

EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

ALCOHOL STRATEGY 2020 - 2025

SECTION 1 – INTRODUCTION

The previous needs assessment and alcohol strategy completed by the Drug and Alcohol Programme was developed in 2016 and needed to be refreshed in advance of any commissioning process. The needs assessment was a combined (drug and alcohol) Substance Misuse Needs Assessment. In 2018 it was agreed that we would develop two separate needs assessments and strategies (one for alcohol and one for drugs) because of the different priorities and issues which surround alcohol and drugs and the different ways that these impact on people's lives and our communities. These documents will, however, complement each other and form a strategic approach to tackling drug and alcohol related harm across the life-course in South Gloucestershire.

The Alcohol Stakeholder group that oversaw the development of the 2014-17 strategy was on hold during 2016/17 due to a divisional restructure, change in leadership of the Public Health Drug and Alcohol Programme (DAP) and recommissioning of the community drug and alcohol services for adults. It was reconvened in 2018, when members contributed to an Alcohol CLear self-assessment and peer review process. CLear is a Public Health England (PHE) service improvement tool which is about:

- **“Challenging** services - looking at key aspects of local delivery against the evidence base, identifying local innovation and learning;
- **Leadership** - reviewing the local vision and governance supporting this, planning and commissioning arrangements and evidence of collaboration between partners;
- **Results** - examining outcomes achieved locally and considering progress against local priorities”¹.

The 2018 CLear review report suggested significant need for improvement across all three domains, supporting local opinion. Furthermore South Gloucestershire has been identified by PHE as a priority area of focus because we have low numbers in alcohol treatment and potentially associated issues of unmet need.

One of the key recommendations from the CLear peer review report was that we should conduct a comprehensive needs assessment from which we would develop a strategy to tackle alcohol related harm in South Gloucestershire and that we should involve other agencies and people who use our services in its development.

SECTION 2 –RESEARCH AND CONSULTATION

The needs assessment has been developed over the last year and has combined consideration of best practice guidance and evidence, as well as data related to alcohol harm in South Gloucestershire. We have sought input from a wide variety of partners in the development of key sections, including the police, Anti-Social Behaviour and Licencing teams, Health Visitors and our treatment providers. We have also conducted a large scale engagement exercise which has seen us talk to people who use our services, a wide range of stakeholders, and members of the public to understand their views about what the issues are about alcohol in South Gloucestershire and what should be prioritised in the new strategy. This has all been brought together in the final needs assessment and the recommendations from it form the basis for the strategy which sets out our ambition to reduce alcohol harm for the next five years.

The needs assessment has highlighted certain groups with protected characteristics that may be adversely affected by alcohol or alcohol related harms and we aim to tackle these in our strategy.

This section will be updated after the formal consultation is completed to set out feedback, but as mentioned above, during the needs assessment process we have undertaken considerable engagement. Table 1 sets out the engagement methods undertaken.

Table 1 – Table to show engagement methods undertaken as part of development of the needs assessment

Event /engagement	Method of engagement	Numbers attended
Health and Wellbeing Board (HWB) Development Session with the Safer and Stronger Communities Strategic Partnership	Presentation including background to the Drug and Alcohol Programme, headline alcohol statistics and information, outcomes of the CLear assessment and need for the development of a new alcohol strategy. Discussion based on <i>'five strategic questions about alcohol'</i>	15
Large stakeholder events: <ul style="list-style-type: none"> • Patchway • Kingswood • Yate 	Presentation (similar to that for the HWB above) and discussion based on <i>'four strategic questions about alcohol'</i>	55
Residents' festivals (people attending who were engaged at a stall) <ul style="list-style-type: none"> • Filton 	Interviews and discussion of <i>'four strategic questions about alcohol'</i>	10
Staff at the University of the West of England – the students were on holiday during the period planned for engagement at UWE	Interviews and discussion of <i>'four strategic questions about alcohol'</i>	11
Staff employed by our provider services (DHI and AWP – 2 sessions)	Interviews and discussion of <i>'four strategic questions about alcohol'</i>	18
Practitioners who see people with a dual diagnosis of mental health and substance misuse disorders	Email containing links to the <i>'Mental health and substance misuse survey'</i>	11
South Gloucestershire residents/public	Links on Facebook, Twitter and the South Gloucestershire Council website; to the Online	8

	Survey containing some information and <i>'The four questions (b)'</i>	
Other one to one interviews	Discussion of <i>'four strategic questions about alcohol'</i>	4
Stakeholders unable to attend our face-to-face events	Email containing links to Online Survey containing some information and <i>'The four questions (b)'</i>	17
Gypsy and Traveller Communities	Informal discussion based on <i>'The four questions'</i>	3
Families Also Matter (2 sessions, Warmley and Yate)	Discussion of <i>'four strategic questions about alcohol'</i>	Approx. 15
Adult service Users	Interviews and discussion of the <i>'Adult service user engagement questions'</i>	32
Young people Attending schools/colleges: <ul style="list-style-type: none"> • Brimsham Green School • Digitech Studio School • Downend School • Kings Oak Academy • Pathways Learning Centre • The Concorde Learning Intervention Centre (CLIC) Attending events: <ul style="list-style-type: none"> • Crimestopper event • Hanham Youth Centre • The Stokes, Creative Youth Network Care leavers drop in group	Discussions based on the <i>'Young people group engagement questions'</i>	Approx. 100
Young Service Users <ul style="list-style-type: none"> • One to one 	Interviews and discussion of the <i>'Young service user questions'</i>	11

In addition to the information in table 1, we commissioned the research and consultancy firm, Foster and Brown, to recruit members of the public to gain their views and they subsequently conducted 57 telephone interviews, the same approach as recently taken in the development of the One You South Gloucestershire service.

