

## **Reduce the harms caused by alcohol and drugs: Equality Impact Assessment**

### **1. Background**

#### Context

- 1.1 The Government introduced Public Service Agreements in 1998 and these are now a key step in the budget allocation process for Government departments and agencies, setting out the level of service delivery expected in return for the public investment made. PSAs are set out in documents called Delivery Agreements.
- 1.2 The purpose of PSAs is to:
  - Articulate the government's ambitions for public service delivery.
  - To ensure that public services deliver the expected levels of service delivery and can be held to account for this.
- 1.3 Current PSAs cover the period from 2005/06-2008/9. The process for developing the next set of Public Service Agreements, reflecting current and likely future priorities and budgetary considerations, is now complete for the period from 2008/09 to 2011/12.
- 1.4 The Delivery Agreement document sets out: the vision for the PSA; the strategy for delivery; and the headline indicators (up to five) through which achievement will be measured.

#### Aims and objectives

- 1.5 This equality impact assessment relates to the Alcohol and Drugs PSA Delivery Agreement. The aim of this is to reduce the harms caused by alcohol and drugs, with a vision to produce a long-term and sustainable reduction in the harms associated with alcohol and drugs, where:
  - *Fewer people develop drug problems, those that do receive the necessary effective treatment and support, communities are relieved of drug-related crime and associated nuisance, whilst organised enterprises are disrupted and the availability of all drugs, but particularly Class A drugs is reduced.*
  - *We have a safe, sensible and social drinking culture where violent and anti-social behaviour is not tolerated; where those who drink alcohol are aware of the risks involved and those that are drinking too much receive the advice and support they need.*
- 1.6 The PSA is then broken down into three strands as follows:
  - *Reducing the harms caused to the development and well-being of young people and families.*

- *Reducing the harms caused to the health and well-being of drug users and those using alcohol in harmful ways.*
  - *Reducing the harms caused to the community as a result of associated crime, disorder and anti-social behaviour.*
- 1.7 The delivery strategy for the Alcohol and Drugs PSA is set out in two cross-Government strategies: the Alcohol Strategy, which was published in June 2007, and the Drug Strategy, which is currently undergoing consultation, and will be published in the New Year. The current Drug Strategy will be in force until the end of March 2008. There are also links to other national strategies, including the Crime Strategy, Violent Crime Strategy and the Reducing Re-offending Strategy.
- 1.8 The indicators proposed in the draft Alcohol and Drugs Delivery Agreement to measure achievement of the elements of the PSA will be included in five performance frameworks:
- The new framework for managing performance across crime, drugs and policing, Assessments of Policing and Community Safety (APACS), is currently under development by the Home Office and partners. It will align with other frameworks, such as the Government Performance Framework.
  - These indicators will also appear in the suite of 200 headline national indicators for managing the performance of local authorities (including their work in partnership with other agencies, including DATs and CDRPs) from which performance indicators for inclusion in Local Area Agreements will be drawn. The Department for Communities and Local Government is leading on this set of indicators for the performance framework for local authorities.
  - The new Health and Social outcomes and Accountability Framework places responsibility for local prioritisation with PCTs. Performance indicators for drugs and alcohol will form part of a set of health and social care indicators and those indicators that require joint PCT and Local Authority action will also form part of the LAA improvement set.
  - The NOMS Performance Management Framework will provide a single assessment framework for the entire NOMS system. It will include national performance reporting and assessment, as well as assessments of all providers, commissioners, regional re-offending boards and other relevant partnerships. Publication of NOMS provider assessments will ensure greater transparency and effective accountability and practitioners will be able to use the assessments in priority setting and as part of performance management arrangements. As such, the framework will be one of the key mechanisms supporting delivery of this PSA.
  - The Youth Justice Board Performance Framework will be aligned with the new local government framework and will continue to drive

the early identification and provision of appropriate support to young offenders, including those with substance misuse issues.

## Scope

- 1.9 There has been a drive to ensure greater coherence and alignment between PSAs, recognising that many of the issues covered by the PSAs are interrelated; aspects of the Alcohol and Drugs PSA therefore support the achievement of other PSA objectives emerging from CSR 2007 and vice versa. However, this equality impact assessment relates exclusively to the Alcohol and Drugs PSA; each PSA Delivery Agreement will have its own equality impact assessment.
- 1.10 As mentioned above, the delivery strategy for achieving the objectives of the Alcohol and Drugs PSA is contained within the Alcohol Strategy, the Drug Strategy and a series of other relevant policies and strategies. These will have been subject to their own detailed consideration on equalities issues, so this impact assessment does not seek to replicate that work. It should be noted, however, that the current Drug Strategy was published before the obligation to conduct an Equality Impact Assessment was introduced. This strategy expires in March 2008 and work is currently in place to develop a new ten-year Drug Strategy. The new strategy, which will come into force in April 2008, will give thorough consideration to equality issues, both through an overarching assessment of the strategy and within each strand of the strategy.
- 1.11 The performance frameworks that will measure delivery of the PSA will include all of the indicators proposed in the Delivery Agreement for measuring the achievement of the PSA and will explicitly include the provision of information to help improve fairness and equality. As this will be a cross-cutting theme throughout the framework, an Equality Impact Assessment will not need to be conducted for the frameworks.

## **2. Methodology**

### Data collection

- 2.1 The performance of delivery partners in reducing the harms caused by alcohol and drugs will be measured through analysis of a range of data and qualitative assessments from a number of sources, including:
- The British Crime Survey.
  - The Ofsted Tellus survey.
  - The National Drug Treatment Monitoring System (NDTMS).
  - Hospital Episodes Statistics.
  - Police National Computer data.
  - The Drug Interventions Management Information System.
  - The Offender Assessment System (OASys).

