Healthcare Improvement Scotland

Equality and Human Rights Impact Assessment (EQIA)

June 2025

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NHS SCOTLAND

Name: Mental Health and Substance Use Protocol Development

Directorate: Community Engagement and Transformational Change

Team: Mental Health and Substance Use

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Background

For all new or revised work, Healthcare Improvement Scotland has a legal requirement under the Public Sector Equality Duty to actively consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Additionally:

- We give consideration to the principles of the Fairer Scotland Duty by aiming to reduce inequalities of outcome that are based on socio-economic disadvantage.
- As the Children and Young People (Scotland) Act 2014 names Healthcare Improvement Scotland as a corporate parent, we must consider the needs of young people who have experienced care arrangements, and young people up to the age of 26 who are transitioning out of these arrangements.

EQIA overview

Status	New ☒	Existing ☐
Aim(s)	The Scottish Government has commissioned Healthcare Improvement Scotland (HIS) to deliver the Mental Health and Substance Use: Protocol Programme to create, test and implement a good practice protocol for how mental health and substance use services should work together. "The Way Ahead" review proposes seven recommendations. HIS is tasked with supporting Recommendation 1: Ensure that each area has an agree protocol in relation to the operational interfaces between mental health services and substance use services. This work will seek to improve clinical practice, joint working and interfaces between services to improve outcomes for people with co-occurring mental health and substance use conditions accessing services. This will be achieve through the development of a national protocol and ongoing support for development of local protocols. Scottish Government has articulated a vision for a healthcare system that provides timely and high-quality care for people with co-occurring mental health and substance use support needs. This will be underpinned by: • Getting the foundations right at a local level in terms of processes. • Empowering the workforce by providing them with the tools they need to deliver better care. • Embedding clear lines of accountability for the delivery of better care. This commission provides an opportunity to improve outcomes across Scotland in line with HIS's strategic priorities to:	

	• Enable a better understanding of the safety and quality of health and care services and the high impact opportunities for improvement. • Assess and share intelligence and evidence which supports the design, delivery and assurance of high-quality health and care service. • Enable the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care. • Deliver practical support that accelerates the delivery of sustainable improvements in the safety and quality of health and care services across Scotland. And HIS's key delivery areas of: • Mental Health • Safety • Access This commission will also support an improvement in outcomes in relation to inequalities. People with co-occurring mental health and substance use support needs face multiple inequalities. These inequalities impact ability to access the most appropriate services and support, and to retain engagement with them. In addition, these people are also affected and impacted by stigma, which adds to the inequalities they face. This programme will aim to address these inequalities by creating the conditions in which people with co-occurring mental health and substance use support needs are able to access timely and responsive support across Scotland. The outcomes of this programme are as above, and the specifics of how the work will be delivered with partner areas is yet to be determined, so this equality impact assessment will remain a live document throughout the life of the programme and will be updated if targeted work with any community with protected characteristics are undertaken.

Intended Outcome(s)	This work will seek to improve clinical practice, joint working and interfaces between services to improve outcomes for people with co-occurring mental health and substance use conditions accessing services. This will be achieve through the development of a national protocol and ongoing support for development of local protocols.

Is there specific relevance for children and young people?	Yes ☐	No ☒
Are island communities included in the work?	Yes ☒	No ☐

Advancing equality

Age	While there is a lack of systematically gathered data on the exact prevalence of co-occurring substance use and mental health concerns in Scotland, People experiencing homelessness are at higher risk of experiencing co-occurring substance use and mental health concerns than the general population.[1] In homeless populations drug/alcohol dependency is most common amongst 35–49-year-olds.[2] Drug-related death figures in Scotland report the most severe increase in numbers in the 35-44 and 45-54 age groups,[3] while the latest alcohol-specific deaths figures state that the most common age groups are: 45-64 and 65-74 years.[4] It is important to note that drug and alcohol issues often emerge at a younger age, e.g., over 70% of those accessing structured community and residential treatment for problem drug use in 2015/2016 started using drugs under the age of 25, with a median age of 15. Three-quarters of people who died from drug-related causes in 2015/16 had been using drugs for 10 years or more, and 43% for 20 years or more.[5] 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.[6] 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. [7]

[1] Drug and alcohol services - co-occurring substance use and mental health concerns: literature and evidence review - gov.scot
[2] Homelessness in Scotland: 2023-24 - gov.scot
[3] Drug-related deaths in Scotland in 2023 - National Records of Scotland (NRS)
[4] Alcohol-specific deaths 2023 - National Records of Scotland (NRS)
[5] A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland (2021)
[6] https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/guidance-on-equalities-issues-in-alcohol-and-drugs.pdf
[7] https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/guidance-on-equalities-issues-in-alcohol-and-drugs.pdf

