

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	Public Health and Communities
Title of the activity being assessed i.e. the strategy, plan, policy or service	The Supplemental Substance Misuse Treatment and Recovery Grant 2022 - 2025
Brief outline of the proposal(s)	<p>The National Drug Strategy 2021 is accompanied by additional funding provided through the Office of Health Inequalities and Disparity (OHID) across three years between April 2022 and March 2025. The additional funding is for local areas to plan, and commission approved interventions which support the Drug Strategy priorities.</p> <p>Gloucestershire has been allocated £2.3 million over three years and in response locally a series of interventions are planned which improve pathways into and within treatment and to improve overall treatment quality and recovery.</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>The purpose of this report is to seek ratification by Cabinet for decisions made by the Director of Public Health in consultation with the Cabinet Lead for Public Health and Communities in relation to the Office for Health Improvement and Disparities (OHID) Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) described here during the period 2022 – 2023 and to approve further recommendations in relation to the distribution of the grant during 2023 – 2024 and, 2024 – 2025 (the first year of the new adult treatment contract).</p>

	Mark Hawthorne, Cabinet Lead for Public Health and Communities
Person(s) responsible for completing this assessment	Peter Willsher; Senior Public Health Officer
Date of this assessment	06/03/2023

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"> Service Users are part of the Combating Drugs Partnership Treatment Planning Sub-Group which oversees the implementation and monitoring of planned activities; and, within this forum they have been engaged in, and contributed to planning the 2022-23 allocation.
Workforce	N/A – workforce not substantively affected.
Partners	<ul style="list-style-type: none"> Commissioners engaged with individual partners in criminal justice, housing, employment and health and the multi-agency Gloucestershire Drug and Alcohol Working Group (GDAWG) to agree the allocation of the first year of the grant (2022-23). Partners were supportive of the choices made from the menu of interventions. The Treatment Planning Sub-Group problem-solve and monitor the implementation and plan future additional spend in 2023-24 as well as in 2024-25. The Office of Health Improvement and Disparities (OHID) and the Department of Health and Social Care (DHSC) will approve the spending proposal and monitor activity. The Gloucestershire Combating Drugs Partnership are kept informed.
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 is in accordance with the national picture.</p> <p>The additional investment introduced under the Drug Strategy, will contribute to strengthening pathways and improving quality of drug and alcohol treatment. We therefore expect that people with this protected characteristic will benefit from this additional investment.</p>	No identified significant impact
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, it is important to ensure services remain accessible to, and continually improve access for people with disabilities and those with mental health treatment needs.</p> <p>The additional investment introduced under the Drug Strategy, will contribute to strengthening pathways and improving quality of drug and alcohol treatment. This includes measures to strengthen pathways between the main treatment service and partners to manage coexisting conditions. We therefore expect that people with this protected characteristic will benefit from this additional investment.</p>	No identified significant impact

Sex	<p>The data show that problem drug and/or alcohol use is less prevalent within women, than in men and this directly translates to a lower representation of women within services. Providers monitor access by sex and are expected to adapt service configuration to ensure appropriate accessibility by sex, which may include gender specific delivery/approaches (when need is identified).</p> <p>The additional investment introduced under the Drug Strategy, will contribute to strengthening pathways and improving quality of drug and alcohol treatment. We therefore expect that whilst people with this protected characteristic will benefit from this additional investment.</p>	No identified significant impact
Race	<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 (88.9%). 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 additional investment introduced under the Drug Strategy, will contribute to strengthening pathways and improving quality of drug and alcohol treatment. In addition, the findings of the qualitative review of BAME needs and experience of drug and alcohol use within the County (pending completion) will inform and influence future decision making. We therefore expect that people with this protected characteristic will benefit from this additional investment.</p>	No identified significant impact
Gender reassignment	<p>The adult treatment provider does not currently report on gender reassignment and nor is this currently 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>	No identified significant impact

