

Scottish Borders Health and Social Care Partnership



Equality, Human Rights and Fairer Scotland Duty Impact Assessment – Stage 1 Proportionality and Relevance

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Borders Alcohol and Drugs Partnership Strategic Plan 2023-2026

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Neurodiversity	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
x	x	x	x		x	x	x	x

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher education Lifelong learning	Employment Earnings Forced Labour and trafficking*	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health*	Hate crime, homicides and sexual/domestic abuse Restorative justice Reintegration, resettlement and rehabilitation*	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
<p>The overall aim of the ADP Strategic Plan is to reduce alcohol and drugs related harm to individuals, families and communities.</p> <p>Health and wellbeing in Borders will be improved. Harm will be reduced.</p> <p>Success in reducing stigma will support people to seek and access help and stay well and is likely to impact positively across the other areas for improvement in the plan.</p>	Positive	Significant
<p>Ages – the impact of this strategy is across all ages including early years, children and young people, working age and older adults (e.g. FASD). It is anticipated that the impacts will improve experience and outcomes in relation to</p>	Positive	Significant

people's experiences of alcohol and drugs use (own or others) and increase access to appropriate services.		
Disability – substance use is intrinsically linked with wellbeing and trauma. There are other short and long physical health impacts from use (e.g. liver disease). Services will be more accessible to all members of the community.	Positive	Significant
Gender – patterns of use, influences on, access to services and impacts are gendered. People will receive an informed service. Interventions will be appropriately targeted.	Positive	Significant
Gender reassignment- patterns, influences on, access to services and impacts are gendered. People will receive an informed service. Interventions will be appropriately targeted.	Positive	Significant
Pregnancy and maternity – impacts on outcomes for the child and mother in relation to substance use will be reduced. People will receive an informed service.	Positive	Significant
Race - patterns of use, influences on, access to services and impacts are likely to be influence by people's experiences in relation to their race. People will receive an informed service. Interventions will be appropriately targeted.	Positive	Significant
Religion and belief - patterns of use, influences on, access to services and impacts are likely to be influenced by people's experiences in relation to their religion and belief. People will receive an informed service. Interventions will be appropriately targeted.	Positive	Potentially significant
Sexual orientation - patterns of use, influences on, access to services and impacts are likely to be influenced by people's experiences in relation to their sexual orientation. People will receive an informed service. Interventions will be appropriately targeted.	Positive	Significant

<p>Is the proposal considered strategic under the Fairer Scotland Duty?</p>	<p>Yes, the Strategic Plan sets the local direction for implementing national priorities and strategies in relation to alcohol and drugs.</p>
<p>E&HRIA to be undertaken and submitted with the report – Yes or No</p> <p>If no – please attach this form to the report being presented for sign off</p>	<p>Proportionality & Relevance Assessment undertaken by: Fiona Doig Date: January 2024</p>

Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views



Report Title

Borders Alcohol and Drugs Partnership Strategic Plan

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
HSCP Senior Mgt Team Member	Sohail Bhatti	Director of Public Health/ADP Chair	-
Responsible Officer	Fiona Doig	Head of Health Improvement/Strategic Lead ADP	17.8.23
Main Stakeholder (NHS Borders)	Susan Elliot	ADP Co-ordinator	17.8.23
Mains Stakeholder (SBC)	Geraldine McConchie	Policy and Practice Development Officer, SBC	-
NHS Borders Rep	Kate Ainslie	Operational Manager, Mental Health	-

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
What equalities information is routinely collected from people currently using the service or affected by the policy?	Alcohol and drugs services	Most data sets can be analysed by age, Gender and SIMD /locality
Data on populations in need	<p>ScotPHO alcohol and drugs profiles¹</p> <p>Scottish Health Survey, 2017-2021</p>	<p>ScotPHO indicates that, based on Scottish Health Survey data, current prevalence of adults aged over 16 yrs drinking to harmful or hazardous levels (over 14 units a week) in Borders is 24% (same as Scotland) as is uptake in males (32%). There is a slightly higher prevalence in women (18% compared to 16% nationally). The rate of alcohol related general acute hospital stays in Borders is at its lowest since 1997/99 at 375.4 per 100,00 in 2020/21 and well below the Scottish average of 613.5. The rate of alcohol specific deaths has remained stable since 2015 (11.9 per 100,000 2017 – 2021) and well below the Scottish average (20.8). The actual number of registered alcohol specific deaths was 81 between 2017 to 2021.</p> <p>NHS Borders had the lowest prevalence rates of problem drug use for mainland boards in 2015-16 at 0.7% of the population. This survey was updated for 2019-20 and published in March 2024. The Scottish prevalence has remained stable at 1.3%, however, there has been no update to the estimated prevalence for smaller board areas^v. There is a marked higher prevalence in men.</p> <p>This data is estimated based on proxy indicators (numbers of people in alcohol and drug services, criminal justice data and hospital admissions) therefore may not directly relate to individuals and carry a degree of uncertainty. In addition, due to the methodology there is a significant time lag in reporting from this study to reflect any more recent changes.</p> <p>The rate of drug related general hospital stays per 100,000 population has reduced in the previous three years (81.6 in 2021/22 in comparison to 169.2 in 2019/20) and well below the Scottish average of 203.8 in 2021/22</p>