	Older people with drug issues have highlighted age specific issues they face, compared with younger people.[8] [9] • Life problems and physical problems accumulate with age, e.g., increasing isolation and multiple short-term and long-term conditions • Stigma • Feeling forgotten about (e.g., being considered a 'lost cause' and viewed as being less receptive to support) • Lack of services (or lack of knowledge about services) • 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. • Less likely to have access to and be confident in the use of technology increasingly used to engage with people. • More likely to have prescription medicines that may adversely interact with alcohol or drugs. Harm is not limited to those directly affected by drug/alcohol use. Scottish Families Affected by Alcohol and Drugs reported that each person using alcohol or drugs was harming, on average, 11 other people around them (every type of relationship was harmed, including those with children).[10] Families facing harm are waiting an average of 8 years to reach support for themselves. Parental substance use may increase the likelihood of children experiencing adverse childhood experiences (ACEs). Evidence from 25 years of research on ACEs says that they account for between 15 - 45% of cases of drug use and 16 - 45% of harmful alcohol use in Europe.[11]
Positive impact	If the programme achieves its outcomes, then people of different ages should all experience some positive impacts.
Negative impact	

[8] https://www.sdf.org.uk/wp-content/uploads/2017/06/OPDP-mixed-methods-research-report-PDF.pdf

[9] https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/guidance-on-equalities-issues-in-alcohol-and-drugs.pdf

[10] https://www.sfad.org.uk/content/uploads/2021/04/Ask-The-Family-Report-March-2021.pdf

[11] https://www.dovepress.com/an-umbrella-review-of-the-links-between-adverse-childhood-experiences--peer-reviewed-fulltext-article-SAR

Neutral impact	

Care Experience	Research and academic literature highlights care experienced people as a group more likely to develop drug and alcohol use issues.[12] People in the care system are likely to have been victim or witness to trauma, violence, or neglect - Adverse Childhood Events (ACEs). Evidence from 25 years of research on ACEs says that they account for between 15 - 45% of cases of drug use and 16 - 45% of harmful alcohol use in Europe.[13] While relatively dated, a 2001 study of young people leaving care (14-24 years) in Glasgow found that 84% and 60% had used cannabis and ecstasy at least once, respectively, and 14% were drunk almost every day. Two-thirds had started taking drugs (31%) and drinking alcohol (29%) while in care. Use was attributed to being 'stressed out in care' and as an attempt to forget negative experiences. Another showed that 45.8% of people resident in children's units had used drugs in the last month. Those in foster care consume less alcohol and have been found to be less likely to use drugs than children in residential care, due to those in residential care being exposed to factors including frequent movement of care placements, and rejection by adoptive or foster parents. The Care Review[14] heard that failures in adult services supporting people with drug and/or alcohol use can have a profound impact on children's health and wellbeing. Families experiencing these issues must be supported with flexible, creative services and relationships.
Positive impact	In our work we will promote awareness of the specific challenges facing care-experience people and promote flexible, person-centred care which could result in positive impacts for care-experienced people accessing services.
Negative impact	
Neutral impact	

[12] https://www.gov.scot/publications/review-existing-literature-evidence-young-people-experiencing-harms-alcohol-drugs-scotland/
[13] https://www.dovepress.com/an-umbrella-review-of-the-links-between-adverse-childhood-experiences--peer-reviewed-fulltext-article-SAR
[14] https://thepromise.scot/assets/UPLOADS/DOCUMENTS/2020/10/The%20Promise%20Alcohol%20and%20Drugs%20Briefing%20Autumn%202020.pdf

Disability	In 2018, 63% of people who died from drug-related deaths had a recently recorded medical condition.[15] Latest data from 2019-20 shows the following percentages: 2019: 73%, 2020: 69%, but due to the COVID-19 pandemic this data may be less reliable.[16] Respiratory illness, (27% and 26%), blood borne viruses (19% and 15%) and epilepsy (both 7%) were the recent conditions most recorded in 2017-2020. Respiratory and cardiac conditions were more common among people in the older age cohorts (35-44, over 45) at the time of death and the prevalence of these conditions increased over time, in line with increases in average age. An English hard edges study from 2015 included 58,000 individuals who experienced three disadvantage domains (homelessness, offending, and substance use). Almost half this sample reported a limited long-term illness or disability.[17] "Factors associated with homelessness, such as exposure, vulnerability to abuse, prolonged substance misuse and deterioration of mental health conditions can lead to the onset of disability."[18] Adults with disabilities report experiencing more mental distress than those without disabilities.[19] People with disabilities are substantially more likely to suffer from substance misuse than the general population, and they are also less likely to receive treatment for them. 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.[20] In 2017 and 2018, 63% of people who died from a drug-related death had a recent psychiatric condition recorded in the six months prior. Depression and anxiety were the

