

Equality Impact Assessment

What is an Equality Impact Assessment (EIA) and why does the County Council do them?

The [Public Sector Equality Duty](#) (PSED) is an obligation within the [Equality Act 2010](#) (“the Act”), which asks public authorities, like Hampshire County Council, to give ‘due regard’ to equality considerations, in particular to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This includes assessing the impact of policies and practices on individuals and communities with a protected characteristic, as defined in the Act and some other specific groups. The County Council uses EIAs to ensure it has paid ‘due regard’ to equalities considerations when there are changes to a service or policy, a new project or certain decisions.

EIA author	Position & Department	Contact
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Title:	Drug and Alcohol Treatment Services
Related EIAs:	None
EIA for Savings Programme:	No
Service affected	Integrated Drug and Alcohol Treatment Services
Description of the service/policy/project/project phase	Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population and ensuring that there are public health spend aimed at reducing drug and alcohol misuse. This procurement of services for drug and alcohol community treatment and recovery, including psychosocial and pharmacological interventions, access to detoxification and residential rehabilitation, harm reduction, brief interventions and outreach support. Services will be available to all ages through the provision of a specialist young people's service for those aged under 25, community-based hubs (and outreach) for adults aged 25 and over, and access to harm reduction through pharmacies.
New/changed service/policy/project	The service is not changing substantially from current services. However the new service will be updated to reflect current priorities and local need including

environmental sustainability, adopting a trauma informed approach, and improving access and choice.

Engagement

The Hampshire Strategic Drug and Alcohol Partnership completed a drug and alcohol needs assessment in 2022. This found;

- Alcohol use is widespread, both nationally and locally. Nationally, 30.3% of men and 15.5% of women drink more than 14 units per week. In Hampshire, an estimated 257,500 people drink more than 14 units per week. 14 units per week. 11,626 are estimated to be dependant on alcohol. Of these, 75% are male.
- Alcohol-related hospital admissions are higher in Hampshire than England, and rates of alcohol specific deaths are higher in Gosport, Havant and Rushmoor than the Hampshire average.
- Most of the 3,434 people estimated to use opiates or crack in Hampshire are aged between 35 to 84. An estimated 55% are in treatment.
- Hospital admissions for substance misuse for young people is higher in Hampshire than in England, and rates of drug related deaths are higher in Havant and Rushmoor than the Hampshire average.
- Alcohol dependency and drug use are higher in areas of greater deprivation and those experiencing homelessness have higher rates of drug and alcohol related deaths.
- Mental health conditions and being in the criminal justice system are risk factors for drug and alcohol misuse.

The service completes an annual equity audit to identify inequalities of access and current service users are regularly consulted and engaged through formal service user forums and feedback processes. This information is reviewed in contract and quality review meetings and incorporated into strategic planning. The latest equity audit data suggests females are more likely to seek support for alcohol and drug treatment compared to males, 51% of people currently in treatment are aged 35 to 54, and the odds of successfully completing treatment are poorer in areas of deprivation.

Engagement with people who have experience of alcohol and/or drug harms between May and July 2024 includes surveys and focus groups with people who have used the current service, people who have lived experience of alcohol and/or drugs who have not used the current service, and professionals and key stakeholders. Engagement identified future priorities for the service, aspects that are working well and identify areas for improvement. Results of engagement will be used to inform service specifications for delivery of alcohol and drug community treatment services from July 2025.

Equalities considerations - Impact Assessment

Age

Impact on public	Positive
Impact on staff	Neutral

Rationale	<p>The Office of Health Inequalities and Disparities (OHID) publish estimates on the prevalence of illicit drug use and the number of people with alcohol dependency and use this to determine local levels of unmet need. This data includes drug use by three age ranges, 15-24, 25-34 and 36-64.</p> <p>In Hampshire, there are an estimated 4,023 people who use opiates and/or crack cocaine. Of these, 88% of people aged 15 to 24 (293 people) 69% of people aged 25-34 (792) and 39% of people aged 35 to 64 (1,025) are not currently in treatment. Nationally, the median age of injecting drug users have been increasing since 1990 rising from 27 to 40 in 2019, with more of this group injecting drugs (mainly heroin) for 15 years or more with a high prevalence of long term health conditions. Breakdown by age is not available for alcohol dependent drinkers however current services estimate that people aged 35-54 are more likely to seek treatment (50% of dependent drinkers), with the lowest engagement among 18-24 year olds (18% of dependent drinkers)</p> <p>National data shows that drug misuse deaths are higher among people born in the 1970s, with the highest rate in those aged 40 to 49 years.</p> <p>Addiction to drugs and/or alcohol has an adverse impact of quality of life and health outcomes at all ages, from poor educational attainment, poverty, stigma associated with addiction as a barrier to accessing other services, parenting, homelessness, risk of death and long term ill health. In Hampshire there is a higher rate of school exclusions and also a higher proportion of these are related to alcohol and drugs when compared to the national rates. The highest rates of exclusions are in Gosport and Rushmoor.</p> <p>Young people (up to 25 years): Particular groups of young people are identified as more vulnerable to problematic substance use including those with mental health treatment need; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders; those who have been sexually exploited. The service will work in partnership with related services to ensure more people with a treatment need are supported (Source: Office for Health Improvement and Disparities).</p> <p>Adult population years: The unmet need data will be used alongside service equity audit data to plan targeted engagement, to understand specific barriers to access and put strategies in place to address barriers and unmet need. This will have a positive impact on age with approaches tailored to different personal priorities at different stages of life. The service to work with all age groups with a substance misuse treatment need.</p>
Mitigation	

