Havering Combating Substance Misuse Strategy

Equality & Health Impact Assessment (EqHIA)

November 2023

Document control

Title of activity:	*Combating Substance Misuse Strategy*
Lead officer:	*Anthony Wakhisi, Principal Public Health Specialist*
Approved by:	*Mark Ansell, Director of Public Health*
Date completed:	*15/11/2023*
Scheduled date for review:	*November 2028*

Please note that the Corporate Policy & Diversity and Public Health teams require at least **5 working days** to provide advice on EqHIAs.

Did you seek advice from the Corporate Policy & Diversity team?	Yes / No
Did you seek advice from the Public Health team?	Yes / No
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

Please note that EqHIAs are **public** documents and must be made available on the Council's EqHIA webpage.

Please submit the completed form via e-mail to EqHIA@havering.gov.uk thank you.

1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact EqHIA@havering.gov.uk for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

About your activity

1	**Title of activity**	*Havering Combating Substance Misuse Strategy*		
2	**Type of activity**	*Multi-agency Strategy*		
3	**Scope of activity**	*This is a five year local strategy that aims at working with all partners to:* • *Break drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims* • *Deliver a world-class treatment and recovery system, including; improving access to support by tackling stigma, delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach.* • *Achieve a generational shift in the demand for drugs, including; preventing substance misuse and addiction. Supporting research, service audit, and evaluation.* • *Reduce risk and harm to individuals, families and communities, including; reducing harm related to substance misuse and safeguarding the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach)*		
4a	**Are you changing, introducing a new, or removing a service, policy, strategy or function?**	Yes	If the answer to <u>any</u> of these questions is **'YES'**, please continue to question **5**.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is **'NO'**, please go to question **6**.
4b	**Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?**	Yes		

4c	**Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?**	Yes		
5	**If you answered YES:**	**Please complete the EqHIA in Section 2 of this document.** Please see Appendix 1 for Guidance.		
6	**If you answered NO:**	*Please provide a clear and robust explanation on why your activity does not require an EqHIA. This is essential in case the activity is challenged under the Equality Act 2010.* *Please keep this checklist for your audit trail.*		

Completed by:	*Anthony Wakhisi, Principal Public Health Specialist, Public Health, London Borough of Havering*
Date:	*15/11/2023*

2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

Background/context:
Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all, with the most deprived areas facing the greatest burden. According to the UK Government estimates, drugs misuse costs society nearly £20 billion a year. Nearly 3,000 people tragically lose their lives through drug misuse related deaths in England & Wales each year. In Havering, statistics show substance misuse remains a priority issue that requires a sustained integrated approach to tackle. Latest data show an increase of annual substance misuse related crime incidents. Cases have nearly tripled since 2016 from 388 to 1,084 in 2022. In 2022, 938 possession of drugs crimes and 146 drug trafficking crimes were reported in Havering. Alcohol-related mortality among males has also been rising in the last three years with the latest data (2020) showing alcohol-related mortality in Havering (57/100,000) was higher than the London average (51/100,000). It is estimated that there are more than two thirds (67%) opiate and /or crack users aged 15-64 in Havering not in treatment. Of concern also is that out of a total of 364 new adult presentations to treatment for substance misuse during 2019/20, 77 (21%) were parents or adults living with children.

The Havering Combating Substance Misuse Strategy has been drafted in response to the UK 10 year drugs strategy, '[From harm to hope: A 10-year drugs plan to cut crime and save lives]' published in December 2021. It is based on best practice guidelines as outlined by the national strategy and includes specific performance indicators that will be monitored locally and reported to the central government. The strategy also utilises findings and recommendations from a comprehensive local drug and alcohol needs assessment carried out in 2022.This new strategy will replace Havering Drug and Alcohol Harm Reduction Strategy 2016-19, the review of which was delayed due to the COVID-19 pandemic.

Vision

The five year strategy's vision is; *reduced drug and alcohol misuse in Havering alongside effective local services that support and safeguard users, families, and communities from the harms of addiction.*

Aim

The aim is to work with all partners to:

- Break drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims
- Deliver a world-class treatment and recovery system, including; improving access to support by tackling stigma, delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach.
- Achieve a generational shift in the demand for drugs, including; preventing substance misuse and addiction. Supporting research, service audit, and evaluation.
- Reduce risk and harm to individuals, families and communities, including; reducing harm related to substance misuse and safeguarding the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach)
- Reduce drug and alcohol misuse in Havering alongside effective local services that support and safeguard users, families, and communities from the harms of addiction.

Objectives

Specific objectives include:

- To support more young people to resist drug and alcohol misuse
- To reduce drug dealing activities
- To find county lines in North East London and ensure they are closed.
- Increase the number of people seeking advice, support and treatment
- Increase treatment and recovery capacity
- Ensure there is a treatment place for every offender with an addiction
- Ensure support for dual diagnoses- substance misuse, alcohol misuse, learning difficulty or mental health concerns
- Reduce number of substance misuse related hospital admissions

- Ensure physical and mental health conditions of individuals with substance misuse problems are managed by relevant services without waiting to complete substance misuse treatment
- Ensure more people achieve long-term recovery from substance dependency
- Ensure more people recovering from addiction are in sustained employment and in stable and secure housing
- Ensure more families are supported; fewer children taken into care
- Reduce mortality due to substance misuse

Local Strategic Outcomes

Expected outcomes from the implementation of the new strategy include:

- A greater collaboration among members in delivering services that will lead to improved multi-agency working arrangements including the formalisation of previous loose and informal arrangements
- Increased referrals from police, courts and probation into drug treatment
- Improved co-ordination of relevant local services leading to improved delivery of services including easier information sharing and access to information
- Involvement of service users and frontline professionals in the development of the local strategy and associated plans leading to a wider co-operation and ownership of local plans and services
- Service expansion to deliver new high-quality drug and alcohol treatment places
- More people recovering from addiction in sustained employment, stable and secure housing

Stakeholders

The implementation of the strategy will be overseen by representatives of key stakeholders who have been active participants in the development process. This is group is known as the Havering Combating Drugs Partnership (CDP) which was established in August 2022. Below is the list of member organisations and representatives:

Member organisations/representatives of the Havering Combating Drugs Partnership

• LB Havering Public Health • LB Havering Elected member representatives for adults and children services • LB Havering Public Involvement Lead & Communities • Community Safety Partnership and Crime Prevention • Police and Crime Commissioner • Metropolitan Police • Probation Service Representative • Integrated Offender Management and Serious Group Violence • CGL • NELFT	• LB Havering Housing • Jobcentre Plus / DWP • LB Havering Adult Social Care • LB Havering Children Services • LB Havering Early Help • Schools and Education • Safeguarding Board • NHS NEL ICB • Local Pharmaceutical Committee • GP Representative • Voluntary Care Sector • Youth Justice Board • Service User with Lived Experience • Independent Domestic Violence Advocate • LB Havering Licensing Team

• BHRUT A&E • Healthwatch	• LB Havering Communications

Who will be affected by the activity?
All Havering residents including those directly or indirectly affected by substance misuse and service providers **Expand box as required*

Protected Characteristic - Age: Consider the full range of age groups		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The impacts of substance misuse and resultant addiction are multigenerational and multidimensional, cut across all age groups and go beyond the relatively small cohort with dependency problems. Substance misuse drives criminal behaviour, from domestic violence, antisocial behaviour and acquisition crime to sexual exploitation, slavery and gang violence. Hence, the partners in Havering will work together to implement programmes that consider unique risk factors and treatment needs at various life stages and age groups (children and young people, working age group and older adults). These broadly include; breaking drug supply chains, delivering a world-class treatment and recovery system, achieving a generational shift in the demand for drugs and reducing risk and harm to individuals, families and communities **Expand box as required*
Neutral		
Negative		
Evidence: According to the latest census report (2021), Havering's resident population is estimated to be 262,000. This represents a growth by approximately 24,800 (10.4%) since the last census in 2011. Compared to the last census done a decade ago (2011), the 2021 Census shows the number of children aged under 18 in Havering has seen an increase of 15.2% (from 50,827 to 58,550), greatly outpacing the 4.8% and 3.9% increases in London and England, respectively. Havering now has a higher proportion of children aged 0-17 (22.3%) than 80% of local authorities in England. The ONS predicts that the 0-17 population will grow to 61,350 by		

2031. This is a vulnerable group at high risk of engaging in substance misuse due to their increased interaction with social media some of which appear to promote substance misuse and facilitate easy access.