[15] https://publichealthscotland.scot/publications/national-drug-related-death-database-scotland/the-national-drug-related-deaths-database-scotland-report-analysis-of-deaths-occurring-in-2017-and-2018/

[16] The National Drug-Related Deaths Database (Scotland) Report (2019-2020)

[17] Hard Edges: Mapping Severe and Multiple Disadvantage in England – Lankelly Chase (Bramley, et al., 2015)

[18] May 2023- Homelessness and Disability in the UK (Stone & Wertans, 2023)

[19] https://www.gov.scot/publications/scotlands-wellbeing-measuring-national-outcomes-disabled-people/pages/10/ ; Cree RA, Okoro CA, Zack MM, Carbone E. Frequent Mental Distress Among Adults, by Disability Status, Disability Type, and Selected Characteristics — United States, 2018. MMWR Morb Mortal Wkly Rep 2020; 69:1238–1243. DOI: http://dx.doi.org/10.15585/mmwr.mm6936a2

[20] https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/guidance-on-equalities-issues-in-alcohol-and-drugs.pdf

	most common psychiatric conditions recorded in the six months prior to death in both 2017 and 2018. Both conditions were more common among females and older people and increased over the time series (2009 to 2018). 15% of people who had a drug-related death had experienced domestic violence prior to death in 2017, in 2018 this decreased to 11%. Sexual abuse at some point prior to death was recorded in 13% of cases in 2017, and 9% in 2018. Transport is consistently raised a challenge for people accessing services, and this barrier is magnified for those with mobility issues.[21] 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. Under the Equality Act 2010, a mental health condition is only considered a disability if it has a long-term effect on normal day-to-day activity; a condition is 'long term' if it lasts, or is likely to last, 12 months. An addiction to alcohol, nicotine or any other substance is not considered a disability within the Equality Act 2010 unless the addiction was originally the result of the administration of medically prescribed drugs or other medical treatment, or where an addiction has caused an impairment or disability. The Substance use, Alcohol and Behavioural Addictions in Autism (SABAA) project (2022) explore the potential overlap between autism and addiction traits and patterns of behaviour. There is a perception that there are not many people in substance use treatment with autism, but this might be because autism is not being considered during the assessment process. It is also highlighted that the lack of awareness of autism within addiction services can lead to people finding particular treatments such as group settings, difficult to engage with and therefor a potential barrier to treatment. Further insights this information is taken from can be listened to through the Society for the Study of Addiction podcast here https://www.addiction-ssa.org/we-have-to-ask-ourselves-whether-a-pattern-of-behaviour-is-associated-with-addiction-or-could-be-a-core-feature-of-autism/

[21] 20240328 Tayside LE SLWG - Engagement Needs Assessment v0.2

Positive impact	The above context lays out the landscape for people with disability and their interactions with the mental health and substance use service sector – if there are improvements in service delivery that take the current landscape into consideration then people with disabilities should see a positive impact from our work.
Negative impact	
Neutral impact	

Gender Reassignment	LGBT people have unique substance use profiles,[22] including alcohol.[23] A growing body of evidence suggests that LGBT people face issues that make them particularly vulnerable to drug and alcohol issues, e.g., experiences of stigma, internalised homophobia and concealing/disclosing their LGBT identity. These stressors can lead people to use substances as a coping strategy.[24] Dimova et al's (2022) qualitative study reports that many people perceived their drinking to be closely associated with their sexuality/gender identity.[25] Valentine and Maund (2016) report that many transgender people in Scotland are often afraid to access drug and alcohol services, citing concerns about harassment, lack of understanding, and even fear of violence.[26] Those who had accessed alcohol and other drug services noted experiences of feeling that services didn't know enough about being transgender to help them, hearing hurtful or insulting language about being trans, being misgendered, or experiencing silent harassment (being stared at or whispered about). Dimova et al's (2022) study reports that service providers (particularly in statutory services) were uncomfortable discussing trans issues because of a fear of 'getting it wrong' and upsetting clients, their belief that identity was not relevant to alcohol treatment, or the perception that people accessing the service would raise this issue if they felt it was relevant. However, respondents who had accessed services noted that they had concerns about discussing their sexuality in residential facilities, with one

