

AssessmentNo	439	Owner	canderson
Resource	HSCP		Service/Establishment Joint
	First Name	Surname	Job title
Head Officer	Christine	Anderson	Health Improvement Senior
	(include job titles/organisation)		
Members	Chris Kelly, Health Improvement Lead Helen Douse, Health Improvement Senior Christine Anderson, Health Improvement Senior		
	<i>(Please note: the word 'policy' is used as shorthand for strategy policy function or financial decision)</i>		
Policy Title	Substance Use Prevention Strategy Delivery Plan		
	The aim, objective, purpose and intended out come of policy		
	To reduce the use of and harm from alcohol, tobacco and other drugs		
	Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy.		
	Alcohol and Drug Partnership and Substance Use Prevention Strategy Implementation Group Members include the following Alternatives, Dumbarton Area Council on Alcohol, Department of Work and Pensions, Police Scotland, Scottish Fire and Rescue Service, WDC Communities Team, WDC Education, Learning and Attainment, WDC Environmental Health, WDC Community Greenspace, WDC Housing, WDC Leisure, WDC Libraries and Cultural Services, WDC Licensing Standards, WDC Performance and Strategy, WDC Trading Standards, WDCVS, WDHSCP Addictions, WDHSCP Health Improvement Team, West College Scotland, WDC Working4U, Y Sort It		
Does the proposals involve the procurement of any goods or services?		Yes	
If yes please confirm that you have contacted our procurement services to discuss your requirements.		Yes	
SCREENING			
You must indicate if there is any relevance to the four areas			
Duty to eliminate discrimination (E), advance equal opportunities (A) or foster good relations (F)		Yes	
Relevance to Human Rights (HR)		Yes	
Relevance to Health Impacts (H)		Yes	
Relevance to Social Economic Impacts (SE)		Yes	
Who will be affected by this policy?			
As a result of reviewing evidence on those adversely effected by substance use, a life-course approach (universal, for everyone) will be taken as will targeting specific groups: The key target groups identified are: • men and pregnant women in relation to alcohol • young people and early years in relation to tobacco, particularly children exposed to second hand smoke • young people and early years in relation to drugs			
Who will be/has been involved in the consultation process?			
General public (Have Your Say: Alcohol, Tobacco and Other Drugs, online survey with paper copies available) Workshops with the following groups: People with lived experience (Service users of - Ashton View, Blue Triangle, DACA, Alternatives) Young people (Youth Council, Champions Board, Young Carers) Carers (Dementia Group, Learning Disability Group, Long Term Conditions Group, SEARCH Group) WHSCP staff groups (Children and Criminal Justice) Whole population - a workshop			

was made available for anyone who completed the survey if they wished to participate There were 186 responses to the online survey and 126 people participated in a series of 20 workshops Engagement with key partners (SUPSIG) via o meeting and workshop Sept 2019 o monthly meetings from June 2020 to March 2021 o Equalities Forum Jan 2020

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.

	Needs	Evidence	Impact
Age	<p>Consideration should be given to consumption patterns in different age groups as well as the risk of harm (young people more likely to binge drink and be in unsafe environments; older people drink more frequently and may develop chronic health impacts)</p>	<p>Planet Youth Data shows 60% of S3 pupils have drunk alcohol with 30% having drunk alcohol in the past month. WD SALSUS 2018 indicates numbers of young people using substances is increasing for some indicators (15yr olds using drugs in the past month is at the highest level since 2006, more 13 & 15yr olds are reporting having been drunk more than 10 times, more young people using e-cigs, more young people reporting they have ever smoked); alcohol related deaths increasing for those aged 55+; drug related deaths greatest in 35-44 age group; smoking uptake is high in 16-24 age group. During covid 19 - younger adults were more likely than older adults to have increased their number of drinking days and amount of alcohol consumed; older adults more likely to have consumed alcohol on 5 days in prior week;</p>	<p>positive impact as targeted approach should reach identified age groups - Potential negative impact for older people who are digitally excluded to not receive public health information</p>

		<p>Younger non-smokers are more likely to be exposed to secondhand smoke than older non-smokers;</p> <p>Younger age groups are more likely than older age groups to have ever used an e-cig West</p> <p>Dunbartonshire has an aging population. Child poverty must be considered as many families experience increased financial hardship with impacts for the current and longer term health and wellbeing of children.</p>		
<p>Cross Cutting</p>	<p>People with different protected characteristics have different barriers. Some people have multiple barriers (more than one characteristic). The pandemic has disproportionately affected those already most disadvantaged (widened inequalities)</p>	<p>The 2020 COVID-19 pandemic has been an extreme shock to normal life, affecting everyone. However, the harms caused by the pandemic are not felt equally by all groups in society.</p> <p>The impacts of COVID-19 have highlighted and exacerbated pre-existing inequalities which cause some social groups to have more disadvantaged life experiences than others (Scottish Government, 2020)</p> <p>An in depth literature search that was carried out to support the development of the PFD. This includes: the policy landscape, strategies, legislation,</p>	<p>Positive impact as the Delivery Plan is designed to tackle health inequalities</p> <p>Potential negative impact as there is no targeted work to focus on those experiencing multiple disadvantage</p>	

