Equality and Safety Impact Assessment

The **Public Sector Equality Duty** (Section 149 of the Equality Act) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people carrying out their activities.

The Equality Duty supports good decision making – it encourages public bodies to be more efficient and effective by understanding how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people's needs. The Council's Equality and Safety Impact Assessment (ESIA) includes an assessment of the community safety impact assessment to comply with Section 17 of the Crime and Disorder Act and will enable the Council to better understand the potential impact of proposals and consider mitigating action.

Name or Brief Description of Proposal	**SCC Tobacco, Alcohol and Drug (TAD) Strategy 2023 - 2028**

Brief Service Profile (including number of customers)

An estimated 34,000 Southampton residents smoke; 35,000 Southampton residents drink more than 14 units a week (the threshold for lower risk consumption); and 1,200 adults use heroin or crack cocaine. Many others are affected by harm from this use.

The development of a Council Tobacco, Alcohol and Drug Strategy to articulate how we will reduce harm to people who use tobacco, alcohol and drugs, to people around them, and across the City of Southampton as a whole. It covers everyone who lives, works in, or visits the city; it covers every person, every community and every place in the city.

This Tobacco, Alcohol and Drugs (TAD) strategy describes how we will achieve this by working across the council to deliver 5 strategic programmes of work, one for each council directorate, which are evidence based or innovative prevention. This whole-council approach is necessary to ensure we have as much impact as possible and work efficiently. It reflects the "health in all policies" commitment in the Health and Wellbeing Strategy.

Tobacco, alcohol and drugs are complex challenges. This strategy covers 5-years so that we have time to build on what we are already doing well, establish new ways of working and make a difference. We cannot "solve" tobacco, alcohol and drug-related harm in 5 years, but we can build on strong work to date to make meaningful progress and we will monitor a range of indicators and outcomes.

The strategy is comprehensive and intended to complement, rather than duplicate, related work that already exists, for example the Children and Young People's

Strategy, the Safe City Partnership, the Violence Reduction Unit and more.
It is a statutory requirement for the council to have alcohol and drugs policies. As signatories to the Local Government Declaration on Tobacco Control, the Council has also committed to having a Tobacco Control Plan.

Summary of Impact and Issues

This draft strategy is focussed on reducing inequalities and on strengthening equality, diversity and inclusion. There is a risk of greater ongoing health inequalities if we do **not** pursue this strategy.

There is a small risk that the draft strategy document could be difficult to read for people with a lower reading age or literacy or cognitive level. We will mitigate this by working through teams and agencies that work with people of all ages and abilities, and by producing a shorter/easier to read version of the final strategy.

There is also a small risk that the strategy will not resonate if the imagery is insensitive or not diverse. We will mitigate this by using the experienced council design team and agreeing consultation and final versions.

No other risks have been identified.

More information about the Impact and Issues follows as background:

Impact of tobacco, alcohol and drugs in Southampton

There is high tobacco, alcohol and drug-related harm in Southampton. Estimates for Southampton are included in the draft strategy, including:

- Approximately 34,000 local people smoke. Nationally, 1/2 of people who smoke die from smoking-related illness, on average 10 years earlier than non-smokers but increasing to 15-20 years for people with severe mental illness.
- 229 pregnant women a year have not been able to stop smoking by the time of delivery, despite usually wanting to
- Pregnant women living in the most deprived areas of Southampton are 4 times more likely to smoke than pregnant women living in the most affluent areas.
- Approximately 35,000 local people drink at increasing risk levels, over 14 units per week. Conversely, 16% of adults in Southampton never drink alcohol. Alcohol is a leading cause of liver disease, cancer, obesity and mental ill health.
- Highest rate of alcohol-related hospital admissions in the country
- 1,200 children live with an alcohol-dependent adult
- 1,200 local people use illicit opiates (heroin) or crack cocaine
- 2,268 alcohol-related crimes a year, 71% violent.
- 1,242 drug-related crimes a year
- 600 children live with an adult dependent on illicit opiates
- 66,000 adults are affected by the drug or alcohol use of someone they know

- For children and young people under 18, alcohol use is 5 times higher for those living in the most deprived areas of Southampton compared to the most affluent areas of Southampton. Drug use is 8 times higher.

Further data is available from Southampton Data Observatory

The negative effects of tobacco, alcohol and drugs affect everyone, but the people most affected by the harm tend to be people living in poverty or who are otherwise marginalised. For example, nationally, half of the difference in life expectancy between wealthier and poorer communities is attributable to smoking.

The Strategy content

The proposed Council vision for reducing harm, focusses on 5 "Hs":

- Help
- Harm reduction.
- Hope
- Health promotion.
- Health equality – summarised as "equality" and meaning both equality and equity of outcomes.