[22] (Anderson, 2009)
[23] (Dimova, O'Brien, Elliott, Frankis, & Emslie, 2022) (Emslie, Lennox, & Ireland, 2015)
[24] https://onlinelibrary.wiley.com/doi/epdf/10.1111/dar.13358
[25] (Dimova, O'Brien, Elliott, Frankis, & Emslie, 2022)
[26] https://www.scottishtrans.org/wp-content/uploads/2017/03/trans-inclusion-in-drug-and-alcohol-services.pdf

	respondent noting that it would be even harder for trans people[27]. Martos et al. (2018) note that people resist stigma by managing the information they share with others[28]. Lyons et al. (2015) note that experiences of felt and enacted stigma in treatment settings are supported by the few studies examining treatment experiences of transgender people.[29] For example, Senreich (2011) found transgender participants in mixed gender treatment facilities felt lower levels of support and connection while in treatment and they were less likely to complete the treatment program compared to heterosexual, gay and bisexual counterparts. Stonewall and AKT report that up to 24% of homeless youth are LGBT.[30] A higher proportion had experienced homelessness in demographics that are multiply marginalised, i.e. disabled LGBT people, trans people vs LGB people, and minority ethnic LGBT people.[31] Mental health challenges for transgender people are also well documented.[32]
Positive impact	We will endeavour to ensure service change and improvement results in a positive impact for transgender people accessing services and takes into consideration the unique substance use profiles and mental health profiles that are documented.
Negative impact	
Neutral impact	

Marriage and Civil Partnership	Scottish Drugs Forum (2014) found that being in a relationship could be a barrier to drug and alcohol treatment if with someone who does not wish to seek

[27] https://www.shaap.org.uk/downloads/408-lgbtq-alcohol-services-2022/viewdocument/408.html
[28] https://pubmed.ncbi.nlm.nih.gov/29803970/
[29] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4432520/
[30] (AKT, 2015); (AKT, 2021); (Stonewall, 2018)
[31] (Stonewall, 2018); (TransActual, 2021)
[32] (McNeil, Bailey, Ellis, Morton, & Regan, 2012)

	treatment or who discourages their partner from doing so.[33]
Positive impact	
Negative impact	
Neutral impact	This programme of work is unlikely to have any impact on marriage or civil partnerships as a factor in someone's access to support for concurrent mental health and substance use needs.

Pregnancy and Maternity	Due to societal norms and expectations those who are mothers are likely to face added stigma.[34] Women with drug and/or alcohol issues have reported being treated poorly by services and being worried about engaging with services in case they had their children taken from them.[35] Former Drugs Minister, Angela Constance, noted that "though men are more likely to use and experience harms from drugs, there has been a disproportionate increase in drug related deaths among women and there is a strong link between women having children removed from their care and risk of drug related death."[36] A national specialist family service, Harper House (Phoenix Futures) in Saltcoats opened in October 2022. This centre supports parents to remain as carers for their children while undertaking their recovery programme and benefiting from the support of childcare staff. Aberlour have also recently received a grant to add mother and child recovery houses in Dundee and in another location in Scotland. Each house of the two houses will support four women and their children at any one time.
Positive impact	By sharing learning from the above stated work and promoting best practice for treatment of women with concurrent mental health and substance use support

[33] https://www.gov.scot/publications/drug-related-deaths-women-increasing-scotland-9781787810129/
[34] https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/guidance-on-equalities-issues-in-alcohol-and-drugs.pdf
[35] https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12972
[36] https://www.gov.scot/news/additional-drug-rehabilitation-services-for-women-with-children/

	needs, as well as support for any pregnant person, there could be positive impacts for this group through our work.
Negative impact	
Neutral impact	

Race	The literature suggests that minority ethnic people have been underrepresented in services for alcohol use. While some evidence suggests there are higher rates of abstinence among minority ethnic communities, it has been noted that there is variability in drug and alcohol use between and within communities.[37] A 2010 literature review from the UK Drugs Policy Commission[38] noted that although prevalence data indicates that levels of drug use in Asian communities is very low compared to other minority ethnic communities, there is some evidence to suggest that heroin use may be problematic in some of these communities, highlighting a number of studies that show the percentage of people from Asian communities accessing drug services for heroin use being higher than comparator groups. The review also notes the argument from Fountain (2009) that drug use among more traditional communities, for example South Asian communities, "must be understood in the context of the centrality of the family and of respect in the traditional cultures of South Asian communities"[39]. Participating community organisations reported that concerns centred around being alienated from the rest of the community, which would have a negative impact on all family members, for example by hindering the marriage prospects of not only the person experiencing substance use issues, but of his or her siblings as well. Fountain also noted that similar views were also expressed by the Chinese community where "face and reputation" were considered very important and adversely affected by drug use within the family.