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
	<p data-bbox="622 341 1012 475">Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)ⁱⁱ/School Health and Wellbeing Census Scotlandⁱⁱⁱ</p> <p data-bbox="622 663 943 724">Stonewall LGBT+ in Britain Report 2018^{iv}</p> <p data-bbox="622 810 891 836">Local Licensing Survey</p>	<p data-bbox="1039 341 2007 584">Data from SALSUS and the School Health and Wellbeing Census is not directly comparable, however, in the most recent (2022) Borders survey 63% of S4 pupils reported ever having a drink, 15 % drink once a month or more. SALSUS in 2018 showed 75% of S3 pupils have had a drink. Most S4 pupils in 2022 (83%) reported never having taken an illegal drug and 9% within the last year compared to 20% in SALSUS 2018. This difference may reflect different uptake and cohorts surveyed.</p> <p data-bbox="1039 663 1966 762">The Stonewall LGBT+ in Britain Report notes that LGBT+ population may face barriers to disclosing their sexual orientation due to stigma and discrimination therefore any data collected may be incomplete.</p> <p data-bbox="1039 810 2016 1374">Borders Local Licensing Forum undertook a community survey in Summer 2023 to gather Community Insights into Alcohol Impact and Licensing in Scottish Borders with an aim of informing the Licensing Board’s Policy Statement. There were 102 responses to the survey of whom 77% identified that alcohol has an impact on the community. The most prevalent response to the impacts respondents had personally experienced was anti-social behaviour (43%) and others included family breakdown/impacted by another family member’s alcohol use; physical and mental health; underage drinking; Domestic abuse; negative impact at local summer festivals/rugby 7s and homelessness. Most respondents (68%) felt there should be better regulation around online purposes and that the views of the public and health professionals should strongly influence licensing decisions (78%). 52% agreed that licenses should not be issued in communities suffering greatest harms from alcohol (37% disagreed). 62% felt there are enough off-sales licenses (29% disagreed). The survey recommends improving training for staff, ensuring public and professional views influence decisions; consider the total impact of</p>

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
Data on relevant protected characteristic – age	<p data-bbox="622 268 1012 411">Older People with Drug Problems in Scotland: Addressing the needs of an ageing population (SDF 2017)^{vi}</p> <p data-bbox="622 555 1012 627">Data from the Drug and Alcohol Information System (DAISy)</p>	<p data-bbox="1039 236 2020 260">multiple alcohol outlets on a community</p> <p data-bbox="1039 268 2020 515">The Older People with Drug Problems in Scotland report (SDF,2017) describes that older drug users (defined as those over the age of 35yrs who have a history of drug use 15 year or more) face ageing much sooner than the general population in terms of physical health and life expectancy and have health problems generally associated with people in the general population who are fifteen years older. This report highlights that people aged over 35 will become the main client group in specialist services for the foreseeable future.</p> <p data-bbox="1039 555 2020 691">Data from the Drug and Alcohol Information System (DAISy) which is used in Borders Addiction Service and We Are With You. shows that of those people who started treatment 66% were 35 yrs. Of people starting treatment for drugs and co dependency (i.e. alcohol and drugs) 49% (106/215) were over 35.</p> <p data-bbox="1039 730 2020 834">There is a need to ensure therefore that the workforce is aware of the particular needs of the older drug using population (i.e. over 35) and that service provision fits their needs.</p> <p data-bbox="1039 874 2020 946">Modelling work identified significantly higher rates of hospital admissions for older drugs users with the following conditions than the general population:</p> <ul data-bbox="1084 954 1796 1249" style="list-style-type: none"> • Chronic Obstructive Pulmonary Disease (COPD)/asthma • Hepatitis C • Liver disease • Epilepsy • Deep vein thrombosis/pulmonary embolism • Skin infections/cellulitis • Depression • Psychosis <p data-bbox="1039 1289 2020 1361">There is a need to ensure that the drug and alcohol workforce is confident in providing or seeking support for people with these conditions.</p>

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
	On the Street, TD1 Report	<p>This local report, developed by TD1 on behalf of the ADP highlighted young people’s use of alcohol and drugs and the barriers to accessing support services in Galashiels. The vast majority (90%) of young people reached via a street-based survey used alcohol every weekend. 80% of young people had tried drugs in the previous month. Frequency of use was higher in males. Males tried drugs earlier than females. Males were more likely to use cannabis as a ‘go to’ drug whereas females were more likely to use cocaine.</p> <p>There was a link of both environmental and adverse childhood events with problematic alcohol and/or drug use and highlighted the need to build trusted relationships for these young people and to identify young people at most risk of developing problematic use.</p> <p>These findings should influence the current commissioning review being undertaken by the Children and Young People’s Planning Partnership</p>
Data on relevant protected characteristic - disability	NAIT Adult Neurodevelopmental Pathway report (2023) ^{vi}	<p>Adolescents (defined by the World Health Organisation as those aged 10-19 years) and adults with untreated ADHD are more likely to develop substance use disorders and there is some evidence that neurodivergent people may be more vulnerable to the harmful effects of alcohol and drug use.</p> <p>According to Autism UK Some of the possible harms are:</p> <ul style="list-style-type: none"> • Worsening of the symptoms of neurodiverse conditions, such as impairing attention, memory, executive function, and emotional regulation • Interfering with the effectiveness of medication or therapy for neurodiverse condition <p>Alcohol and/or drug use is often associated with mental health problems. For example, people may use alcohol and/or drugs to mask or manage symptoms relating to mental wellbeing. Also, the use of alcohol and/or drugs can exacerbate mental health symptoms. It is often the case that these are precipitated by trauma.</p>

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
		<p>People with lived experience and family members have described situations where a person presenting with mental health problems and alcohol and/or drug use have been unable to access support pending resolution of their substance use.</p> <p>There is a need to ensure that people with co-existing alcohol and/or drugs and mental health concerns have clear routes to support services.</p>
Data on relevant protected characteristic - gender	Substance use in women	<p>Social Stigma – women may face additional stigma due to societal expectations around gender roles and perceived norms e.g. main child carer. This can be a barrier to seeking treatment. This is reflected in our local conversations and indicates a need to develop a communication plan to specifically address gender related stigma.</p> <p>Health Consequences – Physiological differences can impact how substances affect both men and women. Women are more affected by alcohol than men and therefore more susceptible to alcohol related health issues. There is potential to use women specific information within the communication plan, for example, Alcohol Focus Scotland has a women specific fact sheet.</p> <p>Domestic Abuse – Although substance use does not cause domestic abuse it can increase the likelihood and level of abuse. Women who experience domestic abuse and who also abuse substances are often likely to do so as a consequence of their abuse. The ADP Support Team are represented on the Violence Against Women Partnership and, while there are existing working relationships between the services, it would be useful to convene a ‘meet the services’ event to ensure new staff are fully sighted on what is on offer.</p> <p>Violence – There is a strong link between alcohol and violence crime in particular for males. Almost two-fifths of violent crime involved offenders perceived to be under the influence of alcohol (Scottish Government Crime and Justice statistics 2021/22) . There is potential to engaging with local work in relation to hate crime to explore joint work to address alcohol and/or drug related concerns.</p>

