

Equality Impact Assessment (EIA)

This document demonstrates how the council is meeting its duties under the Equality Act 2010, by giving due regard to the requirement to: eliminate discrimination; advance equality of opportunity; and promote good relations.

1. Background

Directorate	Adults
Service area	Prevention, Wellbeing and Communities
Title of the activity being assessed i.e. the strategy, plan, policy or service	Decision to Procure and Award a Contract to Deliver Community Drug and Alcohol Services for Adults from 1st April 2024
Brief outline of the proposal(s)	<p>Gloucestershire County Council (GCC) is responsible for commissioning the adult community drug and alcohol recovery service, which forms part of a wider programme of activity to reduce the harm caused by drugs and alcohol to individuals, families and communities.</p> <p>The current contract for the adult community drug and alcohol treatment service with Change Grow Live (CGL) is due to expire 31st March 2024.</p> <p>We propose a new nine-year contract (5+2+2) for the continuation of this service to be awarded following competitive tender taking place spring/summer 2023.</p>
Who is affected by the proposals?	<p>Service users <input checked="" type="checkbox"/> Workforce <input type="checkbox"/></p> <p>Other, please specify: <input type="text"/></p>
Decision to be taken and decision maker	<p>That Cabinet delegates authority to the Director of Public Health, in consultation with the Leader of the Council to:</p> <ol style="list-style-type: none"> 1. Conduct a competitive procurement process in respect of a contract for the supply of community drug and alcohol treatment and recovery services for adults. The proposed contract shall continue for an initial period of five years and include an option to extend its term for a further period of not more than four (two +two) years.

	<ol style="list-style-type: none"> 2. Award such contract to the preferred tenderer; and 3. Determine whether to exercise the option to extend the contract for a further period of not more than four (two + two) years on the expiry of the initial five-year term.
Person(s) responsible for completing this assessment	<p>Helen Flitton; Head of Commissioning (Complex Needs)</p> <p>Steve O'Neill; Public Health Manager (Drugs and alcohol)</p> <p>Peter Willsher; Senior Public Health Officer</p>
Date of this assessment	28/11/2022

2. Information Gathering

Briefly outline your approach to consultation and engagement, together with details of any other information and data sources you have utilised:

Research, Consultation and Engagement	
Service users	<ul style="list-style-type: none"> • Engagement began with the completion of the Strategic Review (2022) which asked a broad range of stakeholders including service users a series of questions regarding need and gaps within the County • Ongoing discussions with the 'Service User Council' • There is planned further engagement with Service Users to support this project (autumn/winter 2022)
Workforce	<p>The affected workforce is employed by CGL and is not directly employed by Gloucestershire County Council, however:</p> <ul style="list-style-type: none"> • Elements of the workforce were engaged within the Strategic Review (early 2022) alongside other stakeholders. • Drop-in sessions within Provider delivery bases for staff to ask questions and share their views regarding recommissioning (November 2022) • There is planned further engagement with the workforce to support this project (autumn/winter 2022)
Partners	<ul style="list-style-type: none"> • Completion of the Strategic Review (2022) which asked a broad range of stakeholders a series of questions regarding need and gaps within the County

	<ul style="list-style-type: none"> • Gloucestershire Combatting Drugs Partnership (and Subgroups) • Gloucestershire Drug and Alcohol Working Group (GDAWG) advise on drug and alcohol priorities across key stakeholders • Two stakeholder engagement events regarding the recommissioning of services (November 2022)
Other	N/A

3. Equality Assessment

Briefly explain your assessment of the impact of the proposed activity on the protected characteristics below. This section evidences how the council is giving due regard to the three aims of the general equality duty, which are to: eliminate discrimination; advance equality of opportunity; and promote good relations.

