

# Bristol City Council Equality Impact Assessment Form



Name of proposal	Bristol's Drug and Alcohol Strategy, 2020-2024 (city-wide)
Directorate and Service Area	Public Health, People
Name of Lead Officer	Lewis Peake (Public Health Registrar) Leonie Roberts (Public Health Consultant)

## Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

### 1.1 What is the proposal?

The use of alcohol and other drugs is an important issue, both in Bristol and nationally. A new, multi-organisation strategy has been drafted; this draft sets out:

- **A vision**, to describe the city's future relationship to drugs and alcohol:
  - *Bristol aspires to be a vibrant, inclusive and compassionate city, where prevention is prioritised, and everyone has the right to a healthy life safe from the harms of alcohol and other drugs.*
  
  - Individuals and their families - regardless of starting points - are well-informed and empowered to reach their full potential, access treatment if needed, and reduce harm within their community.*
  
- **6 priority areas**, with associated 'commitments', for where multi-agency partners will focus their efforts in coming years:
  - Support communities and change culture
  - Prevention and early intervention
  - Minimise harm and protect health
  - Treatment and recovery
  - Tackle crime and disorder
  - Adapt to the new normal

The specific purpose of the new city-wide strategy will be to co-ordinate efforts across Bristol to improve drug and alcohol outcomes for our population. The strategy vision, priority areas and commitments, will act as a strategic framework for the development of action plans.

The draft strategy considers broader issues than just commissioned treatment services; there is consideration of healthcare provision, prevention initiatives, the criminal justice implications of drug and alcohol use, community safety, the night-time economy, and a

range of inter-dependencies (homelessness, mental health, etc.). The draft strategy (and this draft equalities impact assessment) has been informed by a Substance Misuse Needs Assessment which was completed in late 2019, and has considered academic evidence where it has been available.

This new draft strategy has been developed under the auspices of the Keeping Communities Safe Group (of the Keeping Bristol Safe Partnership). Multiple agencies have already fed into the development of the draft strategy, including: BCC Public Health, BNSSG CCG, Avon and Somerset Police, the Office of the Police and Crime Commissioner, drug and alcohol service providers, academics and University representatives, clinicians, and previous service users.

The draft strategy was made available for public consultation, alongside a draft version of the equality impact assessment. A consultation report has been produced, and feedback to both documents has been considered in the production of the final drafts.

## Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

### 2.1 What data or evidence is there which tells us who is, or could be affected?

A recently produced Substance Misuse Needs Assessment for Bristol has given us a good understanding on who is most impacted by issues related to substance misuse. This assessment summarised data on drug and alcohol health needs in Bristol, and how these vary by protected characteristic (where data was available). The full needs assessment has not been published, due to its inclusion of some data not yet in the public domain. Relevant data is highlighted below, where available, broken down by protected characteristic. Data presented includes:

- Published data (with references provided)
- Data held by Bristol City Council on the characteristics of individuals who have received treatment through our commissioned drug and alcohol services

In addition to the above, through the open consultation process for this strategy qualitative data has been gathered from service users, the professionals that work with them, and representatives of equalities groups. Examples of this feedback is provided below, and outlined in full within the consultation report which will be published alongside the final strategy.

#### Age

##### *Alcohol*

- As declared in the 2019/20 quality of life survey for Bristol, there were no significant differences by age in the risk of reporting alcohol use at a high-risk level [1].

- Rates of hospital admissions for alcohol related conditions ('narrow' definition) in people aged 65+ in 2018-19 was higher in Bristol (1,209 per 100,000 people) than for South West Region (997) and England (1,049) [2].

#### *Other drugs*

- Nationally produced data estimates in 2016-17 suggest that 367 15-24 year old, 1236 25-35 year olds, and 3340 35-64 year olds in Bristol were using opiates or crack cocaine [3]. This reflects an aging cohort of opiate users.

#### *In treatment services*

- Of those adults in Bristol ROADS treatment service within the year 2019/20, just under 80% were between the ages of 30 and 55.

#### *Feedback during the open consultation process*

- The move towards digital services, in light of Covid-19, has the potential to be a barrier to treatment for the older generation.
- A focus on prevention within the strategy has the potential to stigmatise or shift focus away from older people in need of treatment.
- The housing of young people with no permanent residence, for example within hostels, has the potential to further expose them to substance misuse.
- The city's safeguarding work needs to be more linked up across disciplines and organisations, and ensure that substance misuse issues are assessed whenever a young person is flagged for safeguarding concerns.

### **Disability**

#### *Alcohol*

- Of those children who responded to the Bristol Pupil Voice survey 2019, 26% of those who identify as having a 'disability or long-term illness' consumed alcohol in the last month (compared to a 19% average) [4].
- As declared in the 2019/20 quality of life survey for Bristol, 7.4% of disable people reported alcohol use which would put them at a high risk of health problems (compared to the Bristol average of 16.1%) [1].