		systematic reviews, modelling studies, observational studies, primary studies, RCTs etc	
Disability	<p>Whilst only a small proportion of people with learning disabilities are known to have substance use issues, they are a disadvantaged group and currently, addiction services are not meeting their needs; people with learning disabilities have an increased risk of substance misuse if they: have borderline/mild learning disabilities, are young and male, have mental health problems Around a third of adults report a limiting longstanding health condition or illness; According to Inclusion Scotland, disabled people face barriers across four dimensions: physical or environmental; attitudinal; communicational; and organisational. People with mental health problems frequently use substances as a coping mechanism and substance use can lead to long term mental health problems</p>	<p>Research suggests that children with learning disabilities are more likely to experiment at an early age with potentially harmful levels of alcohol; factors that may increase drug use risk among disabled people: isolation, exclusion & 'social distance', social pressure, mental health problems & poverty, communication difficulties & lack of accessible info, self-medication. There is limited evidence for those with physical disabilities using substances.</p>	<p>Potential negative impact as current programme of work does not directly target people with learning disabilities Potential negative impact as people with sensory impairment may find it difficult to access existing information campaigns Possible positive impact as current programme actively makes links between mental health and substance use</p>
Social & Economic Impact	Be aware that social and economic deprivation is intrinsically linked	WD has many communities living within quintile 1 & 2 intermediate zones	Positive impact as programme is targeted to reach those in more

	<p>with substance use and that the harms experienced by those using substances are greater for those in deprived areas as opposed to affluent areas WDHSCP has 2 localities: Clydebank & Dumbarton/Alexandria. Clydebank has a greater population and also more deprived</p>	<p>(SIMD) People from deprived areas experience greater levels of substance related harm, including • alcohol related harm – new evidence has emerged known as the ‘alcohol harm paradox’ which shows people living in deprived areas experience greater levels of alcohol related harm than people living in more affluent areas despite consuming the same amount of alcohol or less. • smoking prevalence is significantly higher in more deprived areas • drug use prevalence is significantly higher in more deprived areas. The risk of poverty is much higher for women, disabled people, black minority ethnic people, lone parents, and children and young people.</p>	<p>deprived areas</p>	
<p>Sex</p>	<p>There are differences in life circumstances, substance use consumption and harms between the sexes</p>	<p>Alcohol guidelines for men have reduced; substance use harms are greater to women as physiologically they are smaller and are more likely to become dependent at lower levels of exposure; women process alcohol at a slower rate than men and are exposed to higher blood</p>	<p>Positive impact as information is targeted to both men and women to increase accessibility</p>	

		<p>concentrations of alcohol for a longer period of time; women impacted by substance use and pregnancy, breastfeeding and foetal alcohol syndrome; women now drink as much or almost as much as men; men are more likely to smoke than women in WD (23% and 18%); men are more likely to be admitted to hospital or die as a result of drugs in WD (admissions 71% males; 29% females). Alcohol use for men and women shows that women are now drinking almost as much as men.</p> <p>Alcohol use intrinsically linked with male identity and are more likely to experience stigma when seeking help.</p> <p>Additionally research is lacking on alcohol use when men become fathers.</p> <p>Generally, women face multiple discrimination, including disabled women, women from Black, Asian and Ethnic Minority (BAME) communities, refugee and asylum seekers, lesbian, bisexual and trans (LGBT+) women, and older women. In the preCOVID-19 labour market,</p>		
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		women were unequal in pay, participation and progression due to drivers including occupational segregation, job valuation, discrimination, and time available to work Women are also more likely to be lone parents.	
Gender Reassign	Individuals with gender dysphoria are highly vulnerable to grave psychological disorders, such as anxiety disorder, post-traumatic stress disorder (PTSD) or substance use disorder, and attempt to self-medicate using alcohol or drugs to escape from the painful reality of not being able to follow the norms of the society; transgender healthcare needs “may relate to experiences of isolation, discrimination and trans-phobia these experiences place many transgender people at risk of alcohol abuse, depression, suicide, self-harm, violence, substance abuse and HIV”.	In regards to care during gender reassignment, the Equality and Human Rights Commission Transgender Research Review considers that Transgender healthcare needs “may relate to experiences of isolation, discrimination and transphobia... these experiences may increase risk of alcohol abuse, depression, suicide, self-harm, violence, substance abuse and HIV”	Potential negative impact, no targeted actions
Health	WD has greater burden of disease from substance use than many other areas	WD has higher levels of substance use, related harm and deaths than the national averages for most indicators.	Potential positive impact on general population to improve health through substance use prevention
Human Rights	Individuals have the	National drug	Positive impact as

