NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Drug misuse prevention: targeted interventions

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Scope: before consultation

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?
1. The scope focuses on populations who are most likely to start using drugs, who are already experimenting with drugs, or who use drugs occasionally. The guideline will replace PH4 on interventions to reduce substance misuse among vulnerable young people 2. The groups specifically covered are children, young people and adults who are most likely to start using drugs, who are already experimenting with drugs, or who use drugs occasionally and this includes: • People who frequently go to nightclubs or festivals • Men who have sex with men • Those who are more vulnerable like: a) people with mental health problems b) people involved in commercial sex work or who are being sexually exploited c) children and young people who are not in education or training, including school excludes and truants d) children and young people whose parents use drugs e) children and young people who are looked after

3. It will not cover:

    - People who already dependent on drugs or who use drugs regularly and excessively
    - People who are in prison or young offender institutions
    - People who are part of on-going drug treatment and recovery

4. A focus on those 'who are more vulnerable" potentially means that those who are less vulnerable may not be considered fully in the guidance. This potentially raises a number of equality issues in groups considered less vulnerable across the protected characteristics. The focus of the guidance is on settings and communities and thus does not set out to 'discriminate' on the basis of the protected characteristics and the scope is not suggesting that the risk of drug misuse is not present in these less vulnerable communities/populations. The scope has focused on those who are more vulnerable based on the evidences reported by other publications like for example "Drug Misuse: Finding from the 2012 to 2013 Crime Survey for England and Wales (CSEW, 2014)" and "New psychoactive substances in England: a review of the evidence (Home Office, 2014)"

5. Excluding "People who are in prison or young offender institutions" can potentially raise a number of equality issues among inmate population. Nevertheless is give a priori that prisoners in the United Kingdom are already in a prevention/rehab scheme or system.

6. The key activities outlined in the scope include increasing awareness. Within population categorised as more vulnerable there may be potential equality issues regarding the way in which this is done. Consideration needs to be given to the format of information delivery for example those with visual impairments or those for whom English is not their first language. This should be considered in the guideline development process

7. There is also a potential equality issue regarding access to interventions for transient communities such as homeless people and Gypsy, Roma and Traveller communities. The scope and subsequent guideline development process should be aware of this and make provision to consider this in the guidance development process

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
The committee will need to consider the above issues particularly in terms of the evidence base and thinking about settings for the delivery of interventions to reflect some protected characteristics. The focus of the scope on who are more vulnerable in the populations is justified. The exclusion of “people who already dependent on drugs or who use drugs regularly and excessively” and of “people who are part of on-going drug treatment and recovery” is justified by the fact that this guideline focusses on the prevention phase only and consequently it excludes people who already use drugs. The exclusion of prisoners is justified given the existing prevention programmes currently universally offered to inmates in England.

Completed by Intern – Emanuele Mortara

Date – 2th February 2015

Approved by NICE

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
Stakeholders identified several groups who they thought should be specifically mentioned within the scope, including • Young people in contact with youth justice • Roma • Trans people • BME groups

- People who are subject to or perpetrate domestic violence.

It was also felt that the exclusion of prisoners and people already in drug treatment in the draft scope was unreasonable.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

As a result of stakeholder consultation, the exclusion of people already in structured treatment programmes has been removed. The lists of exemplars have not been changed to incorporate the other groups mentioned, partly due to a lack of reliable data, but also because the examples within the scope are clearly marked as examples. None of the groups mentioned are actually excluded, they are simply not specifically referred to in the examples. Prisons as a setting continue to be excluded since they will be covered in the NICE guideline '[Mental health of adults in contact with the criminal justice system]'.

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

The primary focus of the guideline is not a population with a specific disability-related communication need.

Updated by Developer Chris Carmona

Date	22 April 2015
Approved by NICE quality assurance lead	Simon Ellis

3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
The committee have addressed the potential equality issues identified during the scoping process. People who are already dependent on drugs or who use drugs regularly and excessively are already covered by NICE's guidelines on treatment and care for people who misuse drugs. The committee acknowledged that it is difficult to determine whether some approaches are treatment or prevention. The explicit exclusion of prisoners and people in institutions for young offenders was removed from the scope but the exclusion of custodial settings was maintained. Therefore studies of interventions delivered in prisons or institutions for young offenders were excluded from the evidence review. This is because NICE is currently developing a clinical guideline on the Mental health of adults in contact with the criminal justice system. In addition, there are existing prevention programmes currently universally offered to inmates in England. People who are part of on-going drug treatment and recovery have been included in the development of this guideline. This allows for the fact that someone may be receiving treatment for one drug but can still receive interventions to prevent their misuse of another drug.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
The committee discussed that the remit for this guideline only covered one aspect of drug misuse. In line with the scope, the evidence base on universal approaches or wider determinants of drug misuse was not considered. The committee noted the