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
Data on relevant protected characteristic – gender reassignment	Not available	There is no clear body of evidence relating to alcohol and drug use and people undergoing gender reassignment. There is, however, evidence suggesting higher levels of use for transgender people and cisgender people therefore a requirement to ensure due attention is given to these issues for people progressing with gender reassignment.
Data on relevant protected characteristic – pregnancy and maternity	SIGN 156 Children and young people exposed prenatally to alcohol ^{viii} Maternity records	SIGN 156 advises drinking alcohol during pregnancy increases the risk of harm to the baby and there is no known safe level of alcohol consumption during pregnancy. In 2019 it was estimated that approximately 3.2% of babies born in the UK are affected by fetal alcohol spectrum disorder (FASD). Of all women asked about alcohol at their pregnancy screening appointment in Borders 2022-23 fewer than 1% reported drinking to harmful or hazardous levels since conception or any drinking in pregnancy. The rate of unplanned pregnancy alongside alcohol consumption prevalence suggests this data may be underreported potentially from perceived stigma preventing disclosure by the pregnant woman or misunderstanding of harm due to conflicting historical advice. There is a need to ensure the communications plan covers awareness of the Chief Medical Officers guidance on alcohol intake in pregnancy.
Data on relevant protected characteristic – race	Institute of Alcohol Studies (IAS), Ethnic Minorities and Alcohol ^{ix}	The IAS use of language is reflected in the summary findings below: this briefing is focused on the UK and uses the term ‘ethnic minorities’ to refer to all ethnic groups except the White British group, in line with the UK Government style guide. The report cites sources highlighted the lower levels of alcohol consumption compared to White British Groups but that there is a narrowing gap among second generation ethnic minorities and this is mirrored in English surveys of high school age pupils. There are also, of course, differences within different communities and it is report that there is higher prevalence of drinking among Sikh men and Gypsy and Irish Travellers. IAS reports people are less likely to access services or seek help than the White

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
		<p>British population. Barriers to seeking help faced by people from ethnic minorities include low awareness of health implications of excessive drinking, not being aware what support is available, difficulties navigating services and problems not being recognised by professionals, stigma and exclusion, lack of trust in the confidentiality of services, and community shame and stigma, especially among communities where there is a religious restriction on alcohol.</p> <p>We have not been able to engage specifically with these identified groups and will seek to do so as part of our Delivery Plan.</p>
Data on relevant protected characteristic - Religion	No clear evidence base	<p>The impact of religion on substance use can vary depending on a range of factors including individual beliefs and practices, religious affiliations, and social contexts.</p> <p>For example, for adherence to religious beliefs and practices can serve as a protective factor against substance use. Engaging in religious activities might provide a sense of meaning, purpose, and social support, which can discourage substance abuse.</p> <p>Some religions have guidelines and teachings that discourage the use of substances which may encourage abstinence. People from these faith groups experiencing difficulties with alcohol and/or drug use may be less likely to seek treatment. However, a religious community may be more likely to provide social support and networks that can help individuals struggling with substance use.</p> <p>We have not been able to engage specifically with these identified groups and will seek to do so as part of our Delivery Plan.</p>
Data on relevant protected characteristic – Sexual Orientation	Stonewall Report	<p>LGBT+ people are more than twice as likely to develop alcohol dependence than the general population. Specifically, gay and bisexual men were 1.5 as likely to be alcohol dependent, lesbian and bisexual women were 4 times as likely to be alcohol dependent^x. LGBT+ are at higher risk of experiencing common mental health problems than the general population. Mental wellbeing can be impacted by experiences of discrimination and harassment, relationships with family and friends and hate crimes and incidents. It has been reported that up to 70% of</p>

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
		<p>LGBT+ people do not disclose their sexuality in rural areas.</p> <p>LGBT+ people also report experience of discrimination in health care settings which can impact on likelihood of accessing services and people’s health outcomes.</p> <p>Substance use is more prevalent for LGBT+ people compared to the general population. 16% of people surveyed drank alcohol almost every day over the last year. A third of people aged 65+ reported drinking every day compared to 7% of those aged 18-24.</p> <p>20% of BGT men drank alcohol almost every day compared to 13% LGBT+ women and 11% non binary people. INS data shows 10% people drink alcohol on five or more days in the week.</p> <p>13% of people surveyed aged 18-23 take drugs at least once a month compared to 25 and while prevalence reduced across age groups it is higher than in the general population of 4% aged 16-59.</p> <p>Emslie et al (2015)^{xi} links this higher prevalence to the stigma, and social context for LGBT+ people.</p> <p>There is a need to ensure that services are accessible and appropriate for LGBT people.</p>
Data on service uptake/access	Alcohol and drugs services data	<p>Service uptake by protected characteristic reflects national data sets for alcohol and drugs services:</p> <p>BAS Referrals: 227; Male 74%; Female 59%;</p> <p>Ethnicity females: White Scottish 81%, White British 15; Any other white ethnic group 3%</p> <p>Ethnicity males: White Scottish 79%, Other White British 12%, Fewer than 5 people across other specified ethnicities, 5% Not known.</p> <p>WAWY: Male 67%, Female 33%;</p> <p>Ethnicity females: White Scottish 72%, White British 23% Fewer than 5 people across other specified ethnicities.</p> <p>Ethnicity males: White Scottish 72% , White British 22% Fewer than 5 people across other specified ethnicities.</p>