This vision will be delivered through 5 programmes:

- Wellbeing (Children and Learning)
- Wellbeing (Health and Adult Social Care)
- Place
- Communities, Culture and Homes
- Corporate

Programmes include commitments to understand and meet the unmet needs of underserved groups. We will consider completing an Equity Impact Assessment half-way through the life-span of the strategy.

In this way equality, diversity and inclusion is woven through each level of the strategy.

The Strategy development process

This strategy has been developed by the Public Health and Policy teams of Southampton City Council, based on evidence and the emerging consensus of stakeholders. We have engaged colleagues across the council and with stakeholders across the city. Some contributors to this strategy have shared their personal experience of tobacco, alcohol and drugs too.

The strategy builds on strong foundations of strategic and commissioning work to date. SCC have already consulted, engaged with and are committed to working collaboratively with partner agencies, and commissioned services, to reduce the harms associated with the use of tobacco, drugs and alcohol to individuals, their families, communities and to the city more broadly.

Potential Positive Impacts
The strategy engages and empowers SCC to work across directorates, and with strategic partners to work collaboratively to reduce tobacco, alcohol and drug related harm. This strategy intends to ensure that people of all ages, genders and ethnicities live healthier, happier lives, whatever challenges or vulnerabilities they may have. It is focussed on reducing inequalities and promoting equality, diversity and inclusion. This strategy uses 'proportionate universalism', seeking to improve the health and wellbeing of everyone. Whilst there is naturally a strong focus on people with the greatest needs who require the most support, it also means that everyone benefits proportionate to their need. Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty, people in marginalised groups, people with severe mental illness and people who are homeless or living in other difficult situations. People in these circumstances are also more likely to be coping with past or current trauma and face barriers to changing their substance use or less personal support to do so. The diversity of our population and workforces is key. Our work will be person-centred and promote dignity. Everyone has their own relationship with tobacco, alcohol and drugs, their own values and circumstances, so a personalised approach is vital. As part of this strategy, we will seek to further increase our understanding of the impact of tobacco, alcohol and drugs on different people – including by protected characteristic; enhance and inform our current work; expand the range of evidence based interventions and develop innovative approaches.

Responsible Service Manager	Helen Dougan and Colin McAllister, Senior Public Health Practitioners
Date	17/05/22
Approved by Senior Manager	Charlotte Matthews, Public Health Consultant
Date	18/05/22

Potential Impact

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
Age	**No major negative impacts of the draft strategy identified.** There is risk associated with the	Public consultation to

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	accessibility of the strategy document, which we will mitigate. There would be a risk if we did not pursue this strategy. **Strategy document** There is a risk related to the strategy document – as it might not be accessible to children or young people with younger or lower literacy levels. The draft strategy has been written as a relatively short, simple document, but with sufficient detail on a complex topic to inform and represent our work. **Strategy content** There is no risk from the content of the strategy. The draft strategy will strengthen equity of outcomes for people of all ages. It has a dedicated programme for children and young people, as well as for adults, and there are links between the two programmes for family work. The Wellbeing (Children and Learning) programme will be led by the corresponding directorate, who will embed it in their wider work for maximum reach and effectiveness. There are commitments to ensure we understand and meet the needs of people transitioning between children's and adult services and of older people too. <u>Background information</u> The stigma associated with the use of drugs and alcohol may result in a reluctance to engage in treatment and support. People with protected characteristics may be more impacted by this. Older people can experience greater impact from the use of tobacco alcohol and drugs. Younger people may be less aware of the potential, long term harm. Children who live with adults or siblings who smoke are 3 times more likely to	include services and organisations who represent or reach young people and families. Develop an 'easy read' strategy summary

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	become smokers than those in non-smoking households. The strategy looks across all age groups. It will be supported by work with all stakeholders, internal and external to the council, to ensure the needs of different age cohorts are engaged, informed, and supported using evidence based, age orientated interventions. It includes the impact of adult behaviour on children and has a strong focus on prevention. The strategy also prioritises supporting recovery communities, reflecting the needs of our diverse population, which is intended to mean by age too. This will reduce the stigma associated with seeking help or overcoming tobacco, alcohol and drug-related harm. Each programme will be led by a directorate, who can join it to other work they are doing to improve outcomes for people of all ages.	
Disability	**No major negative impacts of the draft strategy identified.** There is risk associated with the accessibility of the strategy document, which we will mitigate. There would be a risk if we did not pursue this strategy. **Strategy document** There is a risk related to the strategy document – as it might not be accessible to people with lower literacy levels or with cognitive needs as part of a disability. The draft strategy has been written as a relatively short, simple document, but with sufficient detail on a complex topic to inform and represent our work. The strategy would be accessible to people with sensory needs through software, if they have	Public consultation to include services and organisations who represent or reach people with disabilities. Develop an 'easy read' strategy summary