Protected Characteristic	Service Users	Workforce
Age	<p>Drug use is more common in young adults (16 – 24ya), however problem drug use, particularly the use of heroin and/or crack cocaine is associated with an older (>40ya) and ageing user population. And, drinking alcohol frequently, and drinking above the recommended amount (14 units) is more common in older age groups, and whilst young adults are more likely to binge drink, they are also more likely to abstain from alcohol use.</p> <p>Due to these associations between age and patterns of substance misuse, the age structure of the Gloucestershire adult treatment population does not match that of the general population. This is to be expected and in accordance with the national picture. The new service specification will take into account this aging treatment population and will include measures to strengthen pathways between the main service and partners to manage coexisting conditions which are complicated by advancing age.</p> <p>The service will also be expected to be able to engage younger, less entrenched drug and/or alcohol users. We therefore expect that people with this protected characteristic will benefit</p>	No identified significant impact

	<p>from the new service model. However, we do not expect the age distribution within the treatment population to change as a result, therefore the impact will likely be neutral.</p>	
Disability	<p>There is a significantly higher prevalence of disability and mental health conditions within the drug and alcohol treatment population than is seen in the general population. Therefore, the new service specification will ensure that the service remains accessible to, and continually improve access for people with disabilities and those with mental health treatment needs. It will include measures to strengthen pathways between the main service and partners to manage coexisting conditions. We therefore expect that people with this protected characteristic will benefit from the new service model.</p> <p>However, we do not expect the prevalence of disability and mental health conditions within the treatment population to change as a result, therefore the impact will likely be neutral.</p>	No identified significant impact
Sex	<p>The data show that problem drug and alcohol use are less prevalent within women, than in men and this translates to a lower representation with services. Therefore, the new service specification will ensure that the service remains accessible to both sexes, whilst taking steps to ensure that the service is configured to be equally accessible to women. The provider will be required to monitor and adapt service configuration to ensure appropriate accessibility by sex, which may include gender specific delivery/approaches (when need is identified). We therefore expect that people with this protected characteristic will benefit from the new service model. However, we do not expect the gender balance within the treatment population to change significantly as a result, therefore the impact will likely be neutral.</p>	No identified significant impact

<p>Race</p>	<p>When comparing the Gloucestershire treatment population, we see that the ethnic makeup is broadly consistent with that seen within the general population, with White British having the highest representation (89.7%). However, the national data indicates that we might expect to see a slightly different balance, but we should be cautious in our interpretations because whilst the treatment population is relatively large, when broken down we are still looking at small numbers and therefore relatively volatile.</p> <p>The service specification will be informed by an extension to the Strategic Review focussing on the needs of BAME communities and service users to improve our local understanding. Based upon this work the Council will work with the service provider to develop strategies to support those from BAME communities. We therefore expect that overall, people with this protected characteristic will benefit from the service. However, due to current uncertainty about met need we are unable to determine whether the comparable impact regarding different ethnic groups will be negative, positive, or neutral.</p>	<p>No identified significant impact</p>
<p>Gender reassignment</p>	<p>The adult treatment provider does not currently report on gender reassignment and nor is this included within the national dataset. Additionally, the literature does not give a clear picture of drug and alcohol related need within this protected characteristic. Therefore, there is no data to draw upon.</p> <p>However, the new service specification will ensure that the service accessible to people with gender reassignment and the provider will be required to monitor and adapt service configuration ensure appropriate accessibility for people with this protected characteristic. We therefore expect that people with this protected characteristic might benefit from the new service model. However, due to the lack of data to help us understand need we are unable to determine whether the impact regarding different ethnic groups will be negative, positive, or neutral.</p>	<p>No identified significant impact</p>

<p>Marriage & civil partnership</p>	<p>The provider doesn't currently gather data on this protected characteristic, but because of the variation in drinking and drug using behaviours by relationship status we expect that the Gloucestershire treatment population would not match the county distribution. We therefore expect that people with this protected characteristic may benefit from the new service model. However, whilst we do not have evidence of un-met need, we are unable to determine whether the comparable impact regarding sub-groups within this protected characteristic will be negative, positive, or neutral.</p>	<p>No identified significant impact</p>
<p>Pregnancy & maternity</p>	<p>The data indicates that the current service is accessible to people with this protected characteristic. The new service specification will maintain this, including requirements to maintain the pathway and joint working with specialist substance misuse midwifery and close working with Children's Social Care. The provider will be required to monitor and adapt service configuration ensure appropriate accessibility for people with parenting responsibility.</p> <p>We therefore expect that people with this characteristic will benefit from this additional investment. However, we do not expect to see a change in distribution of this characteristic within the treatment population to change as a result, therefore the impact will likely be neutral.</p>	<p>No identified significant impact</p>
<p>Religion and/or belief</p>	<p>The provider data show that the religious affiliation is different within the local drug and alcohol treatment population, to that seen in the general Gloucestershire population. But due to effect of religious affiliation on substance misuse this is expected. The new service specification will ensure that the service remains accessible to people with this protected characteristic.</p> <p>We therefore expect that people with this protected characteristic will benefit from the new service model. However, we do not expect the profile of this protected characteristic to</p>	<p>No identified significant impact</p>

