



EQUALITY IMPACT ASSESSMENT

Crime Reduction and Community Safety
Group

Crime and Drug Strategy Directorate
Drug Strategy Unit

1. Preliminary Screening

Name of Policy Writer	Ian Martin
Director General	Moira Wallace
Minister/Permanent Secretary	Vernon Coaker/David Normington

Name of Policy Drugs: Protecting Families and Communities - the 2008 drug strategy		This is a new policy
	X	This is a change to an existing policy
		This is an existing policy

Policy Aims, Objectives & Projected Outcomes

To build on and develop further the previous drug strategy to provide a framework for interventions to reduce harms to families, communities and individuals caused by drugs. This is a new 10-year strategy under which will sit three-year action plans.

Will the policy have an impact on national or local people/staff?	YES
Are particular communities or groups likely to have different needs, experiences and/or attitudes in relation to the policy?	YES
Are there any aspects of the policy that could contribute to equality or inequality?	YES
Could the aims of the policy be in conflict with equal opportunity, elimination of discrimination, promotion of good relations?	NO
If this is an amendment of an existing policy, was the original policy impact assessed?	NO

If your answer to any of these questions is **YES**, go on to the full EIA.

If you have answered **NO** to all of these questions then please attach the following statement to all future submissions and within your regulatory impact assessment and ensure it is signed off by senior management.

“This policy was screened for impact on equalities on [insert date]. The following evidence [Evidence] has been considered. No full equality impact assessment is required. “

Remember that all policies that are likely to have a significant impact on individuals and the public as a whole are likely to require a full EIA.

Date of screening	03 September 2007
Date of EIA	22 February 2008
Date of commencement of EIA process	October 2007
Date of completion of EIA process	February 2008
Date of publication of results	27 February 2008

2. Consider Existing Evidence

What relevant **quantitative** data do you have in relation to?

Equality Target Areas	<p>How does the data identify potential or known positive impacts?</p> <p>How does the data identify any potential or known adverse impacts?</p>
<p>Race (consider e.g. nationalities, Gypsies, Travellers, languages)</p>	<p>S95 statistics on race and criminal justice 2007 Citizenship Survey, BCS reports on ethnicity and crime.</p> <p>National Drug Treatment Monitoring System (NDTMS) provides comprehensive information relating to drug users in treatment. The annual review of the NDTMS data includes regression analysis to look for differential negative impact of the treatment system on different groups, including ethnicity.</p> <p>Statistics collected by some drugs services suggest less take up of drugs services by BME groups, particularly Asian communities. There are some differences in treatment impact (retention and provisional outcome) attributable to drug of choice. The treatment system is motivated to deal with highest harm causing users, therefore a predominance of heroin users that, in itself, has a differential negative impact on some ethnic communities who have a different drug of choice.</p>
<p>Religion/belief & non belief</p>	<p>Information collected by some drugs services which suggest low take up of services in Muslim communities.</p>
<p>Disability (consider social access and physical access)</p>	<p>None at present.</p>
<p>Gender (consider men, women, transgender)</p>	<p>Access to services by gender, convictions and prisons data by gender. Corston Report. NDTMS and the annual impact assessment conducted by the NTA provide consistent evidence that women are not more marginalised than men and evidence that they have slightly better outcomes and satisfaction in treatment.</p>
<p>Sexual Orientation (consider bisexual, gay, heterosexual or lesbian)</p>	<p>None at present.</p>

Age	Criminal justice statistics on convictions by age. Monitoring by drugs services by age. NDTMS and the annual impact assessment conducted by the NTA provide monitoring by age grouping.
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What research have you considered commissioning to fill any data gaps?

For example, you may need to ensure quantitative data groups include stakeholders with respect to this policy. Include any recommendations in your action plan

An Ipsos MORI survey was commissioned to seek views on the Government's Consultation paper on the new strategy in July 2007. Diversity issues were raised as part of this.

NTA and the Healthcare Commission are undertaking an improvement review of diversity that involves benchmarking each drug partnership and provider in March 2008, with provision of results expected in September 2008.

University of Central Lancashire (UCLAN) research into community engagement and into prison drug services delivery and needs of BME prisoners.

