhered to by the service and funding institutions to standardize their ethical responsibilities to the field?
- What is at stake? What do we want our own era to reflect in respect to moving our field forward ethically?

Additional thoughts for consideration

In reviewing Bill's important paper from 1994, one of the things that struck me is that attempts to address challenges in the era he wrote the paper were limited in scope and focused primarily at the individual level. Challenges in providing effective and ethically grounded services that were more systemic in nature did not get addressed. This exacerbated challenges for professionals attempting to function ethically on the front lines that we can see even now. This led me to consider again the sentence from the paper “Our organizations have tended to define ethics as an individual rather than institutional issue.” The very definition of institution relates to our broad systems of care, how these services are developed, accessed and funded comprehensively. Failure to consider ethical frameworks that span and support our entire care system but only in terms of what is occurring on the ground will continue to fail to deliver in any meaningful way what we need for the future. We must do better to be better.

Recently, I wrote [Macro Level Moral Injury Within the SUD Care System – Our Unaddressed Imperative](#). In it, I note a tendency to see ethical challenges in the light of poorly managed treatment programs run by managers who do not care about the outcomes of the services. Sadly, this does occur, but to solely focus here would miss the more important issue. Our systems are designed in a way that exacerbates ethical challenges on the programmatic and service level across the entire care system, even in well run, ethically grounded programming. We require overarching ethical frameworks that guide conduct at the institutional level consistent with processes that facilitate ethical conduct at the organizational and individual addiction professional level.

One example of such congruence is support for routine supervision. Supervision is vital for ethically driven care, and even though all our institutions know this, programming is rarely funded in ways to actually support routine supervision, which leads to a host of ethical challenges on the ground and in the trenches. Routine supervision must be funded and supported normatively across our field in all associated intuitions so that our systems actions are consistent with our articulated support for it. Our systems need to walk their talk on supporting supervision, so we are in congruency with it as a stated value in action and not just our words. Unless we address these fundamental challenges at the macro level, we will continue to see the six areas of challenges that Bill wrote about in 1994.

Three additional questions to consider:

1. What models exist for reforming our intuitions in which they are reflective of ethical care across all related aspects of our substance use treatment and recovery support care system?

2. How effective can our systems of care be if we fail to address these needs systemically and in essence reflect a “do as I say, not as I do” process?
3. How can we engage our field to more effectively foster a systemic and consistent commitment to Ethical Action moving forward?

Are we keeping our “on the prize” of long-term recovery or are we moving off that path? While the answer of what we do now will be clearer in 20 or 30 years, the time to act in respect to that course is most likely right now.

Sources

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