	<p>Due to this lack of data to help us understand need, we are unable to determine whether the impact regarding gender reassignment will be negative, positive, or neutral. However, the additional investment introduced under the Drug Strategy, will contribute to strengthening pathways and improving quality of drug and alcohol treatment. We therefore expect that people with this protected characteristic may benefit from this additional investment however it is likely to be neutral.</p>	
Marriage & civil partnership	<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 distribution seen within the general population.</p> <p>The additional investment introduced under the Drug Strategy, will contribute to strengthening pathways and improving quality of drug and alcohol treatment. We therefore expect that people with this protected characteristic will benefit from this additional investment.</p>	No identified significant impact
Pregnancy & maternity	<p>The data indicates that the current service is accessible to people with this protected characteristic. To support accessibility and engagement, the current adult drug and alcohol treatment contract includes the requirement to have a pathway and joint working with specialist substance misuse midwifery and close/integrated working with Children's Social Care.</p> <p>The additional investment introduced under the Drug Strategy, will contribute to strengthening pathways and improving quality of drug and alcohol treatment. We therefore expect that people with this protected characteristic will benefit from this additional investment.</p>	No identified significant impact
Religion and/or belief	<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</p>	No identified significant impact

	<p>effect of religious affiliation on substance misuse this is expected.</p> <p>The additional investment introduced under the Drug Strategy, will contribute to strengthening pathways and improving quality of drug and alcohol treatment. We therefore expect that people with this protected characteristic will benefit from this additional investment. However, we do not expect the profile of this protected characteristic to change within the treatment population as a result.</p>	
Sexual orientation	<p>Information on sexual orientation is captured by treatment providers at treatment entry. In 2021-22, 5.3% of people entering drug and/ or alcohol treatment reported that they were either lesbian, gay or bisexual. This is more than double the proportion reporting being lesbian, gay or bisexual in the 2021 Census (2.49%), however due to the relatively small number in treatment we are unable to say whether need in these groups is being met.</p> <p>The additional investment introduced under the Drug Strategy, will contribute to strengthening pathways and improving quality of drug and alcohol treatment. We therefore expect that people with this protected characteristic will benefit from this additional investment.</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 will be made to proposed interventions following initial monitoring/review however, the EIA will be considered throughout the treatment planning and implementation process with adaptations made accordingly.	Use of the service by people with protected characteristics is monitored and discussed with the providers within the contract management process with a view to generate learning and make adaptations to maximise service

	<p>accessibility when unmet need is identified.</p> <p>In addition, drug and alcohol service data contributes to the Councils annual Diversity Report.</p>
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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	Continue to monitor fair access to services by protected characteristics through contract management arrangements and provide data for GCC's yearly diversity report	01/04/2025	Public Health Manager Senior Public Health Officer
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

6. Monitoring and review

<p>The following processes/actions will be put in place to keep this 'activity' under review:</p>
<ul style="list-style-type: none"> Activity will be monitored by the Council, Gloucestershire Combatting Drugs Partnership, and the Adult Treatment Planning and Young People's sub-groups. 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	15.03.23

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	Cllr Mark Hawthorne
Name of decision maker	
Date	15.3.23

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
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Age percentage/profile of service user ages

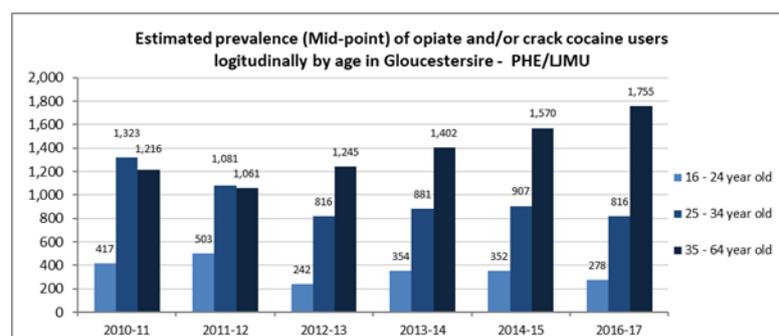
In 2021, the resident population of Gloucestershire was estimated to be 640,650 people of which: The 2021 Census indicates that 17.5% of Gloucestershire’s population was between 0-15 years old in 2021. This proportion is larger than the South West (16.9%) but smaller than the England and Wales proportion of 18.5%.

In comparison, over one-fifth (21.7%) of Gloucestershire’s population was aged over 65 years. This is a smaller proportion than the South West (22.3%) but a bigger proportion than England and Wales (18.6%).

The working-age population (16-64 years old) in Gloucestershire accounted for 60.8% of the overall county population. Similarly, 60.7% of the population in the South West was between the ages of 16-64 and 62.9% in England and Wales overall.

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.

