



The professional association for
social work and social workers

Progress made to implement the recommendations of the Scottish Drug Deaths Taskforce: Consultation Response

Introduction

The Scottish Association of Social Work (SASW) is part of the British Association of Social Workers, the largest professional body for social workers in the UK. BASW UK has 21,000 members employed in frontline, management, academic and research positions in all care settings. There are over 10,000 registered social workers in Scotland around 1,500 of whom are SASW members. This comprises staff working in local government and the independent sector, across health and social care, education, children and families, justice services, as well as a growing number of independent practitioners.

SASW's key aims are:

- Improved professional support, recognition, and rights at work for social workers,
- Better social work for the benefit of people who need our services, and
- A fairer society

SASW welcomes the opportunity to respond to this consultation on the effectiveness of the Scottish Drug Deaths Taskforce's recommendations. The response to this consultation was guided by our members, many of whom will have direct experience of Scotland's drug deaths crisis through their work with adults and children who use social work services. Social workers support people who use drugs, their families, and communities across Scotland. They write background reports for the Courts and deliver community-based sentences for people convicted of drug offences. They work to protect children affected by parental substance use and people affected by domestic abuse including where drug use is a factor. It is therefore important that the views of social workers are heard in this consultation process.

We note that the committee is interested in hearing views on the impact of the recommendations, progress made in the action areas, whether there are gaps and barriers to implementing the recommendations and if there is a consistent delivery of services throughout Scotland. We have therefore provided feedback on each of those areas.

Overall Impact

Members generally agreed that there has been little noticeable impact, particularly at local frontline level, of the taskforce's recommendations on preventing drug deaths and tackling problem drug use at this stage. Scotland still has one of the highest rates of drug deaths in Europe and the scale of the problem remains considerable. One member commented that they were unaware of the taskforce's work to date.

Poverty is still one of the leading contributing factors for substance use and so a wider focus on tackling poverty and inequality is essential. The impact of poverty, food insecurity, fuel poverty and digital exclusion on Scotland's families and communities is devastating and increases the risk of pushing individuals toward drug use. Harmful drug use is also most damaging to communities already struggling with disadvantage, poverty and marginalisation.

In our manifesto for social work, SASW put forward two proposals for the Scottish Government to consider to tackle poverty:

- Commit to the policy of a Citizens Basic Income or other means of effective and dignified financial support from the state.
- Talk to people with lived experience of poverty and involve them in policy development to better understand the hardships they face so you can deliver more effective solutions at both national and local level.

Problematic drug use arises from social circumstances. It has a complex relationship with mental ill-health and can only be supported properly when social supports and medical treatment services respond to individual needs and capacity through a holistic and intersectional approach. SASW supports the notion of a "public health" model of radical reform around our drugs laws, justice system and health and social care but stresses the risks of viewing drug use as a "health" rather than a social issue.

Our current legal and justice systems penalise and stigmatise for life. These must change but so must our language about the supposed "choices" made by people with harmful drug use and our unreasonable expectations of many who cannot commit to abstinence. No one has ever been punished out of addiction. Harm reduction is a road that would lead to fewer deaths and a reduced need for emergency and chronic health treatment and resource should be re-directed towards this.

Members also highlighted that more focus is needed on recovery and prevention through increasing employment opportunities. This is an avenue which can help reduce the likelihood of poverty.

Action Areas

Of the current action areas identified by the taskforce for improvements, members only noted positive impacts in the targeting of distribution of naloxone, providing immediate response pathways for non-fatal overdoses, dispensing and prescribing

and support for prisoners and individuals released from custody. However, others mentioned there had been no impact in these areas. Most hadn't seen any impact in improving workforce capacity, weekend access to treatment and support, safer drug consumption facilities and engaging those who do not currently access services.

Gaps and Barriers

Members didn't identify any gaps in the taskforce's recommendations. Instead, it was noted that there needs to be a bigger commitment by leaders to facilitate and drive change and this lack of urgency was described as a barrier. This suggests that, while the strategy seems robust in theory, the delivery of the recommendations and how they are achieved in practice is the real and much bigger challenge.

Our members expressed concern about how well the recommendations of the taskforce are being communicated. One member said that, despite working in mental health, they had only been made aware of the recommendations through this consultation. Given that drug misuse can affect anyone the taskforce's work should be reaching into all social work specialisms. The lack of awareness around the work of the taskforce and the recommendations meant that identifying specific gaps or barriers was challenging for some members. This suggests that more needs to be done to increase public awareness of the taskforce and its recommendations.

Issues around under-staffing and staff being demoralised and overwhelmed was also seen as a challenge to effective implementation. Inconsistent application of trauma informed practice and a lack of psychiatric presence, flexibility in service delivery and an assertive outreach were also identified as barriers by one member.

Delivery of Services

All members said that there has been no consistent delivery of services throughout Scotland. However, it was not expected that services should be delivered in exactly the same way without reference to local diversity and needs. Variances in population, geography and concentration of poverty and drug use were all seen as reasons why it would be difficult to apply a rigid framework of consistent delivery of services. One member based in a rural area highlighted that too much centralisation has resulted in insufficient resources and a lack of third sector provision in rural parts of Scotland.

Conclusion

Overall, amongst SASW members report that the taskforce's recommendations are having a limited impact in tackling Scotland's drug deaths crisis so far. The scale of the problem remains high and radical action will be required to improve the situation nationwide. This includes going beyond the taskforce's recommendations by considering how we tackle wider societal inequalities and applying a public health approach to how we address problem drug use. Whilst the taskforce's

recommendations are seen as steps in the right direction, they must form part of a much bigger whole systems, social model approach to tackling Scotland's problems with drug use.

For more information contact:

Jonny Adamson, Communications and Policy Officer

Jonny.adamson@basw.co.uk