aberdeenshire alcohol & drug partnership

Guidance on Equalities Issues in Alcohol and Drugs

1 Introduction

Thanks for downloading this guidance. This document aims to offer Aberdeenshire Alcohol and Drug Partners (ADP) some advice on what to look out for in their Delivery Plan work to identify and reduce potential inequalities that some individuals may experience.

The Equality Act 2010 defines 9 'protected characteristics':

- Age
- Disability
- Gender Reassignment
- Marriage and Civil partnership
- Pregnancy and Maternity
- Race
- Religion or belief
- Sex (male or female)
- Sexual orientation

A person has legal protection against discrimination arising from one or more of these protected characteristics. The Equality Act 2010 does not classify alcohol or drug problems as a 'disability', but substantial and long-term physical or mental impairment from using drugs or alcohol is classed as a disability.

Our goal is to provide services on a fair and equitable basis, as required by law. We must avoid people being disadvantaged when accessing our services. The terms used in this document are not meant to label people but are used in accordance with legislation.

2 Things to look out for

Direct discrimination

Being treated less favourably than those with or without the characteristic(s)

Indirect discrimination

Policy, practice, or criterion that put people with or without characteristic(s) at a disadvantage.

Harassment

Violating a person’s dignity or creating an intimidating, humiliating or offensive environment.

Victimisation

Subjecting someone to detriment because they have or might complain about the issues mentioned above.

3 Examples

The following illustrate drug and alcohol related scenarios where people with distinct characteristics can have different experiences. It is also worth noting that using or not using alcohol or drugs may not simply be about personal choice. Systemic inequalities such as poverty, illness, racism and homo/trans phobia, can lead to substance use issues.
Readers are invited to add any missing scenarios they have encountered.

4 Age

Older people	• The ‘ageing cohort theory’ argues that aging drug users experience rising rates of drug-related death because they have failing health, an entrenched dependency problem and are particularly hard to help into lasting recovery. • Treatment systems may find it difficult to listen and respond to the needs of older people who have ‘tried everything’ to overcome their difficulties. • More older people experience problems with alcohol and drugs use than in the past. Traditional services may not have the experience or knowledge to support these individuals effectively. • Older people are less likely to have access to and be confident in the use of technology increasingly used to engage with people. • Rates of alcohol related hospital admissions are higher for older people.

	• Older people are more likely to have prescription medicines that may adversely interact with alcohol.
Young people	• Substance use may be damaging to the developing brain, interfere in the normal challenges of development, exacerbate other life and developmental problems, and further impoverish the life chances of already vulnerable groups of young people. • Groups of young people identified as more vulnerable to substance use include children of substance misusing parents; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders and sexually exploited young people. • Childhood trauma has been linked with a wide range of negative outcomes in adulthood including substance use and mental health problems. • Aberdeenshire surveys of young people highlight alcohol and drugs as one of their greatest concerns. • The number of young people accessing substance use support has seen a year-on-year drop. • Young people with a history of mental health and drink and drug issues are more likely to die than those with a mental illness or who use substances alone. • Adolescents who report more autistic traits drink less and are less likely to binge drink than their peers.

5 Disability

Disabled people with multiple disabilities and dependencies	• People with drug and/or alcohol dependencies often have complex needs and other related or unrelated health problems. Such individuals require multi-disciplinary support from a range

	of agencies to help engage them in treatment and facilitate recovery. • Some services inappropriately explicitly restrict access to services on the condition of abstinence from drug use. People unable or unwilling to stop using should not be pushed away from basic forms of health, social security, or housing.
Mental health	• Most alcohol and drug service clients have mental health problems, and many have also experienced trauma. Alcohol or drug use may inappropriately exclude people from mental health support. • Drugs or alcohol can be used to self-medicate symptoms of depression and anxiety, increase underlying risk for mental disorders and make symptoms of mental health problems worse. • People with common mental disorders such as depression, anxiety or phobias are twice as likely to report they have an alcohol use problem than people without these conditions. • People can be labelled as having a personality disorder or mental health condition, when really what they were experiencing was trauma and grief; and what they needed was compassion and support.
Presentation	• Sometimes, it is hard to distinguish between someone who is intoxicated and someone with a learning disability, neurological condition, or ongoing health emergency such as a head injury, mental health, or diabetic crisis.