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
	Prevention interventions	<p>It is not possible to compare uptake of Chimes data due to the more varied nature of commissioned children and families services. However, the data we have tells us the following from 2022-23. 65% of people referred were female and 98% white Scottish. 58% of parents receiving service were aged 31-40 .</p> <p>It is not possible to provide data on relevant protected characteristic in relation to alcohol screening and brief interventions carried out in priority and wider settings although ante-natal is a priority setting.</p>
Data on socio economic disadvantage	ScotPHO profiles	<p>Both drug related and alcohol specific death rates and alcohol related stays are up to 6 times higher in Scotland’s poorest communities than the most affluent.</p> <p>This is broadly reflected in Borders, however, the SIMD classification can mask inequalities within datazone areas.</p>
Existing experiences of service information	<p>Service Evaluation (Nov 2022)</p> <p>Medical Assisted Treatment (MAT) Experiential Data</p> <p>Lived Experience Forum and Borders Engagement Group (living experience panel)</p>	<p>The evaluation was undertaken by Scottish Drugs Forum and an action plan developed in response. However, this was not undertaken from an equalities perspective.^{xii}</p> <p>This work is ongoing and is small in scale. Due to the gender difference in MAT patients (i.e. 70% male/30% female) data is based on general themes.</p> <p>Through these two groups the ADP works to ensure people with lived/living experience influence decision making. We have not asked people to disclose status re other protected characteristics as membership is based on experience of alcohol and/or drug use. Family members may also attend the Forum.</p>
Evidence of unmet need	Focus Groups to develop the draft strategy.	<p>Five focus groups were held to help develop the draft strategy. The identified areas for improvement are outlined below. Some of these directly relate to protected characteristics:</p> <ul style="list-style-type: none"> • Alcohol related brain damage

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
		<ul style="list-style-type: none"> • Co-morbidity – alcohol and drug use • Foetal Alcohol Spectrum Disorder pregnancy, maternity, women age <p>There is a need to respond directly to these areas of improvement.</p>
Good practice guidelines	<p>Medication Assisted Treatment (MAT) Standards^{xiii}</p> <p>Good Practice Guide for Pathways for Residential Rehabilitation^{xiv}</p>	<p>MAT standards are generic and are intended to be applied to individuals seeking treatment. There is no specific consideration in relation to protected characteristics in the presentation of the Standards.</p> <p>Borders has developed a pathway based on the Good Practice guidance and engagement work with stakeholders including people with lived experience. Barriers for accessing rehabilitation in relation to protected characteristics were mentioned in relation to people who had children/dependents at home. Scottish Government have funded development of family rehabs. People in Borders have accessed these sites.</p>
Additional evidence required		<p>There is a need to link with religious groups and Gypsy Travellers where possible at a local level to understand their needs.</p>

Consultation/Engagement/Community Empowerment Events

Event 1 – ADP Lived Experience Forum

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
3.03.23	Teams	10 people who use/have used alcohol and drug services	People with lived experience of alcohol and drug use including family members

***Attendance by category – including but not limited to: People using the service, people not using the service – currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
Need to ensure identification of people needing support, awareness and correct signposting to drug and alcohol services from e.g. SBC, GP Services, Citizens Advice, supportive workplace policies	<p>A prison liberation pack was developed in response to this and is online showing wider information. This will be developed into an Alcohol and Drugs Service Directory.</p> <p>Borders ADP Workforce Training will include an opportunity for people to attend a Workplace Policy session.</p> <p>ADP Communication Plan for 2024-25 will include targeting of Citizens Advice.</p>
Drug and alcohol services to be more familiar with recovery and family support services	<p>Recovery Coaching Scotland/Borders in Recovery to attend ADP Quality Principles meeting and ADP Board meeting to ensure managers are briefed on what is available.</p> <p>A workshop will be scheduled to bring services together alongside recovery and family support services to share information and improve pathways.</p>
Challenge with drug and alcohol services only available during office hours	There is a need to ensure that those services available out of office hours are able to appropriately support people attending with alcohol and/or drug related problems in line with MAT Standards.

<p>Increase awareness and provide support for family members in their own right. Ensure specific section on family support in ADP website to increase visibility. Explore family member information packs when their loved one enters treatment.</p>	<p>The ADP website has been updated to have a specific section for family support. Need to consider what information is required to support family members.</p>
<p>Recovery Orientated System of Care (ROSC) Model: Participants identified the need for ROSC modelling in other services such as Justice and Social Work. This was in relation to drop-ins, rapid access to support.</p>	<p>This information will be shared with the ADP Board as a reflection from people using wider services about the value of a low barrier access while recognising the role of What Matters Hubs.</p>
<p>Continue to breakdown stigma – build on the message that recovery is possible.</p>	<p>This will be part of the ADP Communications Plan on an ongoing basis.</p>

Event 2 – Children and Young People

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
30.03.23	Teams	5 staff members (1 NHS Borders; 1 Third Sector, 2 Scottish Borders, 1 Skills Development Scotland)	Age (providing support and services to children and young people)

***Attendance by category – including but not limited to: People using the service, people not using the service – currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
Children’s needs are not always considered in the context of a family where adults are using substances.	There is a need to ensure that all staff are adequately aware of support services available and that the principles of UNCRC are in place.
Children and Families Social Work Services would benefit from more understanding of work undertaken by BAS on relapse prevention	This information has been shared with BAS and staff have attended Social Work Team meetings to brief colleagues.
There is a need to support tailored advice for younger children re alcohol and drugs use	A Substance Use Education pack is in place which provides age appropriate information about substances. There is a need to engage with children and young people to ensure our current resources and support is fit for purpose.

