

INITIAL EQUALITY IMPACT ASSESSMENT

DRUG STRATEGY 2020 – 2025

Please Note:-

This document describes an initial assessment of equalities impacts.

The council has a statutory duty to consider the impact of its actions in relation to the following protected characteristic groups:-

1. Age
2. Disability
3. Gender Reassignment
4. Marriage and Civil Partnership
5. Pregnancy and Maternity
6. Race
7. Religion or Belief
8. Sex
9. Sexual Orientation

Therefore, the council wishes to hear and proactively consider any comments in relation to how any aspect of its budget may impact on any sections of the community as listed above. Any feedback in relation to equalities will inform a full Equality Impact Assessment and Analysis.

- You can find out more and tell us your views by completing our survey online at <https://consultations.southglos.gov.uk/consult.ti>
- Email: consultation@southglos.gov.uk
- Write to: Freepost Plus RTXL-YHGY-GSYS, South Gloucestershire Council, Council Offices, Badminton Road, Yate, BRISTOL, BS37 5AF
- Phone: 01454 868154
- Copies of the consultation are available from your local library or One Stop Shop.

SECTION 1 – INTRODUCTION

The previous combined substance misuse needs assessment completed by the Drug and Alcohol Programme was developed in 2016 and from it an alcohol strategy was developed but no equivalent for drugs was created. In 2018 it was agreed that we would develop two separate needs assessments and strategies (one for alcohol and one for drugs) because of the different priorities and issues which surround alcohol and drugs and the different ways that these impact on people's lives and our communities. These documents will, however, complement each other and form a strategic approach to tackling drug and alcohol related harm across the life-course in South Gloucestershire. They will also inform our commissioning intentions for the future. The alcohol strategy went out for formal consultation in December 2019 and was due to go to the Health and Wellbeing Board (H&WBB) for approval in March. However, due to COVID-19 this meeting was cancelled and it will now go to the Board in September. The drug strategy has now been written following the needs assessment and this will go out to consultation for 12 weeks from 5th August 2020 and is due to be approved by the H&WBB in December.

SECTION 2 – RESEARCH AND CONSULTATION

NB: This section will be updated post consultation.

The needs assessment has been developed over six months and has combined consideration of best practice guidance and evidence, as well as data related to drug related harm in South Gloucestershire. We have sought input from a wide variety of partners in the development of key sections, including the police, social work staff and our treatment providers. We have also conducted an engagement exercise which has seen us talk to people who use our services and a wide range of stakeholders to understand their views about what the issues are in relation to drugs in South Gloucestershire and what should be prioritised in the new strategy. This has all been brought together in the final needs assessment and the recommendations from it form the basis for the strategy which sets out our ambitions to reduce drug-related harms for the next five years.

The needs assessment has highlighted certain groups with protected characteristics that may be adversely affected by drugs or drug-related harms and we aim to tackle these in our strategy.

This section will be updated after the formal consultation is completed to set out feedback, but as mentioned above, during the needs assessment process we have already undertaken engagement of relevant partners and stakeholders. Unfortunately due to the COVID-19 pandemic, we have been unable to undertake the levels of engagement that happened during the alcohol strategy, for example holding stakeholder engagement sessions where we could discuss the issues face to face in groups. The alcohol strategy had a shorter consultation period due to the amount of engagement already done, but the drug strategy will be out for formal consultation for the recommended 12 week period. We will endeavour to hold events and conduct as wide as possible a consultation during this 12 weeks, as safety and the COVID-19 pandemic allows.

Table 1 sets out the engagement methods undertaken as part of the needs assessment.

Table 1 – Table to show engagement methods undertaken as part of development of the needs assessment

| Event /engagement | Method of engagement | Numbers attended |
|--|--|------------------|
| Staff employed by our provider services (DHI and AWP – 3 sessions over Zoom) | Set questions were asked of each group (Please see appendix 2) | 22 |

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| Event /engagement | Method of engagement | Numbers attended |
|--|--|------------------|
| Individuals or representatives of key organisations involved in preventing and addressing the impacts of drug use in South Gloucestershire | Semi-structured interviews (see Appendix 1) | 19 |
| Stakeholders survey - professionals | Online survey (see Appendix 2) | 32 |
| Survey of people that use our drug services | Online survey (see Appendix 3) (please note some of these were completed by professionals whilst speaking to the person) | 12 |
| One to one interviews of people who use our services by their drug worker | Survey questions as above | 35 |
| Young people who use our Young People's drug and alcohol service (YPDAS) <ul style="list-style-type: none"> One to one | Engagement with young people was difficult due to COVID-19 restrictions. However, feedback from the alcohol needs assessment engagement was used where relevant to drugs. We are therefore planning to conduct specific assertive engagement activities with young people during the consultation on the drugs strategy. | N/A |

The following sets out information relating to Protected Characteristics which has been researched as part of the development of the needs assessment. This sets out both national and local information. (Please note that footnotes apply to references in the needs assessment and are not referenced here but have been left in for cross referencing purposes.)