Alcohol related physical or mental impairment	• Harmful use of alcohol is a major risk factor for many health conditions including cirrhosis of the liver, cancer, neuropsychiatric conditions, and injuries, as well as premature mortality. • Harmful use of alcohol can also impact negatively on others through for example unintentional or intentional injuries to others, neglect of care responsibilities and Foetal Alcohol Spectrum Disorder (FASD). People with FASD are likely to need extra support throughout their lifetime. FASD is not easy to diagnose.
Drug deaths	• Drug-related deaths are more common in those with other health problems.
People with a learning disability	• People with a learning disability may use alcohol or drugs to fit in with peers by using group intoxication to mask their condition.
Stigma	• People with substance use disorders face discrimination and negative bias from society, including people who provide healthcare or other services in the community. Stereotypes that generate prejudice, and to discrimination, stem from misinformed beliefs about addiction and are fuelled further by systemic inequalities. • Stigma perpetuates problem alcohol and drug use, prevents people seeking treatment, and causes those who do enter treatment to drop out. • Stigma and fear of arrest discourages people with alcohol or drug problems from coming forward for help. • Stigma can prevent people accessing treatment for health conditions that their alcohol or drug

	use may be exacerbating, leading to extremely late presentation with serious health issues. • Language can be stigmatising. For example, the term 'substance misuse' is judgemental. People can self-medicate with alcohol or drugs as a means of coping with physical or emotional pain or a mental health issue. For some, using alcohol or drugs is an understandable thing to do. It is not misuse; it is use. See ADP glossary of terms. • Stigma may be particularly important for women. Due to societal norms and expectations those who are mothers are likely to face added stigma. Mothers may be ostracised by their family or loose contact with their children due to drug use. • Stigmatising attitudes can be held by service providers as well as peers, family members and wider society.
Concessionary travel	• Some people with a drug or alcohol condition have not been supported to access a free bus pass even though their other circumstances entitle them to one under the concessionary travel scheme.
Sensory impairment	• Waiting times for service can be affected by the additional time required to organise support for people in a consultation who may be sensory impaired. • Assessing the alcoholic strength of a product for those visually impaired is difficult.
Drug use by people with a disability	• People with a disability are less likely to report substance use than the general population and

	are less likely to drink excessively than those without a disability. • Factors which may increase the risk of substance use include isolation and social exclusion, the pressure to 'fit in,' mental health issues, poverty, communication difficulties, a lack of accessible information and self-medication. • The buildings and locations where services are provided may make it hard for people with a disability to enter a building or access services using public transport.
Physical health	• People with alcohol or drug difficulties are more likely to have unmet physical health needs than the general population. Such needs are often first identified by community drug and alcohol services.
Neurodiversity	• Neurodiversity (variation in the human brain such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia and dyspraxia) can be more prevalent among those who use drugs. Neurodiversity is frequently under-diagnosed, especially in women. • A recent systematic review suggested that the rates of substance use among autistic people could be as high as 36%. Extraordinarily little is known about the overlap between autistic people and their mental health and addiction needs. Autistic people often have challenges in communication and interaction with others, with recognising and regulating emotions, and with anxiety.

Hope	• Care workers can mistakenly adopt 'therapeutic nihilism' where they view serious substance use disorders as intractable. This may be due to 'the clinical fallacy' where they see challenging presentations and relapses but a limited connection with people in recovery and experience of seeing recovery happen. • The view that recovery is unobtainable for some people – whom instead should be offered palliative care – is therapeutic pessimism. Expectations of what is possible should be set much higher because clients of workers with positive attitudes do better and those with negative attitudes are linked to higher risk of relapse. • Workers with low expectations of recovery consciously or unconsciously hold clients back due to their own beliefs and behaviours. Long term follow-up studies suggest that most people can expect long term resolution of their symptoms although this can take some years and several attempts during which we need to focus on keeping things as accessible, supported, and safe as possible, always underpinned by hope that things can and will get better.

