

Equality Impact Assessment [version 2.9]



Title: Introducing Drug Safety Checking in Bristol	
<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input checked="" type="checkbox"/> New <input type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: People	Lead Officer name: Paul Hammond
Service Area: Public Health	Lead Officer role: Partnership officer

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

To commission a Drug Safety Checking service for Bristol where Bristol residents can take an illicit substance to have it chemically analysed and receive the results in an individually tailored healthcare conversation focused on reducing the harms associated with their drug use.

The service will provide a pop-up laboratory with the ability to chemically test the contents and purity of a substance once every month, over the payday weekend. While the service is open to all Bristol residents that use drugs, the primary target audience are Bristol residents that use drugs occasionally and their use is associated with the night-time economy.

The lab will be located at BDP 11 Brunswick square (this is to satisfy the licensing conditions), where people can drop a substance of concern off at the lab and collect the results from healthcare staff at the Peoples Republic of Stokes Croft approximately 1 hour later. The results are packaged in an individually tailored healthcare conversation that is focused on reducing harms associated with illicit substance use.

The service will be confidential and free at the point of access.

The service aims to provide people with the means to have illicit substances tested and reduce risking drug taking behaviour through targeted harm reduction interventions resulting in fewer deaths and medical complications resulting from uninformed drug taking decisions.

The evidence suggests that this type of intervention has a positive impact on people's behavioural choices. For example, the evidence shows:

1. Two thirds of people disposed of the substance when informed that the contents were different to what the person believed they had purchased.
2. Even after confirming the contents of a substance people report taking a smaller dose following the targeted healthcare intervention and generally being more careful because of the intervention. This finding was still evident at 3-month follow-up.
3. One study found a 25% reduction in drug-related medical incidents following festivals.

1.2 Who will the proposal have the potential to affect?

<input type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
Additional comments:		
<p>The main group affected will be people using the service and we are anticipating a largely positive effect on this group.</p> <p>There is also the potential to affect local businesses and residents in the Wards where the service will be delivered as there is the potential for queue's to form while awaiting results. This will be managed through good communication between the two sites and the provider having the capacity to speed up testing where necessary.</p> <p>There is also the potential to affect commissioned services as Drug Safety Testing is likely to result in additional referrals into the ROADS treatment system.</p>		

1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	[please select]
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Step 2: What information do we have?

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

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: <https://www.bristol.gov.uk/people-communities/measuring-equalities-success>.

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment Form](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
Bristol Drug and Alcohol Strategy 2020-2024 Equality Impact Assessment informed by Substance Misuse Needs Assessment	<p>As well as highlighting differences in prevalence and representation in existing services, analysis has identified a range of potential issues for the Bristol drug and alcohol service cohort based on their protected and other relevant characteristics:</p> <ul style="list-style-type: none"> • 80% of ROADS service users are between the ages of 30 and 55 reflecting an aging population of opiate and crack cocaine users. • Around 11% of ROADS treatment service users are recorded as being disabled and there is evidence to suggest that 19% of younger people with a disability or long-term illness report 'ever taking an illegal drug' • 85% of ROADS service users are White British 9.5% were from Black, Asian and minority ethnic groups. Feedback during the open consultation process suggests that some fear disclosing drug use will affect their immigration status.
British Crime Survey Drug misuse in England and Wales - Office for National Statistics (ons.gov.uk)	<p>The BCS provides an overview of the extent and trends in illicit drug use.</p> <ul style="list-style-type: none"> • The prevalence of any drug use over the last year was greatest among 16–19-year-olds and 20-24 year olds (21.1% and 20% respectively). This is a group that is not particularly well represented in the ROADS treatment population as they are unlikely to have a treatment need. • Drug use is higher among men than women with 1 in 8 men (11.9%) having reported taking any drug in the last year compared to 6.9% women. • Full time students (19.7%) were more likely than any other occupation to have used drugs. • Those who are single (17.7%) are more likely to have used drugs in the past year compared to those married or in a civil partnership (3.2%)

	<ul style="list-style-type: none"> • The use of Cannabis, Ecstasy, and cocaine is higher among those that go clubbing. • This survey also found that drug use is higher in those that have been a victim of crime.
Additional comments:	

2.2 Do you currently monitor relevant activity by the following protected characteristics?

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input checked="" type="checkbox"/> Gender Reassignment
<input checked="" type="checkbox"/> Marriage and Civil Partnership	<input checked="" type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race
<input checked="" type="checkbox"/> Religion or Belief	<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Sexual Orientation

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

The data from the British Crime Survey that provides an overview of the extent and trends in illicit drug use is a good indicator of prevalence of drug use at population level (i.e., those without a treatment need). However, in terms of reporting on protected characteristics it appears to only cover Age, Gender and Marital status. To further inform the EQIA we have used data from the Bristol Drug and Alcohol strategy 2020-2024 equality impact assessment which has been informed by the Substance Misuse Needs Assessment. These data do not adequately cover characteristics such as religion or belief, gender reassignment, and pregnancy and maternity.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities. See <https://www.bristol.gov.uk/people-communities/equalities-groups>.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing change or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

The Drug Safety Checking service has been developed and piloted across the country. The providers processes and operational procedures have been refined through service user feedback. There are plans to follow-up service users for 3 month outcomes and service users will be consulted in a 3 month review of the service.