	change within the treatment population as a result, therefore the impact will likely be neutral.	
Sexual orientation	<p>Information on sexual orientation is captured by treatment providers at treatment entry. In 2020-21, 4.3% of people entering drug and/ or alcohol treatment reported that they were either lesbian, gay or bisexual. This would appear to be a proportionate representation as the figure sits between the ONS and Stonewall population estimates, however due to the relatively small number we are unable to say whether need in these groups is being met.</p> <p>The new service specification will ensure that the service is attractive and accessible to people with gender reassignment. The provider will be required to monitor and adapt service configuration ensure appropriate accessibility for people with this protected characteristic. We therefore expect that people with this protected characteristic should benefit from this additional investment. However, we are unable to determine whether or not, there is unmet need by sexual orientation sub-groups, and are therefore unable to determine whether the impact regarding different ethnic groups will be negative, positive, or neutral.</p>	No identified significant impact

4. Completed Actions

Set out how the proposed activity has already been amended following the equality assessment, to maximise the positive impact or minimise the negative impact:

Change	Reason for Change
No substantive changes made to service delivery following monitoring/review	Use of the service by people with protected characteristics is monitored and discussed with the provider within the contract management process with a view to generate learning and make adaptations to maximise service accessibility when unmet need is identified. In addition, drug and alcohol

	service data contributes to the Councils annual Diversity Report.
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5. Planned Actions

Set out improvements that will be undertaken, following the equality assessment, to further maximise the positive impact or minimise the negative impact:

Potential impact (positive or negative)	Action	By when	Owner
Accessibility and engagement	The new service specification will include measures to maintain and improve access to the service for people across the protected characteristics	01/04/2023	Public Health Manager Senior Public Health Officer
	Continue to monitor fair access to services by protected characteristics through new contract management arrangements and provide data for GCC's yearly diversity report	01/04/2025	
Understanding and enhancing Impact	Continue to work with providers to build better understanding of the impact of services on people with protected characteristics and make adjustments and improvements where deficiencies or opportunities are identified	01/04/2025	Public Health Manager Senior Public Health Officer
	The new service specification will require that the provider undertake a bi-annual equality impact assessment to inform service configuration	01/04/2023	

6. Monitoring and review

The following processes/actions will be put in place to keep this 'activity' under review:

- Activity will be monitored by the Council, Gloucestershire Combatting Drugs Partnership and the Treatment Planning Group (multi-agency sub-group of GDAWG)
- Equality monitoring is included within the contract management and reporting framework.

7. Officer / Decision-maker Sign off

Officer: By signing this statement off as complete you are confirming that ‘you’ have examined sufficient information across all the protected characteristics and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Signature of Senior Officer	
Name of Senior Officer	Siobhan Farmer
Date	12.01.23

Decision maker: I am in agreement that sufficient information and analysis has been used to inform the development of this ‘activity’ and that any proposed improvement actions are appropriate and I confirm that I, as the decision maker, have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.

Signature of decision maker	
Name of decision maker	Cllr Mark Hawthorne
Date	10.1.23

8. Publication

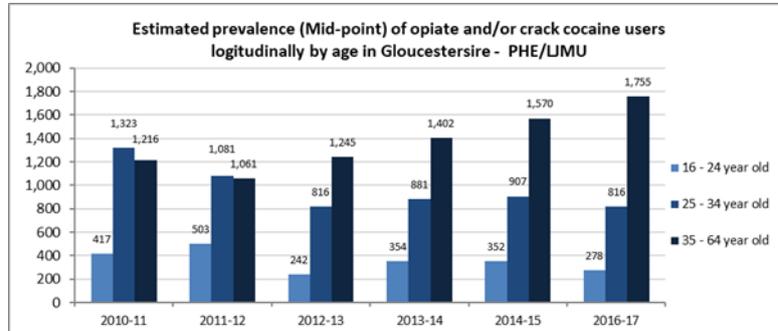
If this document accompanies a Cabinet report or an Individual Cabinet Member (ICM) decision report it will be published, as part of the report publication process, on the GCC website. If this statement is not to be submitted with a Cabinet report or an Individual Cabinet Member (ICM) decision report, please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.