6 Gender reassignment

Gender reassignment	• Transgender or trans people have a gender identity or gender expression that differs from the sex that they were assigned at birth. • A 'trans' person is someone proposing to undergo, is undergoing, or has undergone a

	process (or part of a process) to reassign their gender. Being trans is neither a lifestyle choice nor a mental health disorder. • There is also a group of people who wish to obtain certain attributes of the opposite sex, but who do not wish to transition fully. They are part of the wide spectrum called "Transgender." • Trans people are one of the most vulnerable groups in our society who face regular discrimination and intimidation. They are often ostracised by family and friends when they make the decision to transition. The tabloid media also make fun of trans people on a regular basis. • There are 44 people in Grampian who have transitioned, and 102 currently going through the transition process. 70% of transitions are male to female and 30% female to male. • Tips for inclusive substance use services: https://kinderstrongerbetter.org/wp-content/uploads/2021/10/What-makes-an-LGBTQI-inclusive-substance-use-service.pdf

7 Marriage and civil partnership

Marriage and civil partnership	• Those in a relationship may not wish to disclose their drug and alcohol experience to their partner.

8 Pregnancy and maternity

Pregnancy	• Drug and alcohol use is dramatically lower in pregnant than non-pregnant people and lower in mothers than women without children. It is extraordinarily rare that any woman drinks or takes drugs because she wants to harm her baby.

	• It is cruel & ineffective to name and shame women drinking during pregnancy as this can be seen as a moralising judgement on women, especially inappropriate when men continue to drink more than women. Stigma is harmful and can alienate mothers-to-be to decline support and conduct harmful behaviours in private. • There are health risks for both mother and baby if the mother used drugs and/or alcohol during pregnancy. • There are profound health risks for the foetus if mother consumes alcohol during pregnancy. There is no safe limit. When women drink during pregnancy, alcohol is passed to the embryo through the placenta. At this point alcohol is a hostile substance and acts as a 'teratogen,' which means that it can adversely affect the development of the embryo. • Women who use drugs are more likely to attend antenatal care late and/or conceal their drug use due to fear of professionals' reactions. Women exposed to marijuana in pregnancy are at a significantly increased risk of some adverse neonatal outcomes. • Pregnancy may be a turning point in life, supporting increased motivation for change. • One in four women drink during pregnancy. Women in Scotland are more likely to consume alcohol during pregnancy if they are white or live in a rural area, and the likelihood increases with rising income and social class. • Enforced contraception should never be a prerequisite to accessing treatment or care. • Pregnancy and maternity may be a special time where difficult to reach women engage with services

	and present an opportunity to create supportive relationships.

9 Race

Minority ethnic communities	• Pakistani, Chinese, other Asian and African or Caribbean people are all significantly less likely to drink at hazardous or harmful levels than the national average. • People of Asian descent experience lower levels of alcoholism and higher rates of abstinence than other ethnic groups. This is due to an inherited mutation common among Chinese, Korean, and Japanese people in an enzyme involved in alcohol metabolism resulting in the build-up of toxic acetaldehyde following consumption of alcohol. This leads to characteristic facial flushing and unpleasant hangover like symptoms. This mutation is only rarely seen in Caucasian populations. (Antabuse creates this enzyme deficiency temporarily, bringing on unpleasant symptoms on consumption of alcohol). • Some minority ethnic communities may use cannabis for recreational purposes. For Rastafarians, cannabis use is a spiritual act and part of the culture of the movement. • In the UK (United Kingdom) as a whole, black, and Asian people are more likely to be stopped and searched, prosecuted, and convicted for drug use than white people even though overall drug use is lower among minority ethnic groups than among the white population. • The use of substance use services varies by ethnicity. For example, women from Black, Asian, and ethnic