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

Although the service is anonymous the provider is required to collect data on protected characteristics. This is to ensure we are engaging the right demographic. These data will be reviewed following each drug checking session and a full review will be completed at 3 months – this will include seeking feedback from people who are using and not using the service and those with protected characteristics. We will also be liaising with colleagues at the City Bid and with owners/managers of night-time economy venues.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories (different kinds of disability, ethnic background etc.) and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)

In considering the equalities impact on individual groups, three have emerged that might have their ability to access the service affected by design. These are

1. Age – Data from the British Crime Survey suggest that illicit substance use is greatest among the 16-19 and 20-24 year olds. It also suggests that prevalence is higher among students than any other occupation. The drug safety checking service is not available to those aged 16 and 17 years.
2. Disability – data from the BCS and ROADS suggest approximately 20% of people who use drugs also report a disability or long-term health condition. The service being across two sites might deter those with impaired mobility from using the service.
3. Ethnicity – data suggest that the prevalence of illicit drug use is greatest among white British people. There is the possibility that language barriers could prevent some people from accessing the service and feedback from during the open consultation process for the local drug and alcohol strategy suggests some fear that disclosing drug use may negatively impact their immigration status and therefore may be less willing to use the service.

This is a new service and will be closely monitored and reviewed to ensure that it is as accessible and inclusive as possible. If the service is not attracting the desired demographic after 3 months, the delivery model will be reviewed – service users will be consulted during this process.

PROTECTED CHARACTERISTICS

Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	The BCS suggests the prevalence of any drug use is highest among 16-19 and 20-24 year olds. The service will not be available to those under the age of 18 suggesting a possible unmet need.
Mitigations:	The provider has a large social media following and can disseminate drug alerts far and wide.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Potential impacts:	As the service is split over two sites, those with impaired mobility could be put off from using the service.
Mitigations:	The impact in those with a disability will be monitored and the delivery of the service changed if it is preventing access among this group. There is a postal Drug Safety Checking service that operates from Wales which can be promoted as an alternative.
Sex	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Race	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Our data suggest the majority of people who use drugs are White British. 85% of ROADS service users are White British 9.5% were from Black, Asian and minority ethnic groups. Feedback during the open consultation process suggests that some fear disclosing drug use will affect their immigration status.
Mitigations:	The service is free, confidential and anonymous which will hopefully encourage uptake among this cohort.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	
Mitigations:	
Carers	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	
Mitigations:	
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
Potential impacts:	
Mitigations:	

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our Public Sector Equality Duty to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The service is designed to be fully inclusive and could help to foster good relations between people who do and do not share protected characteristics. It may also help to addressing some of the stereotyping and discrimination towards people who use drugs.

Step 4: Impact

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

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:

The possible impact on people with impaired mobility has emerged from undertaking this impact assessment – given that both buildings are accessible, and 11 Brunswick square could potentially have a lot of illicit substances in the safe awaiting disposal it is advantageous to have a split site. As the service is new it will be regularly reviewed and optimised so should this become a problem of any magnitude and given the pop-up design of the service we are able to relocate with relative ease, subject to Home Office inspection and approval of the new premises as the service requires a licence to operate within the law.

Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

There is a novel approach to reducing drug related harms among the wider drug using population as deaths in this cohort appears to be increasing. It will have a positive impact by enabling people to make informed decisions about the substance that they take in the same way that information on medicines and alcohol is available to assist people in making positive and less risky decision about their drug taking.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
Collect equalities data from each contact	Provider & PH	Monthly (12 months)
Review the service after 3 months to ensure it is attracting the right people	PH	Aug/Sept
Undertake service user consultation to inform the review	PH	Aug/Sept

4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

Activity data will be monitored after each session and the provider will share these data with BCC. A review will take place at 3 months and at 12 months to determine whether or not to continue with the service. Service and stakeholder consultation. In terms of data we will be looking for possible impact on drug-related deaths data and emergency medical presentations.

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities

impact of the proposal. Please seek feedback and review from the Equality and Inclusion Team before requesting sign off from your Director¹.

Equality and Inclusion Team Review: <i>Reviewed by Equality and Inclusion Team</i>	Director Sign-Off: 
Date: 27/4/2022	Date: 27/04/2022

¹ Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.