[37] https://s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/Drinking-problems-and-interventions-in-BME-communities-Final-Report.pdf

[38] https://www.ukdpc.org.uk/wp-content/uploads/Evidence%20review%20-%20The%20impact%20of%20drugs%20on%20different%20minority%20groups_%20ethnic%20groups.pdf

[39] Fountain, J. (2009) Issues surrounding drug use and drug services among the South Asian communities in England. National Treatment Agency for Substance Misuse.

In their study of drug issues among Pakistani, Indian and Chinese communities in Greater Glasgow, Ross et al (2004)[40] report that the survey element of this study found that Pakistani respondents were more likely than Indian or Chinese respondents to suggest that their community ignores or hides drug use. The majority of Indian or Chinese respondents felt that their community would deal with a drug problem in the same way as the general population.

The review noted that stigma associated with drug use appears very strong among a number of minority ethnic communities, stating that messages about drugs that come from within the community, encouraging more open discussion and providing information on services, appear to be important.

A qualitative study by Cuthill and Grohmann (2020) exploring factors that influence harmful alcohol use through the refugee journey found high level of harmful alcohol use in people who had been through the asylum process and had found themselves destitute as a result of their asylum claim being rejected.[41] The most important factor deciding between health and harmful alcohol use was hope. When this was removed with a refusal from the asylum process, alcohol use changed from a method of numbing to a method of self-harm. The existence of pre-existing trauma experienced in the country of origin and the stress of the immigration process, coupled with scarcity of counselling and mental health support contributed to attempts at self-medication of mental health issues using alcohol.

People from Black, Asian and Minority Ethnic communities often have poorer access to healthcare services as well as poorer experiences of care and treatment. Evidence shows there are barriers to accessing services for people from minority groups. Other barriers identified ranged from practical factors include transport, language difficulties, inconvenience, and immigration status.

In addition, they are more likely to experience poverty, have poorer educational outcomes, higher unemployment, and contact with the criminal justice system, and may face

[40] https://www.tandfonline.com/doi/abs/10.1080/0968763031000111662

[41] http://www.shaap.org.uk/downloads/290-refugees-experiences-of-harmful-alcohol-use-report/viewdocument/290.html

	more challenges accessing or receiving appropriate professional services.
Positive impact	Through our work we will ensure areas are aware of the specific challenges and barriers facing BAME communities and endeavour to ensure service change and improvement constitutes an improvement for these communities.
Negative impact	
Neutral impact	

Religion or Belief	According to Interconnected Systems Mapping exercises undertaken in the areas worked with for the Reducing Harm, Improving Care (RHIC) programme, supports for people experiencing homelessness and drug and alcohol use are provided often by religious organisations, e.g., the Salvation Army, Bethany Christian Trust, Cyrenians, etc. Religious services may or may not require people accessing support to share their religion or beliefs or participate in religious activities. Religious activities will include time studying religious texts and the lessons to be learned from them, in discussion and in prayer. A study from Jayne et al (2019) showed that in England and Wales 34% of all religious alcohol treatment providers make religious participation mandatory for service users. This figure rises to 52% when residential religious alcohol treatment providers are considered.[42] For people of the Christian religion this provides a number of options. However, the religious aspect of the services these organisations provide may present barriers to some services, e.g., the religious dimension was noted as a possible reason why self-help groups may not be perceived to be safe for LGBT people.[43] It should also be noted that this religious aspect may present additional barriers to minority ethnic communities belonging to different religions.

