

APPENDIX 3

Equality Impact Assessment: All-age community drug and alcohol early intervention, prevention, treatment and recovery service contract.

A brief description of the function, policy or service being assessed

This EIA provides an assessment of the equalities impact of the proposals included in a GW1 procurement strategy report recommending approval to commission a new all-age community drug and alcohol early intervention, prevention, treatment and recovery service contract.

This EIA is underpinned by information and intelligence from the following sources:

- i. National Drug Treatment Monitoring System (NDTMS) ViewIt data (publically available at ndtms.net)
- ii. 2020-21 contract monitoring data from the council's commissioned community drug and alcohol treatment providers for adults and CYP
- iii. Public Health Joint Strategic Needs Assessment
- iv. The previous EIAs for adults and CYP (drug and alcohol specific), and rough sleeping.

References to additional published documents will be cited throughout.

The scale of drug and alcohol use in England and Wales, and local prevalence and treatment engagement in Southwark

The Crime Survey for England and Wales 2019-20¹ reported:

- An estimated 1 in 11 adults aged 16 – 59 years had taken a drug in the last year (9.4%), with an estimated 1 in 5 adults aged 16 -24 years having taken a drug in the last year (21%)
- 3.4% of adults aged 16 – 59 years had used a Class A drug in the last year, rising to 7.4% of adults in the 16 – 24 age bracket
- Cannabis continues to be the most commonly used drug in both adults aged 16 – 59 (7.8%), and the segmented 16 – 24 age bracket (18.7%), followed by powder cocaine (2.6%) in the 16 – 59 age bracket, and nitrous oxide in the 16-24 bracket (8.7%)
- The ONS² summarised the national position as a stable position for rates of overall drug use, but with differences between age groups with drug use much more common amongst younger adults aged 16 - 24 years, although this was also stable when compared to the previous year.

Cohort	Most recent prevalence	Local unmet treatment need	National unmet treatment need
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¹ <https://www.crimesurvey.co.uk/en/SurveyResults.html>

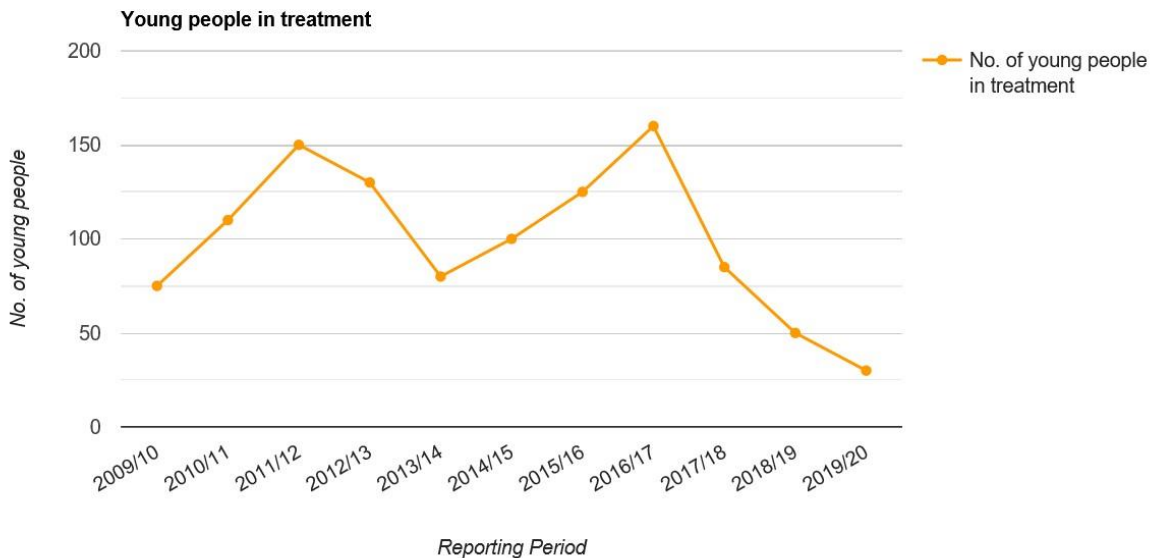
² <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking>

	estimate (2016-17)		
Opiate	1980	55%	46%
Crack cocaine	1635	59%	61%
Opiate and crack cocaine	2492	61%	53%
Alcohol only	3729	85%	82%

The most recent publically available prevalence estimates, including unmet treatment need, for opiate, crack cocaine and alcohol users in Southwark are as detailed in the table. Unmet treatment need has a significant impact on crime, including as a driver of drug markets through creating demand for drug supply, unemployment, homelessness and rough sleeping, safeguarding children and long term health resilience and reducing the risk of drug misuse death. There is a need to address this by actively identifying people that are not in treatment, and making attempts to engage them with the borough's treatment services; this will continue to be a key priority for the new service contract with a view to reducing risk of drug related death and improving wellbeing.