Age

Drug use among young people is of particular concern, given the risks of drug-related harm and risk of escalation to more significant drug misuse over time. Data from the Online Pupil Survey suggests that in 2019, 9% of young people in South Gloucestershire attending secondary school and post-16 settings have tried an illegal drug. 9% of those who had tried an illegal drug reported using drugs most days. Risks of drug use were notably higher among young people who smoked tobacco often, as well as those with parents in the armed forces. The vast majority – 88% - of young people in drug treatment presented with cannabis as a problematic drug.

Two-thirds of those in young people's treatment were male (66%), the same proportion as seen over the last 2 years. The median age for both male and female was 15 years old. The number of younger children (aged under 14) in treatment remained relatively low, at 9%.

The age breakdown of adults in treatment services is representative of the national picture.

The highest rates of drug-related hospital admissions are seen amongst those aged 20-29 years, but with some slight variation by location and sex. In men, admission rates across England and the South West region are highest in those aged 20-39. In contrast, in South Gloucestershire there is little difference in admissions rates for 10-19, 20-29 and 30-39 year olds. Amongst females, admission rates were highest in 20-29 year olds.

Between 2015 and 2019, there were a total of 19 drug-related deaths and DIS in South Gloucestershire, nine of which were specifically categorised as drug-related deaths. The majority of those who died were male (n = 11, 58%), similar to the proportions seen nationally (19). The

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average age of death in this cohort was 42 years (40 years for males and 45 years for females). This is in line with national data, where the highest age-specific drug-related death rates were among those aged between 40 and 49 years for both males and females (19). In contrast, men in South Gloucestershire have an average life expectancy of 81 years, with this increasing to 85 years in women (74). This suggests that drugs are likely to have deprived this cohort of an average of 41 years of life for men, and 40 years for women.

Disability

Evidence suggests that substance misuse is less common among people with disabilities than the general population (118,119). However, it is important to note that people with disabilities are not a homogenous group. In addition we know very little about the majority of adults with disabilities, who have mild disabilities and therefore tend not to be using specialist support services. Research does indicate that this group are more likely to use drugs than those with different forms of disability (119,120). The most recent census data indicates that 16% of the population in South Gloucestershire had a disability that limited their day-to-day activities to some extent (121). In comparison, 30% (n = 67) of individuals presenting to drug treatment services for the first time had at least one disability, suggesting that people with disabilities may be overrepresented in drug treatment services. This may be due to the difference between a self-identified disability and one that is formally diagnosed. We need to ensure that drug services are accessible to people with a learning disability, in order to ensure that these individuals receive the support that they need.

Drug use and mental health are strongly interlinked, with the large majority (70%) of people in community treatment for drug use experiencing mental health problems (66). Individuals who experience poor mental health are more likely to become dependent on drugs, with dependency itself classified as being a mental illness (11). In turn, those who misuse or are dependent on drugs are more likely to experience mental health issues (67). The co-existence of issues with drugs (and/or alcohol) and mental health are often described as 'dual diagnosis'. Individuals who experience these co-occurring conditions often have particular issues with being excluded from services (68).

The majority (71%, n = 159) of individuals who newly presented to drug treatment services in South Gloucestershire in 2018-19 were identified as having a mental health treatment need, compared to 63% nationally. This was highest among those using non-opiates and alcohol in combination, with almost all of this group needing mental health treatment (97%, n = 34). 74% (n = 48) of non-opiate service users and 62% (n = 77) of opiate service users had a mental health treatment need. For all drug categories, the need for mental health treatment was higher in females than males, which was a trend that was also replicated nationally. 67% (n = 107) of service users in South Gloucestershire with a mental health treatment need received treatment for their mental health. This was a similar proportion to those receiving mental health treatment nationally (71%). Of those receiving treatment, approximately half (52%, n = 82) were receiving mental health treatment from their GP. 16% (n = 26) were already engaged with a community mental health team or other mental health services.