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
importance of considering the recommendations in this guideline alongside others on the prevention and management of drug misuse (for more information see NICE pathway on drug misuse). The committee discussed that wider determinants, such as housing, education and employment opportunities, social support and resilience can have a fundamental impact both on risk of drug misuse but also the effectiveness of interventions to prevent use or minimise harm. Therefore, the committee developed the recommendations in the guideline on the assumption that they would be considered alongside other relevant guidance produced by NICE such as guidelines on social and emotional wellbeing in primary and secondary education, alcohol use disorders, looked after children and young people and community engagement. The committee discussed that many terms used in the literature to describe drug use are subjective and often used inconsistently or inter-changeably (for example, terms such as ‘use’, ‘misuse’, ‘occasional’ or ‘recreational’, ‘dependency’, and ‘abuse’). They discussed that the definition of 'recreational' use in particular was subjective. For example, fortnightly use of cannabis as an adult might be considered recreational, but it may not be in a child or young person. The committee were aware that some people who use drugs do not identify as drug users. This can include people who use image- or performance-enhancing drugs, or new psychoactive substances (also known as ‘legal highs’). This guideline does not cover all of the vulnerable groups that were covered in previous NICE guidance PH4 on Substance misuse interventions. The current guideline has focused on those who are more vulnerable based on extensive scoping searches, crime statistics, stakeholder comments and an initial sift of the evidence. The committee identified a further potential equity issue regarding people being in more than 1 at-risk group. The committee discussed this at length in the committee meetings. They highlighted that studies included in the evidence review for a particular at risk group may include people who fall into more than 1 at risk group, for example, ‘children and young people whose parents use drugs’ and ‘looked after children and young people’. Text has been added to the evidence review to ensure that this is explicit. The discussion section of the guideline also has text to reflect this issue. Studies of pregnant women were excluded from the evidence review for this

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
guideline. There is existing NICE guidance on Pregnancy and complex social factors, which includes substance misuse in pregnant women. General antenatal and postnatal care is covered in existing NICE guidance. In addition, it was agreed that studies on drug use in pregnant women are most likely to be studies of treatment for dependent drug users rather than prevention studies.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?
The committee's considerations of equality issues highlighted in section 3.2 were described in 'the committee's discussion' section of the guideline document. The issue around wider determinants was addressed under the 'approach of this guideline' heading, and also mentioned in the 'existing NICE guidance' section. People who may not identify themselves as drug users are discussed in the discussion section for recommendations 1.5.1 and 1.5.2. There is also a research recommendation for further research into this group. The differences in at-risk groups between the current guideline and the previous guideline (Substance misuse interventions for vulnerable under 25s [PH4]) are discussed in the 'update information' section. The committee agreed not to use the term 'foster parents' in the recommendations as it implied that some recommendations were specific to foster parents and others were not. The term 'parents and carers' is used in the recommendations to indicate that recommendations are aimed at either biological or foster parents (or carers) where appropriate. The potential for people to belong to more than 1 at-risk group is described in the 'background and terminology' section, 'limitations of the effectiveness and acceptability evidence' section, 'overview of the cost effectiveness' section of the discussion section and the discussion sections for recommendations 1.2.1, 1.2.2 and 1.2.3, recommendations 1.3.2 and 1.3.3, and recommendation 1.3.4, 1.3.5, 1.3.6 and 1.3.7. Pregnant women were not discussed in the guideline, however, the exclusion of studies of pregnant women is explained in evidence review 1 and evidence review 2

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?
(see section 3.2 of the EIA).

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
The preliminary recommendations do not make it more difficult in practice for a specific group to access services compared with other groups.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
The preliminary recommendations will not have an adverse impact on people with disabilities.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?
The committee has made specific recommendations for people who are not in contact with services, for example, because they do not identify as drug users (recommendations 1.5.1, 1.5.2 and 1.5.3). No other barriers to or difficulties with access to services were identified.

Completed by Developer: Ella Novakovic

Date: 30th June 2016

Approved by NICE quality assurance lead: Stephanie Fernley

Date: 5th July 2016

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Updated by Developer _____

Date_____

Approved by NICE quality assurance lead _____

Date_____

5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

Approved by Developer _____

Date_____

Approved by NICE quality assurance lead _____
Date_____