#### *Other drugs*

- Of those secondary school children who responded to the Bristol Pupil Voice survey 2019, 19% of those with a disability or long-term illness reported ever taking illegal drugs (compared to a 12% average for all pupils) [4].

#### *In treatment services*

- Of those adults in Bristol ROADS treatment service within the year 2019/20, 11% were recorded as having a disability (17.5% if excluding service users were disability status was 'not stated' or 'blank').

#### *Feedback during the open consultation process*

- Individuals with learning disabilities benefit more from one to one work, tailored to their disability, than from mixed group support sessions. Currently there is not a lot of sessions like this available within the community recovery service offer.

- However, in contrast to the above, group sessions do allow people to expand their recovery capital and build networks.
- Accessible information and services are needed; the costs of accommodating people with physical and learning disability is rarely factored into funding.
- Intersectionality of multi-disability (i.e. physical and mental disability) increases risk of substance misuse and adds complexity levels to treatment.
- There is a need to raise awareness of interactions between prescription medication and alcohol/drug use.

#### **Marriage or civil partnership status**

- No specific data identified or feedback received

#### **Pregnancy and maternity**

- No data identified on local needs. However, it is important to note that the evidence is clear on the harmful effects of substance use in pregnancy and early years, either directly or by association.

#### *Feedback during the open consultation process*

- Women who use drugs are more likely to attend antenatal care late and/or conceal their drug issue due to fear or professionals' reactions, or fear of the child being taken away.
- On the flipside, pregnancy may be an important opportunity for change, when a woman may be highly motivated to come off drugs.
- Lack of childcare is a significant barrier for women to attend support group and treatment appointments.
- If Covid-19 has led to barriers in antenatal care and health visitor appointments, there is a risk of missing opportunities for interventions and spotting substance use concerns.

#### **Race**

##### *Alcohol*

- As declared in the 2019/20 quality of life survey for Bristol, 8% of Black, Asian and minority ethnic respondents and 9.3% of White minority ethnic groups respondents reported alcohol intake which would put them at a high risk of health problems (compared to the Bristol average of 16.1%) [1].
- Of those children who responded to the Bristol Pupil Voice survey 2019, 13% of those from a minority ethnic background consumed alcohol in the last month (compared to a 19% average) [4].

##### *Other drugs*

- Of those secondary school children who responded to the Bristol Pupil Voice survey 2019, 11% from a minority ethnic group reported ever taking illegal drugs (compared to a 12% average for all pupils) [4].

##### *In treatment services*

- Of those adults in Bristol ROADS treatment service within the year 2019/20, for whom ethnicity was recorded, 85% were White British (% for Bristol population

overall and 9.5% were from Black, Asian and minority ethnic groups (16% for Bristol population overall).

#### *Feedback during the open consultation process*

- Language barriers are important; certain communities in Bristol are not currently served by a named service worker with language skills, or through sessions which are culturally sensitive. Given the sensitivity of issues, use of community translators is often not appropriate.
- Some fear that disclosing drug use may negatively affect immigration status.

### **Religion or belief**

#### *Alcohol*

- As declared in the 2019/20 quality of life survey for Bristol, individuals with 'no religion or faith' were more likely to report alcohol use which would put them at a higher risk of alcohol related health problems than those with a stated religion or faith (18.9% compared to 10.5%) [1].

#### *Other drugs*

- No data identified

#### *In treatment services*

- No data identified

#### *Feedback during the open consultation process*

- The time, and day, or support session will be important to different communities.
- The acknowledgement of an individual's substance misuse needs can be a significant barrier if their faith forbids use of alcohol and other drugs. To that end, although faith leaders are important in accessing communities, they may not appreciate the scale of issues in their community.
- There is greater value from support services when they are designed from the bottom up.

### **Sex (gender)**

#### *Alcohol*

- According to results from Bristol's most recent quality of life survey, Males are more than twice as likely as Females to report alcohol use which would put them at a higher risk of alcohol related health problems (21.6% compared to 10.7%) [1].
- The rate of hospital admissions in under 18's for alcohol-specific conditions was higher in Bristol between 2016/17 and 18/19 for Females than Males (50.7 per 100,000 compared to 34.8 per 100,000) [2]. By contrast, adult Males in Bristol are twice as likely as Females to be admitted to hospital for an alcohol-related condition (3985 per 100,000 compared to 2137 per 100,000) [2].
- Alcohol-related mortality amongst Males in Bristol in 2018 was double that seen in Females (82.6 per 100,000 compared to 34.3 per 100,000) [2].