Disability

Impact on public	Positive
Impact on staff	Neutral

Rationale	<p>The service is required to ensure all services are accessible to people with physical and non-physical disabilities, including learning disabilities, serious mental illness, eating disorders, neurodiverse people and those with a history of trauma. This includes ensuring a choice of services and ways to access, providing a flexible service delivery, joint working with other health and social services, and adopting a trauma-informed approach.</p> <p>Locations are chosen to ensure they meet building access requirements, are accessible by public transport and are based close to other services that people accessing the service will use. This includes outreach services to hostels and hospitals, and the provision of home visits where required.</p> <p>It is very common for people to experience problems with their mental health and alcohol/drug use at the same time. National data suggests;</p> <ul style="list-style-type: none">• up to 70% of people in drug services experience mental health problems• up to 86% of alcohol services users experience mental health problems• Death by suicide is also common, with a history of alcohol or drug use being recorded in 54% of all suicides in people experiencing mental health problems <p>Both alcohol and drug use and mental ill-health are associated with physical health problems. Additionally, people with a drug or alcohol treatment need are often at higher risk of physical health complications related to their drug/alcohol use and are more likely to experience mental health issues that impact on their ability to engage with services.</p> <p>Smoking is highly prevalent among people with mental health conditions and those who use alcohol/drugs, and is a significant contributor to illness and death among this group. Evidence from service user and provider surveys suggests that people with co-occurring conditions are often unable to access the care they need from both mental health and addiction services. Individuals experiencing mental health crisis may experience difficulty in accessing care due to intoxication (in spite of the heightened risk of harm that this brings).</p> <p>The service will provide a varied workforce including nurses, recovery workers, psychologists, volunteers, peer supporters and specialist alcohol workers who are trained and experienced in delivering service to people with disabilities. enabling more people with disabilities to access services, remain engaged and successfully complete treatment.</p> <p>People with a drug or alcohol treatment need also often have a care need, provided through family, friends, social care services or supported housing. The service will also provide a specialised support service to people affected by someone else's drug and alcohol use, including people caring or supporting a family member. This will</p>
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	provide practical and emotional support to carers so they are better able to support their loved ones.
Mitigation	

Gender Reassignment

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>There are some international studies that suggest that those people who have undergone gender reassignment have an elevated risk of drug / alcohol related harm. However national and local data is very limited on understanding the prevalence in England and Hampshire. There is evidence that people who have or are in the process of undergoing gender reassignment are at higher risk of social exclusion and poor mental health, which can lead to increased risk of drug or problematic alcohol use. The Hampshire Joint Strategic Needs Assessment report on Inclusion Health Groups (2023) includes gender reassignment, stigma and discrimination as cross themes associated with poor health and underuse of some services.</p> <p>Drug and alcohol treatment will be available for all genders through the commissioned service. The service will work with transgender peer volunteers and organisations supporting people through gender reassignment to work with and support those who need support for drug and/or alcohol. Staff will undergo training to ensure that they are respectful of people who have undergone gender reassignment. The service will ensure there is an appropriate equality, inclusion and diversity policy in place that includes consideration of people with gender reassignment and that services are promoted to all people who may be facing barriers to access, including people from LGBTQ+ groups through bespoke, tailored campaigns and development of service offers.</p>
Mitigation	

Pregnancy and Maternity

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>Health advice in England is that avoiding alcohol during pregnancy is the safest option. There is no proven safe amount of alcohol to woman can drink during pregnancy and the more you drink, the greater the risk to the baby. Drinking alcohol or taking drugs while pregnant can lead to greater risk of miscarriage, premature birth, low birth weight, and can cause the baby to develop foetal alcohol</p>

syndrome (FAS), a serious long term condition that affects learning, behaviour and communication, and causes physical health issues such as bone, muscle and joint problems. FAS is the most common cause of learning disabilities and it is estimated that 56 children are born with FAS in Hampshire each year. The NHS recommend anyone who regularly uses cocaine, opiates or other similar drugs and who is pregnant to seek help straight away in order to withdraw from drugs in the right way to reduce the risk of problems to baby.

