

An Environmental Scan of Social Work's Regulatory Response to the Illicit Drug Overdose Crisis in Canada

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Abstract

Canada is in the midst of an illicit drug overdose crisis and social workers are among the front-line responders employed by organizations using harm reduction strategies. An environmental scan of provincial and territorial social work regulatory organizations in Canada sought any relevant documentation, resources, or responses related to the overdose crisis to understand how social work as a profession has been responding to the overdose crisis and what we can learn to inform future responses. All responses focused on naloxone and some specifically limited the administration and distribution of naloxone by social work practitioners. The scan revealed little guidance or advocacy on major policy and practice issues such as overdose prevention, supervised and assisted injections, or shifting drug laws towards decriminalization and regulation. Social workers play a critical role in responding to the overdose crisis in Canada. Harm reduction as a response to substance use and overdose is consistent with social work ethics and standards of practice. The Canadian Association of Social Workers supports Canada's move to a public health response to substance use and advocates for decriminalization. As safer drug supply responses are gaining traction in Canada, social work regulators have opportunities to define healthy and just alternative responses other than the extremes of criminalization and medicalization of substance use.

Keywords: social work, harm reduction, overdose, fentanyl, naloxone, Canada

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Introduction

Social workers are among first responders to the ongoing illicit drug overdose crisis in Canada that continues to devastate families and communities. As responses to overdose continue to escalate in Canada, there is an urgent need for social work organizations to lead the profession in responding to the crisis and in clearly supporting members in practice, notably with regard to new and emerging overdose responses such as naloxone administration, supervised injection, drug checking, and more. The Canadian Association of Social Workers' (2005) Code of Ethics expresses the value of competence in social work practice, including the encouragement of "innovative, effective strategies and techniques to meet both new and existing needs and, where possible, contribute to the knowledge base of the profession" (p. 8). This paper reports on an environmental scan of Canada's social work regulatory organizations and associations and their responses to the overdose crisis to date. Surveying these professional responses helps us to better understand how social work as a profession is

responding to the current illicit drug overdose crisis in Canada.

Background

Canada is facing an illicit drug overdose crisis that has been getting dramatically worse over the years (Belzak & Halverson, 2018). The presence of illicit fentanyl in Canada's drug supply is implicated in the overdose crisis (Belzak & Halverson, 2018; Province of BC, 2018; Wallace, Kennedy, Kerr, & Pauly, 2018). In 2017, there were approximately 4,000 opioid-related deaths recorded nationally, a rate of 10.9 per 100,000 (Government of Canada, 2018). The trend continued into 2018, with over 2,000 opioid-related deaths recorded in the first half of that year, equivalent to 11 deaths per day (Government of Canada, 2018). While the overdose crisis has affected every region of the country (Belzak & Halverson, 2018), the western provinces have been most impacted to date. British Columbia is considered the epicenter of the crisis and in both 2017 and 2018 recorded close to 1,500 overdose deaths each year, a rate of 31 deaths per 100,000 individuals (BC Coroners Service, 2019). In the province of Alberta in 2018, a rate of 15.5 per 100,000 fentanyl-related deaths were reported, or almost two deaths per day (Alberta Health Services, 2019).

Statistics alone do not capture the devastating impacts this crisis has had on families, communities, and those responding to overdoses. The trauma and grief associated with the crisis are much more difficult to measure and report, notably because most deaths have been young people (Alberta Health Services, 2019; BC Coroners Service, 2019; Government of Canada, 2018). The fatality statistics also do not capture non-fatal overdose events (Wallace et al., 2018), which are estimated to happen at ten times the rate of fatalities (BCMMHA, 2018). Also not included in these statistics are overdose reversals from lifesaving naloxone (Irvine et al., 2018) and other harm reduction efforts practiced by people who use drugs to prevent overdose (Pereira & Scott, 2017).

In Canada, drug laws are federal while health care delivery is provincial, with the regulatory

bodies for health professions and social work also provincial. Federally in 2016, the *National Anti-Drug Strategy* was replaced with the *Canadian Drugs and Substances Strategy* which re-instituted harm reduction as a national response to substance use (Health Canada, 2017). While the *Cannabis Act*, passed in 2018, removed cannabis from the *Controlled Drugs and Substances Act*, other controlled substances continue to be criminalized (Health Canada, 2018).