Substance Category	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Opiate	1325	1265	1225	1140	1115	1090	1035	955	905	890	880
Non-opiate only	170	155	175	195	230	235	230	135	160	210	165
Alcohol only	415	415	390	385	405	435	400	275	320	360	365
Non-opiate & alcohol	395	360	295	310	310	280	245	195	235	295	280

The number of adults accessing treatment has declined over the past ten years, with this downward trend mostly driven by reducing numbers of opiate users engaged with local treatment services. This is of concern when considering the prevalence of unmet need amongst problem drug users in the borough, and it is essential for future services to be commissioned to support an increase in the number of adults with drug and / or alcohol support needs accessing treatment and receiving appropriate care, although it is acknowledged that this is challenged by the existing financial situation, which has seen budgets reduced by 40% since 2014-15.



The number of under 18s accessing structured treatment in the borough has also reduced over time, and as of 2019-20, this represented the lowest rates of uptake since a specialist young person’s substance misuse service was first commissioned in Southwark in 2010. The reasons for this are not straightforward. Nationally, the rate of under 18s accessing structured treatment has been declining since 2009-10, but the rate of decline in Southwark is more stark. Many under 18s do not evidence levels and patterns of use that require a structured treatment episode under NDTMS, with their needs met by a lower threshold intervention that is not NDTMS reportable. However, a prudent approach is taken locally by commissioners, with a view that declining rates of engagement are a serious concern and may reflect that CYP drug and / or alcohol structured support needs are not being identified and addressed.

Users of the proposed service

The service will engage with any individual of any age with illicit drug and / or alcohol support needs in the London Borough of Southwark, regardless of protected characteristic or immigration status.

People with drug and / or alcohol misuse and dependence experience some of the most severe health inequalities, and evidence much poorer health than the general population. The extent of inequality is most profound in sub-groups of people with drug and / or alcohol support needs such as rough sleepers. Users of the proposed service are likely to be facing significant difficulties in multiple areas including:

- Physical ill-health, including positive blood borne virus status and issues arising from exposure to poor living conditions
- Difficulty in maintaining personal hygiene
- Poor nutrition
- Mental ill-health, including dual diagnosis (concurrent drug and / or alcohol use and mental ill-health), trauma and high levels of stress
- Problematic drug and / or alcohol use
- Insecure accommodation, or rough sleeping
- Legal issues, including involvement with the Criminal Justice System

- Limited literacy skills
- Language barriers
- No recourse to public funds
- Stigmatisation and discrimination
- Domestic abuse
- Social exclusion
- Safeguarding
- Difficulties engaging with support services
- Difficulties in retaining suitable accommodation
- Lack of support network
- Exploitation
- Adverse childhood experience

Equalities analysis

People who fall within a number of the identified protected characteristics groups are key users of the service. However, data and intelligence does not capture a breakdown of service usage for all of the protected characteristics. Available data includes:

- Age
- Race
- Sex (Gender)
- Disability
- Religion and belief
- Pregnancy and maternity
- Sexuality

There is no systematic recording of marriage and civil partnership or gender reassignment. Information about service users falling within these protected characteristics may be available to the current services where there is self disclosure, but this is not currently monitored.

Race

ethnicity	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
White	1570	1475	1405	1350	1385	1355	1300	1070	1140	1275	1245
Multiple ethnic group	90	90	80	75	80	70	60	70	75	85	75
Asian British	40	45	45	40	40	40	35	35	45	50	40
African/Caribbean/Black British	265	225	230	250	250	225	230	185	205	270	245
Other ethnic group	70	45	45	45	45	50	35	10	15	30	35

Between 2009-10 and 2019-20, most adults aged 18 years + at treatment start in Southwark were white, followed by people of African / Caribbean / Black British ethnicity, mirroring the national trend. In 2019-20, white people reflected 75.91% of treatment starts, with African / Caribbean / Black British second at 14.94%, multiple ethnic groups (4.57%), Asian / Asian British (2.44%) and other ethnic groups (2.13%).