Furthermore, Havering still has one of the highest proportions of older people aged 65+ in London (second after Bromley). The combined impact of having both a large older population and now a large (and growing) young population is that Havering now has the lowest proportion of working-age adults in London.

Evidence shows there is a growing trend of substance misuse especially alcohol among older people. Furthermore, chronic health conditions tend to develop as part of aging, and older adults are often prescribed more medicines than other age groups, leading to a higher rate of exposure to potentially addictive medications.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

The Influence of Social Media on Teen Drug Use - Addiction Center

Substance Use in Older Adults DrugFacts | National Institute on Drug Abuse (NIDA) (nih.gov)

**Expand box as required*

Protected Characteristic - Disability: Consider the full range of disabilities; including physical, mental, sensory and progressive conditions		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The strategy through its defined priority areas will work with other partners to ensure people living with disability are aware of and can easily access available substance misuse services.
Neutral		
Negative		The strategy has prioritised improvement of dual diagnosis care pathways in implementation of the strategy which includes holistic provision of care for mental and physical health needs alongside substance use. One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including people living with disability.

		Through collaboration with partners, social, economic, and health factors associated with disability which are also risk factors for substance misuse and addiction will be addressed. Disability stigma and stereotypes that are common around substance use by disabled people and their ability to engage in treatment and recovery have also been highlighted and are included in the joint action plans. **Expand box as required*

Evidence:

According to census 2021, there are an estimated 38,449 residents living with mental and physical disability. This is equivalent to 15.3%, of the total Havering population. This is slightly lower than London (15.6%) and England (17.7%) averages.

In 2021 and 2022, a total of 379 adults with dual diagnosis (mental illness and substance misuse) were referred to the Havering treatment service (CGL) from NELFT.

Disabilities and addiction can tragically be a common pair. People with disabilities are substantially more likely to suffer from substance use disorders (SUDs) than the general population, and they are also less likely to receive treatment for them. The inverse can also be true. People with an addiction are also more likely to become disabled, either through accidental injury or through long-term side effects of substance abuse.

A disability and lack of support can easily discourage someone's happiness and sense of purpose in life, creating depressing states. Co-occurring disorders, like depression, anxiety, and unhealed trauma, are especially common among disabled persons, leading many to seek a false sense of comfort with harmful substances.

Individuals with mental and physical disabilities battle unique stressors, such as social perspectives that see them as outsiders, an inability to qualify for certain careers, access to certain benefits, and an inability to participate in a number of activities to the extent that they would like.

Individuals with disabilities are more likely to be unemployed; disabled adults 25 and older are less likely to have completed high school and more likely to live in poverty. They are more likely to be victims of violent crimes and struggle with health conditions like obesity and smoking. All of these factors contribute to the high rates of substance use seen in the disabled community.

The complex interplay of social, economic, and health factors associated with disability are also risk factors for substance use, unhealthy use, and addiction. Disability stigma and stereotypes are common around substance use by disabled people and their ability to engage in treatment and recovery.

Attitudes, discriminatory policies or practices, communications, and physical constraints reflect ableism and affect the ability of people with disabilities to enter addiction treatment. Once treatment is initiated, success can be maximized by meeting specific disability-related needs. For people with physical and sensory disabilities, if physical accessibility and communications accommodations are met, success in addiction treatment presumably should parallel that of people without these disabilities. For people with

intellectual, developmental, and cognitive disabilities, success may require additional adaptations.

Promising approaches exist but cross-systems training and collaboration is essential. By reducing ableism, misbeliefs, and stigma and offering flexible treatment approaches along with the required accommodations, people with disabilities who also have addiction should be supported in reducing unhealthy substance use and in their paths to recovery.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

Aspire - Havering | Change Grow Live

Health_inequalities_substance_misuse (2).pdf

Intersection of Disability With Substance Use and Addiction | Oxford Research Encyclopedia of Global Public Health

NDTMS, the national monitoring system: https://www.ndtms.net/

**Expand box as required*

Protected Characteristic - Sex/gender: Consider both men and women		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	Evidence shows the prevalence of substance misuse is higher among males than females. However, the impacts of substance misuse cut across all genders and go beyond the relatively small cohort with dependency problems. Substance misuse drives criminal behaviour, from domestic violence, antisocial behaviour and acquisition crime to sexual exploitation, slavery and gang violence. Through partnership working agreed actions will be implemented that address gender specific risk factors and treatment needs. The four priority areas designed to guide this process include; breaking drug supply chains, delivering a world-class treatment and recovery system, achieving a generational shift in the demand for drugs and reducing risk and harm to individuals, families and communities **Expand box as required*
Neutral		
Negative		

Evidence:
According to the 2021 Census, there are approximately 262,052 people living in Havering. Of this, 52% (135,668) are females and 48% (126,384) are males.

Evidence shows the prevalence of substance misuse is higher among males than females. For example, CGL data shows in 2022 there were 277 adult males in treatment as compared to 172 women.

Latest data also shows in 2020/21 the Havering rate of male hospital admissions due alcohol related conditions (1931/100,000) was nearly four times that of females (562/100,000).

Evidence also shows men are more likely than women to use almost all types of illicit drugs and illicit drug use is more likely to result in emergency department visits or overdose deaths for men than for women. However, the impacts of substance misuse cut across all gender and go beyond the relatively small cohort with dependency problems.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

Aspire - Havering | Change Grow Live

Public health profiles - OHID (phe.org.uk)

Substance Use in Women Research Report: References | NIDA (nih.gov)

**Expand box as required*

Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and natio		
Please tick (✓) the relevant box:		**Overall impact:** The strategy through its defined priority areas will work with other partners all ethnic backgrounds are aware of and can easily access available subst services without feeling discriminated on racial basis. One of the key aims of the Havering CSM strategy is to reduce risk and ha families and communities by reducing harm related to substance misuse a the vulnerable from abuse and harm. Through collaboration with partners the strategy aims at identifying and tac economic, and health inequalities experienced by any ethnic group which a for substance misuse and addiction. The strategy as specified in action plans, will also identify and address sub related stigma and stereotypes that may be prevalent in some ethnic group ability to engage in treatment and recovery.
Positive	✓	
Neutral		
Negative		

Evidence:

According to the 2021 Census, there are approximately 262,052 people living in Havering. White Briti common ethnic group in Havering, with 66.5% (174,232) of the population identifying in this group. Th common ethnic group is Asian, accounting for 10.7% (28,150). Table below shows the ethnic breakdo according to 2021 census.