The following sets out information relating to Protected Characteristics which has been researched as part of the development of the needs assessment. This sets out both national and local information. (Please note that footnotes apply to references in the needs assessment and are not referenced here but have been left in for cross referencing.)

Age

National data show that the highest consumption of alcohol is in the male age group of those aged 45 to 64 years⁸. The lowest consumption of alcohol was among those aged 16 to 24 years, although when they did drink, they were the age demographic (both males and females) most likely to binge drink – although probably mainly only at the weekend⁸. Drinkers over 65 years were least likely to binge drink. Women aged 16-24 were more likely to report binge drinking.

The most harmful drinking was stated to be amongst middle aged drinkers who are most likely to drink every day⁸.

By age 45, men were more likely to report drinking more than 8 units and this difference is more pronounced by age 65.

Nationally alcohol consumption among young people has declined since 2002 and more young people are choosing to abstain from drinking altogether. Local data suggests that in South Gloucestershire self-reported infrequent (monthly) alcohol use among younger teenagers (years 8 and 10) may have increased between 2015 and 2019. 10% of those in year 8 (aged 12-13) reported drinking sometimes (monthly), and 3% frequently (weekly or most days). For those in year 10 (aged 14-15) 27% reported drinking sometimes, and 14% frequently.

High risk groups for alcohol were identified among young people in specific cohorts: girls aged 17-19, those with a non-heterosexual identity, White British children.

Considering the small sample size, comparison between South Gloucestershire and England for clients in different age groups does not reveal any significant differences, except for those under 25 years^{3,4}. Most clients in South Gloucestershire (60%, n=43) were aged 40-59 years with 31% (n=22) aged 40-49 and 29% (n=21) aged 50-59. 11% (n=8) were aged 18-29, 19% (n=14) were 30-39, and 9% (n=7) over 60⁴. Of those aged 18-29, in South Gloucestershire none were aged under 25 years whereas in England they comprised approximately 2.6% of the treatment population³.

Disability

It is known that substance misuse in people with learning difficulties/disabilities carries risks to personal safety due to the association with impaired judgement and excessive risk-taking. This can increase the potential for accidental injury, unplanned and unprotected sex, and violence or criminal behaviour^{39,40}. A recent review (based on 2016 data from NHS Digital) found weak evidence that people with learning difficulties/disabilities might have a lower prevalence of current alcohol use (1.9-55% vs. 62.5%) and a higher prevalence of alcohol misuse (22% vs. 4.5%) compared to that in the general population⁴¹. Data from two large, Swedish population-based twin cohorts suggested that autistic-like traits increase the risk of substance use disorder^{42,43}. It has also been suggested that once alcohol use is initiated, progression to alcohol misuse is quicker for individuals with autistic traits than the general population⁴³.

A large 2017 Swedish cohort study found that people with autism spectrum disorder (ASD) are twice as likely to develop a substance use disorder in comparison to their non-ASD relatives, with such disorders highest amongst those with ASD and attention deficit hyperactivity disorder (ADHD)⁴⁴. Findings also showed that parents and siblings of people with ASD have a higher risk of substance use disorders⁴⁴. A smaller qualitative study found people with ADHD were more likely to develop substance use disorders than those with ASD⁴⁵.

In comparison to the national picture, clients who entered alcohol treatment in South Gloucestershire in 2017/18 with a co-occurring mental health condition appear to be over-represented, but this could be an anomaly of the small number of individuals in this dataset. 76%, n=34 (69% of the males and 84% of the females) in South Gloucestershire self-reported a mental health treatment need³⁰. This compares to 41% (38% of males, 46% of females) nationally³⁰. The

high rate of reporting clients with dual diagnosis in South Gloucestershire might be due to better data recording or increased confidence of service users in reporting⁴⁶. Alternatively it could be because only the most serious cases and/or those who initially present at their GP with a mental illness are identified for alcohol treatment.

As part of a piece of work scoping whether there were issues in the joined up approach between drug and alcohol services and mental health services an online survey was sent out to practitioners working in drug and alcohol treatment and mental health. 11 practitioners (8 substance misuse worker, 1 social worker, 1 alcohol specialist nurse, and 1 mental health service worker) completed the survey regarding clients with dual diagnosis. 7 reported having had referrals rejected due to the client having the dual diagnosis of a mental health and a substance misuse disorder and 3 had not experienced this. One practitioner commented:

“Mental health service state that they are not able to accept...risky/dependent alcohol users. Mental health services decline...without completing their own triage assessment, stating it is primarily an alcohol addiction issue and not mental health”.

Another practitioner affirmed this issue by saying:

“...assessment of and working with mental ill health was not possible while client was drinking”.