Publically available data pertaining to race for children and young people under 18 years is not available on NDTMS.net.

The previous EIAs provide an overview of race in relation to drug and alcohol treatment engagement and prevalence in the rough sleeping population, the contents of which are relevant to this EIA update.

Research shows that Black Asian and Minority Ethnic groups, such as African, Caribbean, Chinese and Vietnamese ethnicities, are under-represented by 'mainstream drug and alcohol services'³. The most recent publically available data in Southwark could indicate this, with 75.91% of the adult caseload in 2019-20 identifying from a white ethnic group, and 24.09% self-reporting from a Black Asian and Minority Ethnic group.

Black Asian and Minority Ethnic people may be less likely to present for drug and alcohol treatment for a number of reasons. Firstly, some believe there is less awareness in such groups of the impacts and risks of drug and alcohol use. Stigma associated with illicit drug use can be the biggest barrier to accessing treatment. People from Black Asian and Minority Ethnic backgrounds are more likely to disclose cannabis use, in addition to crack, Khat and amphetamine use. As such, the needs presented by Black Asian and Minority Ethnic people can differ from white ethnicities, and so treatment requires culturally appropriate and nuanced offer to effectively engage people in treatment, and to reduce barriers to care. Additionally, more intensive engagement may be required to build up trust and recovery capital within these groups.

As a result of this, consideration in relation to approach and offer is required by drug and alcohol services to engage with people from a Black Asian and Minority Ethnic background e.g. using an assertive outreach model. Whilst prevalence of drug and / or alcohol use and dependence is lower in Black Asian and Minority Ethnic groups, 50% of Southwark's resident population represent a Black, Asian or Minority ethnic group, reflecting a disproportionality when considering the local treatment rates of around a quarter identifying from these groups.

Throughout the life of the current community contracts, there has been a focus on efforts to continuously improve the local treatment offer for people from Black Asian and Minority Ethnic communities, and to improve rates of engagement, with some of the key activities outlined in the previous EIA.

The impact of the proposed service is considered to be positive in terms of race as follows.

- Clear resources for assertive outreach provision in the future treatment system model will provide greater coverage in non-treatment hub settings, thus increasing opportunities to access treatment for individuals and groups that are less likely to self-present (including Black Asian and Minority Ethnic people).
- Fixed contract price defined by the successful provider, with no performance related pay aspect, will better enable the funding of substantive posts, creating additional capacity to work with service users on an ongoing basis.

³ <http://www.nta.nhs.uk/publications.aspx?category=Equality+and+Diversity>

- The Recovery Support Service (RSS) continues to be commissioned at the time of writing, and continues to work with faith based organisations to publicise the treatment offer
- Service design in partnership with community groups through the RSS contracted provider Janus to ensure potential barriers are addressed prior to service delivery, plus review mechanisms in place to address changing needs
- Proposal to include a requirement for the successful provider to develop effective partnerships with Black Asian and Minority Ethnic-led organisations in the borough and London to increase the representation of these groups in treatment
- To undertake further qualitative analysis of substance groups and support needs, such as mental health and rough sleeping vulnerability, aligned with ethnicity to establish an improved understanding of the race demographics of people using illicit drugs and / or alcohol in Southwark, and for this to be a continuous conversation throughout the life of the contract

Age

Age Group	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
18-29	365	315	290	300	275	255	240	190	170	200	185
30-49	1585	1505	1420	1325	1330	1240	1105	870	885	930	900
50+	355	370	380	400	455	545	565	500	570	630	605

Age (young people)	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Under 14	5	5	5	5	5	5	15	20	15	0	0
14-15	35	40	55	35	25	45	55	65	30	20	15
16-17	40	65	90	90	50	50	55	80	45	30	20

In 2019-20, the largest cohort of adults aged 18 years + in treatment were in the 30-49 bracket (53.25%), followed by 35.80% in the 50 + category, and 10.95% in the 18 – 29 category. When considering the reduction in numbers of people entering treatment across the years, this has been reflected in the 18 – 49 age bracket, with a year-by-year increase in the numbers of over 50's in treatment. This reflects the national trend of an ageing cohort of older users.