Naloxone was made available without a prescription in 2016, and in 2017 new legislation facilitated the expansion of supervised consumption services from two pre-existing sites in Vancouver to more than 20 approved sites. Parliament also passed the *Good Samaritan Drug Overdose Act*. In 2018, the federal government supported the establishment of temporary overdose prevention sites and introduced drug checking pilot projects. Throughout these years, public health responses have included stigma and public awareness campaigns focused on overdose and an expansion of opioid substitution programs, among other initiatives. At the same time, little has been done to amend drug laws to ensure a safer drug supply (Tyndall, 2018).

The province of British Columbia (BC) has experienced the highest rates of overdose in Canada, prompting the need for even greater public health and harm reduction responses. In 2016, BC declared drug-related overdoses to be a public health emergency (BC Health, 2016; BC Government, 2016a) and issued an order directing and sanctioning overdose prevention sites as ancillary health services (BC Government, 2016b). Sites were operational within weeks and in the first year there were approximately 550,000 visits and no overdose deaths recorded at any of the prevention sites (Wallace, Pagan, & Pauly, 2019). The BC approach emphasizes community-based responses such as the rapid expansion of take-home naloxone kits (Irvine et al., 2018), the novel and nimble implementation of overdose prevention sites (Wallace, Pagan, & Pauly, 2019), expansion of substitution therapy programs, and drug checking.

As the crisis continues, there has been increasing awareness of how these community-based responses and responders have impacted those affected (Shearer, Fleming, Fowler, Boyd, & McNeil, 2018). Peers, or people who use drugs—including peer workers in harm reduction sites—have been the primary responders at overdose events. This reality raises questions as to the traumatic impacts of the public health crisis on drug user organizations and peer workers, as well as what supports are included in peer programming (Bardwell, Fleming, Collins, Boyd, & McNeil, 2018; Faulkner-Gurstein, 2017; Kennedy et al., 2019; Shearer et al., 2018; Wallace, Barber, & Pauly, 2018; Wallace et al., 2018; Wallace, Pagan, & Pauly, 2019). Researchers in BC have found shelter and housing programs to be locations of high rates of drug use, overdose events, and responses by residents and staff, including social workers (Bardwell et al., 2018; Pauly, Wallace, & Barber, 2017; Wallace, Barber, & Pauly, 2018). The introduction of overdose prevention sites in such settings has also raised concerns for the wellbeing of workers, including both peer workers and social workers (Kennedy et al., 2019; Wallace, Pagan, & Pauly, 2019). Others recognize the need to address the structural gendered and racialized violence experienced by Indigenous, queer, and racialized women (Boyd et al., 2018).

It is within this context of an unremitting overdose crisis and rapidly expanding responses (Hyshka et al., 2019) at the federal, community, and individual levels that we sought to better understand how social work as a profession in Canada is responding to the overdose

crisis. What can we learn to inform future responses? This article reports on an environmental scan of Canada's social work regulatory organizations' and associations' responses to the overdose crisis to date. The scan and analysis were conducted by a professor and student at the University of Victoria's School of Social Work.

Methods

The information in this research was gathered between October and December 2018. The environmental scan included several steps. First, the Canadian Association of Social Workers (CASW) included an invitation to participate in the study in its October 2018 electronic newsletter (*The Reporter*). Second, researchers directly emailed the invitation to the directors of eleven provincial and territorial social work regulatory organizations and associations (see Table 1). Follow-up email requests were sent to organizations that had not responded by the end of November. The invitation to participate

Table 1. Canadian Social Work Regulatory Bodies

Association	Website
British Columbia College of Social Workers	http://www.bccollegeofsocialworkers.ca/
Alberta College of Social Workers	https://www.acsw.ab.ca/
Saskatchewan Association of Social Workers	https://www.sasw.ca/
Manitoba College of Social Workers	https://mcsw.ca
Ontario College of Social Workers and Social Service Workers	https://www.ocswssw.org
Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec	https://otstcfq.org
New Brunswick Association of Social Workers	www.nbasw-atsnb.ca
Nova Scotia College of Social Workers	http://nscsw.org/
Newfoundland and Labrador Association of Social Workers	www.nlasw.ca
Prince Edward Island Social Work Registration Board	http://socialworkpei.ca/
Registrar, Professional Licensing Government of the Northwest Territories Department of Health and Social Services	https://www.hss.gov.nt.ca/en/services/social-worker-licence

was provided in English and French and requested that participating organizations send copies of any relevant documentation, resources, or responses related to the overdose crisis. Documents could include policy, regulations, directives, practice notes, programs, recommendations, position papers, and articles. The focus of these documents could include, but was not limited to, naloxone and overdose response and prevention, supervised injection/consumption, trauma and grief support, overdose prevention sites, regulation and decriminalization of substances, substitution therapies, drug checking, and drug user engagement/employment.