Event 3 – LGBT Forum

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
7.11.23	Zoom	5	Sexual orientation

***Attendance by category – including but not limited to: People using the service, people not using the service – currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
<p>The group were aware of the significant existence of evidence of different patterns of use within the LGBT community and the potential drivers to this as outlined above.</p> <p>The group felt that this was more obvious in cities where there are more dedicated spaces and clubs. People in rural areas such as Borders are often, therefore, more isolated.</p> <p>The group noted a culture of alcohol use in general in Borders and the value of alcohol free spaces. Currently the only dedicated alcohol free space for LGBT community is Café Polari.</p> <p>There was interest in the group with regard to the increasing opportunities through the work of Recovery Coaching Scotland and Borders in Recovery Cafes which are spreading throughout Borders. The organisers are keen to be welcoming and inclusive and these are alcohol/drugs free spaces.</p>	<p>We will discuss this feedback with the ADP Quality Principles Group (service managers from alcohol and drugs services) and Recovery Coaching Scotland and ensure suitable introductions will be made to explore potential joint working.</p>
<p>Stigma remains an issue for LGBT people and also for people using alcohol and other substances. It is difficult to feel comfortable to share your story with services if you are not confident about the response and if you will be welcomed. People may not feel they are able to trust professionals.</p>	<p>All alcohol and drugs services staff will be required to undertake SDF LGBTQI+ during 2024 and this will be promoted through the ADP Workforce Directory and ADP Bulletin.</p> <p>Alcohol and drugs services will review their practice against recommendations in the What are LGBTQ+ people’s experiences of alcohol services in Scotland? A qualitative study of service users and service providers, 2022, Scottish Health</p>

	Action on Alcohol Problems (SHAAP) in December and March 2024 and an action plan will be developed. Any new materials will be co-produced with LGBTForum.
The group felt there was not enough awareness of where people could get support for alcohol and drugs problems and, potentially, that it was not necessarily clear that these were LGBT inclusive. It would help to promote services and to use inclusive language. There was an invite to start to provide service information for alcohol and drugs services at Café Polari and also for services to attend the Café to help raise awareness of what's available and build relationships.	This was welcomed and will be taken forward. This was discussed at the Quality Principles meeting and an introductory communication has been sent.
There was a more general commentary about visibility of services and potential for marketing materials to visibly outline they are inclusive for LGBT populations.	ADP website will be updated to include a specific page related to LGBT which will be discussed with the Forum to ensure its suitability.

Event 7 – Focus Group specifically for Woman

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
10.11.23	We Are With You premises	4 women impacted by own use 1 family member	Gender

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
It would be helpful to have women only groups	It is currently possible to choose a woman for support and we have asked that services ensure this offer is made. It would be helpful to have women only groups and there is a women's only SMART Recovery Group* planned to start early 2024

	<p>which will be shared to people consulted.</p> <p>(*SMART Recovery Groups are mutual aid groups provide by trained, licensed facilitators to support people in their recovery from alcohol and/or drug use).</p>
It would be helpful to have an option to choose to have a woman for their worker	There is a need to review our current materials to ensure that women are aware they can ask specifically to have appointments with a woman.
Some appointments are not suitable if a person has caring commitments	Service to ensure that suitable appointments are made available (e.g. to allow for caring commitments).
It can be hard to take the first step, there is stigma attached to being a woman/mother and people worry about impact on family. It would be helpful to offer opportunities to have the first meeting in a space outside of the service e.g. coffee shop or have an introduction to a buddy	There is a specific need for the ADP to target communications in relation to that stigma experienced by women. The ADP Support Team will seek advice from colleagues in communications in We Are With You and also the Scottish Government National Mission Stigma leads in relation to how to specifically address this issue without further compounding stigma.
Perceptions of how women seeking help for alcohol would present are wrong e.g. people told 'you don't look like you need help for alcohol'	There are similar themes arising from the Trauma Walkthrough and an action plan is being developed to reduce barriers to access.
Sometimes family members collude to keep this secret as it feels more judged if you are a woman seeking help for alcohol use than if you were a man	
As a family member trying to support an adult loved one seeking help with their mental health, for which alcohol use is a symptom rather than cause, it feels that services are not joined up and unwilling to support the mental health concern unless substance use is addressed. The system is unclear and people feel left on their own to cope.	<p>There is a need to implement clear pathways to ensure that routes to support for people with both mental health and alcohol and/or drug problems are clear and accessible.</p> <p>There is a need to ensure that those services available out of office hours are able to appropriately support people attending with alcohol and/or drug related problems in line with the spirit of MAT Standards.</p>
Increased opportunities for recovery are helping people but this should be more visible and professionals should be aware what is going on.	<p>Recovery Coaching Scotland/Borders in Recovery will be invited to participate in delivering input at the ADP 'meet the services' training sessions</p> <p>Recovery Coaching Scotland/Borders in Recovery will be invited to be a member of</p>

	the of the ADP Quality Principles Group and the Mental Health Improvement and Suicide Prevention Steering Group.
People felt it unfair that there is a 'same day' prescribing aspiration for drugs; 3 week treatment target for alcohol but 18 weeks for mental health support.	Treatment targets are set nationally and outwith the remit of this strategy.

Event 7 – Focus Group specifically for neurodivergent community

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
17.11.23	Focus Centre, Galashiels	8 people who use BANG and/or Border in Recovery impacted by own substance use	Age (young people, under 25, adults), Disability (neurodivergent, mental health) Sexual Orientation,

***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
Reflection on alcohol and drugs being visible 'it's everywhere', for example, in shops and on the streets.	Alcohol marketing is outwith the scope of a local level, however, the ADP will continue to support national initiatives to take an evidenced based approach to reducing alcohol harm e.g. responding to the Alcohol Marketing consultation.
Need for early diagnosis – people reflected using drugs and alcohol to self medicate. There is a long wait for diagnosis and then any support for neurodiverse conditions. What support is available is hard to find.	We will seek to identify training opportunities, informed by lived experience, for staff to increase skills and confidence.
Need for increased understanding around ADHD and eating disorders across all services including risk taking behaviours and vulnerabilities that are more prevalent.	We will provide an update to the Children and Young People's Planning Partnership on the feedback in relation to the different patterns of consumption for neurodivergent people and the feedback in relation to trusted environments.