Appendix 1 – Service User Data

Details of service users affected by the proposed activity

Protected Characteristic	Service User Data and Information
<p>Age percentage/profile of service user ages</p>	<p>In 2020, the resident population of Gloucestershire was estimated to be 640,650 people of which:</p> <ul style="list-style-type: none"> • 22.3% were aged 0-19; • 55.9% were aged 20-64; • 21.8% were aged 65 and over <p>The working age population (aged 20-64) made up 56.0% of the population in Gloucestershire in 2019. This was slightly higher than the figure for South West, but lower than that for England and Wales. The proportion of people aged 65 or over (21.6%) was lower than that for South West but higher than that for England and Wales.</p> <p>The percentage of the population of working age in Gloucestershire at 56.0%, is nearly 2 percentage points lower than that of England and Wales and has declined from 56.2% last year.</p> <p>Recreational drug use tends to be more frequent amongst young people (16-24ya), 9.4% with 21.0% reporting the use of an illegal drug within the last year, compared to 9.4% of adults (16-59ya) (ONS/EWCS 2021). The age distribution of the drug user population in the UK is changing, meaning the average age of problem drug users is increasing and relates to the fact that the generations of people for whom use of drugs was more acceptable and widespread are getting older.</p> <p>Official estimates of opiate and/or crack use in Gloucestershire, state that just 9.8% of heroin and crack users are 16 – 24ya, whereas 61.6% are over 35ya (OHID/LJMU 2020). Problem drug use, particularly the use of heroin and/or crack cocaine is associated with an older and ageing user population. And, drinking alcohol is more common in older age groups, with those aged 65 to 74 being most likely to have drunk alcohol in the last</p>

week and those aged 55 to 64 being more likely to usually drink over 14 units a week. Beyond these age groups alcohol use decreases. And whilst young adults (aged 16-24) are most likely to binge drink, they are also more likely to abstain from alcohol use (NHS Digital 2020).



The table below is the age structure of the local adult treatment population in 2020-21

Gloucestershire Adult Treatment Population – Age group (all in treatment 2020-21)	2020-21	
	No.	%
Under 18	0 / 2606	0.00%
18	16 / 2606	0.60%
19	16 / 2606	0.60%
20-24	147 / 2606	5.60%
25-29	258 / 2606	9.90%
30-34	330 / 2606	12.70%
35-39	474 / 2606	18.20%
40-44	443 / 2606	17.00%
45-49	386 / 2606	14.80%
50-54	231 / 2606	8.90%
55-59	166 / 2606	6.40%
60-64	75 / 2606	2.90%
65-74	59 / 2606	2.30%
75-84	* / 2606	0.20%
85-94	0 / 2606	0.00%
95 or above	0 / 2606	0.00%

<p>Disability percentage/profile of service users who have a disability</p>	<p>According to the 2011 Census 16.7% of Gloucestershire residents reported having a long-term limiting health problem or disability. Estimated projections suggest that in 2019 there would be approximately 11,825 people aged 18+ living with a learning disability in Gloucestershire equating to 2.3% of the adult population.</p> <p>People with disability are not a homogenous group and there are no national estimates available for the prevalence of substance misuse amongst disabled people; little of the information available can be considered contemporary or conclusive. The limited evidence that is available tells us that people with learning disabilities are less likely to misuse substances than the general population. However, some people believe that when people with learning disabilities do drink alcohol, there's an increased risk that they will develop a problem with it (PHE 2016). https://www.gov.uk/government/publications/substance-misuse-and-people-with-learning-disabilities/substance-misuse-in-people-with-learning-disabilities-reasonable-adjustments-guidance</p> <p>The UK Drug Policy Commission in 2010 found that since inequality and disadvantage may exacerbate drug use and drug problems, some disabled people may be at increased risk of drug problems while information and services relating to drugs may be less accessible to them. Conversely, the higher levels of adult supervision and support and reduced mobility experienced by some disabled people may be protective. Importantly they point out that the heterogeneity of this group and the lack of evidence concerning drug use make it difficult to respond to the needs of disabled people (UKDPC 2010). https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20disabled%20groups%20(policy%20briefing).pdf</p> <p>The table below shows disability within the local adult drug and alcohol treatment population, as reported on treatment entry in 2020-21:</p> <table border="1" data-bbox="421 1697 1203 2016"> <thead> <tr> <th data-bbox="421 1697 943 1794">Gloucestershire Adult Treatment Population – Disability (new to treatment in 2020-21)</th> <th data-bbox="943 1697 1075 1794">1 Apr - 31 Mar</th> <th data-bbox="1075 1697 1203 1794"></th> </tr> <tr> <th data-bbox="421 1794 943 1854"></th> <th data-bbox="943 1794 1075 1854">No.</th> <th data-bbox="1075 1794 1203 1854">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="421 1854 943 1951">Behaviour and emotional</td> <td data-bbox="943 1854 1075 1951">393 / 1248</td> <td data-bbox="1075 1854 1203 1951">31.50%</td> </tr> <tr> <td data-bbox="421 1951 943 2016">Hearing</td> <td data-bbox="943 1951 1075 2016">8 / 1248</td> <td data-bbox="1075 1951 1203 2016">0.60%</td> </tr> </tbody> </table>	Gloucestershire Adult Treatment Population – Disability (new to treatment in 2020-21)	1 Apr - 31 Mar			No.	%	Behaviour and emotional	393 / 1248	31.50%	Hearing	8 / 1248	0.60%
Gloucestershire Adult Treatment Population – Disability (new to treatment in 2020-21)	1 Apr - 31 Mar												
	No.	%											
Behaviour and emotional	393 / 1248	31.50%											
Hearing	8 / 1248	0.60%											