In addition, a thorough search of the organizations' websites was also conducted using the following search terms: "naloxone," "opioid," "harm reduction," "overdose," and "fentanyl." For each website we entered these terms in the website search function and also manually searched the websites' news and resources pages and newsletter and magazine publications for the past two years. The organizations' digital newsletters from 2016 until 2018 were searched using the same search terms. This search did not provide any additional resources beyond what was provided by respondents.

Findings

Respondents included social work organizations in the following five provinces: British Columbia, Alberta, Ontario, Quebec, and Saskatchewan. Of those that replied, one (in Saskatchewan) confirmed that the organization did not have any official response. The following section describes results from the four provincial organizations that did provide their responses—those in British Columbia, Alberta, Ontario, and Quebec.

British Columbia

In October 2016, the British Columbia College of Social Workers (BCCSW) published Practice Guidelines for the administration of naloxone in response to deregulation of naloxone for emergency use. The guidelines state that Registered Social Workers (RSWs) may administer naloxone in emergency situations as well as

distribute naloxone kits in accordance with practice standards. The guidelines advise RSWs to maintain current knowledge related to the administration of naloxone, to access training, and to consult with their employers.

The Spring 2017 issue of the BCCSW's newsletter, *College Conversation*, contains an article titled "Highlights of the Provincial and Federal Responses to the Opioid Crisis" that reiterates the BCCSW Practice Guidelines. In addition, the article explains the policy context for RSW practice regarding naloxone administration. The province's amendment to the *Health Professions Act* permitted the emergency administration of naloxone both inside and outside hospital settings, but not by RSWs, none of whom are covered under this Act. Therefore, in BC, the BCCSW provided Practice Guidelines for the administration of naloxone in response to deregulation of naloxone for emergency use.

Alberta

The Alberta College of Social Workers (ACSW) provided four resources depicting the changes in professional duties around take-home naloxone kits throughout 2017–2018.

In Alberta, naloxone became an unscheduled drug in February 2017, making the distribution and emergency use of naloxone outside a hospital legal. However, when the *Government Organization Act* deemed intermuscular injection of naloxone a restricted activity, social workers were not one of the health professions authorized to perform this restricted activity. According to an article in the ACSW's magazine *The Advocate*, "social workers are not currently authorized to administer naloxone by injection or teach how to administer naloxone by injection" (Pearson, p. 13). The situation is identified as a "cause for concern" by the ACSW, as social workers are not authorized to participate in "this critical harm reduction strategy" (p. 13). The ACSW is seeking workable solutions with the province.

In June 2018, the ACSW (2018) released an update that:

confirms that Registered Social Workers are permitted to become trained, knowledgeable, and competent in the distribution of overdose response kits (take home naloxone kits), including the training of others to administer naloxone injections for emergency treatment of opioid overdose outside of a hospital setting as per Alberta Health Services protocols (p. 1).

The Winter 2018 newsletter provided a “clarification statement” to declare that “the emergency injection of naloxone by an RSW who is trained in opioid overdose response would not constitute unprofessional conduct” (Mackinnon & Pearson, 2018, p. 12). However, the emergency exemption for RSWs in Alberta includes caveats— notably, that RSWs who are employed in health care may not inject naloxone during their employment.

Ontario

The response from the Ontario College of Social Workers and Social Service Workers (OCSWSSW) was specifically related to naloxone distribution and administration. The OCSWSSW does not consider a unique response regarding naloxone to be necessary; rather, when members contact the College about the administration of naloxone, they are directed to the Standards of Practice, which set out the minimum standards of professional practice and conduct. In other words, the existing Standards of Practice would apply to any unique questions about naloxone practices, as such practice can be considered within the scope of their regular professional activities, falling under the same overall requirement that members work within the parameters of their competence.

