

The role of the Scottish criminal justice sector in tackling the misuse of drugs – Call for written evidence

SUBMISSION FROM SOCIAL WORK SCOTLAND, TO SCOTTISH PARLIAMENT'S CRIMINAL JUSTICE COMMITTEE

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Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome this opportunity to comment on the role of the Scottish Criminal Justice sector in tackling the harms associated with the use of drugs. The reflections within this written evidence paper are drawn from the experience of our membership of social workers, the lead professionals taking forward duties under the Social Work (Scotland) Act 1968¹.

National Substance Use Strategy – Rights, Respect & Recovery 2018

In considering the role of Justice Services in addressing drug use and its associated harms in our communities, we would highlight the commitment made within the national substance use strategy, “Rights Respect & Recovery”², 2018, that Scotland would have a “Public Health approach to Justice”. That is, an approach that appreciates and addresses the social determinants of substance use (both alcohol, and drugs) and has the aim of improving health and wellbeing and reducing inequalities, as an approach to reducing offending.

The substance use strategy recognises that people with alcohol and drug problems are far more likely than average to come into contact with the justice system. In, addition, the presence of mental health challenges, socio-economic deprivation, and experience of

¹ Social Work (Scotland) Act 1968 - [Social Work \(Scotland\) Act 1968 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1968/11)

² Rights, Respect & Recovery 2018 - <https://www.gov.scot/publications/rights-respect-recovery/>

trauma in individuals' lives is recognised, as is the fact that, in many instances the criminalisation of this group of people only presents further challenges and risk of harm. Social Work Scotland supports this approach, which is trauma-informed and based on a Human Rights perspective.

Drug Death Taskforce

We note the work of the Drug Death Taskforce in working to reduce drug deaths in Scotland, in particular the emphasis on partnership approaches, as evidenced by the development of non-fatal overdose pathways. This is a good example of an opportunity for colleagues from Police Scotland to work in partnership with Social Workers, and colleagues from the third sector, and health, to engage with individuals who are at risk of harm. The key aspect of this being that the purpose is to offer support and advice that will support an individual to make an informed choice as to which service, or community resources, they would, or would not wish, to work with.

In addition to this pathway work, we appreciate the supportive and proactive responses to overdose evidenced by the Take Home Naloxone campaign being led by Scottish Drugs Forum with support from Scottish Government, and the pilot project of Police Scotland officers carrying and administering naloxone to combat opiate overdose.

Finally, with respect to the broader aims of the DDTF, we support the move towards trauma informed/expert responses for individuals who are affected by the harms associated with substance use, and see this broader reach across Justice Services, which is welcome. An explicit link between the Justice system and the national Trauma Framework being led by the NHS Education for Scotland (NES) would strengthen this.

Whole System & Whole Family Approach

It is clear that much has been achieved in terms of the systemic change in how people who use drugs are responded to. Community Orders such as Drug Treatment & Testing Orders (DTTOs) provide opportunity for effective engagement from workers supervising the DTTOs with the team around the child, thus supporting increased safety for both the parent/s and the child. Likewise, Community Payback Orders offer the opportunity for a person-centred approach to sentencing that utilises existing community supports, and takes account of the particular circumstances of the individual and what will have the most impact on them – i.e.,

supervision, programme attendance (e.g., substance use) or treatment for mental health, alcohol or drug use. Regular court reviews provide a forum for informing sentencers of the progress of interventions focused on reducing the risk of drug related deaths, improving access to treatment options and developing the psychosocial supports required to support treatment in the community.

We would want to highlight the importance of the Criminal Justice Social Work report in providing sentencers with the context for substance use and proposing justice social work intervention focused on addressing the harms of substance misuse, whether through a Community Payback Order with a Drug Treatment Requirement, a Drug Treatment and Testing Order, or during post-release supervision. Managing compliance with such orders is informed by Social Workers' knowledge of the inequalities faced by those who use substances, the trauma and mental health issues experienced by them, and the risks associated with disruption to treatment.

There are areas where this could be further enhanced, for example; Health and Social Care services in prisons are delegated to Integration Authorities (IAs) for health and social care in many areas of Scotland alongside Health services in custody suites. This is an area of strength; we believe that support in custody could be further augmented by the provision of a dedicated social work service that supports a holistic assessment of individuals that is strengths-based and community focussed. We believe that this would provide active linkage to community-based support upon liberation ensuring risks such as homelessness, lack of engagement in universal service provision and overdose and drug-related deaths are sufficiently mitigated.

This approach could have broader remit to support people in prison on short term sentences where drug or alcohol use is a major driver of their offending and other harms impacting on their lives. This is a current gap and opportunities to respond early and prevent escalation of substance use and associated harms including offending, poor mental and physical health and building recovery potential are all missed.

Additionally, whilst the use of a DTTO should primarily perform an Opiate Replacement Therapy (ORT) prescribing role, cognisant of the MAT Standards, it should also consist of

mental health and nurse practitioner function including the ability to care for wounds, test and treat Blood Borne Virus and other physical conditions that are highly prevalent within the care group. DTTOs are finite in nature and yet the need for the support and health care provided by them is not. A transitional approach is required once an order is completed to assess and actively link people (those who need and request it) into “aftercare” and ensure that they continue to engage and make good progress. This can be provided by creating the capacity for clients to engage voluntarily with existing teams or a handover to be conducted between this team and other services, in some instances, this might need to be a specialised Social Work Substance Use Team dependent on persons’ needs and preferences. This should mitigate against the adverse consequence of reoffending solely for the purpose of securing continual support.