Of those in treatment for alcohol only, 67% (n=30) reported not having a disability, 29% (n=13) reported at least one disability – progressive conditions and physical health, and/or mobility and gross motor, and/or behaviour and emotional⁴. More people with at least one disability (29%) are accessing alcohol treatment than the known prevalence in the local 16+ population (18%)^{4,7}. This is likely to be due to an older demographic entering adult (aged 18+) treatment services with most being aged 40 to 59 –people are more likely to develop a disability as they age, particularly if their lifestyle choices are unhealthy.

Overall rates of drinking are higher in young people with a mental disorder although this varies with gender and age. More than a third (36.3%) of 11 to 16 year olds with a disorder who took part in the Mental Health of Children & Young People in England (2017) survey²² had tried an alcoholic drink compared to about a quarter (22.7%) with no disorder.

The proportion to have tried an alcoholic drink was similar in boys with a disorder (29.5%) and boys without a disorder (23.6%). However, girls aged 11 to 16 with a disorder were more likely to have tried an alcoholic drink (41.7%) than girls without a disorder (21.8%). Among 17 to 19 year olds the proportions to have ever tried an alcoholic drink were similar in those with and without a disorder and there was no difference between boys and girls. Children aged 11 to 16 with a disorder were more likely to drink on a monthly or less frequent basis (31.7%) than children without a disorder (19.4%), however they were not more likely to drink on a weekly basis. Girls aged 11 to 16 with a mental disorder were more likely to drink on a monthly or less frequent basis (38.2%) than girls without a disorder (19.7%), however this was not true for boys aged 11 to 16. In 17 to 19 year olds, drinking on a weekly basis was not associated with a mental disorder nor was drinking on a monthly or less frequent basis; this was also true for boys and girls in this older age group.

Gender Reassignment

There is currently no South Gloucestershire specific research information available. However, our wider research has found that analysis of a US survey of 452 trans adults found that 10% of these individuals reported a life-time substance use disorder (alcohol or drugs) treatment history in comparison to 1% of the general population³⁵.

Marriage and Civil Partnership

There is no definitive evidence to suggest that people in a marriage or civil partnership have any specific needs relating to alcohol.

Pregnancy and Maternity

No pregnant women in South Gloucestershire were identified as a new presentation in need of alcohol treatment in 2017/18²⁴. Nationally, 1% of new female presentations to alcohol treatment were pregnant and for 3% of new female presentations the data on pregnancy status was incomplete²⁴. The context of having 31 females in treatment for alcohol only problems in South Gloucestershire in 2017/18 has to be considered. A further 84 females started drug treatment in 2017/18, some of whom would also be receiving treatment for alcohol²⁵. Of the 84 new presentations for drug treatment, a number smaller than 5 (<6%) were pregnant²⁵.

Drinking in pregnancy can lead to long-term harms to the baby, with the more consumed the greater the risks. The Chief Medical Officers' guidance is for pregnant women or those planning a pregnancy, the safest approach to minimise risks to the baby is not to drink alcohol at all².

NICE Guidance relating to foetal alcohol spectrum disorders (FASD) is due to be published in July 2020, and it will include information about alcohol consumption in pregnancy, and the diagnosis and assessment of people affected by FASD¹⁶. NHS England have included in their *guidance "Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality"* advice for pregnant women to avoid alcohol¹⁷.

A recent (2017) meta-analysis and systematic review estimated that in 2012, over 40% of women in the UK drank (any amount) of alcohol during pregnancy¹⁹. This places the UK in the worst out of eight groups globally¹⁹. Awareness of the UK guidelines to avoid drinking alcohol when pregnant was known by 67% (72% females, 63% males) of those asked in a 2018 YouGov online poll²⁰, which means that 28% of females are likely to be unaware of the need to stop drinking when pregnant.

Drinking one or two units per day in pregnancy is a risk factor for premature or low-birth weight babies^{19,21}. 2.3% of babies carried to term and born in South Gloucestershire are considered to be of low birth weight, which is similar to the proportion for England⁶. Alcohol will be a causal factor in some but not all of these cases. Drinking more than 1.5 units per day in the first trimester is associated with an increased risk of miscarriage²¹.

Drinking in pregnancy can also result in a range of FASDs, which include low intelligence, poor co-ordination and problems with seeing and hearing¹⁹. There is evidence which shows prenatal exposure to 4 to 5 units of alcohol per occasion and no more than 9 units per week is associated with an increased probability of childhood behavioural problems²¹. Foetal alcohol syndrome (FAS) is the most severe and visibly identifiable manifestation of FASD¹⁹. Children born with FAS have facial abnormalities (e.g. small eyes, thin upper lip), restricted growth, and learning and behavioural disorders which can be severe and lifelong²¹. The prevalence of FAS in the UK is estimated to be 61.3 cases per 100,000 of the population¹⁹. It could be therefore that there are approximately 171 people living with FAS in South Gloucestershire. Because the prevalence ratio of FAS to FASD is believed to be about one to nine or ten¹⁹, it is likely there could be approximately 1,710 people living in South Gloucestershire with at least one symptom of foetal alcohol spectrum disorder.

Race

In 2014, research showed that White British people were more likely to drink at levels classed as 'hazardous, harmful or dependent' than all other ethnic groups, among both men and women. Of the 45 alcohol only South Gloucestershire clients who were new presentations to treatment in 2017/18, 91% (n=42) were recorded as White British⁴, which is a similar proportion to that contained in our local population (92%)⁷.