	minority communities face greater difficulties in accessing information, support, and treatment. • Uptake, engagement and completion of drug and alcohol recovery services are low among minority ethnic communities due to barriers such as distrust of culturally insensitive services, language barriers but also cultural taboos around substance use, leading people suffering from addiction to avoid openly seeking treatment to avoid stigma and alienation.
Refugees and asylum seekers	• Asylum seekers are not usually allowed to take up gainful employment while their application for asylum is being considered by the Home Office. The application process can take up to 8 years to receive a decision. This prolonged timescale can lead to boredom, social isolation, and exclusion, leading to frustration and the increased likelihood of alcohol or drug use. Individuals may also have the fear that disclosing drug use may negatively affect their application for asylum. • Refugees who have had their application for asylum approved by the Home Office are allowed to take up gainful employment. They may continue to face barriers to employment, the main barrier being language. Also, their skills set from their country of origin, may not be a match for the skills required for many jobs in the UK. This can lead to frustration and the increased likelihood of alcohol or drug use. They may also face discrimination in the jobs market and may end up doing jobs well below their level of ability.
Language	• In Grampian, the language is flagged up by participant of consultation events as the main barrier

	to obtaining work and accessing healthcare and social services. About 95% of people coming into Grampian from Eastern Europe and elsewhere in the world, are non-English speaking when they first arrive. • For non-English speaking clients, face to face interpreters can be arranged. However, due to the sensitive issues around drug and alcohol services, most people prefer the anonymity of the 'Language Line' telephone interpretation service. Aberdeenshire ADP funds Language Line for alcohol and drug services giving staff access to expert interpreters, on the telephone, in 60-90 seconds for over 170 different languages.

10 Religion or belief

Religions and Culture	• In many religions and cultures, the taking of alcohol or substances is forbidden. This may lead to people with a drug or alcohol problem in these communities going to great lengths to conceal this from family and friends. Cultural sensitivity in the provision of drug and alcohol services is vital. • Those declaring no religion or faith are more likely to drink excessively than others.

11 Sex

Women	• There has been a disproportionate increase in drug related deaths among females, especially those aged over 35. • Women with alcohol or drug issues have often experienced trauma and multiple disadvantage which present barriers to accessing services. Drug use is often associated with early life trauma. Memories of

	abuse, family breakdown and trauma can be triggering for relapse. • There is a recognised link between substance use and sexual violence. Controlling and abusive relationships may prevent support seeking and lack of choice may be triggering. Trauma informed services are vital. • Women can suffer power imbalances and may not be in control of the purchase or administration of the drugs they use. Power imbalances can extend to male dominated services and be daunting and intimidating places where they may feel the need to 'beg' for services. Women live with systemic disadvantage in a healthcare service designed by men, for men. Women only spaces and offer of choice of gender of worker helps with engagement. • There may be a degree of fatalism among women who have been systemically let down and abandoned by services repeatedly over years resulting in loss of hope and trust. We should actively 'sell' services to women at all opportunities, creating connection, trust, and relational links. • There is a stigma associated with heavy drinking in women that contributes to the often-hidden nature of women's problematic use. There is additional stigma due to the greater likelihood of women being a primary caregiver. • Women are judged more harshly on their behaviour and appearance if they have used substances. Their drug or alcohol use is considered more deviant and disordered than men's, especially if pregnant, working class or both. Women are twice as likely as men to receive harsher sentences for assault offences when intoxication is a contributing factor. Working class young women face harsher judgement for

	drink-related behaviour than middle class young women. • Fear of childcare proceedings and losing custody of children can lead to riskier behaviours. Women may disguise their drug or alcohol use when interacting with statutory services, such as children's services, due to fear of intervention. Women may require additional household and parenting support and should be supported to feel safe to access services without unnecessary fracturing of families. • Losing a child can create loss of hope, disempowerment and feelings of worthlessness creating extreme vulnerability and high need for support. • Female drug clients are more likely to be engaged in sex work. • Professional women, individuals with managerial or higher education background, are 19 percent more likely to drink heavily at home than women in general. • On average, women are biologically smaller than men. Similar doses of alcohol and drugs have a disproportionately greater impact on women. • Alcohol advertising and drink promotions are increasingly specifically designed to appeal to women in obvious and subtle ways. After years of objectifying and sexualising women in their advertising, the alcohol industry is now targeting women more directly, linking their products to women's friendships, feminism, and empowerment. See Emslie, C (2019) How alcohol companies are using International Women's Day to sell more drinks to women. The Conversation https://theconversation.com/how-alcohol-companies-