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 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 2021-22

Age group (all in treatment)	2021 - 22	
	No.	%
Under 18	0 / 2848	0.00%
18	12 / 2848	0.40%
19	20 / 2848	0.70%
20-24	149 / 2848	5.20%
25-29	269 / 2848	9.40%
30-34	383 / 2848	13.40%
35-39	485 / 2848	17.00%
40-44	465 / 2848	16.30%
45-49	418 / 2848	14.70%
50-54	284 / 2848	10.00%
55-59	191 / 2848	6.70%
60-64	92 / 2848	3.20%
65-74	70 / 2848	2.50%
75-84	9 / 2848	0.30%
85-94	1 / 2848	0.00%
95 or above	0 / 2848	0.00%

Disability percentage/profile of service users who have a disability

According to the 2021 There was 16.8% of Gloucestershire's population classed as disabled under the Equality Act (2010) in 2021, a lower proportion than both the South West (18.6%) and England and Wales (17.5%). Projected estimates suggest that in 2020 there were approximately 9,068 people aged 18-64 living with a learning disability in Gloucestershire equating to 2.4% of the adult population.

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

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](https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20disabled%20groups%20(policy%20briefing).pdf)

The table below shows disability within the local adult drug and alcohol treatment population, as reported on treatment entry in 2021-22:

Disability (new to treatment in 2021-22)	2021-22	
	No.	%
Behaviour and emotional	483 / 1335	36.20%
Hearing	14 / 1335	1.00%
Manual dexterity	8 / 1335	0.60%
Learning disability	55 / 1335	4.10%
Mobility and gross motor	80 / 1335	6.00%
Perception of physical danger	7 / 1335	0.50%
Personal, self-care and continence	9 / 1335	0.70%
Progressive conditions and physical health	108 / 1335	8.10%
Sight	11 / 1335	0.80%
Speech	4 / 1335	0.30%
Other	271 / 1335	20.30%
No disability	491 / 1335	36.80%
Not stated	1 / 1335	0.10%

In 2020-21, 63.1% 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 (36.2%) the most common disability 4.1% reporting a learning disability again greater than that seen within the general population.

PANSI estimated that in 2020, 70,774 people between 18 and 64 within Gloucestershire had a common mental health condition, this equates to 19% of adults 18 to 64ya in that year. 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 81.3% (1,086) 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 (68.2%).

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:

Mental Health Treatment Need (new to treatment 2021-22)	2021-22	
	No.	%
Mental Health Treatment Need Identified	1086 / 1335	81.30%

Of those individuals reporting a mental health condition 25.1% reported that they were not receiving treatment, two thirds (66.7%) report receiving treatment via their GP, and 13% report that they were engaged with community mental health services.

Sex percentage/profile of service users who are male and who are female

Overall, there were 329,832 women and 315,244 men living in Gloucestershire on Census Day 2021, equivalent to a 51.1% to 48.9% split. This is in-line with the South West and marginally different to the 51.0% female, 49.0% male split in England and Wales.

However, when comparing the Gloucestershire treatment population (table below), we see that just over one third are female (34%) and when split by drugs and alcohol this is more pronounced - 70.1% of drug users in treatment are male, whereas in the alcohol (only) treatment cohort it is lower at 56.1%.

Gloucestershire Adult Treatment Population – Sex (all in treatment 2021-22)	2021-22	
	No.	%
Male	1879 / 2848	66.0%
Female	969 / 2848	34.0%

