



The professional association for  
social work and social workers

## **Drug Death Prevention (Scotland) Bill**

### **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

Many social workers have direct experience of substance use 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.

This response was prepared by the SASW team, including Professional Officers and Policy Lead, based on the principles and values of effective social work practice. We also shared the consultation with our members to ask them to consider submitting individual responses and to encourage colleagues and those who use social work services with lived experience of disability to do the same.

### **Which of the following best expresses your view of the proposed Bill?**

Fully Supportive.

Scotland currently has one of the worst drug death rates in the world. It simply is not safe or sustainable to pursue the same/current approach to substance use. We must focus on bringing forward new policies to tackle the problem in new ways.

The Bill correctly recognises that establishing overdose prevention centres in itself will not remedy the problem of drugs deaths in its entirety, but it is a valuable tool. The Bill will enable provision of much needed support to those who are most vulnerable and at the greatest risk of substance use.

Currently, too many people across Scotland are at high risk of suffering a fatal overdose and the likelihood of them getting the required care, treatment and intervention in a timely manner is too low. That is not the fault of professionals working tirelessly to save lives, but comes about because people are taking substances in environments and situations where they are alone, afraid or not in a safe frame of mind. As a result, they are only getting access to care and treatment at the point of overdose, which in too many cases is too late. It is cruel that people in Scotland struggle with serious addiction without the necessary intervention and support available to them when they most need it.

More broadly, SASW hopes that this Bill will be a long overdue step towards ending the needless penal system that has been adopted in relation to substance use. Nobody has ever been punished out of addiction. Harm reduction approaches will lead to fewer deaths and a reduced need for emergency and chronic health treatment and so, resource should be re-directed towards this. Our approach to tackling drug deaths must be framed in the notion of a "public health" or "social" model of radical reform of our drugs laws, justice and health and social care systems. Establishing safe, community spaces where people feel free of stigma and are not afraid they will be arrested for seeking help is a welcome first step.

SASW has noted the intention in the Bill to involve social workers in the operation of the facilities over the medium to long term as part of a more holistic public health approach. This is a very welcome point and it is reassuring to see the value of social workers and the role we play in supporting people struggling with drug use being recognised in this Bill. Having social workers on site, working alongside health professionals, will provide an important all-round support mechanism that we certainly support.

Finally, as mentioned in the opening paragraph, a much wider discussion about how we take a more holistic approach to prevent harmful drug use in the first place is necessary. We need to tackle the root causes of drug use, including poverty, inequality, disadvantage and marginalisation. This Bill provides a platform whereby we can focus on earlier prevention. SASW notes the intention to introduce a new Scottish Drug Deaths Council. We hope that its remit will extend to tackling poverty and inequality given the connection to substance use and the damaging impact of drugs on already deprived communities.

There is also an important opportunity to build a wider social and community model of support around overdose prevention centres. This should include welfare checks, homelessness support, access to addiction and mental health services and wider social advice and guidance. People struggling with substance use are at higher risk of experiencing other challenges. OPCs should therefore be a hub where people can be referred to other forms of support and we would hope the Bill will establish this safe, holistic environment.

**Do you think legislation is required, or are there are other ways in which the Bill's aims could be achieved more effectively? Please explain the reasons for your response.**

Legislation is the best way to achieve the aims of this Bill. While we are already seeing the positive impact of overdose prevention centres being unofficially trialled in parts of Scotland, there is a risk that not enshrining the legal basis risks not helping as many people as we might.

Some people are likely to feel anxious, uncertain or afraid to attend overdose prevention centres. Whilst the reasons for this are varied, one way to increase trust and make the

centres more accessible is by legitimising them. This would help to remove the fears people have that they will be punished, monitored or judged badly by the legal system.

Overdose prevention centres need to be embedded into communities and viewed as safe spaces where people can receive support and treatment, similar to a GP surgery. This cannot be achieved without explicit legal basis.