Ethnic Group	Havering (Number)	Havering (%)
Asian, Asian British or Asian Welsh	28150	10.7
Black, Black British, Black Welsh, Caribbean or African	21567	8.2
Mixed or Multiple ethnic groups	9747	3.7
White	197314	75.3
Other ethnic group	5274	2.0

As of September 2022 the majority of patients in CGL treatment were White (298) followed by Black (This is consistent with the Havering ethnic demographic profile.

Evidence shows drug use is generally proportionally greater amongst white communities than minorit the UK but this may change as young people become more absorbed into predominant national cultu for increasing drug problems in these communities. The extreme social stigma associated with drug u groups may also lead to under-estimation of problems and inhibit service provision.

Evidence shows that ethnicity influences health outcomes via multiple routes. For example, experien and exclusion as well as the fear of such negative incidents, can have a significant impact on mental

Health-related practices, including healthcare-seeking behaviours, also vary between ethnic groups. there are marked ethnic differences regarding the wider determinants of health. Taken together the complex picture such that some minority ethnic groups appear to have better health status than the Wh and some much worse; with the pattern differing with life stage, disease and risk factor.

Hence, it is difficult and potentially misleading to make generalisations. Nonetheless some groups identifying as Gypsy or Irish Traveller, and to a lesser extent those identifying as Bangladeshi, Pakista as having poor health across a range of indicators.

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

Aspire - Havering | Change Grow Live
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730917/local_action_o

Policy report - Drugs and diversity_ ethnic minority groups (policy briefing).pdf (ukdpc.org.uk)

Protected Characteristic - Religion/faith: Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The impacts of substance misuse and resultant addiction are multidimensional and cut across all religions going beyond the relatively small cohort with dependency problems. Through the combating substance misuse partnership, the strategy is committed to working with all faith groups in Havering in prevention of substance misuse, treatment, recovery and rehabilitation of affected persons. The strategy as specified in action plans, will also identify and address stigma and stereotypes that may be prevalent in any religious groups to enhance their ability to engage in treatment and recovery. **Expand box as required*
Neutral		
Negative		

Evidence:

According to Census 2021, the most commonly reported religion in Havering is Christian, with 52.2% of the total population in 2021 describing themselves as Christian. This is a reduction from 65.6% in 2011. No religion was the second most common response, with 30.6% identifying in this category, up from 22.6% in 2011. Other religions Accounted for 11.7% of the total Havering population.

Religion and Faith's relationship with substance misuse largely point to the instrumental contribution of these groups to substance abuse prevention and recovery. A large majority of cases show that religious and spiritual beliefs and practices lead to lower levels of substance abuse, including reduced likelihood of using various drugs, in the course of a lifetime.

Among people recovering from substance abuse, some evidence shows that higher levels of religious faith and spirituality are associated with several positive mental health outcomes, including more optimism about life and higher resilience to stress, which may help contribute to the recovery process.

Addiction recovery doesn't have to include religious elements to be effective. However, spiritual practices can be beneficial to many people in recovery.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Havering Intelligence Hub – Population Intelligence Briefings

Census - Office for National Statistics (ons.gov.uk)

Belief, Behaviour, and Belonging: How Faith is Indispensable in Preventing and Recovering from Substance Abuse - PMC (nih.gov)

Religious faith and spirituality may help people recover from substance abuse (apa.org)
Is Religion A Necessary Part of Drug and Alcohol Addiction Recovery? (therecoveryvillage.com)

**Expand box as required*

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	Evidence shows the prevalence of substance misuse is higher among lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) persons. However, the impacts of substance misuse cut across all sexual orientations and go beyond the relatively small cohort with dependency problems. Through partnership working agreed actions will be implemented that that will address identified risk factors and barriers to treatment and recovery associated with members of LGBTQ+ community. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by the LBGTQ+ community as this are known risk factors for substance misuse and addiction. The strategy as specified in action plans, will also identify and address sexual orientation related stigma to enhance LGBTQ+ person's ability to engage in treatment and recovery. **Expand box as required*
Neutral		
Negative		

Evidence:

There are approximately 4,000 people in Havering identifying as either gay, lesbian or bisexual. This a significant number but proportionately less than the London and England averages.

Table: Estimated number and percentage of persons by sexual orientation, Havering, London and England

Sexual Orientation	Number	%	London	England
Heterosexual or straight	201,700	97.2%	88.9%	93.3%
Gay or lesbian	2,800	1.3%	2.6%	1.6%
Bisexual	1,100	0.5%	1.2%	1.1%
Other	-		0.7%	0.7%
Don't know or refuse	1,200	0.6%	6.5%	3.3%

According to the Havering CGL records 22 people in treatment identified themselves as LGBTQ+ in 2022. Evidence shows substance misuse is a significant problem among members of the LGBTQ+ community. From alcohol abuse and binge drinking to the use of harder drugs like methamphetamines, heroin, and opioids, many people in the sexual minority struggle with addiction.

Statistics show that LGBTQ+ adults are more than twice as likely as their heterosexual counterparts to use illicit drugs and almost twice as likely to suffer from a substance abuse disorder. There are many contributing factors to the high prevalence. These include; discrimination and social stigma, bullying, harassment and being victims of hate crimes. They also lack support as many choose to keep their sexual identity secret to

avoid discrimination. Living this type of double life can create feelings of loneliness and anxiety.

LGBTQ+ persons who do choose to come out often face rejection from family and friends, and as a result often turn to substance abuse to help dull the pain. For those suffering from internalized homophobia, alcohol and drugs serve as a mechanism for silencing negative thoughts.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Office for National Statistics: Annual Population Survey

Aspire - Havering | Change Grow Live

Medley, G., Lipari, R.N., Bose, J., Cribb, D.S., Kroutil, L.A., &McHenry, G.. (2016). Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health

**Expand box as required*

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:	
Positive	✓
Neutral	
Negative	

Overall impact:
Gender reassignment is not currently captured in local drug and alcohol treatment data, but evidence shows it is a major risk factors for substance use.

To ensure substance use treatment services are inclusive, gender identity will be recorded and targeted interventions implemented.

Through partnership working identified risk factors and barriers to treatment and recovery associated with transgender persons will be addressed.

Through collaboration with partners the social, economic, and health inequalities experienced by transgender persons will be identified and tackled as these are known risk factors for substance misuse and addiction.

The strategy as specified in action plans, will also identify and address any gender reassignment stigma within services to enhance their ability to engage in treatment and recovery.

**Expand box as required*

Evidence:

According to Census 2021 data there are over 1,000 residents aged over 16 in Havering who can be classified as transgender.

Detailed breakdown of gender identity in Havering for residents aged 16 and over

Gender Identity	Number	Percentage
Gender identity the same as sex registered at birth	196,462	93.67%
Gender identity different from sex registered at birth but no specific identity given	528	0.25%
Trans woman	228	0.11%
Trans man	212	0.10%
Non-binary	60	0.03%
All other gender identities	39	0.02%
Not answered	12,201	5.82%
Total	209,730	100.00%

Gender reassignment is not currently captured in local drug and alcohol treatment data, but evidence shows it is a major risk factors for substance use. Minority stress theories suggest that high rates of discrimination experienced by transgender people are precipitants of substance use. This risk is likely exacerbated by an inadequate provision of trans-inclusive substance misuse services.