NICE state "...some Black and minority ethnic groups are less able to metabolise alcohol than Caucasians"⁴. It may therefore be that people from these BAME groups drink less alcohol due to being more sensitive to its effects including hangover. The prevalence of alcohol dependence is

likely to be lowest amongst South Asian men living in the England²⁴. The prevalence of alcohol dependence amongst Black men might be lower than that of males from White or Other ethnicities living in England²⁴. South Asian women had either the lowest or second lowest prevalence possibly sharing this ranking with Black women but the evidence for this was very weak.²⁴

Gypsy and Traveller communities suffer some of the worst health outcomes in the UK²². Limited evidence indicates variations in alcohol use between different Gypsy, Romany and Traveller communities, with some communities being abstinent²². There is some weak qualitative evidence that indicates alcohol consumption is used to self-medicate bereavement and depression amongst Gypsies and Travellers²³. There are anecdotal reports that premature deaths amongst young Gypsies and Travellers due to road traffic accidents are associated with alcohol use and high speed driving²².

As part of the needs assessment, council staff who work with the Gypsy and Traveller community told the Drug and Alcohol programme that alcohol did not seem to be a large problem in the communities they worked with and where it was an issue, they had been able to support people into treatment. Those from the community that we spoke to as part of a drop in said that they didn't drink and that many of the people in their communities were tee-total or only drank socially and that men were more likely to drink than women.

Gypsy, Romany and Traveller communities are a small percentage (approximately 0.1%) of our local population⁷, and none were identified as accessing our alcohol service in 2017/18⁴.

Religion or Belief

In our treatment services of those accessing treatment for alcohol, 31% (n=14) identified as Christian, 53% (n=24) as No Religion, and the remaining 13% (n=6) were either Missing/Incomplete answers or Sikh – as the numbers for each of these categories are less than 5 they cannot be revealed⁴. Those with a faith could be under-represented amongst people in treatment for alcohol, as 60% of our population identify as Christian, 0.8% as Muslim, 0.6% as Hindu, 0.2% Sikh; with 31% stating No Religion and 7% Missing/Incomplete⁷.

For some faiths including Muslims and Sikhs the consumption of alcohol is proscribed, although not all who identify as of a certain faith practice its commands or follow its guidelines. A 2006 Brazilian review of international studies stated higher levels of religiosity are associated with less alcohol use or dependence²⁵.

Sex

Overall, men are more likely than women to drink more than the recommended amount on a particular day and generally, men in Great Britain were found to drink more than women, with the highest consumption being in males aged 45 to 64 years.⁸ Drinkers over 65 years were least likely to binge drink but for those that did, the proportion of males doing so was almost twice that for females⁸. The most harmful drinking was stated to be amongst middle aged drinkers who are most likely to drink every day⁸.

Similar to national data, Viewpoint survey data shows that South Gloucestershire men drink more than women. 88% of female respondents versus 73% of males declared drinking less than 4 units on a typical drinking day, whereas 28% of men versus 12% of women declared drinking more than 5 units on a typical drinking day. South Gloucestershire men are more likely than women to drink more than 6 units on a single occasion and to do so more frequently. Although the women are drinking less than men, they are generally more vulnerable to its effects⁴.

Of the 72 alcohol only South Gloucestershire clients in treatment in 2017/18, 57% were male and 43% were female⁴. This is not significantly different for that in England – 60% male and 40% female⁴.

Young people who indicated that they drink alcohol went on to answer the question *Do you ever get drunk?* Getting drunk quite often (weekly/most days) can be termed as problematic alcohol use and the 2019 survey showed equal numbers of males and females reporting this level of use. Higher numbers of females reported that they drink sometimes (monthly) with more males reporting that they never/not often drink.

Sexual orientation

It is estimated that 5-7% of the UK population are lesbian, gay, or bisexual¹⁹. Using the 2017 population this equates therefore to at least 13,950 – 19,530 South Gloucestershire residents who might describe themselves as lesbian, gay, bisexual, questioning, transgender or other sexuality apart from heterosexual (LGBTQ+).

LGBT individuals are identified as an at-risk group for problematic alcohol use. A large 2013 national US health survey found 35% of adults between 18-64 years who identified as gay or lesbian and 42% of those who identified as bisexual reported binge drinking (defined as five or more drinks consumed on a single occasion) at least once in the last year in comparison to 26% who identified as heterosexual³⁴.

Evidence suggests that binge drinking is high across all genders, ages and sexual orientations in the LGB group, with 34% of males and 29% of females reporting binge drinking at least once or twice a week.

Other research has identified that LGBTQ+ young people report earlier initiation and steeper drinking trajectories into young adulthood than heterosexual youth¹⁸. In one meta-analysis, LGB adolescents (no transgender included) were 190% more likely to use substances than heterosexual adolescents within some subpopulations of LGB youth (340% higher for bisexual youth, 400% higher for females).¹⁹ Additionally, there is evidence that bisexual young people drink at the highest rates compared with both exclusively gay/lesbian and heterosexual youth²⁰.

Most of the new alcohol only presentations in adult treatment were recorded as heterosexual with a small minority recorded as either Not Stated/Not Known or Missing/Incomplete⁴. None were recorded as Gay/Lesbian or Bisexual⁴. Despite the small treatment cohort sizes it is possible the LGBTQ+ community is under-represented in treatment. This is because it is estimated 5-7% of the UK population are lesbian, gay, or bisexual⁷. Training was provided to triage team in 2019 and triage forms updated to ensure LGBT equality information was collected appropriately and fully.