The drug needs assessment identified an unmet need for mental health support among individuals accessing drug services in South Gloucestershire. The majority of people newly presenting to local drug services were identified as having a mental health need, with the highest need (97%) seen among those using non-opiates and alcohol in combination. However, approximately one-third of service users with a mental health treatment need did not receive any treatment for their mental health. Both service users and professionals from a range of backgrounds reported poor pathways and communication between drug services and mental health services, calling for individuals with a dual diagnosis to be offered a package of concurrent mental health and substance misuse treatment, and for services to be co-commissioned where appropriate.

Approximately one-third of young people (32%) who started treatment in 2018-19 reported a mental health treatment need, which is higher than the previous year (27%). A higher proportion of girls reported a mental health treatment need than boys (42% compared to 28%). In 2018/19, 45%

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of young people in treatment in South Gloucestershire were female compared to 34% across England.

Gender Reassignment

There is currently no South Gloucestershire-specific research information available.

Marriage and Civil Partnership

There is no definitive evidence to suggest that people in a marriage or civil partnership have any specific needs in relation to drugs.

Pregnancy and Maternity

Drug use in pregnancy can lead to both long- and short-term harms to the baby. This includes an increased risk of mortality as well as behavioural and developmental outcomes, with the specific risks depending on the drug being used. Nationally, approximately 1% of pregnant women report currently misusing illicit drugs, solvents or medicines at their antenatal booking appointment (50). There are clear associations between antenatal drug use and inequalities, with this proportion increasing to 2.5% among women living in the most deprived areas and 2.4% among women of mixed ethnicity (50).

Structured drug treatment is available to pregnant women who need support to stop using drugs and is delivered by specialist drug and alcohol staff as described in the Services section of this document. Fewer than five females who were newly presenting for drug treatment in South Gloucestershire in 2018-19 were pregnant. This was lower than the national figure of 4%.

Race

A higher proportion of young people in treatment in South Gloucestershire were White British (88%) than seen nationally (76%). This is not surprising given the small proportion of people from Black and minority ethnic (BAME) groups living in the local area – 90% of South Gloucestershire residents aged both 0-15 years and 16-24 years are White British, suggesting that the proportion of young people in treatment from BAME groups in South Gloucestershire is representative of the area's ethnic breakdown (112).

The vast majority - 91% (n = 203) - of new presentations in South Gloucestershire in 2018-19 were White British. 3% (n = 6) were categorised as being of 'Other White' ethnicity. There were fewer than five individuals of Black, Caribbean or Mixed ethnicities. This is very closely aligned with the ethnic breakdown of South Gloucestershire as a whole. 97% (n = 218) of those newly presenting to drug treatment services were from the United Kingdom. However, simply comparing these proportions may not tell the full story – there may be particular issues within certain ethnic groups that we are not aware of. We do not know enough about the experiences of black and minority ethnic (BAME) groups, both accessing and not accessing drug services, and we therefore need to work more specifically with these groups to find out more about their experiences. At a recent meeting set up by Bristol Drugs Project and Nilaari with members of the BAME community and people of varying faiths, it was raised that there are issues within those communities in relation to drugs that are not talked about or dealt with. It is very likely that conventional drug services are not accessible or seen as approachable for people in those communities for a whole host of reasons, whether this be stigma, language and cultural barriers, or wider issues around structural racism. It is important to ensure that additional support such as interpreters are available and can be funded where required.

Religion or Belief

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The majority of adults newly presenting to drug treatment services in South Gloucestershire in 2018-19 reported having no religion (70%, n = 157). 19% (n = 43) reported being Christian. Fewer than five individuals reported having other religious beliefs, such as being Buddhist or Muslim.

At the above mentioned meeting set up by Bristol Drugs Project and Nilaari with members of the BAME community and people of varying faiths, it was raised that there are issues within those communities in relation to drugs that are not talked about or dealt with. It is very likely that conventional drug services are not accessible or seen as approachable for people in those communities for a whole host of reasons, whether this be stigma, language and cultural barriers, or wider issues around structural racism. It is important to ensure that additional support such as interpreters are available and can be funded where required.

Sex

Two-thirds of those in young people's treatment were male (66%), the same proportion as seen over the last 2 years.

The Youth Offending Service (YOS) supports young people who are engaged within the Youth Justice system, providing 1:1 non-treatment interventions. During 2018-19, the YOS provided 32 interventions to 26 males and 6 females aged between 12 and 18 years.

Of the 659 individuals in adult drug treatment services during 2018-19, 68% (n = 448) were men. This is similar to the sex profile of individuals accessing drug treatment services across the country.