Manual dexterity	5 / 1248	0.40%
Learning disability	49 / 1248	3.90%
Mobility and gross motor	93 / 1248	7.50%
Perception of physical danger	3 / 1248	0.20%
Personal, self-care and continence	5 / 1248	0.40%
Progressive conditions and physical health	69 / 1248	5.50%
Sight	1 / 1248	0.10%
Speech	3 / 1248	0.20%
Other	187 / 1248	15.00%
No disability	596 / 1248	47.80%
Not stated	0 / 1248	0.00%

In 2020-21, 52.2% of the adult treatment population reported at least one disability, this is more than three times the general population average, with 'behaviour and emotional' disability being the most commonly reported (31.5%) the most common disability 3.9% reporting a learning disability again greater than that seen within the general population.

PANSI estimates that in 2020, 70,000 people between 18 and 64 within Gloucestershire had a common mental health condition, this equates to 18.8% of adults 18 to 64ya. It is not clear how many people in the UK have a coexisting severe mental illness and misuse substances (NICE 2016), but it is very common for people to experience problems with their mental health and alcohol/drug use (co-occurring conditions) at the same time (PHE 2017). Within the Gloucestershire treatment population, the proportion of adults with a mental health condition is four times greater than that seen within the General population, with 75.7% (945) of people entering treatment in 2020-21 reporting a mental health condition requiring treatment; this is also higher than that seen in the national treatment population (65.9%).

The table below shows mental health treatment need within the local adult drug and alcohol treatment population, as reported on treatment entry in 2020-21:

Gloucestershire Adult Treatment Population –	2020-21	
Mental Health Treatment Need (new to treatment in 2020-21)	No.	%