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

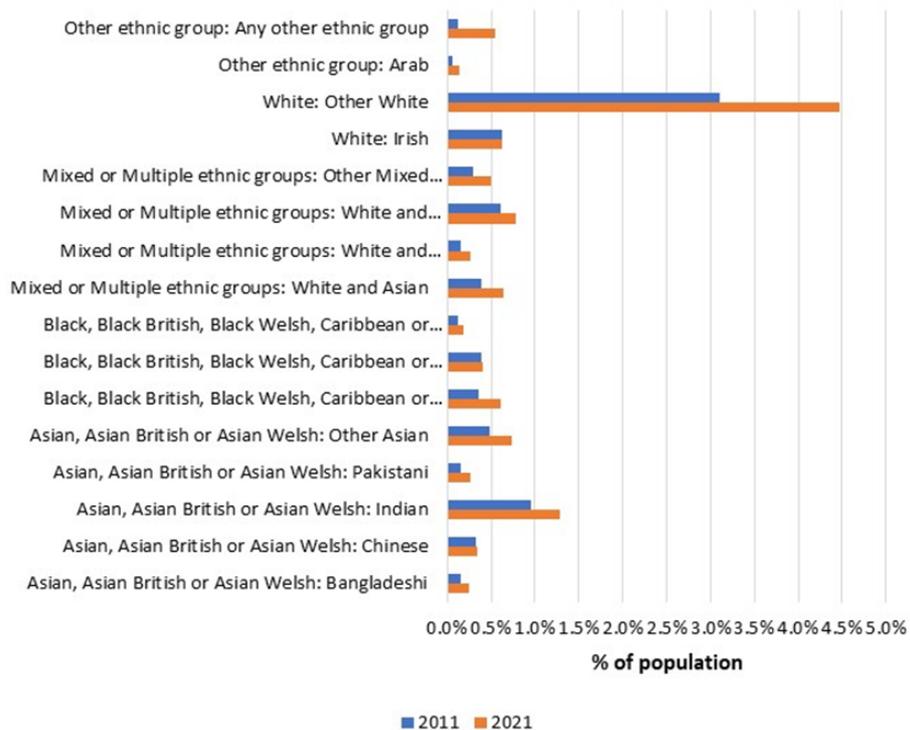
data show that men are almost twice as likely to use illegal drugs as women (11.9% vs. 6.9%) (ONS/EWCS 2021) and men are more likely to drink alcohol regularly (65% men vs. 50 women) and men are more likely to engage in higher risk drinking behaviours (19% men vs. 12% women). However, whilst the local picture is consistent with national findings, we cannot rule out the possibility that women are underrepresented within the treatment population.

Race percentage/profile of service users who are from black and minority ethnic backgrounds

The 2021 Census found that since 2011 Gloucestershire has become more diverse, with the proportion of people identifying as “White” falling from 95.4% in 2011 to 93.1% in 2021, conversely all other ethnic groups have seen growth during the same period. Figure 3 shows the proportion of people identifying as “White” has also fallen at a national level and in all of Gloucestershire’s districts, although the decline at a national level has been greater than in Gloucestershire and all districts apart from Gloucester. The greatest growth at a county and national level has been in the "Asian, Asian British or Asian Welsh" with this group accounting for 2.1% of Gloucestershire population in 2011 and 2.9% in 2021.

Percentage of population by ethnic groups, 2011 and 2021, Gloucestershire

"White: English, Welsh, Scottish, Northern Irish or British" ethnic group has been excluded from this chart. This is to make it easier to clearly see the differences for the 18 ethnic groups



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 vastly dissimilar to the ethnic distribution within the county population:

Ethnicity (all in treatment)	2021-22	
	No.	%
White British	2531 / 2848	88.90%
White Irish	35 / 2848	1.20%
Other White	115 / 2848	4.00%
White & Black Caribbean	25 / 2848	0.90%
White & Black African	10 / 2848	0.40%
White & Asian	11 / 2848	0.40%
Other Mixed	16 / 2848	0.60%
Indian	14 / 2848	0.50%
Pakistani	3 / 2848	0.10%
Bangladeshi	1 / 2848	0.00%
Other Asian	5 / 2848	0.20%
Caribbean	17 / 2848	0.60%
African	4 / 2848	0.10%
Other Black	9 / 2848	0.30%
Chinese	2 / 2848	0.10%
Other	12 / 2848	0.40%
Not stated	20 / 2848	0.70%
Missing / inconsistent	18 / 2848	0.60%

Gender reassignment percentage/profile of service users who have indicated they are transgender

The gender identity question was new for Census 2021 and therefore is not comparable to the 2011 Census; the question was voluntary and there is a not answered category in the dataset. In Gloucestershire, 94.39% of the population (502,440 people) over the age of 16 years have the same gender identity as their sex registered at birth, this is a higher proportion than both the South West (93.99%) and England and Wales (93.46%). In comparison, 0.41% of the population (2,163 people) answered

	<p>that their gender identity is different to the sex they were assigned at birth. This is similar to the proportion in the South West and England and Wales.</p> <p>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.</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>Census data show in 2021 48.0% of Gloucestershire residents aged 16+ were married or in a civil partnership, meaning this group accounts for the largest proportion of total residents. The proportion of residents who were married or in a civil partnership was higher than the national average of 44.6%.</p> <p>Of the 48.0% of people in Gloucestershire who were married or in a registered civil partnership, 47.8% of individuals were married and 0.2% were in a registered civil partnership. The proportion of people who were in a registered civil partnership was in line with the national average, meaning Gloucestershire has an over-representation of married people compared to the national average. Of those people that are married 99.5% were in opposite-sex couples, compared with 99.4% nationally. Same sex couples account for the largest proportion of civil partnerships at 70.6% this is slightly higher than the national average of 65.1%.</p> <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 than single people (62% vs. 49%) and more than twice as likely</p>