Maternity pathways are in place for people who are pregnant and using drugs and/or alcohol. Very low numbers of pregnant women currently access support for their drug / alcohol use in Hampshire (3% of all women accessing treatment for their drug use are pregnant). This is mirrored by low numbers nationally. The substance misuse service already supports pregnant women with links to midwifery and health visiting services. These pathways will be continually improved following learning and sharing of best practice, service user engagement and provision of training to the wider workforce. The service will also work with primary care to improve pathways to alcohol and drug treatment and identify those who may need support at the earliest opportunity.

Mitigation

Race

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>There is limited data on drug and alcohol use by race or ethnicity. The service will be available to, and promoted to all who require support for their drug and alcohol use and will not discriminate on basis of race. The service will have access to interpreters to ensure people for whom English is not their first language are provided with the opportunity to engage fully in treatment.</p> <p>Whilst most people (93%) within the Hampshire substance misuse treatment system are White British, this does vary geographically. Currently outreach into Black and Minority Ethnic (BME) communities and the location of physical hubs in areas with higher proportions of the Hampshire BME population has resulted in greater proportion of ethnic minorities to engage in treatment.</p> <p>The service will undertake an annual equity audit to include ethnicity, race, language and religion/belief to monitor uptake and identify barriers to access, and ensure the network of service user representatives and volunteers proactively gain the views of people from diverse backgrounds to inform service development and improvement. The service will also develop links with local communities to develop pathways and aftercare support embedded in the community.</p>

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Religion or Belief

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>There is limited data on drug and alcohol use by religion. In 2021-22, only 21% of people in treatment in Hampshire identified as having any religion, with only 2% stating a religion other than Christian. Whilst there are low numbers with an identified religion the service will involve service users to ensure that specific needs are met. The substance misuse service is non-judgemental and any individual with any belief or religion is able to access the service and translation services will be available. Individual care plans will be developed with individuals that considers their religious or cultural needs.</p> <p>The service will undertake an annual equity audit to include ethnicity, race and religion/belief to monitor uptake and identify barriers to access, and ensure the network of service user representatives and volunteers proactively gain the views of people from diverse backgrounds to inform service development and improvement. Service user events or activities will be organised to be inclusive of people from a wide range of backgrounds.</p>
Mitigation	

Sex

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>In Hampshire, there are an estimated 78% of people who use opiates and/or crack are male, and 75% of dependent drinkers are male. While there are fewer women estimated to have a drug or alcohol treatment need, a higher proportion are in treatment, suggesting they find it easier to access treatment. The service will have mixed-gender and single gender groups to offer choice, and where there is both need and demand, may offer other characteristic-specific groups or activities to enable access to treatment, for example young men, men from specific ethnic backgrounds.</p> <p>The service will use equity audit data, prevalence and unmet need estimates and service user feedback to tailor approaches to engage people more effectively in treatment. This will include looking at gender alongside age, race, religion and other characteristics to ensure all service users feel able to engage with treatment and improve their outcomes. The service will continue to ensure the needs of women are met, while improving accessibility for men.</p>
Mitigation	

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Sexual Orientation

Impact on public	Positive
Impact on staff	Neutral
Rationale	<p>The 2023 service equity audited identified that there are relatively low numbers of the Lesbian, Gay, Bisexual and Transgender (LGBT) population currently accessing the substance misuse service (88% of service users identified themselves as heterosexual). A 2024 evidence review conducted by Glasgow Centre for Population Health found higher rates of alcohol and drug use among people who identify as LGBT+ compared to general population, with a link to poorer mental health and health outcomes. A systematic review also found that this group are more likely to be dependent on alcohol than the general population (1.5 times more likely for men, and 4.0 times for women).</p> <p>The drug and alcohol service is non-judgemental and an individual with any sexual orientation will be able to access the service. In addition, the service will ensure it is promoted as welcoming to people from LGBT+ communities and will work with service users and peer supporters to ensure any barriers to access are reduced/removed.</p> <p>The service will undertake an annual equity audit to include sexual orientation to monitor uptake and identify barriers to access, and ensure the network of service user representatives and volunteers proactively gain the views of people from diverse backgrounds to inform service development and improvement. Service user events or activities will be organised to be inclusive of people from a wide range of backgrounds.</p>
Mitigation	