<p>Need safe trusted environments (education can be a challenge and people require time and the right environment to support learning both in schools and college). This is equally important in clinical settings.</p>	
<p>It can take a long time for people to feel safe and so support cannot be time limited</p>	<p>A workshop will be scheduled to bring services together alongside recovery and family support services to share information and improve pathways to help with support following ‘treatment’.</p>
<p>Need to capture who is coming into service to evidence neurodiversity.</p>	<p>It is not possible to record this at the moment. It will be part of our action plan to consider how best to record people’s characteristics but, as important, to consider how people are able to identify their needs at assessment.</p>
<p>High prevalence of suspected ADHD in prison population – many who have never had diagnosis.</p>	<p>Care in prison is out with the scope of this strategy.</p>

References

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- ⁱ ScotPHO Alcohol and Drugs profiles, [Online Profiles Tool - ScotPHO](#)
- ⁱⁱ Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), [Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\) - gov.scot \(www.gov.scot\)](#)
- ⁱⁱⁱ Health and Wellbeing Census Scotland: 2021/22, [Health and Wellbeing Census Scotland 2021- 2022 - gov.scot \(www.gov.scot\)](#)
- ^{iv} LGBT in Britain Report, 2018, Stonewall, Bachman and Gooch [lgbt in britain health.pdf \(stonewall.org.uk\)](#)
- ^v [Estimated Prevalence of Opioid Dependence in Scotland 2014/15 to 2019/20 - Estimated Prevalence of Opioid Dependence in Scotland - Publications - Public Health Scotland](#)
- ^{vi} Older People with Drug Problems in Scotland: Addressing the Needs of an Ageing Population, [Older Drug Users – SDF – Scottish Drugs Forum](#)
- ^{vii} NAIT Adult Neurodevelopmental Pathways report, [Adult Neurodevelopmental Pathways – Pathfinder Sites - NAIT Adult Neurodevelopmental Pathways report - gov.scot \(www.gov.scot\)](#)
- ^{viii} SIGN 156 Children and young people exposed prenatally to alcohol, [Children and young people exposed prenatally to alcohol \(sign.ac.uk\)](#)
- ^{ix} Ethnic Minorities and Alcohol, 2020, Institute of Alcohol Studies, [Microsoft Word - Ethnic minorities and alcohol.docx \(ias.org.uk\)](#)
- ^x [A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people | BMC Psychiatry | Full Text \(biomedcentral.com\)](#)
- ^{xi} The social context of LGBT people’s drinking in Scotland, 2015, SHAAP, Emsie, Lennox and Ireland, [shaap-glass-report-web.pdf](#)
- ^{xii} Borders Services Evaluation [nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/alcohol-and-drugs-partnership-\(adp\)-support-team/drug-alcohol-services/drug-and-alcohol-services-evaluation-2021/](#)
- ^{xiii} [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](#)
- ^{xiv} Good practice guide for Residential Rehabilitation [Phase One Report: Good Practice Guide for pathways into, through and out of Residential Rehabilitation in Scotland \(www.gov.scot\)](#)

Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 3

Analysis of findings and recommendations

Borders Alcohol and Drug Partnership Strategic Plan 2024-2027

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

The Scottish Borders Alcohol & Drugs Partnership (ADP) is a strategic partnership tasked with delivering a reduction in the level of drug and alcohol related problems amongst young people and adults in the Borders, and reducing the harmful impact on families and communities. The ADP is committed to working with the Scottish Government, colleagues, people with lived experience, family members and local communities to tackle the problems arising from substance use.

The Scottish Government funds the work of the ADP. Funding streams are aligned to national areas of priority. Local work is directed by the national Rights, Respect and Recoveryⁱ and the Alcohol Frameworkⁱⁱ in the following areas: Prevention and Early Intervention; Developing Recovery Orientated Systems of Care; Getting it right for children, young people and families; Public Health Approach in Justice; A reduction in the affordability, availability and attractiveness of alcohol.

The ADP has produced a draft Strategic Plan for 2024-2027 aimed at delivering on the national areas of priority and address local need.



Scottish Borders
Health and Social Care
PARTNERSHIP



Section 1: Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 or during Stage 2

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage.	None identified at this stage.
	Advancing equality of opportunity	Older drug users: Through raising awareness of staff re the needs of older drug users we will advance their opportunity to promote health and wellbeing through access to age appropriate services and support. Children and young people – Through ensuring that children’s rights are considered within alcohol and drugs services we will advance the opportunity for children and young people to be supported in their own wellbeing.	This will be evaluated through feedback from older drug users via surveys. Parental screening tool use in services will be evaluated to audit assessment of children’s rights.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage.	None identified at this stage.
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Neurodivergent community: none identified at this stage. Work to address stigma related to alcohol and/or drug use will improve people’s	Evaluation of impact from staff training Feedback from Lived Experience Forum and Borders Engagement Group



		experience and remove barriers to service access.	
	Advancing equality of opportunity	Neurodivergent people will be able to access alcohol and drug services which are more informed to support the health and wellbeing needs of the neurodivergent communities.	Evaluation of impact from staff training Feedback from Lived Experience Forum, Borders Engagement Group and BANG (Borders Additional Needs Group)
		Through sharing the feedback from neurodivergent people with the CYPPP we will contribute to ensuring that wider services are more informed to support the health and wellbeing needs of the neurodivergent communities.	Feedback from BANG.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage.	None identified at this stage.
Gender	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage.	None identified at this stage.
	Advancing equality of opportunity	Work to address stigma relating to women experiencing alcohol and/or drug use problems will improve people's experience and remove barriers to service access.	
	Fostering good relations by reducing prejudice and promoting understanding		
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	None identified at this stage
	Advancing equality of opportunity	None identified at this stage	None identified at this stage



Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	None identified at this stage
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Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	None identified at this stage
	Advancing equality of opportunity	None identified at this stage	None identified at this stage
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	None identified at this stage
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	None identified at this stage
	Advancing equality of opportunity	Improving understanding of CMO Guidelines through ensuring different formats and languages will support women in their choices about alcohol consumption in pregnancy.	Review of current and new materials.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	None identified at this stage
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	We have been unable to seek views in relation to this characteristic.	There is a need to engage with people in relation to this protected characteristic and findings to be to be linked with action plans and/or programme of work
	Advancing equality of opportunity	We have been unable to seek views in relation to this characteristic.	There is a need to engage with people in relation to this protected characteristic and findings to be to be linked with action plans and/or programme of work
	Fostering good relations by reducing prejudice and promoting understanding	We have been unable to seek views in relation to this characteristic.	There is a need to engage with people in relation to this protected characteristic and findings to be to be linked with action plans and/or programme of work



Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	We have been unable to seek views in relation to this characteristic.	There is a need to engage with people in relation to this protected characteristic and findings to be to be linked with action plans and/or programme of work
	Advancing equality of opportunity	We have been unable to seek views in relation to this characteristic.	There is a need to engage with people in relation to this protected characteristic and findings to be to be linked with action plans and/or programme of work
	Fostering good relations by reducing prejudice and promoting understanding	We have been unable to seek views in relation to this characteristic.	There is a need to engage with people in relation to this protected characteristic and findings to be to be linked with action plans and/or programme of work
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage	None identified at this stage
	Advancing equality of opportunity	Alcohol and drugs services attending to LGBT+ spaces (e.g. Café Polari) will increase confidence and reduce barriers for people accessing services	Qualitative feedback from participants
		Through staff undertaking specific LGBT+ and drug use training the LGBT+ community will be able to access alcohol and drug services which are more informed to support their health and wellbeing	Survey of people accessing services
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage	None identified at this stage



Section 2: Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1

Domain	W Indicator	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education and lifelong learning	Enhancing	People will be more able to continue in or access education if harm from alcohol and /or drug use is reduced.	Qualitative feedback via Lived Experience Forum and National Apprentice graduates.
Work	Employment Earnings Forced Labour and trafficking*	Enhancing	People are able to continue in employment because employers have supportive alcohol and drugs workforce policies.	Number of stakeholders including volunteers participating in Workforce Training opportunities across all employers and people living in Borders.
			People with lived experience have opportunities for volunteering and training.	Successful recruitment to Addiction Worker Trainee Programme.
Living Standards	Poverty Housing Social Care	Enhancing	Continuing in education/employment will contribute to people’s financial wellbeing, reduce number of evictions, reduce homelessness presentations etc. Involvement of key partners (social work, housing, advocacy) in responding to Border Engagement Group experiences provides opportunities for improvements in wider services such as housing and social care.	An annual review of themes arising from the Engagement Group will be shared with key partners including the Engagement Group members (most recently in Spring 2024 bulletin).



Health	Social Care Health outcomes Access to health care Mental health	Enhancing	Improvements in people's outcomes in relation to their substance use and other domains including physical and mental health.	Star outcomes tool used by services to monitor improvements across a range of domains are reported quarterly to ADP Board
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	Reproductive and sexual health*			include physical and emotional health and wellbeing. ADP waiting times target and numerical targets as defined by the Medication Assisted Treatment (MAT) standards are reported to Scottish Government.
Justice and Personal Security	Hate crime, homicides and sexual/domestic abuse Restorative justice Reintegration, resettlement and rehabilitation*	Enhancing	Joint working through ADP Support Team membership of the Justice Board and Justice Social Work attendance to Engagement Group helps ensure a joint agenda.	Reporting is via the Justice Board action plan and the Engagement Group.
Participation	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*	Enhancing	Over time there has been increased involvement of people with lived experience within the structures of the ADP. This is a local and national priority. The local Lived Experience Forum has membership of people with their own experience and also family. Borders Engagement Group and Experiential programme for Medication Assisted Treatment reporting all improve the feedback.	To ensure actions arising from the Forum are shared with the ADP and responses made appropriately. A 'you said, we did' is produced following each Steering Group for Borders Engagement Group. An Action Plan is produced for Experiential programme.

Section 3: Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts on equality of outcome and or improving health inequalities	There are links between socio-economic disadvantage and patterns of alcohol and drug consumption. It is recognised that people facing socio-economic disadvantage experience higher levels of alcohol harm despite alcohol being consumed more in less disadvantaged communities. The Alcohol Profile is prepared on behalf of the Local Licensing Forum to help inform the Licensing Board's decision making. Borders Alcohol Profile identifies that 52% of alcohol related hospitalisations are for people
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	<p>resident in the most deprived areas of Borders; access to alcohol via on and off sales is also higher in these areas. Through our implementation plan we will ensure the Licensing Board and elected members are provided appropriate information to support decisions are made to promote licensing objective to promote and protect public health.</p> <p>Alcohol and drug support services are offered in the larger towns and provision can be made to support travel from outlying areas. Going forward this budget will be increased to ensure no one is disadvantaged through their location. Service uptake by locality will be kept under review and in line with identified harms. There is the potential for digital appointments, in particular in relation to medication prescribing, however, the legislative framework for this is constraining. We will seek to work with national partners to explore alternative approaches for those unable to travel to appointments.</p>
<p>Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome and or improving health inequalities</p>	<p>Alcohol and drugs impact disproportionately on people already disadvantaged via life or socioeconomic circumstances. The Strategy therefore will help reduce these negative impacts in particular through work to address stigma and support workforce understanding of the needs of our client group there is an opportunity to reduce inequalities of outcome and partially mitigate impact of health inequalities.</p>

Section 4: Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

No.

