

Assessment of the impact on Equalities (AIE)

Screening template

Title of policy:

CONSULTATION - BUILDING RECOVERY IN COMMUNITIES: A RECOVERY ORIENTED FRAMEWORK TO REPLACE MODELS OF CARE

Short description of policy: (rationale for consultation)

The government has set a clear vision for the future of drug policy in the 2010 drug strategy. This recognises the achievements of the treatment system in building capacity and bringing about substantial health gains and crime reduction benefits. However, it challenges the system to go further, to focus on recovery and to ensure people with severe alcohol dependency can experience the same quality and choice as those dependent on drugs. Our task is to create a system of recovery that focuses not only on effectively engaging people in treatment but also supporting them in moving through that system with the ultimate aim of them overcoming their dependency for good.

The strategy specifically pledges to consult on a new national framework for recovery. This will replace both 'Models of Care for Treatment of Adult Drug Misusers', (originally published in 2002 and updated in 2006) and Models of Care for Alcohol Misusers (2006) with a new up-to-date and evidence-based model to support partnerships in increasing the recovery orientation of local systems.

Models of Care (MoC) set out a national framework for the commissioning of adult substance misuse treatment, in effect, providing a blueprint for a standardised treatment system based around a four-tiered model of service delivery. Its implementation has largely focused on engagement and delivery activity such as improving access and retention. Whilst improving consistency of service provision and many interim outcomes, with hindsight there was not enough emphasis on the completion phase of treatment. Furthermore, there is a possibility that the hierarchical model of tiered treatment may have implied treatment was sequentially based rather than encouraging a dynamic and integrated system where people can get the treatment they need when they need it.

Through this consultation the NTA wish to invite the specialist drug and alcohol field to participate in developing a new recovery oriented framework. For the first time, we will be aiming to canvass the views of other non-specialist agencies on their views in relation to key recovery issues such as housing, employment and re-offending. Stakeholders will have a variety of opportunities to communicate their views and share their ideas and evidence with the NTA, not only through a formal written consultation but also through focus groups hosted in each region by the NTA.

Negative impact

How could the policy have a **significant** negative impact on equality in relation to each area?

Age

This consultation focus on the treatment of adult substance misusers. It is not likely to have any directly negative impact in relation to age, although consideration will need to be given following the consultation to ensuring that local systems and services do not inadvertently discriminate by demonstrating less recovery ambition for older substance misusers.

Disability, Race, Religion or belief, sexual orientation, pregnancy and maternity and gender reassignment

The consultation and the contents of the material are unlikely to have any negative consequences in terms of disability.

Gender

The consultation and the contents of the material are unlikely to have any negative consequences in terms of gender. In fact the consultation materials recognise the value of that family can add to treatment and the recovery process. A much greater emphasis is placed on supporting families including children which are likely to improve the 'user experience' of treatment for women with children.

Positive impact

Could the policy have a **significant** positive impact on equality by reducing inequalities that already exist? Yes

Explain how will it meet our duty to:

1. Promote **equal opportunities**

The consultation material proposes the development of local systems and services where every individual has the opportunity and support to recovery from dependence.

It recognises that recovery is an individual person centred journey and that the recovery ambition of service users will vary from person to person. It therefore proposes to support the development of a systems in which there are multiple pathways to recovery. These may include;

1. Abstinence from drug (s) of dependence
2. Abstinence from all drugs & alcohol
3. Abstinence from alcohol
4. Controlled or low risk use of alcohol
5. Medically assisted recovery using substitution or other medications

We are aware that people from the equality protected characteristics (race, disability, gender, age, sexual orientation, pregnancy and maternity, gender reassignment) are more likely to be disproportionately effected by drug, alcohol and pharmaceutical drug addiction. We anticipate a positive effect from the personalisation of drug and alcohol treatment.

2. Get rid of **discrimination**

Access to particular interventions or treatment settings (e.g. inpatient detoxification and residential rehabilitation) have been restricted to individuals presenting to service with the most severe and complex problems, or for those who have not previously responded to interventions provided in the community.

The current consultation seeks to views of the field to make access criteria fairer, to ensure that every service user gets access to the right treatment, at the right time and in the right setting, through personalised packages of care.

3. Get rid of **harassment**

There is unlikely to be any impact in terms of harassment.

4. Promote **good community relations**

The consultation focuses on the development of a new framework that supports the development of integrated recovery oriented systems and services. In particular the development of active and vibrant recovery communities, where both support is not only gained from specialist treatment services but also visible and available within the local community through peer support and mutual aid groups and organisations. It consults on the implementation of 'recovery champions' at a strategic, therapeutic and community level who will engage communities at all levels.

5. Promote **positive attitudes** towards disabled people

The consultation and its materials aim to advance positive attitudes towards all substance misusers.

6. Encourage participation by disabled people

The consultation and its materials seek to encourage participation of all groups of service users. We will involve and engage with disabled people during the process.

7. Consider more favourable treatment of disabled people

The consultation and its materials promote aim to support the development of local systems and services that provide access to treatment based on the individual service users needs through personalised packages of care, that focus not only on the users substance misuse needs but wider reintegration and recovery support.

8. Promote and protect human rights

The personalised care package actively promotes individuals with substance misuse problems right to life and right to family life. It aims to create local systems and services that support every individual and their family to recovery and remain off drugs for good.

Evidence

What is the evidence for your answers to the above questions?

The consultation and its contents has been developed based on the contents and strategic direction put forth in the recently published drug strategy 2010. It is underpinned by a substantial scientific evidence base as published by the National Institute of Clinical Excellence (NICE) and Drug Misuse and dependence: UK guidelines on clinical management (DH, 2007).

A national consultation has already be undertaken during the development of the new drug strategy for which a screen and impact assessment has been completed and published via the Home Office website

<http://www.homeoffice.gov.uk/publications/drugs/drug-strategy/>

We will gather further evidence as to the protected equality characteristics and use this further in our development of the work.

What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the policy?

There will be two strands to this consultation.

- 1) A formal written consultation targeted
- 2) Regional level focus groups – the focus groups will be undertaken with commissioners, service providers, clinicians, service users and carers. A representative sample of the population will be sought, giving due consideration to the equality groups outlined in this screening.

Scientific evidence, and examples of best practice will be sought throughout the consultation.

Have you thought about commissioning new data or research?

Not at this present time but we will review if there is a requirement during the process.

Screening assessment

Now that you have looked at the evidence, do you think that the policy needs a **Full AIE**? **Yes a full A/E will be produced to evidence the equality considerations during development of the guidance.**

For the record

Name of person who carried out the AIE:

Paul Hammond

Date AIE completed:

14/12/2010

Name of Director/Director General who signed the AIE:

Rosanna O'Connor (Director of Delivery)

Date AIE was signed:

15/12/2010