	Mental Health Treatment Need Identified	945 / 1248	75.70%												
<p><i>Sex percentage/profile of service users who are male and who are female</i></p>	<p>Of those individuals reporting a mental health condition 29.1% reported that they were not receiving treatment, more than two thirds (64.6) report receiving treatment via their GP, and 13.1% report that they were engaged with community mental health services.</p> <p>The overall population split by sex in Gloucestershire is slightly skewed towards females, with males making up 49.1% of the population and females accounting for 50.9%.</p> <p>However, when comparing the Gloucestershire treatment population (table below), we see that just under one third are female (32%) and when split by drugs and alcohol this is more pronounced - 72.1% of drug users in treatment are male, whereas in the alcohol (only) treatment cohort it is lower at 56.9%.</p> <table border="1" data-bbox="421 947 1114 1229"> <thead> <tr> <th data-bbox="421 947 804 1010">Gloucestershire Adult Treatment Population –</th> <th colspan="2" data-bbox="804 947 1114 1010">2020-21</th> </tr> <tr> <th data-bbox="421 1010 804 1104">Sex (all in treatment 2020-21)</th> <th data-bbox="804 1010 995 1104">No.</th> <th data-bbox="995 1010 1114 1104">%</th> </tr> </thead> <tbody> <tr> <td data-bbox="421 1104 804 1167">Male</td> <td data-bbox="804 1104 995 1167">1773 / 2606</td> <td data-bbox="995 1104 1114 1167">68.00%</td> </tr> <tr> <td data-bbox="421 1167 804 1229">Female</td> <td data-bbox="804 1167 995 1229">833 / 2606</td> <td data-bbox="995 1167 1114 1229">32.00%</td> </tr> </tbody> </table> <p>This gender imbalance is seen within the national treatment population and reflects the observed differences in drug and alcohol using behaviours between men and women. National data show that men are almost twice as likely to use illegal drugs as women (11.9% vs. 6.9%) (ONS/EWCS 2021) and men are more likely to drink alcohol regularly (65% men vs. 50 women) and men are more likely to engage in higher risk drinking behaviours (19% men vs. 12% women). However, whilst the local picture is consistent with national findings, we cannot rule out the possibility that women are underrepresented within the treatment population.</p>			Gloucestershire Adult Treatment Population –	2020-21		Sex (all in treatment 2020-21)	No.	%	Male	1773 / 2606	68.00%	Female	833 / 2606	32.00%
Gloucestershire Adult Treatment Population –	2020-21														
Sex (all in treatment 2020-21)	No.	%													
Male	1773 / 2606	68.00%													
Female	833 / 2606	32.00%													
<p><i>Race percentage/profile of service users who are from black and minority</i></p>	<p>2011 Census found that 91.6% of Gloucestershire residents were White British, 2.1% were Asian/Asian British, 1.5% were from a Mixed/Multiple Ethnic group, 0.9% were Black/Black British, 0.6% were White Irish, 0.1% were of Gypsy or Irish Traveller origin, 3.1% were in an ‘other White’ category and 0.2% were in another ethnic group.</p>														

ethnic backgrounds

There are no local data available regarding the prevalence of problem drug and/or alcohol use within ethnic groups; and the national data is limited and/or old, so caution in interpretation must be applied. However, that which is available show that whilst significantly more people of white British ethnicity use illegal drugs than any other ethnic group, people of a Black ethnicity are more likely to use illegal drugs (11.7% vs. 8.9%) and people of an Asian ethnicity are least likely (5.9%). In considering alcohol use it is reported that people of White British ethnicity are significantly more likely (22.6%) to drink at hazardous, harmful and dependant levels than any other ethnic group, with people of an Asian ethnicity being least likely to drink at these levels (3.7%). (Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014)

The table below gives the ethnic makeup of the local drug and alcohol treatment population, and it shows that it is not dissimilar to the ethnic distribution within the county population:

Gloucestershire Adult Treatment Population – Ethnicity (all in treatment 2020-21)	1 Apr - 31 Mar	
	No.	%
White British	2337 / 2606	89.70%
White Irish	29 / 2606	1.10%
Other White	100 / 2606	3.80%
White & Black Caribbean	28 / 2606	1.10%
White & Black African	* / 2606	0.20%
White & Asian	9 / 2606	0.30%
Other Mixed	16 / 2606	0.60%
Indian	8 / 2606	0.30%
Pakistani	* / 2606	0.10%
Bangladeshi	* / 2606	0.20%
Other Asian	8 / 2606	0.30%
Caribbean	12 / 2606	0.50%
African	10 / 2606	0.40%
Other Black	* / 2606	0.20%
Chinese	* / 2606	0.00%
Other	10 / 2606	0.40%