Despite the fact that there has been a reduction of the numbers of people in treatment and new presentations to drug treatment services, the proportion of people in South Gloucestershire who successfully complete drug treatment is substantially higher than the national average for all categories of drugs. 11.6% of all people using opiates in drug treatment services successfully completed treatment and did not re-present to drug services within six months, compared to 5.8% nationally. The proportion completing treatment for non-opiate use who did not re-present to drug services within six months was almost six times higher – 62%, compared to a national proportion of 34%. For non-opiates, this proportion was similar for both males and females. However, the proportion of males who successfully completed treatment and did not re-present within six months was 8.5%, half that of females (17.9%), although it is important to note that this is likely due to small numbers.

8% of individuals in South Gloucestershire who had newly presented to drug treatment services had an unplanned early exit from the service before the recommended 12 weeks of treatment had been completed. This is lower than the national average of 18%. However, there was a large difference in the proportion of early drop outs between males and females using both non-opiates and alcohol, with 17% of females leaving the service early compared to just 3% of males. This contrasts with the picture nationally, where the proportion of unplanned early exits is higher among males than females for all drug categories and suggests that more focus should be given to retaining females in drug treatment.

Nationally and regionally, males have a higher rate of drug-related hospital admissions than females. However, there is no difference between these rates for males and females in South Gloucestershire, with females actually having a slightly higher rate than males. This lack of difference appears to be due to a marked increase in drug-related hospital admission rates among females in the area, doubling from 2011/12 to 2018/19. Admission rates for males in South Gloucestershire have increased steadily over the last decade, but remain significantly lower than the national and regional average. In contrast, while admission rates for females in South Gloucestershire were lower than both national and regional averages in 2010/11, the increase in admission rates among this group is so pronounced that drug-related admission rates for females in South Gloucestershire is now similar to the national average.

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76% (n = 141) of people in drug treatment in South Gloucestershire reported smoking tobacco at the start of their treatment and smoking levels were relatively similar for males and females. These rates are far higher than the smoking rate among the general population, 16% for males and 13% for females (128).

Sexual orientation

Evidence suggests that drug use is associated with higher risk sexual behaviours, including unprotected sex and consequent sexually transmitted infections (STIs) (52). Young people, men who have sex with men (MSM) and commercial sex workers (CSWs) are thought to be at highest risk.

In South Gloucestershire, 93% of individuals presenting to drug services for the first time described themselves as being heterosexual. There is no accurate, local data on sexual orientation but the government estimate that between 5-7% of the population identify as lesbian, gay, bisexual, transgender or queer (LGBTQ+). 4% of those newly presenting to drug services in 2018-19 were bisexual and fewer than five individuals described themselves as either gay or lesbian, which is consistent with these national estimates. However, given that we know that MSM are more likely to use drugs problematically, services need to ensure that they are appropriately tailored to meet the needs of the LGBTQ+ community. Diversity within the LGBTQ+ community itself also needs to be acknowledged, with those from black and minority ethnic (BAME) communities likely having different needs.

Consultation

Consultation will take place between 5th August 2020 to 28th October 2020. The consultation will specifically request feedback in relation to inequalities and groups at higher risk of drug related harms as well as the initial EQIAA. This EQIAA will be updated to include the feedback from that consultation.

SECTION 3 - IDENTIFICATION & ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

NB. This section will be updated post consultation.

Below are the main recommendations set out in the draft Drug Strategy:

1. Protect children and young people (0-19) from drug-related harms.

- Prevent the misuse of drugs among young people through education, campaigns and enforcement
- Reduce dependency and the risk of drug-related harms among those already using drugs by providing specialist services for children and young people
- Work in partnership with other services for children and young people, such as CAMHS.

This recommendation focuses on young people under the age of 19.

2. Protect against the development of drug-related ACEs among those at particular risk.

- Reduce the numbers of people locally who are misusing drugs using early interventions, throughout the life course.

This recommendation is likely to improve outcomes for people who have multiple disadvantage or have trauma history.

3. Prevent and reduce the risk of people who use drugs experiencing drug-related harms.

- Reduce hospital admissions caused by drugs, particularly for females.

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- Reduce transmission of BBVs and skin and soft tissue infections among people who inject drugs through the provision of needle exchange, vaccination and testing services.
- Reduce the number of overdoses among people who use opiates through the provision of naloxone kits and overdose training.
- Reduce smoking-related mortality and morbidity among people who use our services by increasing smoking cessation provision during drug treatment.