Quebec

In September 2017, the Quebec government made amendments to broaden access to naloxone and changed its policies on who is authorized to

administer naloxone. In response, the Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec (OTSTCFQ) provided a Professional Notice specifically referring to naloxone administration for social workers. The regulation states that in the absence of a first responder or an ambulance technician, a social worker is permitted to administer naloxone. The Notice further states that social workers should be adequately prepared to undertake such intervention, as social workers are obligated to practice their profession within the limits of their skills. The OTSTCFQ adds that social workers should communicate with their employers to understand their organization’s specific policies regarding naloxone administration.

Discussion

This project sought to better understand how the social work profession is responding to the current overdose crisis in Canada and what can be learned to inform future responses as the crisis continues apparently unabated. This environmental scan of social work regulatory organizations and associations sought out policies, regulations, directives, practice notes, programs, recommendations, position papers, articles, and other documents and resources relevant to the overdose crisis. Our results reflect the fact that the most populous provinces also seem to be the provinces that have been most impacted by overdose to date.

All of the information collected as part of the environmental scan focused on the administration and distribution of naloxone by Registered Social Workers. Federal and provincial policy amendments responding to the overdose crisis in 2016–17 expanded naloxone distribution as well as removed barriers to the emergency administration of naloxone as an overdose response by everyone. These regulatory changes included the federal *Good Samaritan Act* enacted in May 2017 as well as provincial regulatory changes to health professions acts to permit the emergency administration of naloxone.

Social work responses to the expansion of naloxone as an overdose response appear to vary.

In one province, the regulatory body deemed naloxone administration as not unique from social work practice and not requiring specific regulatory amendments, but rather only a continuation of existing Standards of Practice that require members to act within the parameters of their competence. In some provinces, social workers were not included in the provincial regulatory changes because social work was deemed outside of the health professions' legislation; as a result, social work regulatory bodies in these provinces put forward amendments to their Standards of Practice. Again, these regulatory changes appear to vary and in most cases appear to permit naloxone administration by social workers while also limiting the practice. Specifically, it appears that social workers' authority to administer naloxone can be limited to only situations where a health care professional is absent. Because intermuscular injections are a restricted activity, the administration of naloxone is at times even prohibited when the social worker is employed in health care scenarios where other health professionals are assumed to be available and authorized to perform the injections.

A potential lack of clarity about including naloxone administration as within standard social work practice is concerning, as is the at times restrictive tone used in policy documents. Notably, although the federal government is passing legislation to encourage all Canadians to access and administer naloxone as a harm-reducing measure, in some cases social workers appear less able to respond in this way in their professional capacity. Particularly concerning are possible limitations on social workers responding to overdoses in health settings or when other health professionals are present. In these instances, questions arise as to the function of social workers within health-related harm reduction services responding to overdose—such as government sanctioned supervised consumption services and overdose prevention sites.

While responses to overdose vary from province to province, overall in Canada responses have been intensifying, notably since 2016. The expansion of naloxone administration is just one

such response. The number of federally sanctioned supervised consumption sites has increased from two to 25. At the same time, unsanctioned overdose prevention sites have been established and operated by volunteers including social workers in many places in Canada. At the end of 2017, temporary overdose prevention sites were permitted in Canada, which followed British Columbia's rapid implementation of additional overdose prevention sites. These sites saw approximately 500,000 visits and no overdose deaths in their first year of operation (Wallace, Pagan, & Pauly, 2019). New and expanded substitution treatment programs were being implemented, drug checking pilot projects were established, and public education and anti-stigma campaigns were launched. Our environmental scan did not receive or uncover any social work responses that referenced these initiatives.

Our findings raise questions as to the role of social work in harm reduction generally and in overdose response specifically. Individual social workers in Canada, whether registered or unregistered, are front-line responders to overdose and are hugely impacted by the trauma, grief, and related effects of the crisis. A social worker's experience responding to overdose with naloxone could unfold during their work in housing, shelters, health care, or harm reduction programs and sites. However, social workers are also employed with supervised consumption services and at overdose prevention sites where injections are monitored, oxygen is administered, and where programming may include supporting experiential workers and assisted injections. Often social workers are employed in the health sector to provide these harm reduction services as well as opioid substitution therapy (OST), drug checking, and treatment and to oversee prevention programs. Potentially new practices and ethical issues encountered by Registered Social Workers may include: administering bag oxygen to prevent overdose in sanctioned sites, supporting assisted injections in sanctioned sites, handling illegal substances as part of harm reduction practices such as drug checking or overall trauma and grief support.