Likewise, establishing an overarching body to replace the Scottish Drug Deaths Taskforce needs to be enshrined in law if it is to have the desired effect. This gives the body the required legal powers and duties to propose and scrutinise policies. It also ensures that the membership and organisational objectives meet minimum requirements set by parliament.

**Which of the following best expresses your view of the proposal to establish overdose prevention centres?**

Fully supportive.

Overdose prevention centres will save lives. Scotland is in the grip of a drug deaths crisis that requires a number of varied actions including early prevention, tackling societal contributing factors and the provision of direct support to people who are at serious risk of harm.

Overdose prevention centres will create a safe, judgement-free space where trained health care professionals can provide help to people who might otherwise have overdosed on substances. They also provide clean needles to help people avoid infections and can offer person-centred support and trauma-informed counselling to people who are struggling with substance use. Dealing with an addiction can be an incredibly lonely and frightening experience, particularly given the wide-ranging harms that substance use can cause to a person's body and mind, not to mention the other effects it has on relationships, income, housing and wellbeing. Overdose prevention centres can act as a vital part of someone's treatment and recovery from substance use, allowing them to have an important outlet in their community where they can feel safe and valued as well as access treatment services that they might not otherwise have sought. A number of European countries have adopted the use of overdose prevention centres to this effect and we believe that Scotland should do the same.

As mentioned in our response to question 7, SASW particularly welcomes the intention to have social workers present at the facilities. As always, resourcing will be a challenge that needs considered and addressed given the current workload pressures that social workers face. However, we would hope that this is an area where the newly established Scottish Drug Deaths Council could work with the Scottish Government and local authorities to support the upscaling of the workforce to allow social workers to undertake this important work. OPCs must be connected to other community organisations and support networks to create a holistic approach and environment to helping those most in need. This includes access to mental health services, housing services and addiction services.

**Which of the following best expresses your view of the proposal for a licensing regime to enable the establishment of overdose prevention centres?**

Fully supportive.

SASW agrees with the reasons set out for giving local Health and Social Care Partnerships authority for overseeing the licensing framework of OPCs. Ultimately, Health and Social Care Partnerships are well placed at a local level to make decisions on granting of licences. SASW also agrees with the conditions that will need to be met before a licence can be granted.

The condition to ensure that a licence will not increase criminal behaviour or negatively impact on local businesses or residents will obviously need the Health and Social Care Partnership to work closely with the police to make an informed decision since it will be determined by a range of local factors. The challenge is not to cause undue obstructions to other people but also not have a facility that is so isolated that it becomes inaccessible. Perhaps as well as the initial pre-requisites for obtaining a licence, the OPC should then be reviewed by the Health and Social Care Partnership and police at regular intervals during its operation to determine if it is continuing to meet the conditions.

**Which of the following best expresses your view of the proposal for a new body, the Scottish Drugs Deaths Council?**

SASW is supportive, in principle, of replacing the Scottish Drug Deaths Taskforce with a Scottish Drug Deaths Council that holds the Scottish Government to account on effectiveness of policies and legislation brought forward to tackle drug deaths, providing assessments of the public health impacts, sharing of best practice and to make recommendations to Scottish Ministers. As the supporting document to this consultation correctly identifies, a glaring problem with the taskforce is the challenge it faces operating independently given that it reports to Scottish Ministers and is not underpinned by legislation. This is arguably holding back its ability to ask the difficult questions of Ministers in tackling this deep-seated problem.

In a recent consultation response on the effectiveness of the work of the Scottish Drug Deaths Taskforce, SASW members generally told us that the taskforce was having little impact in communities and, in some cases, its work and existence was unknown. 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 providing 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.

Whilst members generally agreed that the Taskforce's recommendations and strategy are good in theory, there has been a failure across the country to effectively implement them. Therefore, a stronger, independently governed, overarching body that includes stakeholder groups such as social workers, people with lived experience and medical professionals, that has powers to drive forward changes is certainly needed. We would hope that this body can be legally established through this Bill and that social workers from all specialisms would be involved in its creation and functionality.

