



Equality Impact Assessment (EqIA)

Template reviewed Nov 2021

The Public Sector Equality Duty (PSED) was introduced as part of the Equality Act 2010, which protects people from discrimination in the workplace, in the provision of services and in wider society.

The duty requires all public bodies to have due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations between different people

Public bodies demonstrate this due regard in different ways, including producing robust equality impact assessments when considering changes to policies and services.

An EqIA enables us to check the potential impacts on residents and employees of our policies, services and projects. It's an opportunity to challenge how we currently do things.

Carrying out an EqIA should not create extra work; it should be part of your normal service planning process. Most of the information required should already be available to you through other work already undertaken e.g. service user monitoring, analysis of complaints and national research.

The purpose of an EqIA is to *take account* of equality as plans develop, to promote and assist the consideration of equalities issues arising in plans and proposals and to ensure that where possible adverse or disproportionate impacts are minimised, and positive impacts are maximised. As such where possible an EqIA should be started at the outset of a project/proposal and continually be developed and reviewed until a final proposal is adopted. An EqIA should be used to ensure decision makers have all the information they need regarding potential impacts to ensure they have due regard to the Public Sector Equality Duty when making judgements.

Carrying out EqIAs should be an integral part of policy or service development/change and larger projects may need more than one EqIA if different areas are impacted by the change.

Any project that requires consultation will automatically require an EqIA.

All approved and signed EqIAs are recorded in a central register. Please email your completed draft EqIA to equalities@buckinghamshire.gov.uk. Previous EqIAs can be made available for information upon request. For any questions or if you require support in completing your EqIA please contact Maria Damigos and Natalie Donhou Morley directly.



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Part A (Initial assessment) - Section 1 - Background

Proposal/Brief Title: Drugs and Alcohol Strategy 2023 - 2028

OneDrive link to report/policy:

Related policies:

Date: 13/12/2022

Type of strategy, policy, project, or service: Drugs and Alcohol Strategy

Please tick one of the following:

- Existing
- New or proposed
- Changing, update or revision
- Other (please explain)

This assessment was created by:

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Job Title: Public Health Practitioner

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Briefly describe the aims and objectives of the proposal below:

The current Buckinghamshire Drugs and Alcohol Strategy expired in 2021. There was a need to refresh the strategy and to ensure it is aligned with national requirements as set out in 'From harm to hope, A 10-year drugs plan to cut crime and save lives' and subsequent guidance issued to local areas:

[From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

[Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/drugs-strategy-guidance-for-local-delivery-partners)

The Buckinghamshire Combating Drugs Partnership (CDP) is a multi-agency strategic group accountable for locally delivering the ambitions laid out in the national 10-year drugs strategy:

- reducing overall drug use.
- reducing drug related crime.
- reducing drug-related deaths and other harms.



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The CDP brings together a range of partners at a strategic level to drive action, overcome obstacles and provide oversight tackling drugs and alcohol misuse. It sits alongside other multi-agency partnerships, such as the Safer Bucks Board and the Health and Wellbeing Board, to bring health, justice, and wider sectors together to tackle drugs and alcohol use.

Accountable to the Buckinghamshire CDP is the Buckinghamshire Drugs and Alcohol Network, a pre-established multi-organisational group that continues at an operational level in delivering the strategy action plan as agreed by the CDP.

The new Strategy takes a whole system approach to addressing the issues of drugs and alcohol use. The strategy has a wider focus than previous versions and this breadth is also represented in the partners represented on the CDP.

To develop this strategy, a series of multi-agency workshops were held in July and September 2022 and the inaugural meeting of the new Combating Drugs Partnership took place in October. Engagement has emphasised the need to prevent drugs and alcohol misuse and act early, and to focus on the positives of resilience and recovery. There is a commitment to take into account the lived experience of individuals and their families with drugs and alcohol issues to inform and shape our work moving forward.

What outcomes do we want to achieve?

The purpose of the new strategy will be to ensure there is multi-agency co-ordination and response to improve drugs and alcohol outcomes for Buckinghamshire residents. The strategy vision and priority areas identified, will act as a strategic framework for the development of action plans. The strategy considers broader issues than just commissioned treatment services – there is consideration of healthcare provision, prevention initiatives, the criminal justice role in drugs and alcohol use and community safety. The strategy also acknowledges the range a range of inter-dependencies such as homelessness and mental health which often feature in drugs and alcohol misuse. The strategy and this equalities impact assessment have been informed by a drugs and alcohol needs assessment.