Public Health England Profile data for 2014/15 (*What About YOUth (WAY) survey*¹⁷) shows the percentage of regular drinkers at 15 within South Gloucestershire according to sexual orientation. There is a greater percentage of young people who identify as Lesbian, Gay or Bisexual who report drinking regularly.

Consultation

Consultation was conducted from 13th December 2019 until 21st February 2020. The consultation specifically requested feedback in relation to inequalities and groups at higher risks of alcohol harms, as well as in relation to the initial EqIAA.

The feedback gained via consultation, in respect of equalities related issues is shown in Appendix 1 of this EqIAA. In addition, Section 3 of this EqIAA responds to the key equalities related themes emerging from the consultation.

SECTION 3 - IDENTIFICATION & ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

Below are the main recommendations set out in the draft Alcohol Strategy:

1. Protect babies, children and young people from alcohol harms

- Reduce the numbers of pregnant women and those planning to conceive from drinking alcohol during their pregnancy, and give information about the risks of drinking while breastfeeding or caring for a baby or child.
- **Prevent** and reduce underage drinking through **education, campaigns**, lobbying and enforcement; and through our specialist children and young people's service reduce consumption or promote abstinence among those already drinking problematically.
- Aim for reductions in hospital admissions wholly caused by alcohol for young people aged under 18 years, particularly young females.

This recommendation focuses on young women under the age of 18 as well as the unborn child and those who are pregnant.

2. Prevent and reduce increasing and higher risk drinking amongst adults

- Reduce the numbers of people locally drinking more than 14 units¹ of alcohol per week; using multi-media **campaigns, early interventions** in a variety of settings including healthcare, workplaces and online, and throughout the life-course; and lobbying for national legislative interventions such as minimum unit pricing of alcohol.
- Reduce the consumption of those drinking more than 14 units per week, and particularly reduce binge drinking (where more than 6 units for women or 8 units for men are drunk on a single occasion), using **campaigns** and **early interventions**.
- Aim for reductions in hospital admissions wholly caused by alcohol, particularly for females.

This recommendation is likely to improve outcomes for all people but in particular females.

3. Promote safer and stronger communities

- Reduce alcohol-related crime including DVA, ASB, nuisance and disorder, road traffic accidents and fires; and support safer and responsible drinking through effective licensing and enforcement.

This recommendation is likely to have a positive impact on all people, regardless of protected characteristics.

4. Reduce inequalities

- Offer equitable, available and accessible interventions universally but proportionally target groups at increased risk of alcohol harms such as those experiencing socioeconomic deprivations, LGBTQ+ communities, care leavers, people with learning difficulties/disabilities and older adults.

This recommendation is likely to improve outcomes for those with disabilities and those from the LGBTQ+ community and older people.

¹14 units of alcohol is contained in approximately 10 small glasses of low strength wine or 6 pints of average strength beer - The NHS Website <https://www.nhs.uk/live-well/alcohol-support/calculating-alcohol-units/>

5. Provide treatment and recovery from alcohol dependence; whilst promoting health and wellbeing, and providing support for family members

- Increase the numbers of high risk and dependent drinkers accessing advice, support, treatment and stable recovery; including how to overcome barriers to accessing these services and building capacity in the treatment services.
- Encourage those accessing alcohol treatment also to stop smoking and support their identified needs for a holistic approach to greater wellbeing.
- Continue supporting family members of problematic drinkers.

This recommendation is likely to have a positive impact on all people, regardless of protected characteristics.

6. Mitigate cultural and social aspects of alcohol

- Normalise abstinence, alcohol free and low alcohol choices through campaigns and work with our licensed premises.

This recommendation is likely to have a positive impact on all people, regardless of protected characteristics.

7. Strengthen and clarify pathways

- Review and further develop joined up pathways particularly for those between early intervention, treatment, mental health, and social services; and for those transitioning from children and young people to adults services, from criminal justice to community services, and from hospital to community services.

This recommendation is likely to have a positive impact on those with mental health issues, disabilities and young people.

8. Work in partnership and link with other relevant work streams

- Through strategic leadership and implementation of integrated care systems, aim for joint commissioning of, and/or a pooled budget for, campaigns, early interventions, and services – and particularly joint commissioning for the treatment of those with complex needs.
- Link with the aims and performance measures stated in other relevant South Gloucestershire Strategies and plans such as the Joint Health and Wellbeing Strategy; Safer and Stronger South Gloucestershire Plan; Early Help Strategy for Children, Young People & Families; Adult Mental Health and Emotional Wellbeing Strategy; and the Domestic Violence and Abuse Strategy.

This recommendation is likely to have a positive impact on all people regardless of their protected characteristics but in particular those with disabilities and complex needs.

9. Communicate data and information

- Obtain data and information including feedback/evaluation of interventions currently not known to the partners who developed this needs assessment; and develop a strategic communication system to share data and information to mitigate the wider harms of alcohol to families and communities.
- Ensure clarity of individual partner roles and responsibilities in agreeing and achieving identified outcomes and to develop processes for evaluating progress.

This recommendation is likely to improve outcomes for those people with protected characteristics that have been represented less in the needs assessment.