Section 5: Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
1. Older drug users: ensure alcohol and drug services staff are aware of	Fiona Doig, Head of Health Improvement/Strategic Lead ADP	December 2024	December 2025



the needs of older drug users through provision of training			
2. Children and young people: At this stage we have not been able to engage sufficiently with children and young people impacted by their own or others alcohol and/or drug use. Significant progress has been made in developing a participation network through the Children and Young People's Planning Partnership (CYPPP) which is keen to support our engagement. The findings from this will be included in the Commissioning Review and associated actions arising from the CYPPP	Sohail Bhatti, Director of Public Health	April 2025	April 2026
3. Children and young people: Ensure all children and young people's staff are aware of support services and that the principles of the UNCRC are in place	Sohail Bhatti, Director of Public Health via CYPPP Workforce Network	April 2025	April 2026
4. Children and young people: Engage young people in reviewing substance use education resources	Susan Elliot, ADP Co-ordinator	December 2024	December 2025
5. Children and young people: Review parental screening tool in adult alcohol and drugs services to ensure this supports children's rights	Fiona Doig, Head of Health Improvement/Strategic Lead ADP	March 2025	March 2026



6. Neurodivergent people: provide training for staff in alcohol and drugs services to support the needs of neurodivergent communities	Fiona Doig, Head of Health Improvement/Strategic Lead ADP (via Quality Principles Group)	April 2025	April 2026
7. Neurodivergent people: share feedback shared as part of this assessment with the CYPPP	Fiona Doig, Head of Health Improvement/Strategic Lead ADP	August 2024	August 2025
8. Gender: Seek advice from We Are With You and Scottish Government colleagues on how to specifically address gender issues in relation to stigma	Fiona Doig, Head of Health Improvement/Strategic Lead ADP	November 2024	November 2025
9. Gender: Review service information to ensure that women are aware they can ask specifically to have appointments with a woman.	Susan Elliot, ADP Co-ordinator	November 2024	November 2025
10. Pregnancy and maternity: Review current and new materials in relation to Chief Medical Officer alcohol guidelines in pregnancy	Susan Elliot, ADP Co-ordinator	December 2024	December 2025
11. Pregnancy and maternity: Engage with maternity and other early years services in relation to any workforce requirements	Susan Elliot, ADP Co-ordinator	December 2024	December 2025
12. Sexual orientation: Improve links with LGBT community groups through alcohol and drugs services attending community events; exploring potential joint recovery sessions.	Fiona Doig, Head of Health Improvement/Strategic Lead ADP	September 2025	September 2025



13. Sexual orientation: Review progress against actions identified in self-evaluation in relation to SHAAP Report ¹ in March 2024 by September 2025.	Fiona Doig, Head of Health Improvement/Strategic Lead ADP	September 2025	tbc
14. Sexual orientation: update ADP Website to include specific information	Susan Elliot, ADP Co-ordinator	March 2024 (complete)	March 2025
15. Stigma: Take action to reduce stigma experienced by people using alcohol and drugs through ensuring a note of inclusive language is available on ADP Website, circulated to key stakeholders annually and signposted on ADP communications.	Fiona Doig Strategic Lead ADP	March 2025	September 2025
16. Stigma: include Stigma training in Workforce Training Directory.	Fiona Doig Strategic Lead ADP	August 2024	March 2025
17. Mental health: Review, approve and implement a pathway/interface document for people with co-existing mental health and addiction concerns to ensure smooth pathways across Community Mental Health Teams; Borders Addiction Service; Crisis Service; We Are With You includes family members.	Simon Burt, General Manager, Mental Health and Learning Disabilities service	March 2025	March 2026

¹What are LGBTQ+ people's experiences of alcohol services in Scotland? A qualitative study of service users and service providers, SHAAP, [Downloads \(shaap.org.uk\)](https://www.shaap.org.uk/downloads)



18. Recovery system: Improve joint working across alcohol and drug services, recovery communities and key partners (e.g. VAW partners) by developing a workshop to share information and improve pathways.	Fiona Doig, Head of Health Improvement/Strategic Lead ADP	June 2024	December 2024
19. Recovery system: alcohol and drugs services to ensure that those services out of office hours are able to appropriately support people attending with alcohol and/or drug related problems in line with MAT Standards.	Simon Burt, General Manager, Mental Health and Learning Disabilities Services.	March 2025	March 2026
20. Recovery System: include Workforce Policy training in Workforce Training Directory 2024-25	Fiona Doig Strategic Lead ADP	August 2024	March 2025
21. Recovery System: share with ADP Board the views expressed in relation to the value of low barrier access approaches across wider services	Fiona Doig Strategic Lead ADP	June 2024	March 2025
22. Communication: Develop a local services leaflet building on the Prison liberation pack	Susan Elliot, ADP Coordinator	March 24 (complete)	April 24
23. Communication: Ensure Citizens Advice offices are included in communication	Susan Elliot, ADP Coordinator	August 2024	April 2025



24. Embedding equalities: Ensure service provision fits these needs through undertaking a needs assessment for people with alcohol and/or drugs problems in relation to protected characteristics.	Sohail Bhatti, ADP Chair	October 2025	April 2026
25. Embedding equalities: Develop a bespoke service experience survey for people using services which includes analysis in relation to protected characteristic	Fiona Doig, Head of Health Improvement/Strategic Lead ADP	March 2025	March 2026
26. Embedding equalities: Review recording systems in alcohol and drugs services to improve recording of protected characteristics, this may include 'workarounds' where systems cannot be changed. This will allow assessment of need and potential barriers to particular client groups.	Susan Elliot, ADP Co-ordinator	September 2025 (timings contingent on national review)	TBC
27. Embedding equalities: Seek support from the HSCP Equality and Human Rights Sub-Group to develop routes to appropriate engagement for those groups where there are gaps in our analysis, i.e. in relation to the protected characteristics of race, religion, learning disability.	Fiona Doig, Head of Health Improvement/Strategic Lead ADP	August 2024	August 2025



Section 6: Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposal affects different groups, including people with protected characteristics

A Quarterly Performance Report is presented to the ADP Board and subsequently HSCP Joint Executive Team. A summarised version is shared with the Lived Experience Forum.
An Annual Delivery Plan is monitored by the ADP Support Team which plays in to the Quarterly Performance Report. This Delivery Plan will include the recommendations above.
An Annual Report is submitted to Scottish Government and the Integration Joint Board.

Section 7: Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

All commissioned services participate in a quarterly contract monitoring meeting. Service managers and their line managers participate in the ADP Quality Principles Sub-group which will be responsible for relevant recommendations.



Section 8: Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

Part of the Delivery Plan will include action to assess accessibility of our materials.
For young people this will be supported by the CYPPP.

Signed Off By: Sohail Bhatti

Joint Executive Team Date

9 July 2024