In 2018-19 and 2019-20, no CYP under the age of 14 years started structured treatment, representing a downward trend when compared to 2016-17 and 2017-18. This data only reflects structured treatment starts, with brief interventions not reportable to NDTMS, therefore it cannot be considered as indicative of no under 14s in the borough with a drug and / or alcohol support need. 2019-20 reflected the lowest number of CYP under 18 years receiving structured treatment support; again, this may be because their needs were met by a non-NDTMS reportable intervention. However, this does raise concerns of unidentified drug and / or alcohol structured support needs in the under 18 cohort in the borough.

The previous EIAs provide an overview of age in relation to drug and alcohol treatment engagement and rough sleeping, the contents of which are relevant to this EIA update.

Older drug and alcohol users with long term patterns of use are more likely to present to treatment with complex, multiple health and social care needs. Many entrenched substance users in their 40s and 50s present with the health and social care needs of people in their 60s and 70s, but are ineligible for older people's services. Support needs include, but are not limited to:

- Complex health care needs – such as Chronic Obstructive Pulmonary Disease (COPD)
- Mobility Issues – some requiring home visits, support picking up Opiate Substitute Treatment or escorting to hospitals and other appointments
- Significant social care needs – such as difficulty managing toilet needs, keeping a habitable home environment, developing and maintaining personal relationships, managing nutrition and/or maintaining personal hygiene.
- Grief management, loneliness support

Locally, over 70% of the adult caseload in 2018-19 were aged 40 years +, with opiates as a primary drug of choice, presenting challenges for the future delivery of the services in order to meet their needs against a financial envelope that has seen a 40% reduction since 2014-15, and with no long term additional funding identified to boost capacity.

In 2020, the highest rates of drug misuse deaths in England and Wales were reflected in the 45 – 49 age bracket, and this warrants careful consideration in relation to appropriate risk management of opiate users in this age group, and activities to reduce drug related death, such as naloxone programmes.

Younger people are more likely to be using other substances, such as cannabis, cocaine, novel psychoactive substances, club drugs and alcohol. Patterns of use that become problematic, but that do not reflect dependence, require a different approach. This poses challenges for services in terms of providing an appropriately attractive support offer that engages younger substance users as well as the more 'traditional' treatment population. This is particularly important in Southwark due to the younger demographic of the resident population, and increasing rates of prevalence in the use of cocaine and ecstasy in the 16 -24 cohort, that is not reflected in local treatment uptake.

Throughout the life of the current community contracts, there has been a focus on efforts to continuously improve the local treatment offer for people of all ages, and to improve rates of engagement, with some of the key activities outlined in the previous EIA.

The impact of the proposed service is considered to be positive in terms of age.

- Defining the proposed delivery of the service into four age-related pathways will ensure a priority focus of the provider on ensuring an appropriate support offer for each age cohort in alignment with the substances used and other engagement needs, such as opening times and locations
- Clear branding of pathways in the new contract that delineates provision for CYP in order that the service remains bespoke within the all-age provision.

- The new contract will specify requirement around out of hours opening to ensure that a comprehensive treatment offer, comparable to that provided during business hours, is available for people in education, training and employment
- Proposal to include a requirement for the successful provider to develop effective partnerships with organisations that cater for people with different support needs in different brackets in the borough and London to increase the representation of these groups in treatment
- To undertake further qualitative analysis of substance groups and support needs aligned with age to establish an improved understanding of the age demographics of people using illicit drugs and / or alcohol in Southwark, and for this to be a continuous conversation throughout the life of the contract
- Fixed contract price defined by the successful provider, with no performance related pay aspect, will better enable the funding of substantive posts, creating additional capacity to work with service users on an ongoing basis.
- A continued focus on improving naloxone access rates in the borough, with all opiate users being offered this regularly as part of their treatment package, and with a particular focus on people aged 45 years +
- Working in partnership with other services to plan for the care of younger people in treatment with the health and care needs of older people, but who are ineligible for care from older people's services

Gender

Sex	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Male	1590	1530	1475	1425	1445	1445	1330	1075	1140	1245	1220
Female	715	660	610	605	615	595	580	485	480	515	470

Sex (young people)	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Female	25	35	40	30	5	15	20	35	20	10	5
Male	50	75	105	100	75	85	105	125	65	40	25

NDTMS data reflects male and female only with no other gender categories.