10. Use our resources effectively and transparently

- Identify within commissioners' overall budgets the proportion to be spent on alcohol and make decisions on how to divide alcohol funding between prevention and early interventions, and treatment.

This recommendation is likely to have a positive impact on all people, regardless of protected characteristics.

The key themes emerging as a result of consultation were:

1. Unborn babies

The updated Strategy confirms that protecting babies, (including unborn babies) children and young people (0-18) from alcohol harm will be a key element of the Strategy's action plan for delivery.

2. Younger age groups

The updated Strategy confirms that protecting babies, children and young people (0-18) from alcohol harm will be a key element of the Strategy's action plan for delivery.

3. Older age groups

The updated Strategy confirms that reducing inequalities associated with alcohol harm will be a key element of the Strategy's action plan for delivery. This specifically includes older adults.

4. Disability (including mental health)

The updated Strategy confirms that reducing inequalities associated with alcohol harm will be a key element of the Strategy's action plan for delivery. This specifically includes disability and mental health.

5. Ethnicity

The updated Strategy confirms that reducing inequalities associated with alcohol harm will be a key element of the Strategy's action plan for delivery. This specifically includes ethnicity.

6. LGBTQ+ communities

The updated Strategy confirms that reducing inequalities associated with alcohol harm will be a key element of the Strategy's action plan for delivery. This specifically includes LGBTQ+ communities.

7. People on low incomes

The updated Strategy confirms that reducing inequalities associated with alcohol harm will be a key element of the Strategy's action plan for delivery. This specifically includes people experiencing socio-economic deprivations.

8. Adverse Childhood Experiences

The updated Strategy confirms that reducing inequalities associated with alcohol harm will be a key element of the Strategy's action plan for delivery. This specifically includes those with Adverse Childhood Experiences.

9. Those involved in the criminal justice system

The updated Strategy confirms that promoting safer and stronger communities will be a key element of the Strategy's action plan for delivery. This specifically includes those involved with the criminal justice system.

10. Homelessness

The updated Strategy confirms that reducing inequalities associated with alcohol harm will be a key element of the Strategy's action plan for delivery. This specifically includes those experiencing socio-economic deprivations, including homelessness.

SECTION 4 - EqIAA OUTCOME

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input type="checkbox"/>	
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input checked="" type="checkbox"/>	<p>The proposed Alcohol Strategy 2020-2025 clearly identifies a full range of equalities related issues emerging from the Needs Assessment, Consultation & Engagement and the process of conducting this EqIAA.</p> <p>The next step in delivering the Alcohol Strategy is to develop an action plan for delivery which is comprehensive in delivering against the needs of all protected characteristic groups and which takes full account of the issues raised in Section 3 of this EqIAA.</p>
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

The key action to be taken is the development of an action plan which is comprehensive in delivering against the needs of all protected characteristic groups and which takes full account of the issues raised in Section 3 of this EqIAA. This action plan will be assessed to ensure comprehensive equalities impact and this EqIAA updated accordingly.

SECTION 6 - EVIDENCE INFORMING THIS EqIAA

Alcohol needs assessment 2019
Draft alcohol strategy 2019
Consultation Output Report, February 2020

APPENDIX 1 - CONSULTATION FEEDBACK RELATING TO EQUALITY

Key Findings

- Regarding the aims, the top priorities for various consultation participants were preventative measures including protecting babies, children and young people from alcohol harms.
- A number of participants from both the survey and events / meetings mentioned the need for integration between services and strategies, especially with drug use and mental health. Partnership working was seen as an important practical solution for this.
- Some of the solutions that consultation participants wanted to see included: better education for children and young people, more relevant and clear communication, and support for the families of those affected by alcohol use
- Some participants felt there could be more focus on solutions for minority or high risk groups such as gypsy and traveller communities, LGBTQ+, and deprived areas.

Q4 “If you feel that any of the strategy’s themes or ambitions have not been sufficiently addressed by the proposed aims above, please indicate which theme(s), and let us know what else needs to be covered”:

More on the antenatal period for the baby and families: early interventions a must rather than the usual refer to social care. More proactive working needed.

Should be more emphasis on helping older people who drink at home.

Provision should be made to hold 'Parent & Children Together' groups which have proved very successful in other authorities including North Somerset (anecdotal).

Pathways and accessibility of services is essential in order to make this strategy work and an understanding that 'one size does not fit all'. Understanding the complexities around alcohol and equalities is essential. It is encouraging to see that there is thinking about normalising abstinence and working with local business to encourage alcohol free spaces. There is evidence of this in other areas and growing trends particularly with young people with regards to not drinking.

Cultural and social aspects: Whilst covered somewhat in promoting safer and stronger communities, working with licencing to not only promote low alcohol or alcohol free options but also improve responsible service of alcohol would also be hugely beneficial in increasing accountability for licenced premises, those serving alcohol and those drinking alcohol.

Allowing space to work with a variety of support services/organisations to address underlying issues as well as actively encouraging tools to help understand the impact on thoughts and feelings alcohol causes would help to minimise the impact of alcohol related mental health crises.

Q5a “When detailing “the local picture” we present three areas of focus. If you are aware of any additional challenges, gaps or opportunities that we have missed and could be included, please let us know:”

Unborn babies and families seem to be missed: more focus on primary prevention/public health. Health visitors and midwives see every family in South Glos so can target families and communities.