We would urge a whole family lens being used when considering this issue; in particular the impact on children of parental imprisonment. Criminalisation and particularly imprisonment, has wider consequences for women – inability to care for their children, or caring for them intermittently with the consequent impact on children’s attachment and development, loss of housing, impact of the woman’s wellbeing on her children. Substance use impacts on all aspects of a user’s life, and in consequence a range of systems come in to play such as child protection processes. A welfare and human rights approach should encompass all of this. It is also important to consider the impact of paternal substance use and involvement in the justice system on children’s relationships with their fathers. There is a need to consider ways in which maintenance of these relationships can also be supported by the whole system.

Taking a broader preventative approach that recognises the impact of poverty, social and health inequalities, and experience of trauma has on individuals would support an upstream response to this issue. To achieve this requires an approach that is community based, and relationship focussed, one that Social Workers are well placed to deliver and that would undoubtedly enhance the provision already in place.

Examples of good practice, and challenges

In seeking the views of our members, we were provided with several examples of practice across Scotland that highlight areas of strength, as well as areas that require consideration. These can be themed as per the following;

- Communication
- Risk Assessment and Risk Management
- Treatment
- Partnership working

Members noted “From inspection and case reviews evidence of good communication and partnership working at an operational level, evidence of joint case work, joint meetings, and shared plans and communication between workers. People using services have positively commented of this joint approach and how it has enabled them to engage with services. However, the communication between services could be better and is hampered by, varying definitions of person-centred services, risk thresholds, a lack of understanding of each agency's role and function, partnership hierarchies a significant movement of staff at present and consequently a lack of capacity, time, skills knowledge and experience across the partnership”.

Furthermore, challenges around access to residential rehabilitation, specifically in relation to Statutory Orders were noted by members as a barrier to individuals accessing support – a lack of flexibility in the system was noted, which does not align with the aspirations of Rights, Respect & Recovery, 2018, or the national Justice Strategy “Justice in Scotland: vision and priorities”, 2017³.

There is a lack of consistency with regards to access to associated psychosocial interventions, and counselling alongside Medication Assisted Treatment, this undermines the trauma informed, recovery orientated response required to support individuals to achieve positive and longer lasting outcomes.

³ Justice in Scotland: vision and priorities”, 2017 - <https://www.gov.scot/publications/justice-scotland-vision-priorities/>

The geography of services, particularly in more rural areas requires careful consideration, particularly for those following release from custody – often services are located in the bigger town which means that those people living more rurally and away from these town have the additional barrier to access which is distance and public transport links.

A final challenge identified by members is that, despite the presumption against short-term sentences, there is evidence that these continue to be in use, causing significant disruption to a person's access to support services both within the prison setting, and in the community.

Addressing the challenge

- A need has been identified of supporting substance use focussed services (statutory and third, health, social work, and social care) regarding understanding legal requirements of Orders a Service User may be subject to through Court. A national approach to learning & workforce development could be useful.
- Opportunities for joint review and case analysis across Justice and Substance use services would support whole system learning and improvement.
- Clarity and a shared understanding of risk assessment and risk management across Substance Use, and Justice Services would assist a more joined up approach to service delivery.
- Several areas in Scotland reported that the provision of dedicated Women Community Justice Services had produced a more tailored approach based on the recognition of adult and childhood trauma and its correlation between substance use and associated problems.
- An example of a successful model of practice was shared by Edinburgh; “recent developments within the City of Edinburgh, East Lothian and Midlothian Justice service include; the provision of separate services for women and men, facilitating the use of buvidal prolonged-release buprenorphine, and participating in the “Community Inclusion Health Huddle”, a multi-agency forum for sharing information and developing outreach strategies amongst some of the most socially-excluded drug users in Edinburgh”.
- Currently, Fife ADP are considering a Specialised Social Work Team for those with multiple and highly complex needs to provide intensive and frequent support through

the adoption of a case management approach and coordinating and sequencing health care and other supports based on the individuals' needs and preferences. Thus, ensuring that the current Recovery Orientated System of Care flexes appropriately to be inclusive and truly person-centred for all especially those at the highest risk. Weekend and out of hours provision must also be considered as standard, to support individuals working with Community Justice Social Work,

- The local Alcohol & Drug Partnership should set out a clear strategic plan, easily communicated and ideally expressed as a Recovery Orientated System of Care (ROSC), to enable partners to engage with the partnership more fully, clarify roles and responsibilities, shared definitions, and joint working opportunities, to deliver the needs of those with lived experience.
- Much of what is in place focusses on responding to opiate use. There is a need to consider how best to support people who use benzodiazepines, and/or psychostimulants, and to ensure workforce development opportunities are available that supports a confident and competent workforce.

For further information, please do not hesitate to contact:

Laura Kerr

Adult Policy & Practice Lead, Social Work Scotland

laura.kerr@socialworkscotland.org