Mirroring the national trend, a much higher proportion of males accessed treatment services in the borough throughout the last 11 years, reflecting the disproportionality of drug and alcohol use and dependence on this gender. In 2019-20, 72.2% of adult treatment starts were male compared with 27.8% of females, and 83.3% of under 18s starting treatment were male compared with 16.7% of females. There is no further breakdown of gender available.

Despite making up half of Southwark's population, less than a third of people in adult treatment in 2019-20 were female, falling to a much lower percentage when considering under 18s⁴. This may reflect prevalence estimates which show that females are less likely to use or have a problematic relationship with drugs and/or

alcohol. However, there is considerable evidence, including learning from local service delivery, that suggests that females need special consideration in relation to the service approach and offer to reduce barriers to seeking support. Many females with parental responsibilities fear that identifying themselves as substance users may lead to children being removed from their care, and this acts as a significant deterrent to accessing support.

Females are particularly vulnerable in relation to gender-based violence, and some in particularly vulnerable groups such as those sleeping rough, experience additional risks to personal safety, or having their needs met. The rough sleeping EIA explores this in more detail in relation to female rough sleepers.

There is a disproportionate gender effect in relation to drug poisoning deaths nationally, with men dying at much higher rates than women (3108 vs 1453 in 2020). This was also mirrored within the proportion of drug poisoning deaths that relate to drug misuse (the underlying cause is drug abuse or dependence, or any of the substances are controlled under the Misuse of Drugs Act 1971) where 2165 deaths were of male and 831 deaths were of female. The gender disparity may reflect the fact that almost half of all drug poisonings involve an opiate, and men are more likely to use opiates than women. The rates of cocaine related deaths continued to rise for the ninth year running in 2020, with a particularly high increase in women.

Locally, drug and alcohol treatment services have developed specialist provision that recognises a gender-sensitive approach, including female and male support groups.

The impact of the proposed service is considered to be positive in terms of gender.

- The new contract will continue to offer gender-specific groups and services, where appropriate.
- Fixed contract price defined by the successful provider, with no performance related pay aspect, will better enable the funding of substantive posts, creating additional capacity to work with service users on an ongoing basis.
- The provider will be required to use learning from the Rough Sleeping Drug and Alcohol Treatment Grant outreach team project to ensure that a bespoke engagement offer is available to female rough sleepers, which takes into account the particular challenges and vulnerabilities in this group
- Proposal to include a requirement for the successful provider to develop effective partnerships with organisations that cater for people of different genders with different support needs in the borough and London to increase the representation of these groups in treatment
- To undertake further qualitative analysis of substance groups and support needs aligned with gender to establish an improved understanding of the gender demographics of people using illicit drugs and / or alcohol in Southwark, and for this to be a continuous conversation throughout the life of the contract
- A continued focus on improving naloxone access rates in the borough, with all opiate users being offered this regularly as part of their treatment package, and with a particular focus on men aged 45 years +

Disability

Disability	2016/17	2017/18	2018/19	2019/20
Behaviour and emotional	20	50	80	140
Mobility and gross motor	15	25	50	45
Learning disability	5	15	30	35
Not stated	5	25	120	25
Other	10	25	15	25
Sight	0	5	5	10
Personal, self-care and continence	0	0	0	5
Progressive conditions and physical health	10	5	10	5
Hearing	0	5	10	5
Manual dexterity	5	0	0	0
Perception of physical danger	0	0	0	0
Speech	0	0	0	0

Disability data for CYP under 18 is not recorded, with NDTMS updated to report a breakdown of disability in the adult treatment population since 2016-17. In 2019-20, behaviour and emotional reflected the highest prevalence of disability (8.3% of adult treatment starts), and evidenced a significant increase when compared to the previous year. However, this may reflect improved data recording, as there was a substantial decline in the rates of 'not stated' between 2018-19 and 2019-20. 2.7% of the 2019-20 adult treatment population reported a disability categorised as 'mobility and gross motor', with 2.1% reporting a learning disability, and smaller prevalence rates for other disabilities linked to sight, personal, self-care and continence, hearing, progressive conditions and physical health, and not stated / other. This provides evidence of a range of disabilities in people with drug and / or alcohol support needs that require consideration in relation to an appropriate service offer that overcomes barriers to care that people with disabilities may face.