#### *Other drugs*

- Males were more likely to die from drug misuse than females (11.7 per 100,000 compared to 3 per 100,000) in Bristol between 2016 and 2018 [5].
- Of those children who responded to the Bristol Pupil Voice survey 2019, 30% of Year 10 Males and 32% of Year 10 Females had ever been offered drugs (17% and 21% respectively had ever used drugs) [4].

#### *In treatment services*

- Of those adults in Bristol ROADS treatment service within the year 2019/20, 69.2% were Male.

#### *Feedback during the open consultation process*

- Women can experience greater stigma when accessing services, strengthened by the risk of referral to social services etc.
- There is a need for women-only and men-only services and groups
- Women's groups have previously identified a lack of aftercare support from current services, especially in relation to mental health and family support.
- There is a recognised link between substance misuse and sexual violence; more data on this is needed, and prevention should also include prevention of violence.

### **Gender reassignment**

- Stonewall research indicates that Trans people face widespread discrimination in healthcare settings; may avoid seeking healthcare for fear of discrimination from staff; and are likely to have a higher prevalence of drug and alcohol use [6].

### **Sexual orientation**

#### *Alcohol*

- As declared in the 2019/20 quality of life survey for Bristol, individuals identifying as LGBT+ were slightly more likely to report alcohol use which would put them at a higher risk of alcohol related health problems than the general population (18.4% compared to 16.1%) [1].
- Of those children who responded to the Bristol Pupil Voice survey 2019, 49% of Year 10's identifying as LGBT+ consumed alcohol in the last month (compared to a 19% average) [4].

#### *Other drugs*

- Of those secondary school children who responded to the Bristol Pupil Voice survey 2019, 25% from a LGBT+ group reported ever taking illegal drugs (compared to a 12% average for all pupils) [4].

#### *In treatment services*

- Of those adults in Bristol ROADS treatment service within the year 2019/20, for whom sexual orientation was recorded, 94% were 'Heterosexual or Straight'; 2.8% were recorded as 'Bisexual' and 1.8% as 'Gay or Lesbian'

#### *Feedback during the open consultation process*

- The LGBTQ cohort is diverse; the varying needs of individuals cannot be catered for within one LGBTQ support group.

- There are few LGBTQ venues and socialisation opportunities which are not focused around alcohol. This is an important issue if wanting to focus on prevention.
- Chemsex is a particular issue for this population, especially gay men.

This strategy's purpose is to improve on these health outcomes, with explicit reference within the strategy objectives to reducing inequalities and serving Bristol's varied communities; as such, the strategy (and any future action plans) will seek to positively impact on a number of these recognised inequalities by protected characteristics.

## 2.2 Who is missing? Are there any gaps in the data?

The open consultation process has enabled some gaps to be filled, as had been identified in the draft version of this equalities impact assessment. However, there remains some uncertainty about areas of interest:

- Data on health needs related to drug and alcohol use for a number of protected characteristics is not routinely available. No data was identified based on marital status, pregnancy, religion, or gender reassignment. Where data is available, e.g. for Sex and Race, this often reflects those individuals in treatment services and may not fully capture the amount of unmet need.
- This strategy concerns more than just health needs, and one priority area focuses exclusively on criminal justice. However, data on arrests and criminal convictions secondary to, or associated with, use of alcohol and other drugs has not been available for consideration in the development of this strategy. As such, data was also not available on how such crime figures vary by protected characteristics. Any variation (or not) in how individuals with protected characteristics are involved in crimes attributed to drug or alcohol use (either as perpetrators or victims) remains an important gap.

## 2.3 How have we involved, or will we involve, communities and groups that could be affected?

The early stages of the strategy development benefited from 5 engagement events / workshops, attended by 68 individuals from across 25 organisations and key stakeholders in Bristol. Further engagement events were subsequently planned, specifically aimed at drug and alcohol service users, but had to be cancelled as a result of the Covid-19 pandemic.

Efforts were therefore made to meet virtually with voluntary care sector organisations, including groups based within at-risk communities. ROADS Peers (previous service users who now act as peer mentors for individuals currently in drug and alcohol treatment services) also attended our strategy oversight group meetings.

A first draft of the strategy, and this equalities impact assessment, were made available to the public through an open consultation. This has allowed for further consideration to be given to the views of the general public, as well as key stakeholders, in the final shaping of this strategy. The open consultation received 150 individual responses as well as further engagement from a number of stakeholders, including a focused meeting of professionals

and representatives from certain key stakeholders with an interest in protected characteristics and inequalities.

Importantly, the production and publication of this strategy is not the end-point. Annual action plans that will result from this strategy will bring further opportunities for community engagement.

### Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

This proposal relates specifically to Bristol's new Drug and Alcohol Strategy. This strategy document is high-level and broad; outlining a vision for the city, 6 priority areas, and a number of 'commitments'. Because of its high-level nature, the specific impact for people on the basis of their protected characteristics is difficult to evaluate. Importantly however, the strategy's purpose is to have a positive impact on the health outcomes of our population, with explicit reference to reducing inequalities and serving Bristol's varied communities; as such, the strategy (and any future action plans) will seek to reverse any recognised inequalities by protected characteristics.