	are-using-international-womens-day-to-sell-more-drinks-to-women-113081 • Cancer Research UK states that the risk of breast cancer increases even at low levels of drinking and estimate that 8% of all breast cancer cases in the UK are due to alcohol. • The provision of reproductive education and delivery of long-acting reversible contraception (LARC) should be available in all settings within a framework of reproductive choice, autonomy, and respect to minimise barriers to access.
Men	• Men experience alcohol related hospital admissions three times more than women and suffer twice as many alcohol-related deaths as women. • Men are more likely than women to be hazardous or harmful drinkers: 27% of men drank at hazardous or harmful levels compared to 19% of women. • Men are more likely than women to use any illicit drugs and suffer a drug related death. • Men are twice as likely than women to report alcohol use. • There is a greater social acceptance of male heavy drinking due to its association with masculinity. • Men experience alcohol related hospital admissions three times more than women and suffer twice as many alcohol-related deaths as women. • Information should be presented as gender neutral or that where gender specific information is needed both men and women are considered.

12 Sexual orientation

Lesbian, Gay, Bisexual	• Most people who are Lesbian, Gay or Bisexual (LGB) do not use alcohol and drugs in a harmful way. But a minority do at a rate greater than the wider general population and they may become dependent on alcohol and use tobacco and other drugs and have poorer mental and sexual health than wider society. • People who are LGB are individuals and not one homogeneous group, but many face daily abuse and homophobia which can lead some to excessive alcohol and drug consumption. Other factors include pleasure, coping with trauma, asserting identity, internalised homophobia, self-expression, liberation, bonding, and sexual relations mechanisms. • For many people who are LGB, alcohol plays a significant role in identity construction. Visiting the gay scene or 'Gay Bar' could be an escape from a life of secrecy led by gay and gender non-conforming people. (Stonewall was named after the pub where the fight for gay rights began in 1969.) • People who are LGB need sensitive and skilful services that enable them to feel safe and understood, so they can talk openly and honestly about their needs. For more detail, see Emslie, C; Lennox, J, and Ireland L. The social context of LGBT people's drinking in Scotland https://www.shaap.org.uk/images/shaap-glass-report-web.pdf • LGB individuals are at greater risk in terms of substance use than their heterosexual counterparts whereas awareness and uptake of alcohol/drug services is low compared to levels of use. Sexual orientation influences treatment outcomes.

	• People who are LGB, particularly gay men and trans women, are early adopters of new drug trends and the first to adopt 'club drugs' such as GHB/GBL, crystal meth and mephedrone. • Chemsex typically refers to the use of drugs to enhance the physical sensations of sex, among men who have sex with men (MSM). The risks associated with chemsex, including increased risk of HIV (Human Immunodeficiency Virus) through needle-sharing, inability to consent or withdraw consent due to intoxication and addiction to sexual sensations unable to be achieved without the use of drugs, are well-documented. A third of chemsex users participate in 'slamming': high-risk injecting. • Heteronormative perceptions of service providers, coupled with uncomfortableness about sexualised drug use and pleasure are often be a barrier to reducing harm for those who engage in chemsex. • Inhaling 'Poppers' (Amyl nitrites - a common drug in the gay scene) induces smooth muscle relaxation, lower blood pressure and increases oxygenation levels. Drug harm associated with this substance is considered marginal. • The commercial gay scene is based around selling alcohol. There are few LGBT venues and socialisation opportunities that are not focused on alcohol. Lesbian and bisexual women are 5 times more likely to use alcohol and drugs that heterosexual women. Lesbian or gay people are significantly more likely to drink at hazardous or harmful levels than the national average. • People who are LGB people are more likely to attended AA (Alcoholics Anonymous) than their heterosexual counterparts. This may be in part

	because they tend to have more psychosocial challenges and more severe substance use histories compared to heterosexual peers. • Locations that have fewer alcohol and drug services are also the locations which have the highest rates of HIV prevalence. HIV-positive gay men use drugs at rates higher than those not diagnosed with HIV. • Tips for inclusive substance use services: https://kinderstrongerbetter.org/wp-content/uploads/2021/10/What-makes-an-LGBTQI-inclusive-substance-use-service.pdf