Considering Existing Evidence (continued)

Who are the stakeholders, community groups, or customers for this policy area?
<p>Drug users, their children, their families and all members of communities impacted by illegal drug use</p> <p>Practitioners working in drug treatment services</p> <p>The National Treatment Agency for Substance Misuse (NTA)</p> <p>Primary Care Trusts (PCTs)</p> <p>Inter-agency drug action teams and local partnerships, including Drug Action Teams (DATs), Drug and Alcohol Action Teams (DAATs) and Crime and Disorder Reduction Partnerships (CDRPs)</p> <p>Enforcement agencies and all parts of the Criminal Justice System</p> <p>Educational institutions</p> <p>Local authorities</p> <p>The Home Office</p> <p>Department of Health</p> <p>Department for Children, Schools and Families</p> <p>Ministry of Justice</p> <p>Department for Work and Pensions</p> <p>Department for Communities and Local Government</p>

<p>What relevant qualitative data do you have?</p> <p>Please cite any evidence (complaints, satisfaction surveys, focus groups, questionnaires, meetings, research interviews etc) of communities or groups having different needs, experiences or attitudes in relation to this policy area.</p>	
Equality Target Areas	<p>How does the data identify potential or known positive impacts?</p> <p>How does the data identify any potential or known adverse impacts?</p>
<p>Race (consider e.g. nationalities, Gypsies, Travellers, languages)</p>	<p>Responses to the consultation during the preparation of the strategy with stakeholders suggested that drugs services are not reaching some BME groups and new emerging communities.</p> <p>For treatment services, NTA carries out an annual user survey, covering 11,500 service users in 2007. This includes analysis by ethnicity.</p>
<p>Religion/belief & non belief</p>	<p>Responses to the consultation during preparation of the strategy suggesting barriers to access for some faith groups, particularly Muslim.</p>
<p>Disability (consider social access and physical access)</p>	<p>Responses to the consultation during preparation of the strategy highlighted in particular access and completion barriers for people with mental health and learning disabilities.</p>

<p>Gender (consider men, women, transgender)</p>	<p>Responses to the consultation during preparation of the strategy highlighted problems for women with complex needs (mental health, childcare etc) in accessing and completing some services, also problems relating to mothers and grandmothers. The NTA annual user survey includes analysis by gender.</p>
<p>Sexual Orientation (consider bisexual, gay, heterosexual or lesbian)</p>	<p>Responses to the consultation during preparation of the strategy suggesting gay and lesbian users may fear harassment or hostility in accessing services on grounds of sexual orientation. The NTA annual user survey includes analysis by sexual orientation. Those not willing to discuss orientation report worse satisfaction with treatment.</p>
<p>Age</p>	<p>Responses to the consultation during preparation of the strategy highlighted the need to support families of young drug users, the children of older drug users and to ensure services for older users (methadone maintenance) are continued where appropriate to do so, in line with clinical governance. Significant information collected and analysed relating to risks to children and young people. The NTA annual user survey includes analysis by age. Those aged over 40 report greater satisfaction with treatment.</p>

What are the overall trends and patterns in this qualitative & quantitative data?

Disproportionality; regional variations; different levels of access, needs of experiences or needs; combined impacts.

Specific trends and patterns identified in NDTMS and the NTA annual user survey are shown in preceding sections. However, some EIA consultation respondents identify a lack of statistical data on access and outcomes of services as a barrier to identifying individual needs, trends and regional variations. Anecdotal and qualitative evidence shows a need to ensure diversity is mainstreamed in delivery of services and in commissioning services to meet local needs and populations. There is, in some areas, a need to work to improve local needs assessment, which is central to improving relevant service provision.

To achieve economy of scale there is some disadvantage to rural communities. Additional gaps relate to transient communities, e.g. gypsies and travellers, and emerging communities.

Please list the specific equality issues that may need to be addressed through consultation (and further research)?

These issues will be addressed in greater detail in each of the three-year action plans underpinning the delivery of the strategy. Consideration should be given by commissioners and providers of services to key issues, including:

- access to services for women with children;
- the provision of culturally competent services, including meeting language needs;
- addressing wider issues of identity, particularly for those of dual heritage;
- providing family-based services which address the needs of all families, as most widely defined;
- ensuring barriers to access are removed for service users with disabilities; and
- investigating the means by which information might be obtained which will determine patterns of drug use and service needs, particularly where there are significant gaps in evidence, such as the needs of members of sections of the LGBT community and emerging communities.

This is not an exhaustive list. Commissioners and service providers will need to carefully assess additional diversity issues in their areas.