	<table border="1"> <tr> <td>Not stated</td> <td>19 / 2606</td> <td>0.70%</td> </tr> <tr> <td>Missing / inconsistent ethnicity code</td> <td>* / 2606</td> <td>0.10%</td> </tr> </table>	Not stated	19 / 2606	0.70%	Missing / inconsistent ethnicity code	* / 2606	0.10%
Not stated	19 / 2606	0.70%					
Missing / inconsistent ethnicity code	* / 2606	0.10%					
<p>Gender reassignment percentage/profile of service users who have indicated they are transgender</p>	<p>There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society (GIRES) estimates that there are between 300,000 and 500,000 people aged 16 or over in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same proportions to Gloucestershire's 16+ population, we can estimate that there may be somewhere between 3,092 and 5,154 adults in the county that are experiencing some degree of gender variance.</p> <p>There are no national estimates of the prevalence of drug and/or alcohol use amongst transgender people. However, some international studies have identified that high rates of substance use have been documented among some transgender populations, whereas other studies have found scant differences in substance use patterns among transgender and cisgender groups. The current treatment provider does not collect information on this protected characteristic; therefore, we are unable to provide the profile or level of representation of trans-people accessing drug and alcohol treatment within the county.</p>						
<p>Marriage & civil partnership percentage/profile of service users who are married or in a civil partnership</p>	<p>Among residents of Gloucestershire:</p> <ul style="list-style-type: none"> • 30.5% are single and have never married or registered a same-sex civil partnership • 50.2% are married; • 0.3% are in a registered same-sex civil partnership; • 2.3% are separated but still legally married or still legally in a same sex civil partnership; • 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved; • 7.2% are widowed or a surviving partner from a same sex civil partnership <p>The adult treatment provider does not currently report on gender reassignment and nor is this included within the national dataset. Therefore, there is no comparable data to draw upon. National data inform us that people who are single (17.7%) were more than five times likely to have used a drug in the last year compared with those who were married or in a civil partnership (3.2%) (ONS/EWCS 2021). However, married people are more likely to report that they have consumed alcohol in the last week that single people (62% vs. 49%) and more than twice as likely (11% vs. 5%) to drink on at least five days in the last week.</p>						

	<p>People who are widowed, divorced, or separated are more likely to abstain (28%) but almost as likely to drink on five or more days as married people (11% vs. 11%) (ONS 2018).</p> <p>Because of this variation we might expect that the Gloucestershire treatment population wouldn't match the county distribution.</p>									
<p><i>Pregnancy & maternity percentage/profile of service users who are female and who are pregnant or on a maternity leave</i></p>	<table border="1" data-bbox="421 483 1262 685"> <tr> <td data-bbox="421 483 938 524">Gloucestershire Adult Treatment Population –</td> <td colspan="2" data-bbox="938 483 1262 524">2020-21</td> </tr> <tr> <td data-bbox="421 524 938 577">Pregnancy (at treatment entry 2020-21)</td> <td data-bbox="938 524 1198 577">No.</td> <td data-bbox="1198 524 1262 577">%</td> </tr> <tr> <td data-bbox="421 577 938 685">Pregnant (female treatment entrants)</td> <td data-bbox="938 577 1198 685">14 / 431</td> <td data-bbox="1198 577 1262 685">3.20%</td> </tr> </table> <p>There were 6,739 live births in Gloucestershire in 2016, the highest proportion of deliveries were to women aged 30 to 34 continuing the trend of later motherhood. Births to mothers aged 25-29 and 30-34 account for a slightly higher proportion of total births in Gloucestershire than they do nationally, whilst those to mothers aged under 25 account for a slightly lower proportion.</p> <p>In 2020-21, 3.2% of women entering drug and alcohol treatment in Gloucestershire were pregnant at the time, which is similar to that seen nationally (2.8%); we do not have this data for the whole case load as the status may change in year.</p> <p>In 2020-21, specialist substance misuse midwifery worked with 98 substance misusing women between 17 & 41ya, with 66% being referred to Children's Social Care antenatally, and 100% were referred to substance misuse treatment - 15% were already engaged with CGL, 22% accepted referral but 28% declined.</p> <p>In addition to pregnancy in the same year 25% of women entering drug treatment 28% of women entering alcohol treatment reported that they were a parent living with children under 18ya and 38% of children living with drug users in treatment and 52% of children living with alcohol users in treatment were living with women.</p>	Gloucestershire Adult Treatment Population –	2020-21		Pregnancy (at treatment entry 2020-21)	No.	%	Pregnant (female treatment entrants)	14 / 431	3.20%
Gloucestershire Adult Treatment Population –	2020-21									
Pregnancy (at treatment entry 2020-21)	No.	%								
Pregnant (female treatment entrants)	14 / 431	3.20%								
<p><i>Religion and/or belief percentage/profile of service users religious beliefs</i></p>	<p>According to the 2011 Census, 63.5% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by no religion which accounts for 26.7% of the total population.</p> <p>There are no national estimates of the association between religion and belief and drug and/or alcohol use; however a number of studies into adolescent behaviours indicate that religion or religiosity may be protective against the use of drugs and alcohol (Ford & Hill 2012; Castaldelli-Maia & Bhugra 2014);</p>									

however this may change across the life course (Moscati & Mezuk 2014).