**Expand box as required*

Sources used:

Census - Office for National Statistics (ons.gov.uk)

Prevalence and correlates of substance use among transgender adults: A systematic review - PubMed (nih.gov)

Substance use is higher and more excessive in transgender people: evidence, limitations and gaps (nationalelfservice.net)

**Expand box as required*

Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	Substance misuse in a marriage / civil partnership directly affects both spouses /partners and other family members including children where present. Substance is a major driver of domestic violence among spouses / partners. The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals regardless of marital status. The strategy as specified in action plans, will also identify and address stigma and stereotypes related to marital status e.g. civil partnerships that may disadvantage anyone and implement measures that will enhance their ability to engage in treatment and recovery. **Expand box as required*
Neutral		
Negative		

Evidence:

According to the 2021 census, 1 in 5 homes (21%) have a couple with dependent children while the percentage of households including a couple without children is 13.2%.

Havering had a total of 364 new adult presentations to treatment for substance misuse during 2019/20. Of those, 77 (21%) were parents or adults living with children.

There are approximately 399 adults in Havering with alcohol dependence living with children. Only 80 are in treatment indicating the majority (80%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (75%)

There are approximately 189 adults in Havering with opiate dependence living with children. Only 59 are in treatment indicating the majority (69%) are unattended to and therefore potentially a threat to child safety. This rate is higher than the national benchmark of unmet treatment need (72%)

Numerous studies have been done to find trends in drug dependence within single and married groups, and it has been found that an individual's marital status can indeed affect the likelihood of them falling victim to drug abuse. Many studies have shown that marriage actually accelerates a decrease in drug use when compared to those who remain single. But some studies have found adverse results.

It is concluded that marriage may be a protective factor against drug use, but dependent on several factors, such as qualitative spare time, a more mature relationship, a sense of commitment and intimacy.

In the case of a partner who uses drugs or drinks too much, the effect is felt by his or her partner, children, relatives, friends, and co-workers. There is consistent evidence of an association between substance misuse and parental conflict. Most longitudinal studies support the view that substance misuse increases the incidence of parental conflict though there are other studies that highlight how parental conflict can lead to substance misuse.

Children affected by both parental substance misuse and conflict are more at risk of presenting with mental health issues. A number of other stressors (including housing, financial instability, crime, schooling or parental mental health) can act cumulatively to increase a child's risk of negative outcomes.

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Census - Office for National Statistics (ons.gov.uk)

11043-A-2018.pdf (recentscientific.com)

Examination of the links between parental conflict and substance misuse and the impacts on children's outcomes - GOV.UK (www.gov.uk)

How Substance Abuse Affects Spouses/Marriage - Addiction Resource

**Expand box as required*

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant who are undertaking maternity or paternity leave

Please tick (✓) the relevant box:	
Positive	✓
Neutral	
Negative	

Overall impact:
Substance use during pregnancy and motherhood is both a public he criminal justice concern. Negative health consequences associated w use impact both the mother and the developing fetus.

A substance misusing male spouse is also a potential risk to both the developing fetus especially where there is physical and emotional abu

Through partnership working pregnant mothers identified as misusing will be referred for timely and appropriate intervention. Risk factors ar treatment and recovery associated with pregnant mothers and their s where applicable will also be addressed.

The Havering CSM strategy includes action plans aimed at reducing to individuals, families and communities by reducing harm related to s misuse and safeguarding of the vulnerable from abuse and harm incl pregnant mothers.

Through collaboration with partners the strategy aims at identifying ar any social, economic, and health inequalities experienced by any indi including pregnant mothers.

**Expa*

Evidence:
Data on pregnant women who misuse drugs and alcohol is not readily available and unreliable as ma
disclose this during their contact with health and social care services due to related stigma and fear o
Havering CGL records show there was one pregnant mother in treatment in 2021 and 2022.

Illicit drugs, solvents or medicines should not be misused during pregnancy due to the risk of clinical a
complications, including increased risk of mortality, and the risk of poor behavioural and development
in drug-exposed children.

According to the NHS England Maternity records (2019), most women for whom substance misuse st
recorded (95.5%) reported at their booking appointment that they had never misused illicit drugs, solv
medicines. Around 5,500 women (1.2%) reported that they were currently misusing illicit drugs, solve
medicines; and over 15,000 women (3.3%) reported previously misusing these substances.

Substance misuse was most common in women aged under 25 with nearly 1,500 women (1.6%) repo
currently using and around 5,800 (6.4%) stating that they had misused illicit drugs, solvents or medici
past. For those living in the most deprived areas, 2.5% said they were currently misusing illicit drugs,
medicines and 4.1% reported previously misusing these substances.

Medical experts are still undecided exactly how much – if any – alcohol is completely safe during preg
the safest approach is not to drink at all. Drinking in pregnancy can lead to long-term harm to the bab
more you drink, the greater the risk.

Drinking heavily throughout pregnancy can cause the baby to develop a serious condition called Feta
Syndrome (FAS) and other difficulties.

Drinking with a new-born baby is particularly risky at night for both parents. Parents are often unable
attentive to their infant and they can also fall asleep holding the baby which leaves them at greater ris
suffocation.

Using illegal or street drugs during pregnancy, including cannabis, ecstasy, cocaine and heroin, can h
potentially serious effect on the unborn baby. Medical advice is clear that all drug use should be stopp
pregnancy.

*Expa

Sources used:
Havering Substance Misuse Needs Assessment 2022

Aspire - Havering | Change Grow Live

Parents with alcohol and drug problems: adult treatment and children and family services - GOV.UK (www.gov.uk)

Pregnant women and substance use: fear, stigma, and barriers to care | Health & Justice | Full Text (biomedcentral.com)

Alcohol and drug use – Homerton Health Visiting (hackneyandcityhealthvisiting.nhs.uk)
https://www.bmj.com/content/bmj/369/bmj.m1627.full.pdf

https://assets.publishing.service.gov.uk/media/5dc00b22e5274a4a9a465013/Health_of_women_before_and_during_preg

*Expa

Socio-economic status: Consider those who are from low income or financially excluded backgrounds

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighborhood deprivation. Substance misuse and dealing tends to thrive more among deprived communities. Through partnership working the strategy aims at identifying and breaking drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims. Through partnership working, substance misuse risk factors and barriers to treatment and recovery associated with socioeconomic deprivation will be addressed. The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including those from deprived communities Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by social-economically deprived individuals and communities. **Expand box as required*
Neutral		
Negative		

Evidence:

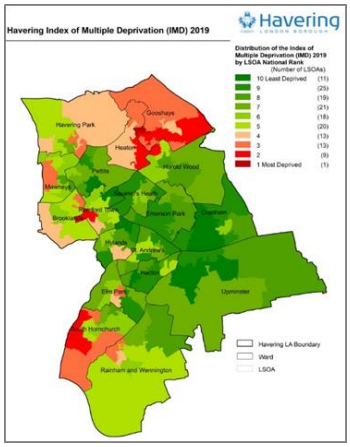
There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation.

Being in education or employment and being in good physical health can increase the chances of successful substance misuse treatment, whilst substance misuse can also impact on education, employment and health. Having housing problems or living in an area of higher deprivation can reduce the chances of successful treatment.

The Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The IMD ranks every small area (Lower Super Output Area) in England from 1 (most deprived) to 32,844 (least deprived). For larger areas the proportion of LSOAs within the area that lie within each decile can be compared.