3. Gathering evidence through community engagement

INTERNAL CONSULTATION & INVOLVEMENT: Other Government Departments, Staff, Agencies & NDPBs

Does this policy affect the experiences of staff? How? What are their concerns?

The strategy will affect staff in treatment services, in enforcement agencies, in education and children's services, staff throughout the criminal justice system and those concerned with benefits and needs assessment and provision. They have been consulted during the overall consultation process and in this equality impact assessment, via surveys and an equality consultation event, as well as additional stakeholder/partner workshops.

How have you consulted, engaged and involved internal stakeholders in considering the impact of this proposal on other public policies and services?

For example your policy may affect access to housing, education, health, employment services.

In preparing this EIA interviews were held with key stakeholders across departments in addition to the consultation above including Department of Health, Department for Children, Schools and Families, Ministry of Justice and the NTA.

Development of the new drug strategy has been driven by a cross-government senior Steering Group, involving all Departments involved in delivering the strategy and key delivery partners, e.g. NTA and ACPO.

What forms of consultation, engagement and involvement have been most effective?

All the forms of engagement have been useful for development of this strategy, particularly as they took place early in the process, making it possible to use the results to improve and amend the strategy in response to concerns raised.

What positive and adverse impacts were identified by your internal consultees?

Positive – potential of the strategy to disrupt supply-side activities; potential to improve the lives of children, families, communities and individual drug users through personalised interventions and enhanced treatment delivery, which will focus on outcomes for communities and individuals; reduction in drug-related offending and anti-social behaviour and its impact on communities; potential for prevention activity to reduce risk to children and families and, therefore, future problem drug use; better access to wider support, such as training or housing advice, to help drug users reintegrate into society.

Negative – as listed above, possible adverse impact on some groups.

Some of the diversity agenda relating to drug strategy is driven by the difference between users' drug of choice and the focus of the strategy upon provision of treatment services to the highest harm-causing users and those who put others at greatest risk. This may marginalise some groups who do

not use the highest harm causing drugs (crack or heroin) or inject. The drug strategy seeks to improve services for crack users; this should be of benefit to some BME groups in line with their drug preferences.

Feedback the results of this internal consultation and use it as a basis for work on external consultation

External consultation and involvement

How did you ensure that different external stakeholders and community groups had access to your public consultation process?

Formal consultation process (July 2007) with 5000 copies of full consultation document and 300,000 public-facing leaflets widely circulated - some responses raised diversity and equality concerns, which were used for this EIA. Additional Ipsos MORI survey work included in-depth interviews with national stakeholders, carrying out case studies with current service users, ex-service users and drug users not engaging with services, practitioners and general public and an omnibus survey of a representative sample of 2044 members of the public.

Additional consultation was carried out by DCSF with young people and those involved with young people.

Specific consultation event in December 2007 for this equality impact assessment involved front line practitioners and former drug users who now deliver services. Two additional stakeholder events have been held to review the emerging strategy.

Did consultation show that the proposal could present (social or physical) barriers to any communities or groups?

Parts of the consultation identified potential barriers or adverse impact for some groups of users:

Asian and/or Muslim communities

Women with complex needs – though NDTMS/NTA results show that those women who do engage with treatment are not more marginalised than men.

Gay, lesbian and bi-sexual users

Sex workers

Gypsies and travellers

Access for some disabled users e.g. people with mental health and learning disabilities

Language barriers

Access requirements for different age groups

These issues have been incorporated in the new strategy through the addition of an Appendix devoted to equality and diversity, and will be taken further in the more detailed implementation plans.

What positive impacts were identified during consultation?

Will the proposal promote equal opportunity, good relations and equality of opportunity?

There is potential for positive impact through extended community engagement with local people in tackling drugs and through local partnerships delivering services to meet specific and identified local needs.

There is definite and significant potential for positive impact through reducing harms associated with drug misuse and building greater trust and confidence in communities in the range of responses adopted by local agencies.

External consultation and involvement (continued)**Who have you engaged and involved in developing these policy proposals? When and how was this done?**

E.g. focus groups, panels, project boards etc.

As above: national consultation on the strategy and Ipsos MORI informal consultation events.

Subsequent presentation of high-level emerging strategy proposals and feedback sessions to key stakeholder groups, November 2007 – February 2008.

What opportunities for positive impact were identified during this engagement?

E.g. opportunities to eliminate unlawful discrimination, promote equal opportunity and good community relations.