13 Socio-Economic Differences[1]

Communities suffering multiple deprivation	• There are significant socio-economic differences in levels, patterns, and consequences of alcohol consumption. People in affluent communities drink more than those in deprived communities (other than for very deprived men) whereas, those in deprived communities suffer disproportionately higher levels of alcohol related harm. (Known as the "alcohol harm paradox") • The alcohol paradox may be due to patterns of drinking; harm compounded by other harms such as smoking; lack of exercise; chronic stress; lower levels of service provision in deprived communities; history of adverse childhood experiences; lower levels of recovery capital. • Availability of alcohol is higher in deprived communities with a higher density of alcohol outlets.

[1] Obligations under the Fairer Scotland Act rather than the Equality Act

	• People with alcoholic liver disease are significantly more likely to have a low or medium-low educational level or be unemployed. • There are substantial socioeconomic inequalities in alcoholic liver disease incidence for people aged 30–70 years. • Digitalisation of services may widen inequalities. • The stresses of being poor have a biological effect that can increase vulnerability to alcohol and drugs. • Ideally, alcohol/drug treatment services should be co-located with support for financial, housing, and legal issues. • Barriers to accessing social services – whether explicit or implicit – inevitably target people who live in poverty, as they are the ones who rely on the state for basic protection. Services have a duty to eliminate all formal barriers to accessing social services, and to take action to remove informal barriers such as stigma and discrimination.
Homelessness	• Homelessness and substance use are two issues with the potential for causing profound, interrelated harms to people, and are strongly linked to social exclusion and a host of other social and individual challenges. • People experiencing homelessness have higher rates of problematic substance use but difficulty engaging with treatment services. • Facilitative, compassionate and non-judgemental interventions that understand the complexity of people's lives, offer choice and the ability to (re)learn how to live, enable the development of good relationships, enable stability and are of sufficient duration are key.

Exclusion	• Humans have a fundamental need for connection and belonging. Economic inequality eroding social ties. Loneliness and physical and social isolation are significant stressor. Opioids mimic the neurotransmitters that are responsible for making social connection comforting: opiates relieve dread and anxiety and provide a soothing sense of being safe, nurtured and unconditionally loved. Those who are isolated, excluded and face economic uncertainty have a greater likelihood of being attracted to opiates. People who experienced childhood trauma and neglect are therefore at higher risk for opioid use. • Low social capital (how much people feel connected) is strongly linked with drug and alcohol related death. Deprived neighbourhoods tend to have less social connectedness and more overdose. • Those offering their lived experience should be supported in the role: Financial remuneration is encouraged.
Affluence	• Health improvement campaigns (such as Dry January), by not recognising systemic inequalities, can inadvertently focus exclusively on white, educated, middle class individuals who have the luxury of taking a time out from drinking, and the privilege of doing so without the risk of social stigma. • Celebrating middle/upper-class, educated women for publicly choosing to quit drinking for one month is potentially harmful. It perpetuates an all or nothing moralistic attitude towards substance use. It reinforces the myth that quitting substance use is a choice that anyone can (and should) make.

14 People with caring responsibilities[2]

Parents	• Time and location of appointments compromising caring responsibilities. Access to childcare can also assist carers to attend support group and treatment appointments. • Where possible there should be support to enable women, men, and others with parenting responsibilities to participate in Lived and Living Experience Forums. • Parents can feel torn when trying to access services with their children such as not wanting them to be stigmatised when collecting opiate substitution medicine in a pharmacy but also not wishing to leave them outside. • Accessing services should not disrupt people's role as caregivers and should limit the potential disruption to their children's lives.
Children	• Children caring for a relative with drug or alcohol problems, the incidence of missed school and educational difficulties are higher than for other young carers.

[2] Whilst not expressly considered under the Equalities Act, this is an important theme that may lead to indirect discrimination on the grounds of gender or age, etc.