



# An Environmental Scan of Social Work’s Regulatory Response to the Overdose Crisis

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## Background

Canada is facing an illicit drug overdose crisis that has been getting dramatically worse over the past few years. Social workers are front-line responders to this crisis and are often employed by organizations that utilize harm reduction strategies. The Canadian Association of Social Workers (CASW) advocates for a public health approach to illicit drug use that includes decriminalization.

## Objectives

The purpose of this research project is to understand how social work’s regulatory organizations are responding to the overdose crisis in Canada and what we can learn to inform future responses.

## Methods

An environmental scan of provincial and territorial social work regulatory organizations was conducted between October and December 2018. Emails in French and English were sent to all 13 organizations requesting any relevant documentation, resources, or responses related to the overdose crisis. The focus could include naloxone and overdose response and prevention, supervised injection/consumptions, trauma and grief supports, overdose prevention sites, regulation and decriminalization of substances, substitution therapies, drug checking, drug user engagement/employment. A website review was then conducted of the provincial and territorial association websites. The following search terms were used: “naloxone”, “opioid”, “harm reduction”, “overdose”, and “fentanyl”. Digital newsletters were also searched from 2016 until 2018 using the same search terms.

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## Findings

The results reflect responses to the opioid overdose crisis as of December 2018 from five of the thirteen regulatory organizations that replied to our request for information. One (Saskatchewan) confirmed they did not have an official response. These results reflect the most populous provinces that are also the provinces that have been most impacted by overdose to date..

### British Columbia

In October 2016, the British Columbia College of Social Workers (BCCSW) provided Practice Guidelines for the administration of naloxone in response to deregulation of naloxone for emergency use. The guidelines state that Registered Social Workers (RSW) may administer naloxone in emergency situations as well as distribute naloxone kits in accordance with practice standards. The guidelines include maintaining current knowledge related to naloxone administration, encouragement to access training; and encouragement to consult with their employer.

### Alberta

In February 2017, naloxone became an unscheduled drug making the distribution and emergency use of naloxone outside of a hospital legal. Originally, social workers were not one of the health professions that were authorized to perform this act. However, in June 2018, the Alberta College of Social Workers (ACSW) released an update confirming that RSW’s may distribute naloxone, once they were trained, knowledgeable, and competent. Recently in winter 2018, the ACSW clarified that RSW’s who are properly trained may administer naloxone in an emergency situation, however this does not apply to RSW’s who are employed in a health care setting.

### Ontario

The Ontario College of Social Workers and Social Service Workers (OCSWSSW) directs members who are inquiring about naloxone administration to the existing Standards of Practice. The existing Standards of Practice would apply to any unique questions about naloxone practices as it can be considered within their professional scope of practice and under the same overall requirement that members work within the parameters of their competence.

### Quebec

In 2017, the Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux de Québec (OTSTCFQ) provided a Professional Notice specifically referring to naloxone administration for social workers, in response to the Quebec government broadening access to naloxone and administration authorization. The Notice states that Social Workers are permitted to administer naloxone, in the absence of a first responder or ambulance technician, providing that the social worker is adequately trained and knowledgeable in naloxone administration. The OTSTCFQ directs social workers to speak with their employers to understand their specific policies related to naloxone administration.

## Discussion & Conclusions

Responses were all focused on the administration and distribution of naloxone by RSW’s and varied with some lack of clarity and potential restrictions to including naloxone administration within social work standards of practice in some cases. When all Canadians are encouraged to access and administer naloxone could social workers at times may be less able to respond in their professional capacity? Our findings raise further questions as to the role of social work in harm reduction with concerns if RSWs may be 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 also raises questions for supporting RSWs to be public health leaders in harm reduction.

Social workers play a critical role in responding to the overdose crisis in Canada as first line responders to overdose and leaders in harm reduction policy, services and activism. Harm reduction as a response to substance use and overdose is consistent with social work ethics and standards of practice. The social work regulatory organizations could take a greater leadership role for social workers enabling responses between criminalization and medicalization of substance use to emphasize social justice and determinants of health.