Ford, J.A. and Hill, T.D. (2012) Religiosity and Adolescent Substance Use: Evidence From the National Survey on Drug Use and Health. *Substance use & Misuse*. 47 (7), pp.787-798.
 Castaldelli-Maia, J.M. and Bhugra, D. (2014) Investigating the interlinkages of alcohol use and misuse, spirituality and culture - Insights from a systematic review. *International Review of Psychiatry*. 26 (3), pp.352-367.
 Moscati, A. and Mezuk, B. (2014) Losing faith and finding religion: Religiosity over the life course and substance use and abuse. *Drug and Alcohol Dependence*. 136 pp.127-134.

Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national figures. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.

By comparison the Gloucestershire treatment population shows a distinctly different pattern, in 2020-21 only 22.4% reported that they were Christian, with a substantial majority (61.1%) reported no religion:

Gloucestershire Adult Treatment Population – Religion (new to treatment 2020-21)	2020-21	
	No.	%
Baha'i	0 / 1248	0.00%
Buddhist	7 / 1248	0.60%
Christian	279 / 1248	22.40%
Hindu	* / 1248	0.20%
Jain	0 / 1248	0.00%
Jewish	0 / 1248	0.00%
Muslim	6 / 1248	0.50%
Pagan	* / 1248	0.40%
Sikh	* / 1248	0.10%
Zoroastrian	0 / 1248	0.00%
Other	31 / 1248	2.50%
None	769 / 1248	61.60%
Declines to disclose	6 / 1248	0.50%
Patient religion unknown	141 / 1248	11.30%
Missing \ Inconsistent	0 / 1248	0.00%

Sexual orientation

There are no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003, and quoted by Stonewall, suggest around 5-7%

percentage/profile of service users who are lesbian, gay, bisexual, heterosexual

of the population aged 16 and over are lesbian, gay or bisexual. If this figure were to be applied to Gloucestershire it would mean somewhere between 25,800 and 36,000 people in the county are LGB. A more recent estimate from the 2017 ONS Annual Population Survey (APS) suggests that 2.1% of the England population aged 16 and over is LGB; if this figure were applied to Gloucestershire it would mean that there are approximately 10,800 LGB people in the county.

National statistics show gay and bisexual men surveyed by the CSEW were more likely to have used drugs in the last year than heterosexual men. One-third (33.0%) of the gay and bisexual men had used drugs in the last year, which was approximately three times higher than the proportion of heterosexual men who had done so (11.1%). Reported use of all stimulants was approximately five times higher among gay and bisexual men than among heterosexual men, with methamphetamine use around 15 times higher. Drug use was similarly higher among lesbians and bisexual women (approximately four times higher) than among heterosexual women (22.9% and 5.1% respectively). However, this difference is to a great extent explained by the much higher reported levels of cannabis use in the last year (Neptune 2016).

A Stonewall/YouGov survey found that LGBT people are more likely to drink alcohol almost every day; one in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year compared to one in ten in the general population. Frequency of alcohol consumption increases with age; a third of LGBT people aged 65+ (33 per cent) say they drink almost every day, compared to just seven per cent of LGBT people aged 18-24. One in five LGBT men (20 per cent) drank alcohol almost every day over the last year compared to 13 per cent of LGBT women and 11 per cent of non-binary people. (Stonewall 2017).

The table below shows the reported sexual orientation of people entering treatment in Gloucestershire in 2020-21, because we lack comparators, we are unable to say whether this distribution is to be expected:

Gloucestershire Adult Treatment Population – Sexuality (new to treatment 2020-21)	2020-21	
	No.	%
Heterosexual	1109 / 1248	88.90%
Gay/Lesbian	21 / 1248	1.70%
Bi-Sexual	32 / 1248	2.60%
Person asked and does not know or is not sure	* / 1248	0.30%

	Not stated	39 / 1248	3.10%
	Other	9 / 1248	0.70%
	Missing \ Inconsistent	34 / 1248	2.70%

Appendix 2 – GCC Workforce Data

Details of Gloucestershire County Council staff affected by the proposed activity

Protected Characteristic	Total number of GCC staff affected:
Age	N/A
Disability	N/A
Sex	N/A
Race	N/A
Gender reassignment	N/A
Marriage & civil partnership	N/A
Pregnancy & maternity	N/A
Religion and/or belief	N/A
Sexual orientation	N/A