There is potential for positive impact through extended community engagement with local people in tackling drugs and through local partnerships delivering services to meet specific and identified local needs.

The strong enforcement focus and new package on families and young people also offers potential to improve lives of individuals and communities affected by drug misuse and the effects of drug-related crime.

What concerns were identified during this engagement exercise?

Potential adverse impact, exacerbation of existing disproportionality etc

As listed above. These concerns are now included in an Appendix to the strategy which focuses on equality.

Feedback the results of your community engagement (i.e. involvement and consultation) to all participants including internal and external stakeholders

4. Assessment & Analysis

Does the result of this EIA work show a potential for differential impact?

<p>The results of this EIA show that while the overall strategy should have a neutral impact, there is potential for both positive and adverse impact in delivery and implementation of the strategy. By prioritising problem drug users there is de facto disproportionate benefit and engagement with some groups of drug users and marginalisation of others based upon their drug of choice.</p>
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<p>The focus on outcomes for individuals could benefit those in equality target groups.</p>

<p>It will be essential that commissioners and those delivering the strategy ensure that adverse impact for any group is identified and tackled and ensure that barriers to access for some groups are removed. This will include commissioning local research to establish a baseline, and ensuring monitoring of outcomes across all diversity strands. The work of the NTA and the improvement review of diversity to be conducted with the Healthcare Commission will provide a basis for further improvement with regard to treatment services.</p>
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<p>It will also be important to ensure that all communities are engaged and consulted on enforcement activities at local level to ensure that they support the criminal justice agencies.</p>

Does this policy have the potential to cause unlawful discrimination?
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<p>The strategy will not cause unlawful discrimination.</p>

How will you mitigate any negative impacts this policy may have?

<p>The three-year action plans which will support this strategy will be impact-assessed to ensure equality is taken into account and progress reports will be monitored to ensure this takes place. These action plans will contain more specific detail on equality in implementation of the strategy.</p>

<p>The resources section of the strategy will contain guidance and information on diversity.</p>
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<p>Local commissioners and service providers will be asked to establish the current baseline in relation to diversity in their areas and to ensure adequate monitoring provisions are in place to track future progress and outcomes for individuals in different groups.</p>

<p>Specific mitigation in relation to treatment services includes:</p>
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| <ul style="list-style-type: none"> • Ensuring the quality of young people's drug treatment improves in each area; • Focus on improving crack treatment will improve services to some BME groups; • Focus on an increase in prison drug treatment (where there is an overrepresentation of BME groups) will improve treatment access for BME groups; and • Focus at a local level on needs assessment and treatment planning will improve local targeting of resources. |
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How does the policy promote equality of opportunity?

The strategy and action plans will promote access to services for all groups, promote greater community engagement at local level, and reduce the harm to communities caused by drug-related crime and anti-social behaviour. The focus on individual outcomes will support equality of access for all groups.

How does your policy promote good community relations?

Good community relations will be promoted by effective enforcement to the benefit of local communities and by producing better outcomes for individuals that, in turn, will enhance opportunities for all and more cohesive community relations.

In the light of consultation and data gathering what changes will you make to the policy?

As the consultation and equality impact assessment was undertaken at an early stage of drafting, many of the suggestions made during the consultation have already been included in the final version. This includes more on engagement, matching services to local needs, focus on outcomes for individuals, services for young people in transition between age groups, collection of evidence to support the strategy, for example.

Are there any concerns from data gathering and consultation that have not been taken on board?

Please justify and explain the reason for your decision.

Some points raised in the consultation are too detailed for inclusion in an over-arching 10-year strategy document. They will, however, be included as appropriate in the three-year action plans.

Ensuring access to information**How can you ensure that information used for this EIA is readily available in the future?**

(N.B. You will need to include this in your action plan)

The full report on the equality impact assessment will be made available for those preparing the three-year action plans to ensure they mainstream equality issues.

The report will also be used to enhance the present diversity guidance for use by local areas and units.

How will you ensure your stakeholders continue to be involved/ engaged in shaping the development/ delivery of this policy?

(N.B. You will need to include this in your action plan)

Continuing engagement at local level and in partnership work is a key element of the overall strategy and will be reinforced in the three-year action plans.

How will you monitor this policy to ensure that the policy delivers the equality commitments required?

(N.B. You will need to include this in your action plan)

The implementation of the strategy will be monitored centrally via the governance arrangements for PSA 25 and through progress reports on implementation of the three-year action plans.