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	access to it. **Strategy content** There are no negative impacts of the strategy. The draft strategy will strengthen equity of outcomes for people with disabilities or additional needs of any kind. There are priorities to ensure we have data and other information about needs, that our services are accessible and that we join up pathways. The strategy has a strong focus on people with co-occurring mental health conditions, which would include disabilities. The strategy also prioritises supporting recovery communities, reflecting the needs of our diverse population, to help celebrate and reduce the stigma associated with seeking help or overcoming tobacco, alcohol and drug-related harm. Each programme will be led by a directorate, who can join it to other work they are doing to improve outcomes for people with disabilities. There would be a risk if we did not pursue this strategy. <u>Background information</u> Some people with disabilities are at greater risk of tobacco, alcohol or drug-related harm. This can be through the use of TAD to relieve symptoms or isolation; underlying health vulnerabilities, and/or because other people's use may affect them more – including exploitation. The stigma associated with the use of tobacco, drugs and alcohol may result in a reluctance to engage in treatment and support. People with protected characteristics may be more impacted by this, including people with disabilities. People with certain disabilities, reduced cognition, comprehension, or literacy may require additional	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	support to understand and engage with this strategy. Ensure all services consider the needs of all people and are empowered and resourced to make 'reasonable adjustments' to provision	
Gender Reassignment	**No negative impacts of the draft strategy identified**. There would be a risk if we did not pursue this strategy. **Strategy content** This strategy is for 'all people' whatever gender they identify as and/or any type of gender transition. The strategy includes a focus on monitoring and improving equity. The aim to strengthen recovery communities may be particularly helpful to champion. <u>Background information</u> The evidence base is developing. People who identify as transgender, non-binary, gender-fluid or as any other gender other than that they were assigned at birth are more likely, nationally, to experience tobacco, alcohol and/or drug related harm. This includes higher use by some people and barriers to accessing and staying in treatment. The stigma associated with the use of tobacco, drugs and alcohol may result in a reluctance to engage in treatment and support. People with protected characteristics may be more impacted by this. The Strategy's focus on inequalities and equalities will provide a useful mechanism to ensure all	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	services and agencies have inclusive policies in place, including for the needs of people who are transgender, non-binary or gender fluid.	
Marriage and Civil Partnership	**No negative impacts of the draft strategy identified**. There would be a risk if we did not pursue this strategy. The use of tobacco, drugs and alcohol can negatively impact relationships and can be a drive or facilitator of domestic and sexual abuse. This strategy therefore includes links to strategic work on domestic and sexual abuse. The commitment to equity and to the needs of underserved groups will help to ensure that no-one is disadvantaged because they are married or in a civil partnership, or not.	
Pregnancy and Maternity	**No negative impacts of the draft strategy identified**. There would be a risk if we did not pursue this strategy. **Strategy content** The strategy includes a focus on strengthening support for pregnant women and their significant others, as part of Programme 1. Wellbeing (Children and Learning). This includes continuing to embed support in routine care with specialist support as required, and exploring the provision of e-cigarettes and/or other incentives to pregnant women. This is based on national clinical guidance of what works. Incentives can be important to help people override the automatic draw to substances, particularly if they are living in complex circumstances and have a lot of different stresses to manage. The number of women smoking at the time of delivery is also a proposed indicator.	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	<u>Background information</u> Tobacco, alcohol and/or drug use during pregnancy is often harmful to both mother and baby in the short and long term, and can adversely affect others in the home. Reducing harm and use is key to reduce stillbirths and similar serious harm. Additionally, pregnant women are vulnerable to harm from those smoking, drinking or taking drugs around them. Pregnant women are at greater risk of domestic abuse, which can be affected by alcohol and drugs.	
Race	**No negative impacts of the draft strategy identified**. There would be a risk if we did not pursue this strategy. **Strategy content** Tobacco, alcohol and drug use disorders do not discriminate. But people from local minority/global majority backgrounds are under-represented in our treatment and support services. This strategy will review support for underserved groups, including people who are older, people from Black and Ethnic Minorities, and people with long term conditions or disabilities including mental health needs. This strategy will also promote diversity through the work on workforce planning, recovery communities and campaigns.	