Decile 1 represents the most deprived 10% of LSOAs in England while decile 10 shows the least deprived 10% of LSOAs. Ten LSOAs (6.7%) in Havering are in decile 1 and 2 i.e. most and second most deprived LSOA's nationally. These deprived areas are in the north and

south of the borough and along its western boundary are shown in map below. Overall, Havering is among the least deprived areas in London and nationally.



Gooshays and Heaton wards which are relatively more deprived in Havering also had the highest number of reported **substance misuse related incidents** in 2021 (307 and 275 incidents respectively).

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

Safestats (london.gov.uk)

English indices of deprivation 2019 - GOV.UK (www.gov.uk)

Advisory Council on the Misuse of Drugs (2018) What are the risk factors that make people susceptible to substance use problems and harm?

Public Health England (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost Effectiveness of Alcohol Control Policies

PHE, Health matters: preventing drug misuse deaths (2017)

**Expand box as required*

Health & Wellbeing Impact: Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.

Please tick (✓) all the relevant boxes that apply:	
Positive	✓
Neutral	
Negative	

Overall impact:
The combating substance misuse strategy will have a positive impact on the health and wellbeing of all Havering residents. This impact is clearly outlined in the strategy document as local strategic outcomes. These include:

- A greater collaboration among members in delivering services that will lead to improved multi-agency working arrangements including the formalisation of previous loose and informal arrangements
- Increased referrals from police, courts and probation into drug treatment
- Improved co-ordination of relevant local services leading to improved delivery of services including easier information sharing and access to information
- Involvement of service users and frontline professionals in the development of the local strategy and associated plans leading to a wider co-operation and ownership of local plans and services
- Service expansion to deliver new high-quality drug and alcohol treatment places
- More people recovering from addiction in sustained employment, stable and secure housing

**Expand box as required*

Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box

Yes ☐ **No** ✓

Evidence:
The use and abuse of alcohol and psychoactive substances is a worldwide public health issue with harms extending from the level of the individual to the family, community, and society. The UK is among the countries in Europe most affected by drugs and demand for them across the population is very high: over three million adults reported using drugs in England and Wales in the last year (2021).

Drug use drives crime, damages people's health, puts children and families at risk and reduces productivity – it impacts all, with the most deprived areas facing the greatest burden. According to the UK Government estimates, drugs misuse costs society nearly £20 billion a year. Nearly 3,000 people tragically lose their lives through drug misuse related deaths in England & Wales each year.

In Havering, statistics show substance misuse remains a priority issue that requires a sustained integrated approach to tackle. Latest data show an increase of annual substance misuse related crime incidents. Cases have nearly tripled since 2016 from 388 to 1,084 in

2022. In 2022, 938 possession of drugs crimes and 146 drug trafficking crimes were reported in Havering.

Alcohol-related mortality among males has also been rising in the last three years with the latest data (2020) showing alcohol-related mortality in Havering (57/100,000) was higher than the London average (51/100,000). In 2020/21 there were a total of 528 Havering adults in drug treatment services. The number has not changed significantly in the last 5 years indicating there still many people who require treatment but are not accessing it.

To achieve this outcomes the strategy includes four priority areas that aim at addressing the physical and mental wellbeing of Havering residents affected by substance misuse directly or indirectly. The four priority areas to be implemented over a five year period include:

Breaking drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims

Delivering a world-class treatment and recovery system, including; improving access to support by tackling stigma, delivering efficient and effective treatment and recovery system based on a multi-disciplinary multi-agency integrated approach.

Achieving a generational shift in the demand for drugs, including; preventing substance misuse and addiction. Supporting research, service audit, and evaluation.

Reducing risk and harm to individuals, families and communities, including; reducing harm related to substance misuse and safeguarding the vulnerable from abuse and harm. Ensuring care and support for other family members (a Think Family approach).

**Expand box as required*

Sources used:

Havering Substance Misuse Needs Assessment 2022

From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

World Drug Report 2023 - Special Points of Interests (unodc.org)

Drug misuse in England and Wales: year ending March 2020 (Office for National Statistics).

Why do people use alcohol and other drugs? - Alcohol and Drug Foundation (adf.org.au)

**Expand box as required*

3. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

	1. The EqHIA identified no significant concerns OR the identified negative concerns have already been addressed		**Proceed with implementation** of your activity
	2. The EqHIA identified some negative impact which still needs to be addressed		**COMPLETE SECTION 4:** **Complete action plan** and finalise the EqHIA
	3. The EqHIA identified some major concerns and showed that it is impossible to diminish negative impacts from the activity to an acceptable or even lawful level		**Stop and remove** the activity or **revise** the activity **thoroughly.** **Complete an EqHIA on the revised proposal.**

4. Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optimise positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
Age	Improved access to available substance misuse services for people of all ages. Holistic provision of care for mental and physical health needs alongside substance use. Safeguarding of children and the elderly from abuse and harm related to substance misuse Reduction in stigma and stereotypes that are common around substance use among people of various age groups.	The partners in Havering will work together to implement programmes that consider unique risk factors and treatment needs at various life stages and among specific age groups. Details of specific activities are included in the strategy action plan	• Reduction in number of children and other vulnerable persons involved in drug supply. • Reduced drug use • Reduced drug-related deaths and harm • Increased engagement in treatment for people with substance misuse problems • Improved treatment and recovery outcomes for service users	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	Reduced demand for drugs.				
Disability	Improved access to available substance misuse services. Holistic provision of care for mental and physical health needs alongside substance use Safeguarding of the people with disabilities from abuse and harm related to substance misuse Reduction in stigma and stereotypes that are common around substance use by disabled people.	The strategy through its defined priority areas will work with other partners to ensure people living with disability are aware of and can easily access available services. The strategy has prioritized improvement of dual diagnosis care pathways in implementation of the strategy which includes holistic provision of care for mental and physical health needs alongside substance use. One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm. Through collaboration with partners, social, economic, and health factors associated with disability which are also risk factors	• Reduced drug use among people living with disabilities • Reduced drug-related deaths and harm among people living with disabilities • Increased engagement in treatment for people with disability and substance misuse problems • Improved treatment and recovery outcomes for service users with disabilities.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
		for substance misuse and addiction will be addressed. Disability stigma and stereotypes that are common around substance use by disabled people and their ability to engage in treatment and recovery have also been highlighted and are included in the joint action plans. Details of specific activities are included in the strategy action plan			
Sex/gender	Improved access to available substance misuse services by all genders. Holistic provision of care for mental and physical health needs alongside substance use Safeguarding of all vulnerable persons from abuse and harm related to substance misuse Reduction in stigma and stereotypes that	Through partnership working agreed actions will be implemented that that address gender risk factors and treatment needs. The four priority areas designed to guide this process include; breaking drug supply chains, delivering a world-class treatment and recovery system, achieving a generational shift in the demand for drugs and reducing risk and harm to individuals, families and communities Details of specific activities	• Reduced drug use among people of all genders • Reduced incidence of drug-related crime, deaths and harm • Increased engagement in treatment for people of all genders with substance misuse problems • Improved treatment and recovery	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	are common around substance use. Reduced demand for drugs.	are included in the strategy action plan	outcomes for all service users.		
Ethnicity/race	Improved access to available substance misuse services by all ethnic groups. Holistic provision of care for mental and physical health needs alongside substance use for all ethnic groups Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among all ethnic groups. Reduction in ethnic based stigma and stereotypes around substance use. Reduced demand for drugs among all ethnic groups.	The strategy through its defined priority areas will work with other partners to ensure people of all ethnic backgrounds are aware of and can easily access available substance misuse services without feeling discriminated on racial basis. One of the key aims of the Havering CSM strategy is to reduce risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any ethnic group which are also risk factors for substance misuse and addiction.	• Reduced drug use among people of all ethnic groups • Reduced incidence of drug-related crime, deaths and harm among all ethnic groups • Increased engagement in treatment for people of all ethnic backgrounds with substance misuse problems • Improved treatment and recovery outcomes for all service users from various ethnic groups.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
		The strategy as specified in action plans, will also identify and address stigma and stereotypes that may be prevalent in some ethnic groups to enhance their ability to engage in treatment and recovery.			
Religion/faith	Improved access to available substance misuse services by members of all religion /faith groups. Holistic provision of care for mental and physical health needs alongside substance use for members of all religion /faith groups. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among members of all religion /faith groups. Reduction in religious / faith based stigma and stereotypes around substance use. Reduced demand for drugs among all	The impacts of substance misuse and resultant addiction are multidimensional and cut across all religions going beyond the relatively small cohort with dependency problems. Through the combating substance misuse partnership, there is a commitment to work with all faith groups in Havering in prevention of substance misuse, treatment, recovery and rehabilitation of affected persons. The strategy as specified in action plans, will also identify and address stigma and stereotypes that may be prevalent in any community or religious groups to enhance their ability to	• Reduced drug use among people of all religious / faith groups • Reduced incidence of drug-related crime, deaths and harm among all religious / faith groups • Increased engagement in treatment for people of all religious / faith backgrounds with substance misuse problems • Improved treatment and recovery outcomes for all service users from various religious / faith groups.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	religious/ faith groups	engage in treatment and recovery.			
Sexual orientation	Improved access to available substance misuse services by all regardless of sexual orientation. Holistic provision of care for mental and physical health needs alongside substance use for all regardless of sexual orientation. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse and sexual orientation especially among members of the LBGTQ+ community. Reduction in sexual orientation based stigma and stereotypes around substance use. Reduced demand for drugs among all	Evidence shows the prevalence of substance misuse is higher among LGBTQ+ persons. However, the impacts of substance misuse cut across all sexual orientations and go beyond the relatively small cohort with dependency problems. Through partnership working agreed actions will be implemented that that will address identified risk factors and barriers to treatment and recovery associated with members of LBGTQ+ community. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by the LBGTQ+ community as this are known risk factors for substance misuse and addiction. The strategy as specified in action plans, will also	• Reduced drug use among LGBTQ+ persons. • Reduced incidence of drug-related crime, deaths and harm among LGBTQ+ persons. • Increased engagement in treatment LGBTQ+ persons with substance misuse problems • Improved treatment and recovery outcomes for LGBTQ+ service users.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	regardless of sexual orientation but with more attention on members of the LBGTQ+ community.	identify and address sexual orientation stigma to enhance their ability to engage in treatment and recovery.			
Gender reassignment	Gender reassignment will be recorded in all treatment records Improved access to available substance misuse services by transgender persons. Holistic provision of care for mental and physical health needs alongside substance use for transgender persons. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse and sexual orientation among members transgender persons. Reduction in sexual orientation based stigma and stereotypes around	Gender reassignment is currently not sufficiently captured in local drug and alcohol treatment data, but evidence shows it is a major risk factors for substance use. To ensure substance use treatment services are inclusive, gender identity will be recorded and targeted interventions implemented. Through partnership working identified risk factors and barriers to treatment and recovery associated with transgender persons will be addressed. Through collaboration with partners the social, economic, and health inequalities experienced by transgender persons will be identified and tackled as these are known risk factors for substance misuse and addiction.	• Improvement in recording of transgender in treatment records • Reduced drug use among transgender persons. • Reduced incidence of drug-related crime, deaths and harm among transgender persons. • Increased engagement in treatment by transgender persons with substance misuse problems • Improved treatment and recovery outcomes for transgender service users.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	substance use. Reduced demand for drugs among all regardless of sexual orientation but with more attention on transgender persons.	The strategy as specified in action plans, will also identify and address any gender reassignment stigma within services to enhance their ability to engage in treatment and recovery.			
Marriage/civil partnership	Improved access to available substance misuse services by all persons regardless of marital status. Holistic provision of care for mental and physical health needs alongside substance use for people in marriage /civil partnership. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among people in marriage / civil partnerships. Reduction in stigma and stereotypes directed towards persons in civil partnerships that	Substance misuse in a marriage / civil partnership directly affects both spouses /partners and other family members including children where present. Substance misuse is a major driver of domestic violence among spouses / partners. The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including those in marriage / civil partnership. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and	• Reduced drug use among people in marriage / civil partnerships. • Reduced incidence of drug-related crime, deaths and harm among people in marriage / civil partnerships. • Increased engagement in treatment by people in marriage / civil partnership with substance misuse problems • Improved treatment and recovery outcomes for people in marriage / civil partnership.	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	may drive them to substance misuse. Reduced demand for drugs among all regardless of marital status.	health inequalities experienced by any individuals regardless of marital status. The strategy as specified in action plans, will also identify and address stigma and stereotypes related to marital status e.g. civil partnerships that may disadvantage individuals from sufficiently engaging in treatment and recovery.			
Pregnancy, maternity and paternity	Improved access to available substance misuse services by all persons during pregnancy/ maternity and paternity periods. Holistic provision of care for mental and physical health needs alongside substance use for all persons during pregnancy/ maternity and paternity periods. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among all	Substance use during pregnancy and motherhood is both a public health and criminal justice concern. Negative health consequences associated with substance use impact both the mother and the developing fetus. A substance misusing male spouse is also a potential risk to both the mother and developing fetus especially where there is physical and emotional abuse. Through partnership working pregnant mothers identified as misusing substance will be referred for timely and appropriate intervention. Risk factors	• Reduced drug use during pregnancy/ maternity and paternity periods. • Reduced incidence of drug-related crime, deaths and harm during pregnancy/ maternity and paternity periods. • Increased engagement in treatment by people in pregnancy/ maternity and paternity periods and with substance misuse problems	5 years, annual reviews and quarterly progress monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	persons during pregnancy/ maternity and paternity periods. Reduction in stigma and stereotypes directed towards persons during pregnancy/ maternity and paternity periods that may drive them to substance misuse. Reduced demand for drugs among all persons during pregnancy/ maternity and paternity periods.	and barriers to treatment and recovery associated with pregnant mothers and their spouses where applicable will also be addressed. The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance misuse and safeguarding of the vulnerable from abuse and harm including pregnant mothers. Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by any individuals including pregnant mothers.	• Improved treatment and recovery outcomes among people affected by pregnancy/ maternity/ paternity and substance misuse problems.		
Socio-economic status	Reduced drug supply by disrupting supply chains. Improved access to available substance misuse services by all persons especially those from deprived areas.	There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population. People living in more deprived areas and with	• Reduced drug supply as evidenced by number of supply chains disrupted • Reduced drug use among people in deprived areas.	5 years, annual reviews and quarterly monitoring updates.	Tha Han, Public Health Consultant

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
	Holistic provision of care for mental and physical health needs alongside substance use for all especially those from deprived areas. Safeguarding of all vulnerable persons from abuse and harm related to substance misuse among all persons with more attention on those from deprived areas. Reduction in stigma and stereotypes directed towards persons from deprived areas that may drive them to substance misuse. Reduced demand for drugs among all persons with more attention on those from deprived areas.	lower individual resources and socioeconomic capital are at greater risk of harm. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighborhood deprivation. Substance misuse and dealing tends to thrive more among deprived communities. Through partnership working the strategy aims at identifying and breaking drug supply chains by disrupting the ability of gangs to supply drugs and seizing their cash, bringing perpetrators to justice, safeguarding and supporting victims. Through partnership working, substance misuse risk factors and barriers to treatment and recovery associated with socioeconomic deprivation will be addressed. The Havering CSM strategy includes action plans aimed at reducing risk and harm to individuals, families and communities by reducing harm related to substance	• Reduced incidence of drug-related crime, deaths and harm in deprived areas. • Increased engagement in treatment by people in deprived areas • Improved treatment and recovery outcomes among people in deprived areas.		