Now submit your EIA and related evidence for clearance.

5. Action Plan (Indicative of coverage)

Issues/adverse impact identified	Actions required	Success Indicators	[Due] Date	Responsibility	What progress has been made?
Data Collection	Encourage local collection of monitoring data across diversity strands and to consider commissioning research where they do not already exist	Improved diversity data and evidence base	Continuing	Local partnerships, commissioners and service providers NTA for NDTMS data	
Publication Arrangements	Publish summary of EIA along with final strategy	EIA on Home Office web site	27/02/08	Home Office Drug Strategy Unit	
Monitoring & Review Arrangements	Local providers to establish monitoring arrangements across diversity strands where they do not already exist	Improved baseline and continuing data	Continuing	Local partnerships, commissioners and service providers	
Inclusion of measures in wider strategic plans	This is a top level strategy. Measures will be include in three year action plans	Equality issues included in action plans	Continuing	Home Office Drug Strategy Unit	
Inclusion of targets in strategic plans	As above in three-year action plans	Targets against measures included in action plans	Continuing	Home Office Drug Strategy Unit	
On-going stakeholder engagement	On-going use of equality and diversity monitoring group	Meetings held	Continuing	Home Office Drug Strategy Unit	

Representation and/or access to community engagement and involvement	Encouraging community engagement at local level is a key area of the strategy	Continuing engagement at local level	On-going	Local partnerships, commissioners and service providers	
Specific issues raised during evidence gathering	Develop better evidence base on drugs strategy and diversity	More data	On-going	Local partnerships, commissioners and service providers NTA for NDTMS data	
Introduction of new initiatives	Set out in three year action plans and implementation plans	Action points within action plans	On-going	Home Office Drug Strategy Unit	
Action points for OGD or delivery partner	Set out in three year action plans and implementation plans	Diversity mainstreamed at local level	On-going	Home Office Drug Strategy Unit	
Potential inequalities within treatment system	Improvement review on diversity about to be undertaken by benchmarking each drug partnership and provider, followed up by targeting the worst performing 10% to produce improvement action plans and publication of good practice guidance based upon top 10%.	Improvements to diversity profile in treatment services	March 2008 onwards	NTA working with the Healthcare Commission	
Gaps in prison drug treatment	Increased availability of drug treatment in prisons.	Improved drug treatment for prisoners	April 2008 onwards	Ministry of Justice/ Department of Health	

Please ensure that the action plan is agreed by your Director/Minister

6. The Equality Impact Assessment (“EIA”) Report

Background:

The focus of the new drug strategy is:

1. Protecting communities through robust engagement to tackle drug supply, drug-related crime and anti-social behaviour;
2. Preventing harm to children, young people and families affected by drug misuse;
3. Delivering new approaches to drug treatment and social re-integration; and
4. Public information campaigns, communications and community engagement.

This EIA took into account EIAs previously conducted within the Home Office on different aspects of drug strategy. These are listed in Appendix A.

Methodology:

This equality impact assessment is based upon:

- A document review, including previous EIAs of elements of drugs policy, research and reports from outside organisations, results of the Ipsos MORI consultation on the Government’s July consultation paper (please see Appendix A for list of documents reviewed);
- Interviews with key policy leads in Government departments; and
- Results of a stakeholder event held in December 2007, with practitioners, ex-users and academics (a list of participants is at Appendix B).

Analysis was conducted on the basis of current equality legislation requirements and the equality issues raised by those responding to the consultation.

It has taken into account seven key diversity strands currently covered in varying degrees by legislation: race; gender; gender identity; disability; faith or religion, sexual orientation; and age.

Consultation & Involvement:

A stakeholder event took place in December 2007, as noted above. The focus of the event was on equality and diversity. The participants are listed in Appendix B. Two further events have also taken place looking at the new strategy as a whole. Service users (as well as ex-service users and those not accessing services) have been engaged as part of the consultation process led by Ipsos MORI.