This recommendation is likely to improve outcomes for a wide range of people but in particular females in terms of the focus in reduction of hospital admissions.

4. Promote safer and stronger communities

- Reduce drug-related crime including acquisitive crime and domestic violence and abuse through closer working and data sharing with police colleagues.

This recommendation is likely to improve outcomes for all communities but in particular females who are more likely to be victims of domestic violence and abuse.

5. Reduce inequalities associated with drug-related harms

- Offer equitable, available and accessible interventions universally but proportionally, targeted at groups that are at increased risk of drug-related harms. These groups include those experiencing socioeconomic deprivations, those with ACEs, LGBTQ+ communities, care leavers, those from Black, Asian and minority ethnic communities, vulnerable adults and adults with learning and other disabilities.
- Ensure those who might be isolated due to physical or mental disability and drug use are able to access support.

This recommendation is likely to improve outcomes for those from the LGBTQ+ and BAME communities and people with disabilities.

6. Provide treatment and recovery from drug dependence whilst promoting health and wellbeing, and providing support for family members

- Increase the numbers of those who misuse drugs or are dependent on drugs accessing advice, support, treatment and stable recovery;
- Work to overcome barriers to accessing these services and build capacity in treatment services.
- Support those accessing drug treatment with their identified needs for a holistic approach to improved wellbeing.
- Continue supporting family members of those who misuse or are dependent on drugs.
- Include people with lived experience in developing services, and ensure there is visible recovery for those in treatment.
- Shape and develop innovative treatment services which embed the lessons learnt during the COVID-19 pandemic.

This recommendation is likely to have a positive impact on all people regardless of their protected characteristics.

7. Strengthen and clarify pathways through services

- Review, enhance and further develop **joined-up** pathways, particularly between:
 - Children and young people's drug services and adult drug services
 - Early intervention, social services, mental health and treatment services
 - Criminal justice, treatment services and other community support services
 - Hospital and community services

This recommendation is likely to improve outcomes for many people within the treatment system but in particular young people transitioning between Young People and Adult services and those with mental health issues.

8. Work in partnership with relevant organisations, networks, collaboratives and workstreams:

- Through strategic leadership and implementation of integrated care systems, scope opportunities for joint commissioning and/or pooled budgets for campaigns, early interventions and services. Maximising opportunities for the joint commissioning of services for people with complex needs, particularly poor mental health, should be a priority.
- Provide training for other departments and colleagues, including those within the Council and our partner organisations.
- Link with the aims and performance measures stated in other relevant South Gloucestershire strategies and plans, including: the new Council Plan; Joint Health and Wellbeing Strategy; Safer and Stronger South Gloucestershire Plan; Early Help Strategy for Children, Young People and Families; Adult Mental Health and Emotional Wellbeing Strategy; the Domestic Violence and Abuse Strategy and the NHS Long-Term Plan.

This recommendation is likely to have a positive impact on all people regardless of their protected characteristics.

9. Communicate data and information

- Develop a communications and community engagement and insights plan, designed to sit alongside the alcohol communications plan, which sets out our approach to communicating with communities about drug-related harms.
- Obtain data and information (including feedback and the evaluation of interventions) that is currently not known to the partners involved in developing the needs assessment.
- Develop a strategic communication system to share data and information to mitigate the wider harms that drugs may cause to families and communities.
- Ensure clarity of the roles and responsibilities of individual partners in agreeing and achieving the identified outcomes and in developing processes for evaluating progress.

This recommendation is likely to have a positive impact on all people regardless of their protected characteristics.

10. Use our resources effectively and transparently

- Identify the proportion of funding within commissioners’ overall budgets that is to be spent on drugs and make decisions on how to allocate drug funding between prevention and early interventions and treatment.

This recommendation is likely to have a positive impact on all people, regardless of their protected characteristics.

SECTION 4 - EqIAA OUTCOME

This section will be completed after the formal consultation.

| Outcome | Response | Reason(s) and Justification |
|---|--------------------------|-----------------------------|
| Outcome 1: No major change required. | <input type="checkbox"/> | |
| Outcome 2: Adjustments to remove barriers or to better promote equality have been identified. | <input type="checkbox"/> | |

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| Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality. | <input type="checkbox"/> | |
| Outcome 4: Stop and rethink. | <input type="checkbox"/> | |

SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

NB. This section will be updated post consultation.