- The Policing Performance Assessment Framework and related frameworks.

2.2 These allow performance to be analysed nationally, regionally, and locally.

### Summary of findings from existing evidence

2.3 Research and performance data indicates that the impact of harms associated with alcohol and drugs is affected by equalities factors. A summary of key findings is set out below:

- For young people aged 18-25, there are significant gender differences in terms of drinking. A greater proportion of males in this age group drink alcohol regularly than do females in the same age group. Among young people aged 10-17 who drink at least once a week, boys report committing significantly more offences as a result of drinking than do girls.
- Young people from BME groups are less likely to drink alcohol: one in twenty young people aged 12-17 report drinking alcohol frequently, compared with one in four white young people.
- Men are more likely to binge drink (48%) than women (31%). Of those, 25% of men reported committing violent crime in the previous twelve months, compared to 3% of women.
- Those living in a deprived area are more likely to be victims of crime, and to have higher levels of worry about crime perception and of anti-social behaviour.
- Perceived increases in the rate of crime over the past two years is more prevalent among women and older age groups.
- Worry about violent crime, which is to a large extent driven by alcohol misuse, is higher among women.
- Women are more likely to be victims of domestic violence, to suffer 4 or more attacks, to suffer greater injury and to be classed as chronic victims of domestic violence than men.
- Disabled people have a heightened fear of crime.
- Fewer women than men are cautioned or found guilty for drug offences.
- Young people in vulnerable groups are significantly more likely to use illegal drugs.
- Of people aged 16-59 from a mixed race background, 26% reported using an illegal drug in the year before the 2001/02 British Crime Survey and 7% reported using a Class A drug. This is much higher than white people, which is the group demonstrating the second highest use, at 12% and 3% respectively.

- Data from the 2005/06 BCS show that unemployed respondents reported cocaine use within the last year at more than twice the rate as those in employment.
- BME offenders are over-represented among offenders and account for a significantly greater proportion of the prison population (23%) than their proportion of the general population (9%).

### 3. Consultation and involvement

- 3.1 Full consultation with equality target groups was conducted as part of the EIA process for the Alcohol Strategy and will be conducted during the development of the Drug Strategy.

### 4. Assessment and Analysis

#### Approach to assessment and analysis

- 4.1 As the scope sets out, impact assessment and action to address any potential negative impact on diverse groups of the Alcohol Strategy and the Drug Strategy can be undertaken more appropriately within these specific workstreams. For the purposes of the draft PSA Delivery Agreement, assessment and analysis is focused on the relevance and impact for equalities issues of the aims and objectives of the PSA; and of the key principles behind the development of the Alcohol and Drugs PSA.

#### Conclusions of assessment and analysis

- 4.2 The table below sets out the key equalities considerations in respect of the aims and objectives of the PSA, as expressed in the Delivery Agreement:

<b>Aims/objectives</b>	<b>Relevance</b>	<b>Consideration/action</b>
Reduce the harms to the development and achievement of young people and families as a result of substance use.	Relevant – the evidence highlights correlations between diversity factors and the likelihood that young people will drink alcohol at a dangerous level or use illegal drugs.	The inclusion of this PSA should have a positive impact on those in equality target groups most likely to be affected by illegal drug use and dangerous alcohol use. Greater flexibility to meet local priorities should enable partnerships to determine and meet the needs of young people, including diverse groups within them, more effectively. (See impact assessment of <i>principle of local flexibility</i> below).
Reduce the harms	Relevant – the	More accurate and reliable

caused to health and well-being by frequent use of illegal drugs and consumption of harmful levels of alcohol.	evidence reveals that alcohol and drug misuse disproportionately affect some groups.	data on the outcomes of interventions for clients from particular groups will assist with priority setting at local level. Consideration will need to be given to the range of services provided and the extent to which these meet the needs of particular equality target groups.
Reduce the harm caused to the community by alcohol and drug related crime and disorder and re-offending.	Relevant – crime disproportionately affects certain groups and there is disparity in terms of re-offending outcomes.	Greater flexibility to meet local priorities should enable partnerships to determine and meet the needs of local communities, including diverse groups within them, more effectively. (See impact assessment of <i>principle of local flexibility</i> below). Using the PSA to drive improved performance on preventing and tackling these crimes should also impact positively on the minority groups that are disproportionately affected by them.

- 4.3 As set out above, the principle of local flexibility should have a positive impact on equality. However, this is based on the assumption the local areas will not determine local priorities in a way that impacts adversely on minority groups. There will be safeguards in place, and guidance and support for local partnerships to help them to avoid this.
- 4.4 Regular provision of data and intelligence to local partnerships and the agencies that constitute them, including data from the new APACS and Local Government Performance frameworks, will assist them in identifying local priorities appropriately. The focus on fairness and equality in APACS should help to ensure that performance issues for minority groups are brought to the attention of partnerships so that they can factor these into their strategic planning and the management of their own performance.
- 4.5 Government Offices will also play an important role in ensuring that local flexibility does not impact adversely on diverse groups, through their role in overseeing and the development of Local Area Agreements and monitoring the performance of local areas against these.
- 4.6 PCTs will be encouraged to give further consideration to the mix of treatment modalities provided in their area and the extent to which this

meets the need of the community, including those sections of the community which may be outside the usual profile of service users, but which may present specific needs in respect of drug and alcohol treatment.