	<p>right to health and life free from the harms of alcohol and drugs</p>	<p>strategy Rights, Respect and Recovery has a rights based approach and the same approach was taken for local prevention strategy</p>	<p>the prevention strategy takes a rights based approach in line with national strategy Rights, Respect and Recovery</p>
<p>Marriage & Civil Partnership</p>	<p>Those who do not have a partner are more likely to experience harms from substance use</p>	<p>Long-term marriage appears to curb men's drinking and associated with a slightly higher level of alcohol use among women, Married men have more alcohol related problems than women, those who were married or in a civil partnership had the lowest proportion of current smokers (9.9%), which was around half the proportion among those who were cohabiting (22.1%), single (21.5%), or widowed, divorced or separated (17.7%). Overall marriage appears to be a protective factor against substance use. There is evidence which suggests that when changing relationship status from single to married, alcohol and cannabis use declines. There is similar evidence which shows that substance use increases when transitioning from married to divorced status. There is limited evidence on</p>	<p>Positive impact as the prevention strategy includes actions that will reach people who are not married or in a civil partnership</p>

		the impact of Civil Partnership on substance use.	
Pregnancy & Maternity	Anecdotal evidence that pregnant women are less likely to disclose substance use due to stigma	No safe level of consumption for any substance during pregnancy due to serious complications in growth of the foetus, during delivery and recovery. Life-long consequences for the foetus; second hand smoke in WD (12% of babies at 6 weeks were exposed in 2017/18-2019/20 compared to 8% Scotland wide); breastfeeding – advised to avoid substances but guidelines for alcohol are set at no more than once or twice a week at one or two units. There is limited evidence around stigma and substance use in pregnancy and maternity.	Positive impact as sensitively designed materials are available to target group
Race	The harms from alcohol are greater for some ethnic groups and different ethnic groups may use substances differently. WD BAME community is very small.	The BAME community in WD is very small (3%); growing awareness of alcohol problems in South Asian community, South Asian communities may be more vulnerable to adverse effects of alcohol; use of shisha, smokeless tobacco products such as snus, pan masala is more prevalent in some ethnic communities – additional harms from betel leaf, areca	Potential negative impacts, no targeted actions

		nut and lime paste when using pan masala – risk of oral cancers. There is very limited evidence on race and drug use.	
Religion and Belief	Assumptions in regards to substance use and Religion may exclude people	<p>Assumptions may be made that certain religions abstain from substances, tobacco EQIA across Glasgow highlighted that smoking may not be discussed with Muslim patients as it is assumed they do not smoke, cessation medication may be stopped during Ramadan, medications may be stopped if it is felt products are not culturally sensitive (Muslim, Jewish, Hindu or Sikh).</p> <p>Religious celebrations may see an increase in substance use, particularly within the Christian Faith (Weddings, Christenings/Baptism, Holy Communion, Wakes/Funerals). Substance use and celebrations are intrinsically linked with Scottish culture. A Faith and Belief Communities Manual is available to NHS staff.</p>	Potential negative impact as there is no targeted action
Sexual Orientation	People who are LGBTQI+ are less likely to access services for fear of discrimination	People who identify as LGBTQI+ are at risk of drug use; smoking rates were higher among adults in this community in Scotland - compared	Potential negative impact as there is no targeted action

		to those who self-identify as heterosexual; lesbian and bisexual women in Scotland had a higher frequency of drinking alcohol; older LGBTQI+ people drink alcohol more often than the heterosexual population; alcohol and drug use may be relatively common during UAI (unprotected anal intercourse) among gay and bisexual men in Scotland.		
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Actions

Issue Description	Action Description	Actioner Name	Due Date
Digital and sensory exclusion for those without access to technology, wifi or unable to use for other reasons eg, skills, sensory impairment.	Use a variety of media (eg. prints, social, videos with subtitles, screen reader compatible prints, alternative text to images)) to minimise risk of digital exclusion and sensory exclusion.	christine.anderson@west-dunbarton.gov.uk	31-Mar-2023
People experiencing multiple disadvantage may be more negatively impacted and more difficult to engage with. Actions will be taken to mitigate this risk.	Work with Equalities Forum, Access Panel and other relevant groups to ensure engagement activity has an increased emphasis on people experience multiple disadvantage.	christine.anderson@west-dunbarton.gov.uk	31-Mar-2023

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.

Negative impacts have been identified and actions have been created to mitigate these.

Will the impact of the policy be monitored and reported on an ongoing bases?

Actions within the delivery plan will be updated quarterly on WDC Performance Monitoring System Pentana, at quarterly ADP meetings and quarterly SUPSIG meetings.

Q7 What is your recommendation for this policy?

Introduce

Please provide a meaningful summary of how you have reached the recommendation

Overall, the impact of the delivery plan should be positive for the people of West Dunbartonshire by reducing substance use and related harm: Whilst there has been potential negative impacts identified in relation to those with disabilities, the delivery plan will be revised to include actions to mitigate these. Actions have been created to ensure appropriate communication media for people who are digitally excluded and people with sensory impairment. Additionally there have been

actions included to ensure engagement with people who belong to more than one protected characteristic and are experiencing multiple disadvantage.