Marriage and Civil Partnership

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>There is no evidence that relationship status affects drug / alcohol harm and or consumption. The service is open to all individuals regardless of relationship status. All people accessing the service will be involved in their care plan and this may include working with their families, including partners/spouses, to provide support, if this is the preference of the individual.</p>
Mitigation	

Poverty

Impact on public	Positive
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Impact on staff	Neutral
Rationale	<p>Deprived communities are associated with the problematic use of drugs such as heroin and crack cocaine. Although problematic use of these drugs is not exclusively related to deprivation it is much more common among those living in poverty. The impact of harmful and dependent drinking is greatest in deprived communities. National statistics show that there are higher numbers of drug related deaths in areas of deprivation. Both Gosport and Havant have higher than average drug related deaths. In addition, the Joint Strategic Needs Assessment states areas most affected by alcohol harm within each district, predominantly urban centres and areas of deprivation.</p> <p>People with a drug and/or alcohol dependency are also likely to experience poverty due unemployment due to inability to maintain employment due to drug/alcohol use, ill health, stigma from their drug/alcohol use, involvement in the criminal justice system and other factors related to access to education and employment opportunities. The service will support people using their services to obtain qualifications and improve employability skills, and work with local businesses and employers to develop reduce stigma and develop specific employment schemes. They will also work with young people to give them confidence to pursue education and careers as part of their support.</p> <p>The service will have an extensive volunteering scheme for people accessing treatment that supports individuals to gain employability skills, including training as peer supporters and service user representatives. They will also offer fixed term apprenticeships enabling people to develop a career in drug and alcohol support services and have an inclusive employment approach to enable people in recovery to establish a fulfilling career supporting local services.</p>
Mitigation	

Rurality

Impact on public	Neutral
Impact on staff	Neutral
Rationale	<p>Drug and alcohol treatment services will continue to provide in-person support at treatment hubs located in the main towns, with satellite services in more rural areas. They will be easily accessible by public transport for those who may need to travel. In addition, the service will provide remote / telephone support where appropriate to reduce the need for travel. Individuals will be involved in their care plans to ensure the support provided is accessible.</p> <p>While physical delivery locations are chosen based on areas with higher numbers of people with a treatment need, the service will include rurality in it's annual equity audit to monitor access and identify any potential barriers. They will proactively respond to potential issues and utilise service user volunteers to identify</p>

	<p>solutions. Service user events or activities will be organised to be inclusive of people from various geographies and options for peer support and local recovery support will be explored based on identified need.</p> <p>Staff required to travel as part of their role will be supported to reduce travel costs through exploration of lease/pool cars utilising green technologies as part of the service's commitment to reduce carbon emissions.</p>
Mitigation	

Geographical Impact: All Hampshire

Equality Statement

Additional information:

Hampshire County Council has a responsibility to commission drug and alcohol treatment services for its local population. The service will continue to deliver integrated drug and alcohol support, treatment and recovery across the life course. This will support the delivery of the following Public Health Strategy objectives:

- collaborate with other organisations to implement the [10-year national drugs plan](#) and reduce harm across Hampshire
- for those in need of help, ensure they can access high quality, effective person-centred drug and alcohol prevention, treatment, recovery, and enforcement services

The new drug and alcohol treatment service will be monitored by key performance indicators and through contract review meetings. Outcomes will be continually reviewed through the data provided through the National Drug Treatment and Monitoring System (NDTMS). This includes data by ethnicity, religion, age, gender, sexuality, pregnancy and disability.

National data from NDTMS will be complimented by local provider / system data, alongside other sources of public data through Office of National Statistics (ONS), Office of Health Improvement and Disparities (OHID) and other government departments.

In addition, the service will undertake an annual equity audit to monitor uptake of people with protected characteristics. Any areas requiring further work will be addressed in an action plan and monitored as part of contract management.

Staff sustainability will be a key priority for the service and it will have a staff equality, diversity and inclusion policy in place. As an employer, the provider will have a workforce strategy in place that will ensure appropriate development opportunities for individuals with protected characteristics to enter and remain in the workforce. The contract will be for a period of at least five years enabling the service to provide stability for workers, career progression and personal development. Employee retention, training and development will be key to ensuring a sustainable and representative workforce.

Overview Statement:

A summary assessment to show that due regard to the Public Sector Equality Duty has been paid, which is undertaken when a full EIA is not needed:

Date of production of EIA for publication: 08/07/2024