At this stage, the key action is to engage groups with protected characteristics within South Gloucestershire as part of the consultation process. This will allow clear opportunity to influence the development of the final Drug Strategy as well as the final EqIAA.

SECTION 6 - EVIDENCE INFORMING THIS EqIAA

NB. This section will be updated post consultation.

Drug needs assessment 2020
Draft drug strategy 2020

APPENDIX 1 – TOPIC GUIDE FOR KEY INFORMANT INTERVIEWS

- Could you describe your work and how it relates to drug use and access to services and support in South Gloucestershire?
- What do you think the key issues are around drug use and access to services and support in South Gloucestershire?
- What do you think the current and potential future needs are around drug use and access to services and support in South Gloucestershire?
- What are the key questions that you would want answered from this needs assessment?
- What data do you have that would be relevant to this needs assessment?
- Are there any particular groups that you would recommend that we talk to as part of this needs assessment?

APPENDIX 1 – QUESTIONNAIRE FOR PROFESSIONALS

South Gloucestershire Council is conducting a comprehensive needs assessment of drug use and how we can best support people who use drugs. This aims to assess the health, wellbeing and social effects of drug use in South Gloucestershire across the life course; to identify gaps in current service provision; and to make recommendations for change that meet the needs of people who use drugs and their families.

Understanding the experiences, views and needs of professionals and people who use our services is a critical part of the needs assessment. The current COVID-19 situation has changed how we provide drug services. We are keen to get your views on what is currently working well during COVID-19 and how this may influence how we work in the future. However, it is also important that we capture your opinions on what was working before and what we should be prioritising for the future as the information that you provide will help inform our wider commissioning intentions.

This survey should take no more than 10-15 minutes to complete. Thank you for taking the time to complete this survey.

Your role

What is your role in relation to drugs?

Current situation

During the COVID-19 situation, what are we currently doing well to tackle drug-related harm in South Gloucestershire?

Prior to COVID-19, what were we doing well to tackle drug-related harm in South Gloucestershire?

Gaps

During the COVID-19 situation, what are the problems, gaps and challenges in tackling drug-related harm in South Gloucestershire?

Prior to COVID-19, what were the problems, gaps and challenges in tackling drug-related harm in South Gloucestershire?

Recommendations

Do you have any recommendations for improving the lives of people who use drugs in South Gloucestershire?

Going forward

Bearing in mind what you've told us, how do you think we should be prioritising the issues that you've mentioned in our drug strategy?

APPENDIX 3 – ENGAGEMENT GUIDE FOR PEOPLE USING OUR SERVICES

NOTE FOR STAFF HOLDING THESE DISCUSSIONS:

The aim of this engagement is to have a conversation with service users about their experience of services and how these services can be improved. These questions do not need to be asked word-for-word or in any specific order. Service users do not need to answer any questions that they don't wish to or don't feel comfortable answering. Bullet point responses to each question are absolutely fine.

Thank you for your help in gathering feedback from the people you work with.

Introduction

South Gloucestershire Council is doing some work to understand drug use and how we can best support people who use drugs. We want to understand the experiences of people who use our services, what you need and how we can improve drug services in our area.

COVID-19 has changed how we provide drug services. We want to get your views on what is currently working well during COVID-19 and what you are missing about how we usually provide our services. However, it is also important that we hear your views about what was working before and what we should focus on in the future. The information that you give us will help us understand what our future drug services should look like.

All of the information that you give us will be kept anonymous and no identifiable information will be shared with South Gloucestershire Council.

Are you happy to answer these questions with me? You do not have to take part in this if you don't want to. Alternatively, someone from the Drug and Alcohol team at the Council can phone and complete the questions with you if you prefer?

We have also put together an online version of this survey. If there is anything else that you would like to add at a later stage, we can email you the link to this survey.

Thank you for taking the time to share your experiences with us.

What is your drug(s) of choice?

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How long have you been getting support around your drug use?

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Is there anything that you would like to tell us about you and how drugs have affected your life?

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Think back to before COVID-19 started, at the start of March. How were things going for you then? What were your experiences of services like until that time - both positive and negative? Did you experience any challenges with accessing or using those services? Was there anything that you felt was missing?

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Now think about the services that you are getting now, with COVID-19 happening. What has your experience of services been like during this time – both positive and negative? What are the good things that have changed about the service that you would like us to keep doing when COVID-19 is over? Is there anything that you feel is missing?

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What do you think could be done to prevent young people from having problems with drugs in later life?

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What are your aspirations for the future? Where do you want to get to and what support would you need from services to help you get there?

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