Religion or Belief	**No negative impacts of the draft strategy identified**. There would be a risk if we did not pursue this strategy. **Strategy content** This strategy promotes equitable access and encourages embedded support as part of a patient care pathway, enabling individuals to access support through existing services. All services will offer confidential support.	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	Background information Some faiths forbid or discourage the use of tobacco, alcohol and drugs. This can mean some people try to hide their substance use and delay seeking support. For others, faith is a protective factor against harmful use, to cope with harm from others or inspiring them to support people with tobacco, alcohol and drug issues.	
Sex	**No negative impacts of the draft strategy identified**. There would be a risk if we did not pursue this strategy. **Strategy content** This strategy is for all people, whether assigned male, female or intersex at birth, and for all expressions of sex (or gender) identity through life. The strategy focusses on equality and equity. Needs assessments will continue to reflect any differences by gender. Commissioners will continue to include information about the gender of service users as part of monitoring. Care will continue to be provided based on individual needs and risk. The Pregnancy section above is an important part of ensuring that women or people with other gender identities aren't disadvantaged by being pregnant or during pregnancy.	
Sexual Orientation	**No negative impacts of the draft strategy identified**. There would be a risk if we did not pursue this strategy. **Strategy content** This strategy is for all people. We have specified work in Programme 1 (Wellbeing - Children and Learning) and Programme 2 (Wellbeing – Health and Adult Social Care) to ensure the needs of people who identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual or in	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	another way (LGBTQIA+) are understood and met. Our focus on support inclusive recovery communities and workforce planning will also support inclusion. Background information Nationally, people who identify as LGBTQIA+ tend to have higher rates of tobacco, alcohol and drug use, due to a complex interplay of factors. People who identify as LGBTQIA+ can feel or be alienated by services that do not represent or meet their needs.	
Community Safety	**No negative impacts of the draft strategy identified**. There would be a risk if we did not pursue this strategy. **Strategy content** Programme 4 (Communities, Culture and Homes) includes work to support and complement the Violence Reduction Unit, the Safe City Strategy and the Safe City Partnership in particular. Background information Tobacco, alcohol and drug-related harm includes substantial risks to community safety, as detailed in the Safe City Assessment Safe City Strategic Assessment (southampton.gov.uk). For example, in 2020/21, there were 2,268 alcohol-related recorded crimes and 1,242 drug-related recorded crimes in Southampton.	
Poverty	**No negative impacts of the draft strategy identified**. There would be a risk if we did not pursue this strategy. **Strategy content** Tobacco, alcohol and drug-related harm most heavily affects people living in poverty. This	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	strategy will mitigate, reduce and where possible, prevent this harm. This will enable people living in poverty to experience less health inequality compared to people who do not. This strategy will not be able to get rid of all health inequalities related to tobacco, alcohol, drugs and poverty. Mitigating, reducing and preventing poverty (and adverse childhood experiences) will be important wider work, beyond the scope of this strategy, to reduce tobacco, alcohol and drug use rates and harm in the long term. <u>Background information</u> Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty. For example, smoking accounts for half of the difference in life expectancy between the least and most deprived in society. Behavioural science focusses on capability, opportunity and motivation. This strategy supports the capability and opportunity for people living in poverty to reduce tobacco, alcohol and related harm. It builds motivation too, but that is not necessarily lacking. People living in more deprived areas or from marginalised groups, are often just as motivated but may be using at higher levels, live in less supportive environments and have more competing priorities. Supporting adult smokers to quit empowers them to break from tobacco addiction and improve financial security for the family. The same applies for people reducing or stopping their alcohol or drug use. There are the direct financial benefits from not spending on substances. Additionally, being tobacco and drug-free, and drinking at lower risk levels or not at all, brings health benefits that mean people are less likely to be ill and more able to secure and maintain employment.	

Impact Assessment	Details of Impact	Possible Solutions & Mitigating Actions
	The alcohol harm paradox describes how disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol related harm than mor affluent populations.	
Health & Wellbeing	**No negative impacts of the draft strategy identified**. There would be a significant risk if we did not pursue this strategy. The strategy focusses on improving health and wellbeing and reducing other types of harm from tobacco, alcohol and drugs. The strategy sits under the Health and Wellbeing Strategy and the Health and Wellbeing Board. <u>Background information</u> Harm to health and wellbeing include illness, premature death, as well as poor quality of life. For example, nationally, half of smokers die from smoking, with people with severe mental health conditions having a life expectancy 15-20 years less than other people mainly due to smoking. Alcohol is a leading cause of premature death for adult men. An estimated 1,200 children live with an adult who is alcohol dependent, and an estimated 600 children live with an adult who is dependent on illicit opiates (heroin) &/or crack cocaine – some children may appear in both estimates.	
Other Significant Impacts	No other negative impacts identified for Equality and Safety.	