Assessment & analysis:

At the time of the initial EIA (December 2007) the consultation document made no reference to equality; some respondents commented upon this omission. The overall consultation was neutral with respect to equality and diversity by encouraging respondents to identify strengths and weaknesses in current strategy and service provision, without prompting as to which aspects of relevant policy and services they should take into consideration. Accordingly, respondents identified issues that related to equality and diversity in addition to discussing other strengths and weaknesses. The EIA process enabled equality issues to be integrated more explicitly within the developing strategy, underlining the Home Office's commitment to Equality and Diversity at the outset. The Home Office has since reviewed the strategy to ensure that stakeholder concerns are reflected more strongly, e.g. community engagement, matching services more closely to local needs, dealing with all forms of drug abuse whilst keeping the focus on serious offenders, young people in transition and the need for evidence.

The UK is now a very diverse country and a one-size fits all approach to drugs will not be successful. The strategy therefore seeks to take into account diverse needs in order to produce positive outcomes for everyone.

The EIA recognises that the delivery mechanism for the new drug strategy is increasingly based on localism. The localism agenda requires the Home Office and its partners in development and delivery of the drug strategy not to increase administrative burdens and therefore no additional performance management systems are envisaged. This means optimising the existing systems. It means letting each area define its services within overall policy guidance. It is expected therefore that local partnerships will identify local needs based on the characteristics of their respective local populations, including due regard to Equality and Diversity.

A key issue is the current lack of data and evidence on the impact of some areas of current drugs policy on the equality target groups covered by legislation. It is important that there are robust monitoring systems at local level so that any emerging adverse or positive impacts can be quickly identified and action taken. There may also be a need for local research projects on specific areas of policy and its impact. Specifically in relation to treatment services, the NDTMS data set provides a strong basis for analysis of the differential negative impact of the treatment system on different groups including gender, ethnicity, age, offender/non-offender status and primary drug of choice. NTA plans to improve this data and analysis and will be able to look at differential treatment outcomes by a range of groups based upon quarterly outcome data from May 2008.

Leadership and strong performance management will also be key to the success of the new policy. A strong lead and commitment to equality will be provided centrally, supported by performance review and measurement to ensure there is consistency of approaches to equality within the framework of localism. Examples of this are the work of the NTA in analysing NDTMS data for equality and diversity issues, the benchmarking exercise that the NTA is about to carry out with the Healthcare Commission, Home Office guidance on equality and diversity aspects of drug strategy and review of the impact and potential impact of the Drug Interventions Programme (DIP) by the DIP Race, Equality and Diversity Scrutiny Panel.

Partnership work is essential for successful drug policy. Whilst all statutory agencies in partnerships are, as public authorities, bound by the statutory equality duties, it is less clear how this is taken into account in joint policy making, planning, commissioning and delivery of services. The joint NTA and Healthcare Commission diversity benchmarking work is an example of how we are working to improve the consistency with which equality is taken into account across all drug partnerships.

The DCSF Substance Misuse High Focus Area Initiative, Diversity theme: a series of documents has been produced, including a checklist for commissioners and an Equality and Diversity self-audit tool for services for young people's substance misuse. There is also guidance on monitoring sexual orientation. A similar series of detailed guidance and audit tools should be produced to support the wider 10-year strategy.

Continuing engagement with a range of stakeholders (including young people, front line workers and ex-users) is also crucial and it is positive that engagement is a key section of the new strategy.

Treatment and support: the key equality issue here is to ensure services are tailored to meet the needs of a diverse range of drug users, with an emphasis on monitoring outcomes for different groups. The policy also needs to be responsive to new emerging communities and to new emerging patterns of drug use and new drug threats. Support services also need to ensure staff are trained and have awareness of Equality and Diversity issues as part of their continuing work to meet their obligations in these areas.

Commissioning was seen as a key issue by some consultation participants. Commissioners of services are responsible for local needs assessment and treatment planning in systems for treatment of both young people and adults. It is intended to pilot different organisational models as part of the commitment to continuous improvement in commissioning and service provision in addition to exercises such as the NTA/Healthcare Commission benchmarking. In ways such as this the implementation of the strategy looks to ensure improvements in the on-going accountability for researching local needs and patterns of drug use and for commissioning services that are appropriate and sensitive and do not discriminate against or exclude any equality target group.

Children, young people and families: services need to be responsive to diverse patterns of family life and to children and young people from diverse backgrounds with diverse needs. Educational messages need to be put across more widely than in schools and in more imaginative formats. Young people must be involved in planning and delivery of services, including peer-to-peer education and mentoring. Again, training in equality, diversity and drug awareness is needed for those working with children and young people in any capacity.