[42] https://alcoholchange.org.uk/publication/faith-in-recovery-service-user-evaluation-of-faith-based-alcohol-treatment

[43] https://www.shaap.org.uk/images/shaap-glass-report-web.pdf

	Jayne et al (2019) found that people's experiences of recovery through religious services are diverse, with significant positive and negative experiences. Singing, prayer, religion and spirituality featured heavily in positive accounts of recovery. 'Faking it' and 'playing the game' were also seen as a widespread and pragmatic engagement with group practices of prayer and worship. Trauma and associated mental ill-health associated with negative experience of organised religion is widespread, and this would likely pose a barrier to someone seeking support for concurrent mental health and substance use needs if most providers are religious or use a 12-step format featuring a higher power.
Positive impact	
Negative impact	
Neutral impact	Our work will not change the religious aspect of the recovery landscape, so these factors are unlikely to change as a result of our work.

Sex	The latest increase in drug related deaths was driven by male deaths. Males accounted for 69% of drug-related deaths in 2023 - a continuation of the pattern that there are considerably more drug-related deaths of males than females. In fact, males were more than twice as likely to have a drug-related death. However, this gap has decreased since the early 2000s.[44] The number of alcohol-specific deaths among males has been consistently higher than the number of female deaths since records began in 1979. In 2023, there were 861 (67%) male deaths and 416 (33%) female deaths from alcohol-specific causes. Males have accounted for around two thirds of these deaths in Scotland in recent years.[45] Barriers to men's health-seeking behaviours are well documented, however women may also be less visible in services due to a number of barriers to them seeking support. For example, a study by the Scottish Drugs Forum

[44] Drug-related deaths in Scotland in 2023 - National Records of Scotland (NRS)
[45] Alcohol-specific deaths 2023 - National Records of Scotland (NRS)

	(2014) stated that fear of losing custody of children was a barrier in women's willingness to engage with services and their ability to be honest with service providers about their drug use. Caring responsibilities were also cited by 27% of women interviewed as a barrier to accessing treatment, as were unwanted advances or sexual harassment in treatment/support settings.[46] The barrier of caring responsibilities was also highlighted in engagement with mothers undertaken by Simon Community Scotland on behalf of the RHIC programme. One finding frequently cited regarding age is that women who do seek treatment for substance use tend to be younger than men, despite having a similar or later age of drug use.[47] In the Breaking Down the Barriers report, produced by Agenda, it states up to half of the women with concurrent need have experienced sexual abuse. 60-70% of women using mental health services have a lifetime experience of domestic abuse and women who have experienced domestic and sexual abuse are three times more likely to be substance dependent that non abused women.[48] It is important to consider gender-based violence when considering concurrent need.
Positive impact	By taking into consideration the specific context for men and women we will potentially improve experiences for people accessing services in a way that includes gender-specific challenges/barriers/experiences.
Negative impact	
Neutral impact	

Sexual Orientation	As reported earlier in this EQIA, a growing body of evidence suggests that LGBT people face issues that make them particularly vulnerable to drug and alcohol issues, e.g., experiences of stigma, internalised homophobia and

[46] https://www.gov.scot/publications/drug-related-deaths-women-increasing-scotland-9781787810129/
[47] https://www.gov.scot/publications/drug-related-deaths-women-increasing-scotland-9781787810129/
[48] https://www.agendaalliance.org/documents/11/Breaking_Down_the_Barriers_Report.pdf

concealing/disclosing their LGBT identity. These stressors can lead people to use substances as a coping strategy.[49]

Emslie et al's (2015) study exploring drinking among LGBT people in Scotland, found that barriers to accessing services for LGBT people include:

- LGBT people being invisible to service providers (assumption that everyone is straight and cisgender)
- Services being perceived to be 'macho' and intimidating for heterosexual women and LGBT people
- Self-help groups not perceived to be safe spaces for LGBT people (religious dimension/ aimed at 'white straight men'[50]

Dimova et al's (2022) study exploring LGBTQ+ people's experiences of alcohol services also highlighted that some respondents had concerns about discussing their sexuality in residential facilities. Martos et al. (2018) note that people resist stigma by managing the information they share with others[51].

Dimova et al's (2022) study recommends that services provide open and non-stigmatising environments for LGBTQ+ people (e.g. inclusive waiting rooms, health professionals trained in LGBTQ+ issues). They note that the use of inclusive and non-judgmental language is important for creating a trusting atmosphere, and this refers to discussing not only alcohol problems but also sexuality and gender identity. They also note that a systematic review of sexual orientation disclosure in healthcare found that communication, welcoming body language and visual clues (e.g. stickers, leaflets) facilitated sexual disclosure among LGBTQ+ people (Brooks et al. 2018).