Does this proposal plan to withdraw a service, activity or presence? No

Please explain your answer:

The strategy is a high-level document, outlining a vision for the county, 4 priority areas, and a number of strategic actions. There are no plans in this strategy to withdraw services, activity or presence in the strategy.

Does this proposal plan to reduce a service, activity or presence? No

Please explain your answer:

As outlined above the strategy document is a high-level document and there are no plans in this strategy to reduce a service, activity, or presence.



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Does this proposal plan to introduce, review or change a policy, strategy or procedure?

Yes

Please explain your answer:

The new strategy is a refresh of the 2021 Buckinghamshire Drugs and Alcohol strategy. The Drugs and Alcohol Strategy 2023 – 2028 is in line with the national requirements as set out in From harm to hope A 10-year drugs plan to cut crime and save lives and subsequent guidance issued to local areas.

Does this proposal affect service users and/or customers, or the wider community? Yes

Please explain your answer:

The purpose of the strategy is to have a positive impact on the health outcomes of Buckinghamshire residents.

Four key priority areas have been identified to deliver the Buckinghamshire vision;

- Prevention
- Addressing risk factors and additional support needs
- Reducing harms and promoting safety
- Working together

Does this proposal affect employees? Yes

Please explain your answer:

Some employees are residents of Buckinghamshire therefore the actions outlined in the strategy will have a positive outcome on their health.

Will employees require training to deliver this proposal? No

Please explain your answer:

There is no specific training required to deliver the strategy. However, some actions outlined in the strategy include capacity building and training sessions for frontline staff. An example of training is the Identification, Brief Advice (IBA) training for alcohol.

Has any engagement /consultation been carried out, or is planned in the future? Yes

Please explain your answer:

The strategy was informed by a drugs and alcohol needs assessment. Local professionals were individually interviewed to gather their views on substance misuse in Buckinghamshire. In total, 42 stakeholders contributed from settings including:

- Specialist drugs and alcohol treatment services



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- Related clinical areas (such as mental health and sexual health)
- Criminal justice system
- Services more likely to encounter drugs and alcohol clients as either a risk factor or consequence (such as housing providers)

Eighteen people with lived experience were consulted to understand their perspectives on current provision as well as wider issues relating to drugs and alcohol in Buckinghamshire. Consultation took place with those who agreed to come forward, and they provided their insights as a self-selected group of individuals. Consultations were held in four online groups:

- Women
- Peer support (which includes both drugs and alcohol clients)
- Alcohol
- Partner peer support

In addition, the vision for the drugs and alcohol strategy has been developed through a series of stakeholder workshops.

Section 2 - Impacts

Please highlight potential impacts (including unintended impacts or consequences) for each protected characteristic*/equality groups below. Where there are negative or positive impacts please give more details of the impact. Where the impacts are unclear please explain why.

Age*

Positive	Negative	Unclear	None
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Over one in three adults (35%) aged 16-59 years, an estimated 11.8 million people, have consumed an illicit drug during their lifetime. Amongst adults, active drug use is more common in younger age groups. Surveys of school pupils estimate that illicit drug taking is commonly tried before adulthood. Nationally, nearly one in ten (9%) of pupils aged 11 reported having ever taken drugs, rising to over one third (38%) by age 15.

Research¹ indicates children who start drinking early are more likely to become more frequent drinkers and binge drinkers. Underage drinking is also associated with school and educational problems, risky behaviours, and consumption of illegal drugs.^{2,3} The Public Health England (PHE) National Diet and Nutrition Survey found that 7% of young people aged 11-18 years reported consuming alcohol on at least one day out of the four days they recorded their intake for over a two-to-three-week period⁴.

The ambitions set out in the strategy will have the greatest positive impact on those age groups most affected by substance misuse.



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Disability*

Positive	Negative	Unclear	None
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Alcohol is the leading cause of disability in 15–49-year-olds in Buckinghamshire. The Global Burden of Disease study estimates that alcohol use is attributable for 1,083 disability-adjusted life years (DALYs) per 100,000 in Buckinghamshire in 15–49-year-olds – higher than any of the other risk factors studied. However, this rate of DALYs is lower in Buckinghamshire (1,079 per 100,000) than nationally (1,500 per 100,000) in 2020/21.

The ambitions set out in the strategy will have a positive impact by preventing the harmful effects of substance misuse.

Pregnancy & maternity*

Positive	Negative	Unclear	None
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The use of alcohol, illicit and legal substances during pregnancy can increase the risks of health and social problems for both the mother and the infant. For example, newborns of substance-using mothers may experience neonatal abstinence syndrome (NAS) and require support for withdrawal.