Put age in (0-19)

Some Early education for children about control of alcohol as many families continue with the socialising in many areas at many local pubs and clubs weekly. Pointing out the pitfalls of alcoholism must be a priority. People with previous experience too of alcoholism can also help this generation learn.

a need to educate children in schools

The CYP service could be promoted more - it needs an online presence - social media etc. Other areas have CYP services - with drop-in and a physical location - it would be great if South Gloucestershire CYP services could have a more visible presence in the community.

I would welcome increased education for children and young people including targeted education about the effects of parental drinking, and an increase in support for Early Help referrals that would see joined up working between social care and the drug and alcohol service. Investment in, and increasing provision of services, opportunities and activities for young people, and anything to affect change in derogatory attitudes about under-age drinking and anti-social behaviour seem key to providing a safe and supportive outlets that encourage young people to engage in non-alcohol related activities. In addition, increased mental health/emotional support for children and young people aimed at mitigating some of the circumstances that may lead to problematic drinking, and linking up between local services and schools would be good to see integrated alongside the new Relationships, Sex and Health Education curriculum. Engaging with social media to deliver these messages in an accessible way that captures the attention of young people outside of the school environment would be great to see.

From a criminal justice perspective the Youth Alcohol and Drug diversion scheme is very much underused for alcohol, this could present an opportunity for early intervention. Generally referrals should come from Youth panels but it is commonly used for drug possession. It may also be worth looking at the vulnerable group of excluded students, it is well known that this group presents high chances of engaging in risky behaviours and criminal behaviours. Although school awareness sessions are positive, there needs to be some thinking about what awareness and support is wrapped around an excluded child.

Q5b “When detailing “the local picture” we present three areas of focus. If you are aware of any additional challenges, gaps or opportunities that we have missed and could be included, please let us know:”

Mothers and fathers who drink should be addressed as both create destructive environments for children.

Those on low income/benefits

Housebound older adults with physical and mental health impairment who are using/relying on neighbours to purchase the alcohol Safeguarding - through self neglect - if people don't stop then the services are not always able to help

Alcohol support should be available in all GP surgeries Community alcohol detoxes need to be available in local areas OYSG needs further promotion to ensure it is initial referral pathway - it is not clear if people should access OYSG or specialist services if seeking alcohol support. Need investment in hospital liaison work to ensure that those seen in hospital can then receive outreach/pro-active re-engagement from community services Mental health services need to provide specific 1:1 and group support to support those living with alcohol dependency who are also struggling with anxiety, depression or other diagnosis. This is a current gap and a real opportunity to improve the mental and physical health of individuals.

It's important that families are supported to help their loved ones. As someone who is helping their father with alcohol dependency, and the impact this has, it's vital that services exist to help loved ones. I often feel isolated and alone with the problem - having someone I can talk to, who understands the issues would be great. Also advice - what should I do, where should I go, how can I help. What can I do when his health gets worse. He is elderly and isn't going to stop drinking. So how can I help to minimise the harm to him, and reduce the amount of time he spends in hospital. What support is available for people who have drunk for years and have no other coping mechanisms. He is increasingly house bound and therefore needs services to visit him.

the term 'intellectual disability' is not appropriate - vulnerable adult or adults with Special Educational Need or disability would be more appropriate

Q5c “When detailing “the local picture” we present three areas of focus. If you are aware of any additional challenges, gaps or opportunities that we have missed and could be included, please let us know:”

Gypsy and traveller representation? Asylum seeking families, English as second language and parents with learning difficulties.

Well covered. Some elderly people drink excessively on the quiet, which goes undetected but can lead to accidents and sometimes even death. Alcohol could be the hidden cause of some fires, for example.

Those people with ACE experiences in childhood

Educate prisoners whilst in prison (ACE) prevent re-offending . PCLS to work with drink dependant clients

Development of a joint strategy between alcohol services and mental health to ensure there is a clear commitment to supporting individuals with dual diagnosis A local pathway for hospital detoxes is need for those at highest risk of alcohol harms. A cost-benefit analysis could be used to evidence the cost saving opportunities to NHS if there was a pathway for hospital detoxes. Further training and investment in Alcohol related brain injuries to ensure that those working in social care, mental health, primary and secondary care, are aware of how to assess etc And end of life pathway for those who are terminally ill as a result of alcohol harm should be developed to ensure dignity and specialist support and this time. Increased provision for those who commence hospital detox as a result of unplanned admission - how can this be fully supported in the community or through inpatient detox.

The need to increase accessibility of services for LGBTQI+ individuals through tailored interventions and staff training should be looked into, and options considered for workers that can support those from the transgender community to navigate the complexities that come with coming out, transitioning etc. and how this can impact on alcohol use. It would be good to see improvements in encouraging and supporting those with learning difficulties into service and in joined up working with other agencies they may be engaged with. Further allocation of resources to allow greater outreach/home visits for those that are unable to attend hubs - whether due to mental or physical health - would benefit those who may be drinking at harmful levels but self-exclude from traditional service pathways.

Q6 “Section 2 of the Equalities Impact Assessment and Analysis sets out information relating to protected characteristic groups. Is there any additional information that we could include?”