Just under half of adults entering treatment in 2019-20 reported a mental health support need. The small numbers of CYP engaged in structured treatment with an identified mental health support need mean that this cannot be documented in a public facing report.

Mental ill-health can be both a cause and a consequence of drug and / or alcohol use. Use of drugs and / or alcohol can result in poorer mental health in relation to anxiety, depression, and episodes of drug-induced psychosis. Some evidence exists that using some drugs can result in a first episode of mental ill-health being experienced. People with pre-existing mental ill-health may use substances to self-medicate or for symptom management. For some sub-groups of drug and alcohol users, such as people sleeping rough, there is a higher prevalence of concurrent drug and alcohol use and mental ill-health, which has a profound impact on the person and can impede their ability to access care.

There is limited evidence pertaining to the health of the hidden majority of people with learning disabilities who don't access services. Evidence suggests that people with learning disabilities are less likely to misuse drugs and / or alcohol than the general population. However, as more people with learning disabilities are supported with independent living in their community, access to substances increases, as does potential vulnerability to drug-related exploitation. People with learning disabilities are

an increased risk of substance misuse if they are young males with mental health conditions, and borderline to mild learning disabilities. There is evidence to suggest that children with learning disabilities are more likely to use alcohol to potentially harmful levels at a younger age.

Disability can increase the risk of drug and alcohol problems where inequality exacerbates use; for some people, services will be less accessible and their support needs will not be met. The lack of research in relation to levels and patterns of use in disabled people, as well as people with disabilities often being considered as a homogenous group, creates difficulties in services being able to provide an appropriate offer. However, there has been extensive efforts in Southwark over the past few years to increase the number of people with disabilities into treatment, with physical solutions to buildings implemented, as well as consideration of approach and offer.

The impact of the proposed service is considered to be positive in relation to disability.

- The future service will be required to respond to every person presenting to the service as an individual, particularly those with identified disabilities, and to provide an appropriate support offer to meet their needs. Physical hubs must be accessible to people with physical disabilities and disability friendly, with home visits and a digital offer provided to those that cannot access building space.
- A significant work programme is currently underway improve the borough's dual diagnosis pathway and service user experience. The future service will be required to work to improve partnerships and treatment pathways with local mental health teams, which will, in turn, improve outcomes for these service users.
- An age-appropriate approach will be adopted, aligned with the four pathways, and this will ensure that CYP benefit from mental wellbeing support via GPs and The Nest as part of the model.
- The new contract specification will detail a specific focus on dual diagnosis, with an appropriate treatment offer that takes into account ability to access hub based services and outreach provision. Care for adults with dual diagnosis will also be considered in partnership with social care and mental health.
- Fixed contract price defined by the successful provider, with no performance related pay aspect, will better enable the funding of substantive posts, creating additional capacity to work with service users on an ongoing basis.

Religion and Belief

Religion	2016/17	2017/18	2018/19	2019/20
None	295	285	455	440
Christian	200	255	255	205
Unknown	10	30	50	40
Decline	5	20	30	30
Muslim	25	35	25	25
Other	25	20	30	20
Pagan	0	0	5	5
Jewish	5	0	5	5
Buddhist	0	5	5	5
Bahai	0	0	0	0
Hindu	0	0	0	0
Jain	0	0	0	0
Sikh	0	5	0	0
Zoroastrian	0	0	0	0

No data on religion is reported for CYP under 18. For 2019-20, the data indicates that this may not always be asked as a question of adult treatment entrants as the numbers do not equate to the number of people that started treatment in 2019-20. The majority of people that reported their religion stated they had no religion, with a range of other religions reported by smaller numbers of people.

The impact of the proposed service is continued to be positive in terms of religion and belief.