The open consultation process presented an opportunity for members of the public to highlight ways in which they felt the strategy's vision, priority areas, and commitments may adversely impact on people with protected characteristics. It also allowed for general comments and reflections on how drug and alcohol issues may disproportionately impact on certain members of our society. These views have been collated within section 2.1 above, with the impact of these comments outlined in section 4 below.

3.2 Can these impacts be mitigated or justified? If so, how?

As part of the consultation process, we have further engaged with members of the public and with equalities groups; comments have been considered on how services can be made more accessible and inclusive, and changes made to the strategy to reflect these (see section 4 below).

3.3 Does the proposal create any benefits for people with protected characteristics?

As outlined above, there was awareness at the start of this strategy's development process that drug and alcohol issues were leading to a number of inequalities across the city. The strategy has therefore sought to set a framework for the production of future annual action plans that will actively address these inequalities and benefit those with protected characteristics.

The open consultation process provided an opportunity for members of the public to highlight ways in which they felt the draft strategy's vision, priority areas, and

commitments would positively impact on people with protected characteristics. Comments have been collated in section 2.1, and reflected on in section 4 below.

#### 3.4 Can they be maximised? If so, how?

The views of equalities stakeholders, and members of the public, were gathered as part of the consultation process, with a view to better understand how the strategy can maximise benefits for people on the basis of their protected characteristics. Comments have been collated in section 2.1, and reflected on in section 4 below.

### Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

#### 4.1 How has the equality impact assessment informed or changed the proposal?

This equalities impact assessment has provided some evidence on which groups may be experiencing inequality with respect to drug and alcohol misuse in Bristol, including those groups where we may be seeing an unmet need. This evidence has been strengthened by feedback received as part of an open consultation process.

The strategy vision makes clear that all individuals - regardless of starting point - should be able to access appropriate drug and alcohol support. Commitments made within the strategy reflect the need to reduce inequalities (from both protected characteristics and other factors, such as household income).

Additions/alterations have been made to the original draft strategy following the open consultation. Those changes with relevance to the equalities' agenda include:

- Stronger reference to cultural competence as a running theme throughout the strategy, and the expectation of services and professionals to be adaptable to the needs of different communities and populations (including different ethnicities, sexualities, genders, disabilities etc).
- The expectation that future commissioning contracts and budgets for Bristol's drug and alcohol services should reflect the funding needed to ensure accessibility.
- The goal for referral pathways into services to be flexible to meet the needs of those traditionally underserved, or who experience barriers (such as those with a physical or learning disability)
- Reference to the need for greater support after 'completion' of treatment, including for mental health conditions and parental/family support
- Highlighting the risk of digitalisation of services, as a result of the Covid-19 pandemic, widening inequalities between age groups and deprived communities.
- Reference throughout the strategy of the need to de-stigmatise seeking support; this includes with respect to stigmatisation of older people in treatment, mothers and pregnant women seeking support etc.

<p>- Explicit reference to education programmes, and testing schemes, which inform of the dangers of 'party drugs' and 'chemsex'.</p>	
<p>4.2 What actions have been identified going forward?</p>	
<p>This draft strategy presents a framework for future action planning. The impact of drug and alcohol issues on individuals with protected characteristics has been considered within this draft strategy; the vision, priorities and commitments have been written to ensure that future actions reflect the need to provide culturally-aware services, which are accessible to all.</p> <p>Specific actions on how this will be achieved will be decided in the next phase, after the strategy has been published. As a result of feedback received through the open consultation process, these actions should now better reflect the issues highlighted in this equalities impact assessment.</p>	
<p>4.3 How will the impact of your proposal and actions be measured moving forward?</p>	
<p>The impact of substance misuse on Bristol's population - including outcomes from its drug and alcohol services - is routinely monitored in a number of ways (within national frameworks and local performance monitoring approaches). These metrics will therefore detect the impact of the strategy over the coming years. The Keeping Communities Safe Group (of the Keeping Bristol Safe Partnership) holds governance for drug and alcohol issues across the city.</p> <p>Suggestions raised during the open consultation process, for example that equality, diversity and inclusion be built into future commissioning contracts, and that regular health equity audits of the drug and alcohol services should be performed, will both need to be considered as part of the action setting and process.</p>	
<p>Service Director Sign-Off:</p> <p><i>CAGay</i>  <i>Christina Gray</i>  <i>Director of Public Health, Bristol</i></p>	<p>Equalities Officer Sign Off:</p> <p><i>Reviewed by Equality and Inclusion Team</i></p>
<p>Date: 15/2/2021</p>	<p>Date: 29/1/2021</p>

## References

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