The ambitions set out in the strategy will have a positive impact by preventing the harmful effects of substance misuse.

Race & Ethnicity*

Positive	Negative	Unclear	None
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Nationally, active illicit drug use is reported as over twice as common in 16–59-year-olds of mixed ethnicity (23%) than those of white ethnicity (10%), but half or less as common in people of Asian, Black, or other ethnicities (3%, 5%, 5%, respectively).

People recorded as white British made up the largest ethnic group in treatment in Buckinghamshire (84% or 266) with a further 6% (19) from other white groups. No other ethnic group made up more than 1% of the total treatment population.

The actions set out in the strategy in increasing prevention activities and referral will have a positive impact.

Marriage & Civil Partnership*

Positive	Negative	Unclear	None
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The strategy is likely to have a neutral impact on this protected characteristic.



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Religion & Belief*

Positive Negative Unclear **None**

The strategy is likely to have a neutral impact on this protected characteristic.

Sex*

Positive Negative Unclear None

Nationally, women make up 28% of adults in drug treatment. Women presenting to treatment often experience poor mental health, domestic violence, and abuse, which may impact upon their recovery, and they are more likely to be carers of children.

The ambitions set out in the strategy will have a positive impact by preventing the harmful effects of substance misuse.

Sexual Orientation*

Positive Negative Unclear None

Drug use among LGBT groups is higher than among their heterosexual counterparts, irrespective of gender or the different age distribution in the populations. Gay men report higher overall rates of use of drugs than lesbian women, largely due to higher rates of stimulant use, particularly amyl nitrite ('poppers').⁵

Patterns in alcohol use vary among different orientations and gender identities, but overall, there is a higher prevalence of hazardous drinking among the LGBTQ+ population compared to the general population, particularly among women.⁶

The ambitions set out in the strategy will have a positive impact by preventing the harmful effects of substance misuse.

Gender Reassignment*

Positive Negative Unclear **None**

There is no evidence to suggest that strategy will have a negative impact on this protected characteristic/equality group.

Gender identity

Positive Negative Unclear **None**

There is no evidence to suggest that strategy will have a negative impact on this protected characteristic/equality group.



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Carers

Positive	Negative	Unclear	None
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Children of alcohol-dependent parents may also need to care for their parents or siblings – 7% of young carers are looking after someone with a drug or alcohol problem. Amongst these children, 40% missed school or had other issues at school⁷.

The strategy acknowledges that in addition to providing services for substance misusers, carers' needs must be met. The strategy has an overarching responsibility to reduce the harm caused by substance misuse not just to individuals but communities, which includes the families and carers of substance misusers, whether or not the users are accessing treatment.

Rural isolation

Positive	Negative	Unclear	None
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The ambition of the strategy is to prevent the harmful effects of substance misuse for all residents of Buckinghamshire, regardless of geographical location.

Single parent families

Positive	Negative	Unclear	None
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Alcohol misuse in parents can affect the health and wellbeing of children, as well as destabilising families. When parents misuse alcohol their marriages are more likely to end in divorce⁸. The ambition of this strategy will have a positive outcome through its whole system approach to tackling substance misuse.

Poverty (social & economic deprivation)

Positive	Negative	Unclear	None
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Alcohol-specific and alcohol-related hospital admissions as well as alcohol-specific and alcohol-related deaths are all more common in more deprived areas in England. This is despite average alcohol consumption being lower in households of lower income and is known as the 'alcohol harm paradox'. The reasons for this paradox are not clear but could include different drinking patterns, compounding effects with other risk factors such as smoking and differential access and experience of health services.

The ambition of this strategy will have a positive outcome through its whole system approach to tackling substance misuse.



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Military families / veterans

Positive

Negative

Unclear

None

There are 2,840 UK Regular Forces personnel in Buckinghamshire (April 2021), of which the vast majority (98%) are serving in the Royal Air Force⁹. Buckinghamshire has the second highest number of serving RAF personnel in the Southeast, with only neighbouring Oxfordshire having more. There are an additional estimated 28,000-armed forces veterans residing in Buckinghamshire based on the 2016 annual population survey. This is over 1 in 10 of all veterans living in the Southeast (11%)¹⁰.

Hazardous drinking (defined as a score of 8 or more using AUDIT) has been identified in a greater proportion of armed forces personnel than the general population. For men the rate is 1.8 times higher (67% versus 38%) and in women the rate is 3.1 times higher (49% versus 16%). In 2016/17, an initiative to screen for alcohol misuse during routine dental appointments saw three quarters (74%) of all regular UK armed forces personnel completing the shorter AUDIT-C screening questionnaire¹¹. 61% of those screened scored 5+ indicating they may be at increasing risk of alcohol related harm, and 2% scored 10+ indicating they may be at higher risk and were advised to see their GP¹².