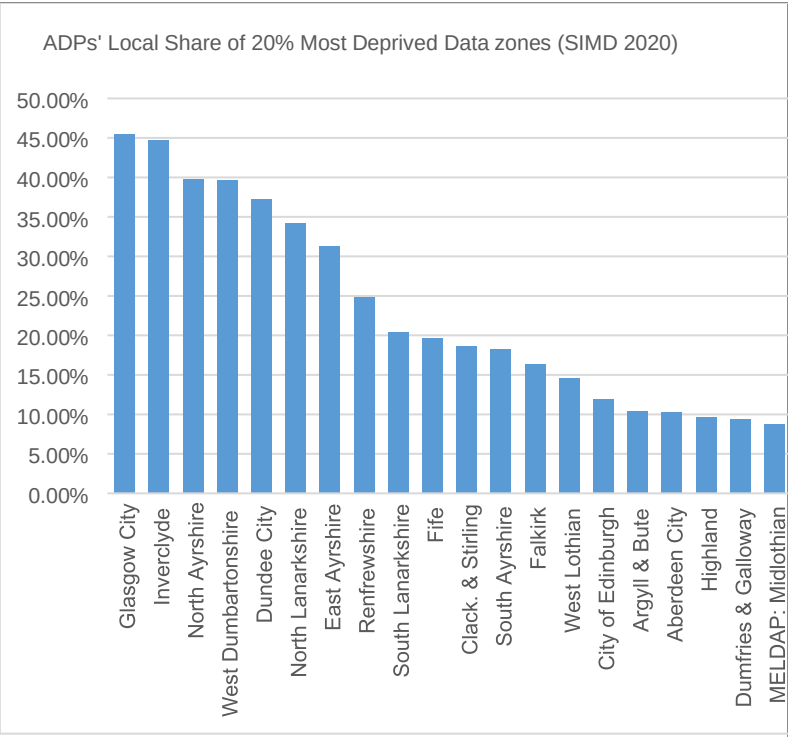
Service providers interviewed in the study highlighted the importance of needs assessments to establish the gap between what was currently offered and what LGBTQ+ people needed, find out why they were not coming forward for treatment and identify possible solutions.

[49] https://onlinelibrary.wiley.com/doi/epdf/10.1111/dar.13358
[50] https://www.shaap.org.uk/images/shaap-glass-report-web.pdf
[51] https://pubmed.ncbi.nlm.nih.gov/29803970/

	Stonewall and AKT report that up to 24% of homeless youth are LGBT.[52] A higher proportion had experienced homelessness in demographics that are multiply marginalised, i.e. disabled LGBT people, trans people vs LGB people, and minority ethnic LGBT people.[53] LGBT people have unique substance use profiles,[54] including alcohol.[55] Scottish Trans conducted a study on transgender experiences of drug and alcohol services in 2017, showing the prevalence of problematic substance use and reluctance to engage with services.[56]
Positive impact	Considering the above context in our work and sharing this information with partner sites should work to ensure that service changes and improvements constitute an improvement for LGBT people accessing services.
Negative impact	
Neutral impact	

Socio-economic	"People in the most deprived areas of Scotland are more than 15 times as likely to die from drug misuse compared to people in the least deprived areas. The association of deprivation with drug misuse deaths is much greater than with other causes of death."[57] Alcohol-specific deaths were 4.5 times as high in the most deprived areas of Scotland compared to the least deprived areas in 2023.[58] In 2018, over half (55%) of people who died lived in the 20% most deprived neighbourhoods in Scotland. The chart below shows the Alcohol and Drug Partnership (ADP) share of the 20 'most deprived' data zones[59].

[52] (AKT, 2015); (AKT, 2021); (Stonewall, 2018)
[53] (Stonewall, 2018); (TransActual, 2021)
[54] (Anderson, 2009)
[55] (Dimova, O'Brien, Elliott, Frankis, & Emslie, 2022) (Emslie, Lennox, & Ireland, 2015)
[56] (Valentine & Maund, 2015)
[57] Drug-related deaths in Scotland in 2023 - National Records of Scotland (NRS)
[58] Alcohol-specific deaths 2023 - National Records of Scotland (NRS)
[59] https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/



The Hard Edges Scotland report found that people currently experiencing three of more of specific disadvantages (homelessness, substance abuse, offending, and/or mental health) are four times as likely to live in the poorest places as people with no such disadvantages. While there may be 'area effects' which generate or reinforce the risks of deprivation (e.g. young people becoming involved with crime or drugs through local associates or gangs), there will also be quite a strong 'selection effect,' whereby people who face severe and multiple deprivation, especially given its strong association with low income, are more likely to end up (though housing allocation or 'sorting' processes, whether in the social or private sectors) in such neighborhoods.[60]

Positive impact	We will highlight this important facet of disadvantage to HSCPs as we work with them and endeavour to ensure that service changes and improvements work to improve outcomes for those from deprived areas.
Negative impact	
Neutral impact	

[60] https://www.therobertsontrust.org.uk/umbraco/surface/download/Index/1774

Island communities

It's useful to consider the urban/rural makeup of Scotland when considering how island communities may be affected by this work.