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
		misuse and safeguarding of the vulnerable from abuse and harm including those from deprived communities Through collaboration with partners the strategy aims at identifying and tackling any social, economic, and health inequalities experienced by social-economically deprived individuals and communities.			

Add further rows as necessary

***** You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts

** Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

5. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

Review:

Scheduled date of review: November 2028

Lead Officer conducting the review: Public Health Consultant, Substance Misuse.

**Expand box as required*

Please submit the completed form via e-mail to EqHIA@havering.gov.uk thank you.

Appendix 1. Guidance on Undertaking an EqHIA

This Guidance can be deleted prior to publication.

What is it?

The Equality & Health Impact Assessment (EqHIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service, whilst at the same time ensuring a person's chance of leading a healthy life is the same wherever they live and whoever they are. We want to ensure that the activities of the Council are 'fit for purpose' and meet the needs of Havering's increasingly diverse communities and employees. This robust and systematic EqHIA process ensures that any potential detrimental effects or discrimination is identified, removed, or mitigated and positive impacts are enhanced.

When to Assess:

An EqHIA should be carried out when you are changing, removing or introducing a new service, policy, strategy or function; for simplicity, these are referred to as an "activity" throughout this document. It is best to conduct the assessment as early as possible in the decision-making process.

Guidance: Equality & Health Impact Assessment Checklist

The Checklist in Section 1 asks the key questions,

4a) Are you changing, introducing a new, or removing a service, policy, strategy or function?

4b) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?

4c) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?

- If the answer to ANY of the questions 4a, 4b or 4c of the Checklist is 'YES' then you must carry out an assessment. e.g. Proposed changes to Contact Centre Opening Hours
  'YES' = you need to carry out an EqHIA
- If the answer to ALL of the questions, 4a or 4b of the Checklist is NO, then you do not need to carry out an EqHIA assessment. e.g. Quarterly Performance Report
  'NO' = you DO NOT need to carry out an EqHIA. Please provide a clear explanation as to why you consider an EqHIA is not required for your activity.

Using the Checklist

The assessment should take into account all the potential impacts of the proposed activity, be it a major financial decision, or a seemingly simple policy change. Considering and completing this EqHIA will ensure that all Council plans, strategies, policies, procedures, services or other activity comply with relevant statutory obligations and responsibilities. In particular it helps the Council to meet its legal obligation under the Equality Act 2010 and the Public Sector Equality Duty and its public health duties under the Health and Social Care Act 2012.

Having Due Regard
To have due regard means that in making decisions and in its other day-to-day activities, the Council must consciously consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups
- Reduce inequalities in health outcomes

Combining Equality and Health Impact Assessment:
Equality Impact Assessments (EIAs) provide a systematic way of ensuring that legal obligations are met. They assess whether a proposed policy, procedure, service change or plan will affect people different on the basis of their 'protected characteristics' and if it will affect their human rights. Currently there are **nine protected characteristics** (previously known as 'equality groups' or 'equality strands'): age, disability, sex/gender, ethnicity/race, religion/faith, sexual orientation, gender reassignment, marriage/civil partnership, and pregnancy/ maternity/paternity.

An activity does not need to impact on all 9 protected characteristics – impacting on just one is sufficient justification to complete an EqHIA.

Health Impact Assessments (HIAs) consider the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health and wellbeing of the population. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity by assessing the distribution of potential effects within the population, particularly within vulnerable groups. 'Health' is not restricted to medical conditions, or the provision of health services, but rather encompasses the wide range of influences on people's health and wellbeing. This includes, but is not limited to, experience of discrimination, access to transport, housing, education, employment - known as the 'wider determinants of health'.

This Equality and Health Impact Assessment (EqHIA) brings together both impact assessments into a single tool which will result in a set of recommendations to eliminate discrimination and inequality; enhance potential positive impacts and mitigate where possible for negative impacts. In conducting this EqHIA you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity), **socio-economic status** and **health & wellbeing**. Guidance on what to include in each section is given on the next pages.

Guidance: What to include in background/context
In this section you will need to add the background/context of your activity, i.e. what is the activity intending to do, and why? Make sure you include the scope and intended outcomes of the activity being assessed; and highlight any proposed changes. Please include a brief rationale for your activity and any supporting evidence for the proposal. Some questions to consider: • What is the aim, objectives and intended outcomes? • How does this activity meet the needs of the local population? • Has this activity been implemented in another area? What were the outcomes? • Is this activity being implemented as per best practice guidelines? • Who were the key stakeholders in this activity? *Note that the boxes will expand as required

Guidance: Who will be affected by the activity?

The people who will be affected may be

Residents: pay particular attention to vulnerable groups in the population who may be affected by this activity

Businesses/ manufacturing / developers / small, medium or large enterprises

Employees: e.g. Council staff for an internal activity, other statutory or voluntary sector employees, local businesses and services

***Note that the boxes will expand as required**

Guidance: What to include in assessing a Protected Characteristic e.g. AGE

Please tick (✓) the relevant box:	
Positive	
Neutral	
Negative	

Overall impact: In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact.

It is essential that you note all negative impacts. This will demonstrate that you have paid 'due regard' to the Public Sector Equality Duty if your activity is challenged under the Equality Act.

*Note that the boxes will expand as required

Evidence: In this section you will need to document the evidence that you have used to assess the impact of your activity.

When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.

It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid 'due regard' to the PSED should the Council be challenged.

- If you have identified a **positive impact**, please note this.
- If you think there is a **neutral impact** or the impact is not known, please provide a full reason why this is the case.
- If you have identified a **negative impact**, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the **Action Plan.**
- **Please ensure that appropriate consultation with affected parties has been undertaken and evidenced**

Sources used: In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:

- Service specific data
- Population, demographic and socio-economic data. Suggested sources include:
  - Service user monitoring data that your service collects
  - Havering Data Intelligence Hub
  - Office for National Statistics (ONS)

If you do not have any relevant data, please provide the reason why.