	<p>(11% vs. 5%) to drink on at least five days in the last week. 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="421 521 1334 656"> <tr> <td data-bbox="421 521 938 562">Gloucestershire Adult Treatment Population –</td> <td colspan="2" data-bbox="938 521 1334 562">2021-22</td> </tr> <tr> <td data-bbox="421 562 938 607">Pregnancy (at treatment entry 2021-22)</td> <td data-bbox="938 562 1141 607">No.</td> <td data-bbox="1141 562 1334 607">%</td> </tr> <tr> <td data-bbox="421 607 938 651">Pregnant (female treatment entrants)</td> <td data-bbox="938 607 1141 651">14 / 499</td> <td data-bbox="1141 607 1334 651">2.8%</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 2021-22, 2.8% of women entering drug and alcohol treatment in Gloucestershire were pregnant at the time, which is similar to that seen nationally (2.4%); 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 2021-22 31% of women entering treatment reported that they were a parent living with children under 18ya.</p>	Gloucestershire Adult Treatment Population –	2021-22		Pregnancy (at treatment entry 2021-22)	No.	%	Pregnant (female treatment entrants)	14 / 499	2.8%
Gloucestershire Adult Treatment Population –	2021-22									
Pregnancy (at treatment entry 2021-22)	No.	%								
Pregnant (female treatment entrants)	14 / 499	2.8%								
<p><i>Religion and/or belief percentage/profile of service users religious beliefs</i></p>	<p>2021 Census data show out of Gloucestershire's population, 266,959 people said they had no religion (equivalent to 41.4% of the population). This is a higher proportion than in 2011 when 26.7% of the population answered that they had no religion. The biggest change in proportion out of the categories given was the Christian category which decreased from a 63.5% share of the population in 2011 to a 49.2% share of the population in 2021 (equivalent to 61,534 fewer people).</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</p>									

and alcohol (Ford & Hill 2012; Castaldelli-Maia & Bhugra 2014); 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 24.3% reported that they were Christian, with a substantial majority (62.1%) reported no religion:

Religion (new to treatment 2021-22)	2021-22	
	No.	%
Baha'i	0 / 1335	0.00%
Buddhist	9 / 1335	0.70%
Christian	324 / 1335	24.30%
Hindu	2 / 1335	0.10%
Jain	0 / 1335	0.00%
Jewish	1 / 1335	0.10%
Muslim	6 / 1335	0.40%
Pagan	5 / 1335	0.40%
Sikh	1 / 1335	0.10%
Zoroastrian	0 / 1335	0.00%
Other	49 / 1335	3.70%
None	829 / 1335	62.10%
Declines to disclose	9 / 1335	0.70%
Patient religion unknown	100 / 1335	7.50%
Missing / Inconsistent	0 / 1335	0.00%

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

The sexual orientation question is new for Census 2021 and therefore is not comparable to the 2011 Census. In Gloucestershire, 90.40% of residents (481,191 people) over the age of 16 stated that they are straight or heterosexual, 1.28% (6,814) said they are gay or lesbian, 1.21% (6,432) answered they are bisexual and 0.31% (1,660 people) of the population is classified as all other sexual orientations.

In comparison, there was a similar proportion of the population in each of the sexual orientation categories in the South West and England and Wales.

Overall, 6.80% of Gloucestershire’s population (36,188 people) over the age of 16 chose not to answer the sexuality question, this is a lower proportion than both the South West (7.30%) and England and Wales (7.47%).

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, even with the comparators provided by the 2021 Census, we are unable to say with certainty whether this distribution is to be expected:

Sexuality (new to treatment 2021-22)	2021-22	
	No.	%
Heterosexual	1192 / 1335	89.30%
Gay/Lesbian	30 / 1335	2.20%
Bi-Sexual	42 / 1335	3.10%
Person asked and does not know or is not sure	6 / 1335	0.40%
Not stated	45 / 1335	3.40%
Other	6 / 1335	0.40%
Missing / inconsistent	14 / 1335	1.00%

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