Supply enforcement and offending: it is crucial that criminal justice and enforcement agencies work closely with drug treatment providers to ensure the work on drugs is not undermined. The EIA notes that this is taken into account in the strategy. Criminal justice agencies need to build stronger community engagement links to overcome perceptions of discrimination, particularly against young black men, which could impede willingness of some communities to work with enforcement agencies.

Treatment programmes in prison need to be available and accessible to diverse groups and to be linked to follow-up programmes after release, including for those serving sentences of less than 12 months.

The section on public information campaigns, communications and community engagement underlines the importance of tailored ways of reaching and involving young people, parents and communities. It is vital that all public information and communication strategies take account of all equality target groups including reaching young and disaffected people, minority ethnic groups, people in newly arrived communities, women's groups, people in LGBT groups, asylum seekers and refugees. Communications should be available in accessible formats including easy to read version to reach people with learning disabilities. It will also be important to evaluate how far public information messages reach diverse sections of communities.

Recommendations

The strategy now includes an appendix on equality and diversity and further guidance is provided in the resources section.

Many of the points raised during consultation are now included in this strategy. Some of the detailed points mentioned above will be incorporated into three-year action plans and implementation and delivery plans at local level.

Local areas have guidance and a range of existing data sources, including NDTMS and Glasgow PDU data. Local areas will be encouraged to consider local research projects where unmet need is suspected, so that delivery of the strategy can be monitored in relation to outcomes for individuals in all equality target groups. Such research and delivery should be along a community engagement model.

Equality and diversity will be an integral part of reviews of progress on the three-year action plans.

Appendix A: list of documents reviewed

Home Office documents

Home Office Overarching Race, Disability and Gender Equality Scheme and Action Plan for Central Headquarters (2007)

Home Office Three Year Diversity Strategy 2007 – 2011

Presentation slides of Home Office presentation of results of consultation on drugs strategy and core elements of the new strategy (December 2007)

Draft chapters of all core elements of the strategy

Report of the Equality Impact Assessment stakeholder consultation 19 December 2007

Ipsos MORI presentation on results of drug strategy consultation: emerging findings 2007

Results of consultation with users and practitioners 2007

Drugs: Our Community, Your Say. Government consultation document July 2007.

Tackling drugs, changing lives: Home Office Diversity Manual 2007

Preliminary EIA on Reducing the harms caused by alcohol and drugs 2007

Preliminary EIAs on Drug testing and drugs intervention record (2007); and to follow up assessments of DIP (2006);

EIA on prolific and priority offenders strategy (November 2006)

Final RIA on Drugs Bill (December 2004)

Regulatory IA on testing following arrest and mandatory testing

EIA on the Crime Strategy July 2007

Department for Children, Schools and Families

Every Child Matters High Focus Area Initiative on substance misuse: Diversity. Series of guides and self audit tool kits for services providers.

Responses to the consultation Drugs: Our Community, Your Say

In-volve

Nottinghamshire County Drug and Alcohol Action Team

University of Central Lancashire (UCLAN) response relating to use of Khat

Results of consultations with young people and young people's advisors

UCLAN response in consultation with Manchester Drugs and Race Unit and black and minority communities and stakeholders

Other documents

UCLAN: Helping prisons to meet the drug service needs of black and minority ethnic prisoners (2007)

UCLAN: issues surrounding the delivery of prison drug services in England and Wales, with a focus on black and minority ethnic prisoners (2007)

Appendix B: participants at December 2007 equality and diversity stakeholder event

Dr Neville Adams, T3E
Karim Murji, Open University
David Thomas, Manchester Drugs and Race Unit
Sarah Graham, In-volve
Laura Juett, GLA
Monty Moncrieff, Turning Point
Kate Davies, Nottinghamshire County Drug and Alcohol Action Team (DAAT)/
Director of Community Engagement, UCLAN Centre for Ethnicity and Health
Jade Poyser, Nottinghamshire County DAAT
Claire Baker, Nottinghamshire County DAAT
David Jammeh, BAC IN
Anne Argent, Redbridge Users Forum
Chris Day, Redbridge Users Forum
Grantley Haynes, Birmingham City Council
Abdul Al-Rahman, The Federation

Ian Martin, Home Office
Nigel Cradock, Home Office
Dominic Flint, Home Office
Ross Kennedy, Home Office

Dianna Yach, Ionann Management Consultants Limited
Dez O'Neil, Ionann Management Consultants Limited
Anne Dunn, Ionann Management Consultants Limited