- Sufficient resources for assertive outreach provision in the future treatment system model will provide greater coverage in non-treatment hub settings, thus increasing opportunities to access treatment for people that are less likely to self present.
- Fixed contract price, defined by the successful provider, with no performance related pay aspect, will better enable the funding of substantive posts, creating additional capacity to work with service users on an ongoing basis.
- The RSS continues to be commissioned at the time of writing, and continues to work with faith based organisations to publicise the treatment offer
- The council and service will continue to work with our peer support and service user community service to address barriers to access
- Proposal to include a requirement for the successful provider to develop effective partnerships with organisations that cater for people of different faiths with different support needs in the borough and London to increase the representation of these groups in treatment

Sexuality

Sexual Orientation	2016/17	2017/18	2018/19	2019/20
Heterosexual	515	575	760	670
Gay/Lesbian	30	45	50	45
Bisexual	5	15	15	20
Not stated	15	20	15	15
Client asked and does not know or is not sure	0	5	0	5
Other	0	0	0	0

The vast majority of adults aged 18 years + that started treatment in 2019-20 self-reported as heterosexual, with smaller numbers of people self-reporting as gay / lesbian, bisexual and not stated or unsure. This reflects a continuation of the prevalence rates for the borough identified by the Official for National Statistics (detailed in the previous EIA). No data is available on local rates of people known to treatment self-reporting as transgender.

The rough sleeping EIA explored a range of issues facing LGBTQ+ people that are of relevance to protected characteristics in the context of drug and alcohol treatment, and this should be considered alongside this update.

People identifying as LGBTQ+ face discrimination and stigma not experienced by heterosexual people, as well as increased vulnerability to abuse and violence due to their sexuality. Barriers to accessing support for drug and / or alcohol use for females identifying as lesbian can arise from a disproportionate service focus on men who have sex with men. Additionally, a lack of access to mainstream services and LGBTQ+ specific services can also affect engagement rates.

Chemsex (use of drugs as part of sexual experience) is most common to gay and bisexual men, and presents additional risks to those that partake in this practice, including risks associated with injecting drugs, unsafe sex, and risks from mixing a range of substances.

The impact of the proposed service is considered to be positive in terms of sexuality.

- The future service will continue to provide a comprehensive chemsex pathway
- Sufficient resources for assertive outreach provision in the future treatment system model will provide greater coverage in non-treatment hub settings, thus increasing opportunities to access treatment for individuals and groups that are less likely to self-present.
- Fixed contract price, defined by the successful provider, with no performance related pay aspect, will better enable the funding of substantive posts, creating additional capacity to work with service users on an ongoing basis.
- The new contract will specify requirement around out of hours opening to ensure that a comprehensive treatment offer, comparable to that provided during business hours, is available for service users in education, training and employment
- Continue to work with our peer support and service user community service to address barriers to access

- The council and service will continue to work with our peer support and service user community service to address barriers to access
- Proposal to include a requirement for the successful provider to develop effective partnerships with organisations that cater for people of different sexualities with different support needs in the borough and London to increase the representation of these groups in treatment, including the development of an appropriate support offer for lesbian women.

Marriage and Civil Partnership

There is no recorded data on rates of marriage and civil partnership in the local treatment population. The current and future service offers are accessible to any person with drug and / or alcohol support needs resident in Southwark, and this includes those that are married or in a civil partnership.

Pregnancy and maternity

Very small numbers of adults aged 18 years + presented to treatment services whilst pregnant in 2019-20. This number is even rarer in the under 18 cohort. The use of illicit drugs and alcohol during pregnancy carries the risk of serious adverse effect on unborn children, including problems with the placenta, miscarriage and stillbirth, and pre-term labour as well as problems with fertility. Babies born to mothers using drugs and alcohol during pregnancy can experience low birth weight, birth and heart defects, blood borne virus infections and neonatal abstinence syndrome. Later in life, these children may develop other problems including issues with behaviour and learning, slower than normal growth, and the effects of foetal alcohol syndrome.

It is imperative that services provide an appropriate support offer to assist with the early identification of pregnant service users, and work in partnership with a range of services to provide care and support.

The impact of the proposed service is considered to be positive in terms of pregnancy and maternity.

- The new service contract will require partnership working with health, maternity and children's social care services.
- Fixed contract price defined by the successful provider, with no performance related pay aspect, will better enable the funding of substantive posts, creating additional capacity to work with service users on an ongoing basis.
- The council and service will continue to work with our peer support and service user community service to address barriers to access
- Sufficient resources for assertive outreach provision in the future treatment system model will provide greater coverage in non-treatment hub settings, thus increasing opportunities to access treatment for people that are less likely to self present.