	2011	2019	% of 2019 population	% of land area
Remote Rural	315,945	316,166	6%	70%
Accessible Rural	573,407	616,536	11%	28%
Rest of Scotland	4,410,548	4,530,598	83%	2%
Total	**5,299,900**	**5,463,300**	**100%**	**100%**

(Source: Rural Scotland Key Facts – ScotGov 2021)[61]

Rural Scotland accounts for 17% of the total population in Scotland and has consistently done so since 2011. In contrast to the population distribution, rural Scotland accounts for 98% of the land mass in Scotland (70% in remote rural and 28% in accessible rural). This reflects the dispersed nature of the population in rural areas.

MacDiarmid (2020) notes that there are certain factors associated with remote and rural communities which may exacerbate alcohol use.[62] These include isolation, lack of recreational activities, lack of transport links, strong economic and cultural ties to alcohol and heightened stigma due to the nature of living in a small community where "everyone knows each other's business." NHS Western Isles is one of four health boards with alcohol-related death rates higher than the average of Scotland, though this data has a wide confidence interval due to low numbers.[63]

One of the main themes to emerge from this research is how strong a barrier stigma can be to accessing support. This may be especially damaging in rural communities where participants are more likely to know their

[61] People and Communities - Rural Scotland Key Facts 2021 - gov.scot
[62] https://shaap.org.uk/downloads/278-rural-matters/download.html
[63] Alcohol-specific deaths 2023, Report

	healthcare or service provider. This acts as a barrier to seeking help in the first instance for fear of being recognised and having their social standing in the community compromised. Responses from people in Shetland and Orkney reported high levels of stigma and doubts that visible recovery events and cafes would be appealing to people given the fear that they may suffer social or professional consequences for being seen to address such a problem. Participants also described instances of discrimination in healthcare settings as they were recognised by healthcare providers as having had repeated alcohol-related problems and were therefore denied timely or quality care. People living in rural areas may also have limited options for seeking other assistance if their healthcare provider does not provide adequate support. Furthermore, people reported not having access to detox beds or rehabilitation facilities in their areas, or that these resources existed only in central towns which were not accessible to people who require them.
Positive impact	We will consider the above context and endeavour to ensure that any service changes constitute an improvement for those in island communities
Negative impact	
Neutral impact	Some of the challenges faced by those with concurrent mental health and substance use needs in island communities are outwith the scope of this programme's work and will not be impacted.

Overcoming negative impacts

Protected characteristic	Actions	Person responsible
All characteristics	• We will provide opportunities for HSCPs to discuss how best to meet the needs of people with different protected characteristics through meetings we facilitate • We will use equality monitoring forms, where appropriate, to understand if people from particular groups are underrepresented in engagement activities we support • We will consider the need for targeted engagement with people belonging to particular groups	Mental Health and Substance Use, whole team to carry out.
Age		
Care experience		
Disability		
Gender reassignment		
Marriage/civil partnership		
Pregnancy and maternity		
Race		
Religion or belief		
Sex		
Sexual orientation		
Socio-economic		
Island communities		

Impact rating

Impact Rating Key

Low	There is little or no evidence that some people are (or could be) differently affected by the work.
Medium	There is some evidence that people are (or could be) differently affected by the work.
High 	There is substantial evidence that people are (or could be) differently affected by the work

Protected characteristic	Low	Medium	High
Age	X		
Care experience	X		
Disability	X		
Gender reassignment	X		
Marriage/civil partnership	X		
Pregnancy and maternity	X		
Race	X		
Religion or belief	X		
Sex	X		
Sexual orientation	X		
Socio-economic	X		
Island communities	X		

Stakeholder collaboration

Protected characteristic	Organisation / Team / Person	Contact details

Monitor and review

Identified issue	Person responsible	Review date
Are certain groups under/overrepresented?	Healthcare Improvement Scotland	July 2025

Evidence and research

See footnotes with links and citations throughout

EQIA sign off

Project lead	Healthcare Improvement Scotland
Sign-off date	9 June 2025