The Canadian Association of Social Workers (CASW) has advocated for a public health approach to illicit drug use that includes decriminalization (CASW, 2018). Harm reduction closely aligns with the values of social justice ingrained within the social work profession and the CASW's 2005 Code of Ethics. At the provincial/territorial level, there may currently be an absence of official policies and ethical guidance to facilitate Registered Social Workers' inclusion in this public health response to substance use and overdose as well as safer drug supply initiatives such as decriminalization. In some instances, our findings raise the concern that RSWs are limited in their capacity to respond to overdose if employed in a health setting or in the presence of health care professionals. The lack of findings on the myriad of other public health responses to overdose in our research also raises concerns as to the profession's advocacy for its members and support offered to RSWs as public health leaders in harm reduction.

The Canadian Harm Reduction Policy Project (CHARPP) documents harm reduction policies in Canada and emphasizes the need for policy to exceed vague rhetorical pronouncements. CHARPP has found that many policies endorse harm reduction in name, but not in substance (Hyshka et al., 2017; Wild et al., 2017). The overdose crisis specifically has resulted in new programs being implemented even in the absence of formal policies to guide such implementation (Hyshka et al., 2019). Social work regulators could be among those policy and practice stakeholders at a critical juncture for shaping new policies that will affect social workers' roles and responsibilities in harm reduction generally and in response to overdose specifically.

Responses to overdose are increasingly focused on ensuring a safer drug supply through decriminalization and expanded regulation. In 2019, the Canadian Association of People who Use Drugs (CAPUD, 2019) provided a Safe Supply concept document including a range of dispensing model options, while the British Columbia Centre on Substance Use (BCCSU, 2019) published a report providing a blueprint for heroin compassion clubs

as safer, cooperative models for supplying opioids. Nationally in Canada, social work has expressed its commitment to such responses through the CASW (CASW, 2018). What are the unique roles for social work in these emerging responses to substance use and overdose? If new responses to substance use and overdose are relegated only to health professionals and health systems, the medicalization of harm reduction is possible. With limited roles for social workers there could be a shift from the criminalization of drugs and people who use drugs to the strict medicalization of such drugs and people who use drugs. Does social work, with its emphasis on social justice and social determinants of health, have a unique role in defining drug policy, harm reduction and responding to illicit drug overdose?

Limitations

The environmental scan reflects a limited point in time—the end of 2018—and does not capture ongoing and more current responses. The results reflect only the responses we received, and we were unable to get responses from every provincial/territorial organization. However, the provinces that did respond were the most populous and therefore likely to be the most impacted by overdose to date. The scan was also limited due to a lack of information on many websites. Some websites had no publicly available results or no website search function. Furthermore, despite the fact that researchers explicitly asked for any and all documents related to overdose response, all responses focused only on the administration and distribution of naloxone by Registered Social Workers. The invitation to participate in this environment scan stated that “documents could range from naloxone and overdose response and prevention, supervised injection/consumption, trauma and grief support, overdose prevention sites, regulation and decriminalization of substances, substitution therapies, drug checking, drug user engagement/employment and more.” Finally, the scan is comprised of documents and does not reflect the actual practices of the organizations or, more importantly, individual social work practice. We

expect that the provincial/territorial organizations provide much broader responses to their members as well as advocate for the profession more than what is reflected in the data collected for this research.

Conclusions

Social workers play a critical role in responding to the illicit drug overdose crisis in Canada. Harm reduction as a response to substance use and overdose is consistent overall with social work ethics and standards of practice. The national voice for social work, the CASW, advocates for a public health response to substance use including decriminalization. Our research found less evidence at the regulatory level that would currently support social workers in taking on leadership roles in the evolving public health responses to overdose in Canada. Individual social workers are increasingly first line responders to overdose and locally are leaders in harm reduction policy, services, and activism. As safer drug supply responses are gaining traction in Canada, social work regulators have opportunities to apply principles of determinants of health and of social justice in defining overdose response alternatives that avoid merely criminalizing or medicalizing substance use.

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