*Note that the boxes will expand as required

Guidance: What to include in assessing Health & Wellbeing Impact:		
Please tick (✓) all the relevant boxes that apply:		**Overall impact:**
Positive		
Neutral		
Negative		**Do you consider that a more in-depth HIA is required as a result of this brief assessment?** Please tick (✓) the relevant box **Yes** ☐ **No** ☐

Evidence: In this section you will need to outline in more detail how you came to your conclusions above:

- What is the nature of the impact?
- Is the impact **positive** or **negative?** It is possible for an activity to have **both positive and negative impacts**. Consider here whether people will be able to access the service being offered; improve or maintain healthy lifestyles; improve their opportunities for employment/income; whether and how it will affect the environment in which they live (housing, access to parks & green space); what the impact on the family, social support and community networks might be
- What can be done to mitigate the negative impacts and/or enhance the positive impacts?
- If you think there is a **neutral impact,** or the impact is not known, please provide a brief reason why this is the case.
- What is the likelihood of the impact? Will the impact(s) be in weeks, months or years? In some cases the short-term risks to health may be worth the longer term benefits.
- Will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the community may not benefit others and could lead to inequalities in health.

Please use the Health & Wellbeing Impact Tool in Appendix 2 as a guide/checklist to assess the potential wider determinants of health impacts.

This tool will help guide your thinking as to what factors affect people's health and wellbeing, such as social support, their housing conditions, access to transport, employment, education, crime and disorder and environmental factors. It is not an exhaustive list, merely a tool to guide your assessment; there may be other factors specific to your activity.

Some questions you may wish to ask include:

- Will the activity impact on people's ability to socialise, potentially leading to social isolation?
- Will the activity affect a person's income and/or have an effect on their housing status?
- Is the activity likely to cause the recipient of a service more or less stress?
- Will any change in the service take into account different needs, such as those with learning difficulties?
- Will the activity affect the health and wellbeing of persons not directly related to the service/activity, such as carers, family members, other residents living nearby?
- If there is a short-term negative effect, what will be done to minimise the impact as much as possible?
- Are the longer-term impacts positive or negative? What will be done to either promote the positive effects or minimise the negative effects?

- Do the longer term positive outcomes outweigh the short term impacts?

*Note that the boxes will expand as required

Sources used: In this section you should list all sources of the evidence you used to assess the impact of your activity. This could include, e.g.:

Information on the population affected

- Routinely collected local statistics (e.g. quality of life, health status, unemployment, crime, air quality, educational attainment, transport etc.)
- Local research/ Surveys of local conditions
- Community profiles

Wider Evidence

- Published Research, including evidence about similar proposals implemented elsewhere (e.g. Case Studies).
- Predictions from local or national models
- Locally commissioned research by statutory/voluntary/private organisations

Expert Opinion

- Views of residents and professionals with local knowledge and insight

*Note that the boxes will expand as required

Guidance: Outcome of the Assessment

On reflection, what is your overall assessment of the activity?

The purpose of conducting this assessment is to offer an opportunity to think, reflect and **improve** the proposed activity. It will make sure that the Council can evidence that it has considered its due regard to equality and health & wellbeing to its best ability.

It is not expected that all proposals will be immediately without negative impacts! However, where these arise, what actions can be taken to mitigate against potential negative effects, or further promote the positive impacts?

Please tick one of the 3 boxes in this section to indicate whether you think:

1. all equality and health impacts are adequately addressed in the activity – proceed with your activity pending all other relevant approval processes
2. the assessment identified some negative impacts which could be addressed – please complete the Action Plan in Section 4.
3. If the assessment reveals some significant concerns, this is the time to stop and re-think, making sure that we spend our Council resources wisely and fairly. There is no shame in stopping a proposal.

*Note that the boxes will expand as required

Guidance: Action Plan

For each protected characteristic/health & wellbeing impact where an impact on people or their lives has been identified, complete one row of the action plan. You can add as many further rows as required.

State whether the impact is Positive or Negative

Briefly outline the actions that can be taken to mitigate against the negative impact or further enhance a positive impact. These actions could be to make changes to the activity itself (service, proposal, strategy etc.) or to make contingencies/alterations in the setting/environment where the activity will take place.

For example, might staff need additional training in communicating effectively with people with learning difficulties, if a new service is opened specifically targeting those people? Is access to the service fair and equitable? What will the impact on other service users be? How can we ensure equity of access to the service by all users? Will any signage need changing? Does the building where the service being delivered comply with disability regulations?

Guidance: Review

Changes happen all the time! A service/strategy/policy/activity that is appropriate at one time, may no longer be appropriate as the environment around us changes. This may be changes in our population, growth and makeup, legislative changes, environmental changes or socio-political changes.

Although we can't predict what's going to happen in the future, a review is recommended to ensure that what we are delivering as a Council is still the best use of our limited resources. The timescale for review will be dependent on the scale of the activity.

A major financial investment may require a review every 2-3 years for a large scale regeneration project over 10-15 years.

A small policy change may require a review in 6 months to assess whether there are any unintended outcomes of such a change.

Please indicate here how frequently it is expected to review your activity and a brief justification as to why this timescale is recommended.

Appendix 2. Health & Wellbeing Impact Tool

Will the activity/service/policy/procedure affect any of the following characteristics? Please tick/check the boxes below
The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES ☒ NO ☐	**Personal circumstances** YES ☒ NO ☐	**Access to services/facilities/amenities** YES ☒ NO ☐
☐ Diet	☒ Structure and cohesion of family unit	☒ to Employment opportunities
☐ Exercise and physical activity	☒ Parenting	☐ to Workplaces
☐ Smoking	☒ Childhood development	☒ to Housing
☐ Exposure to passive smoking	☒ Life skills	☐ to Shops (to supply basic needs)
☒ Alcohol intake	☒ Personal safety	☐ to Community facilities
☒ Dependency on prescription drugs	☒ Employment status	☐ to Public transport
☒ Illicit drug and substance use	☐ Working conditions	☐ to Education
☐ Risky Sexual behaviour	☐ Level of income, including benefits	☐ to Training and skills development
☐ Other health-related behaviours, such as tooth-brushing, bathing, and wound care	☐ Level of disposable income	☒ to Healthcare
	☐ Housing tenure	☒ to Social services
	☒ Housing conditions	☐ to Childcare
	☐ Educational attainment	☐ to Respite care
	☐ Skills levels including literacy and numeracy	☐ to Leisure and recreation services and facilities

Social Factors YES ☒ NO ☐	**Economic Factors** YES ☒ NO ☐	**Environmental Factors** YES ☐ NO ☒
☒ Social contact	☐ Creation of wealth	☐ Air quality
☒ Social support	☐ Distribution of wealth	☐ Water quality
☐ Neighbourliness	☐ Retention of wealth in local area/economy	☐ Soil quality/Level of contamination/Odour
☐ Participation in the community	☐ Distribution of income	☐ Noise levels
☐ Membership of community groups	☐ Business activity	☐ Vibration
☐ Reputation of community/area	☐ Job creation	☐ Hazards
☐ Participation in public affairs	☒ Availability of employment opportunities	☐ Land use
☒ Level of crime and disorder	☒ Quality of employment opportunities	☐ Natural habitats
☒ Fear of crime and disorder	☒ Availability of education opportunities	☐ Biodiversity
☒ Level of antisocial behaviour	☒ Quality of education opportunities	☐ Landscape, including green and open spaces
☒ Fear of antisocial behaviour	☒ Availability of training and skills development opportunities	☐ Townscape, including civic areas and public realm
☒ Discrimination	☒ Quality of training and skills development opportunities	☐ Use/consumption of natural resources
☒ Fear of discrimination	☐ Technological development	☐ Energy use: CO2/other greenhouse gas emissions
☐ Public safety measures	☐ Amount of traffic congestion	☐ Solid waste management
☐ Road safety measures		☐ Public transport infrastructure