The identification of military veterans within the healthcare system is one of the stated aims of this strategy to enable support to be more readily provided – therefore delivering a positive impact for this group by better preventing the harmful effects of substance misuse.

Section 3 – Is a full assessment required?

If you have answered yes to any of the initial assessment questions in section 1 of this EqIA, or have indicated a negative or unclear impact in section 2, it is likely you will need to complete part B of the EqIA form. Should you need guidance as to whether a full EqIA is needed at this time please contact Maria Damigos or Natalie Donhou Morley before continuing.

Following completion of part A, is part B completion required?

- Yes
- No

X Not required at this time

Explain your answer:

This strategy does not involve the reduction/withdrawal of services. Ten of the groups listed in section 2 have positive impacts identified. None of the groups listed in section 2 have unclear or negative impacts identified. Therefore it has not been identified that Part B is required at this time. However, work on the recommissioning of the Drugs and Alcohol treatment service will commence in 2023 and an EqIA will be completed for that process.



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Have you completed an DPIA for this project/change? No

(As you are completing an EqIA, you may also require a DPIA - for more information please contact dataprotection@buckinghamshire.gov.uk)

Section 4 – Sign off (Only complete when NOT completing Part B)

Officer completing this assessment: Josy Dyson Date: 15.12.22

Equality advice sought from: Natalie Morley Date: 15.12.22

Service Director sign off: Jane O'Grady Date: 16.12.22

Next review Date: 2028 (strategy runs 2023-2028)

If required please complete part B (full assessment)



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- ¹ Liang, W., & Chikritzhs, T. (2015). Age at first use of alcohol predicts the risk of heavy alcohol use in early adulthood: a longitudinal study in the United States. *International Journal of Drug Policy*, 26(2), 131-134.
- ² Bellis, M. A., Philips-Howard, P. A., Hughes, K., Hughes, S., Cook, P. A., Morleo, M., & et al. (2009). Teenage drinking, alcohol availability and pricing: a cross-sectional study of risk and protective factors for alcohol-related harms in school children. *BMC Public Health*, 9(1), 380.
- ³ Best, D., Manning, V., Gossop, M., Gross, S., & Strang, J. (2006). Excessive drinking and other problem behaviours among 14-16 year old schoolchildren. *Addictive Behaviors*, 31(8), 1424-1435. 26 Eurocare and COF
- ⁴ Public Health England. National Diet and Nutrition Survey. Diet, nutrition and physical activity in 2020: a follow up study during COVID-19. Retrieved https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1019663/Follow_up_stud_2020_main_report.pdf
- ⁵ UK Drug Policy Commission. Drugs and Diversity: Lesbian, gay, bisexual and transgender (LGBT) communities Learning from the evidence. <https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity%20LGBT%20groups%20%28policy%20briefing%29.pdf>
- ⁶ Institute of Alcohol Study. LGBTQ+ People and Alcohol. (2021). <https://www.ias.org.uk/wp-content/uploads/2021/07/LGBTQ-Briefing-Final.pdf>
- ⁷ Public Health England. (2021). Parents with alcohol and drug problems: support resources. Retrieved [Parents with alcohol and drug problems: support resources - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- ⁸ The Institute of Alcohol studies. (2017). "Like sugar for adults"- The effects of non-dependant parental drinking on children and families. Retrieved [rp28102017.pdf \(ias.org.uk\)](http://ias.org.uk)
- ⁹ Ministry of Defence. (2021). Location of UK regular service and civilian personnel annual statistics: 2021. Retrieved [Location of UK regular service and civilian personnel annual statistics: 2021 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- ¹⁰ Ministry of Defence (2017). Annual population survey: UK armed forces veterans residing in Great Britain. Retrieved [Annual population survey: UK armed forces veterans residing in Great Britain 2017 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- ¹¹ Fear NT, Iversen A, Meltzer H, Workman L, Hull L, Greenberg N, Barker C, Browne T, Earnshaw M, Horn O, Jones M, Murphy D, Rona RJ, Hotopf M, Wessely S. (Nov 2007). Patterns of drinking in the UK Armed Forces. *Addiction*.102(11):1749-59
- ¹² Ministry of Defence. (2017). Alcohol Usage in the UK Armed Forces 1 June 2016 – 31 May 2017. Retrieved [Alcohol Usage in the UK Armed Forces 1 June 2016 to 31 May 2017 \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)