My experience is that alcohol Dependence Syndrome or Alcoholism can often mimic mental health disorders which disappear as recovery gets underway. However, there are those who have a dual problem and need treatment for mental health even after they have been in recovery for many years. Alcohol dependence is often part of a package of general substance misuse with eating disorders, self-harm and threats of suicide. Many people in Alcoholics Anonymous are also in Narcotics Anonymous and Overeaters Anonymous.

Would like to see the disability assessment extended beyond merely intellectual disability. The implications of loneliness and isolation for physically disabled adults means that a alcohol can become relied on. Also those who acquire disabilities can use alcohol as a coping strategy - this is no mention of this in the EIA.

Outreach to homeless and vulnerable people and sign post to organizations for help

Disability - alcohol related brain injuries Links between mental health, alcohol and suicide There is currently no specific LGBT provision, older people's provision or specific groups e.g. veterans The inequality faced by those living with alcohol dependency could be highlighted as an inequality group. This group are often prevented from accessing mental health services until they have reduced alcohol intake. There needs to be specific provision within mental health services to support those coping by using drugs and/or alcohol

Q7 "If you have any other comments about this strategy please let us know"

Education for children and young adults regarding the long and short term impacts alcohol can have on their lives, both mentally and physically as well as their capacity and capability to function within society is really important. i.e., awareness.

Active Ageing South Glos - Ruth Jones recently completed a report on alcohol and older people

As times have changed dramatically with our local corner shops now mostly gained licenses to sell alcohol as well as other goods we need to control the hours that alcohol can be sold to people, and this needs a big rethink.. With many pubs closing down or being redesigned into accommodation people are reliant on the corner shop and supermarket for alcohol purchases. Large amounts are purchased as many people shop weekly, no one is opposed to people drinking in moderation at home and weekly collection of recycling cans and bottles are paramount now with the amount people can see in peoples bins when they walk about. the district but lets keep some decorum in this matter. Making people realise their rubbish is their responsibility too is a big subject, plenty of litter about from this sector at weekends, not enough bins around to help with this problem.

The strategy is broad and covers a lot. Some concerns that it is does not get into much detail in terms of having a different approach to different groups most at risk.

Letters and Emails

Councillor for the Charfield Ward:

Under age drinking, despite the strategy identifying young people receiving alcohol from parents there is still a problem with underage drinking, this is normally carried out in play areas, sports fields etc in the evenings, for many communities this results in anti-social behaviour in the form of noise and broken glass in areas where children are playing the following day.

Public Engagement Events

Age

- Older people are more likely to be socially isolated, which could mean their drinking is kept hidden. They also have multiple problems to deal with e.g. health issues, disability, death, loneliness, grief so may be employing old coping mechanisms
- Baby boomers are a big population so an important target; they are showing the cumulative effects of behaviours learnt when they were younger. Since 55 – 64 year olds are the worst drinkers primary care might be able to focus on detection; screening and asking people about their alcohol use
- However it may be more useful to focus on younger age groups before the damage is done and in order to prevent patterns being repeated. Young people learn their social cues from the generation above.

- **Deprivation** / social inequality; it's apparent how alcohol is being used to medicate for those who are more deprived or suffer inequalities, need to tackle the underlying issues.

Doesn't mention **Gypsy or Traveller communities** – is it an issue for them and what's being done? Are the SGC team working with them? Do we have data from them and sharing their expertise? We know domestic violence is a problem

Some of the **challenges** that participants felt we faced included:

- Fear of people to engage with the subject, there seem to be particular groups who aren't aware e.g. pregnant women, perhaps there is a reason some people do not take notice, e.g. shame
- Addressing the cumulative impact of austerity and even more historical underfunding; some of these issues have been around for 30 years e.g. services for mental health and homelessness have never had the investment needed

Some **opportunities** were raised:

- Multiple participants mentioned there needs to be more engagement with **LGBTQ+** groups e.g. a need to make a more LGBTQ friendly building and train staff so it feels like place people are welcome. There's currently nothing on the One You website for this community, and some participants said that they tend to search for support on any issue within their group
- A group for those with **learning disabilities** e.g. autism.
- **Prevent** – it should be easy to identify the **young people** who are at risk e.g. through ACES, those who are cared for by the local authority, parents who have Mental health issues or young people who use CAHMS. From this, targeted work is possible. Some participants mentioned the importance of teaching kids emotional intelligence and resilience, strength of character and self-esteem, especially to deprived groups. They felt this would be useful to be able to resist peer pressure to fit in. Education could be useful for awareness that when you want to stop you may not be able to, and how current behaviour links to habit and how habits affect you in the long term

Young people

Groups were conducted with care leavers, students from Filton College and year 10 in Thornbury Castle School, and a young people's LGBTQ+. All groups had similar answers to the questions they were given:

1. Enhancing alcohol education for young people in and outside of school and college

Leaflets were mentioned as a good medium by a couple of participants, as well as online 'support pages'.

In terms of content, the young people we asked wanted more education about the measure of units, and the long term consequences as well as short term dangers of what happens after drinking too much.

Workshops were considered a good format since the idea of small groups appealed, especially to the LGBTQ+ participants who felt that using existing friendship groups would be less intimidating. However the groups need to have enough people to avoid too much pressure or the feeling it was too personal. Content on drink driving The idea of doing something practical and increasing skills as well as knowledge also appealed to several participants. The LGBTQ+ group suggested something similar to 'Chelsea's Choice' where they could watch a play then do a discussion or activity or ask questions off the back of what they'd seen.