**Any new law can have a financial impact which would affect individuals, businesses, the public sector, or others. What financial impact do you think this proposal could have if it became law?**

The business case for establishing OPCs developed by Glasgow City Integration Joint Board from Health and Social Care Partnership puts forward a compelling and comprehensive case for how OPCs could result in longer term savings. This includes reductions in A&E attendances, acute inpatient bed days and day admissions to hospitals. Given the strain the NHS is already under, both in terms of resources and demands on the workforce, it is not just the amount of money that could be saved that is an advantage but also where those savings are being made. If OPCs are reducing hospital pressures they are potentially freeing up resources and spend in healthcare settings to manage other public health challenges.

We also note that the business case makes reference to impact that OPCs could have on reducing drug-related offending. This will lead to financial savings in justice settings too which should also be taken into account.

Ultimately though, it is difficult to provide a definitive response to this question since it is unclear how many OPCs would be established across Scotland and which local authority areas will have most OPCs per head of population. This will also presumably change over time depending on the level of need. However, it will need to be continually reviewed to ensure that the cost of operating OPCs is proportionate to its effectiveness. It is important, however, that the effectiveness of OPCs is not measured solely in financial terms but also by its impact in saving lives, supporting those at risk of harm and providing wider community support.

The reason why we have indicated that there will be some increase in costs is because of the establishment of the proposed Scottish Drug Deaths Council. The accompanying document states that this body will be the equivalent of the SSSC in terms of its functions and therefore could have similar operating costs. The cost of establishing the body will also need to be considered.

Overall, we would not want to see this proposal being scaled back solely on the basis of cost. Instead, what is required is a detailed analysis of where OPCs would be based and the criteria used for justifying these decisions based on addressing level of need. Cost effectiveness should then be monitored and reviewed on an ongoing basis but, importantly, the financial impact should not be the sole or main driver of these decisions.

**Any new law can have an impact on different individuals in society, for example as a result of their age, disability, gender re-assignment, marriage and civil partnership status, pregnancy and maternity, race, religion or belief, sex or sexual orientation. What impact could this proposal have on particular people if it became law?**

Poverty is still one of the leading contributing factors for substance use. Harmful drug use is also most damaging to communities already struggling with disadvantage, poverty and marginalisation. This Bill could therefore have a positive impact on people living in more deprived communities by reducing the far-reaching, harmful effects of drug use on their lives and of their friends and family. Establishing OPCs provides an opportunity to take a more holistic approach to tackling poverty and inequality which must be capitalised upon. Ensuring that a wider social model of support services are formed alongside OPCs would offer essential support to help lift people out of poverty, thus tackling one of the root causes of problematic drug use.

Drug deaths also disproportionately impact men. It is critical that consideration is given to ensuring that OPCs are promoted to and easily accessed by men. This could include

working with community groups who provide targeted or specific support for men in other ways or are common groups for men to engage with. For example, men's sheds or community sport groups. There is lots of positive work being done across communities to promote mental health support services to men and it would make sense for OPCs to link in with this where possible.

While the consultation document rightly highlights that the average age of drug deaths is early 40s, we know that many of the harms and causes start much earlier. OPCs might have a direct positive impact on people aged 40+ in terms of saving lives in this age-group more than other age-groups, but we would hope there is a wider positive impact for all age-groups, particularly younger people, with regards to OPCs helping to prevent substance use in communities. Providing wider outreach, education and support is crucial if we are to prevent people from being at risk of an overdose in the first place.

Overall, we do not foresee there being any negative impacts of this Bill on particular people.

**Any new law can impact on work to protect and enhance the environment, achieve a sustainable economy, and create a strong, healthy, and just society for future generations. Do you think the proposal could impact in any of these areas?**

This Bill could certainly help to achieve a stronger, healthier and more just society for future generations. Not only because it will save lives, but since it can help to create a much wider social model of support in communities. This must become an aim for the Bill. We can foresee no negative impact of this legislation in any of these areas.