NHS Greater Glasgow & Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process.

Please contact ggc.equality.team@nhs.scot for further details or call 0141 201 4874.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Please tick the relevant box:-

- Current Service ☐
- Service Development ☐
- Service Redesign ☐
- New Service ☒
- New Policy ☐
- Policy Review ☐

CONTENTS

Description of the service & rationale for selection for EQIA. (Please state if this is part of a service-wide consideration or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

Drug checking is a confidential, low-threshold harm reduction and discreet service for adults who use illicit or non-prescribed drugs and wish to receive information about the composition of a substance they are using or intend to use. The service is intended to reduce drug related harm by providing timely, tailored information about drug content, risk and safer use advice, and by supporting access to wider health, social care and recovery services.

The objectives of the Glasgow Drug Checking Service (GDCS) are to:

- Provide confidential drug checking for trace samples submitted by the eligible adults
- Offer tailored harm reduction advice based on the analysis result
- Support people to make more informed decisions about substances and drug related risk
- Strengthen pathways into wider health, social care and recovery services
- Generate local intelligence on emerging drug trends, adulterants, unexpected substances and high-risk drug combinations
- Contribute to local and national public health surveillance, and where appropriate targeted warning campaigns or harm reduction communications.

Many drugs which have not been obtained via normal prescribed routes, do not contain the drug they are expected to contain, contain a variety of drugs where only one is expected, or contain a strength of drug which is not expected. Drug checking provides a means to help to eliminate some of that confusion.
Drug checking services already exist in USA, Canada, England and elsewhere.
drug-checking-2018.pdf (hri.global)
Drug checking services for people who use drugs: a systematic review - PMC (nih.gov)

Scotland currently has the highest level of drug related deaths in Europe. NHS GG&C Health board area has the highest rate of drug related deaths with 34 per 100,000 people over the period 2018 to 2022, and Glasgow City with 44.4 deaths per 100,000 for the same period.
drug-related-deaths-22-report.pdf (SECURED) (nrscotland.gov.uk)

It is hoped that the introduction of a drug checking service (DCS) may help to reduce drug related deaths.
Research would suggest that DCS appear to influence behavioural intentions and the behaviour of people who use drugs.
Drug checking services for people who use drugs: a systematic review - PMC (nih.gov)
Insights from Drug Checking Programs: Practicing Bootstrap Public Health Whilst Tailoring to Local Drug User Needs - PMC (nih.gov)

The Glasgow Pilot Drug Checking Service (GDCS) is part of a wider Scottish Government funded programme. A central national drug checking lab will be established in Dundee, and they will receive samples for detailed analysis from the community-based sites in Aberdeen, Dundee and Glasgow.
Stirling-Uni-drug-checking-project-summary-and-FAQs-.pdf (crew.scot)

Pathways:
The staff who will operate this service will provide face to face feedback and information to service users. This service will enable service users to receive informed information regarding the composition of the substances they have purchased, tailored advice regarding the risks associated with use of these substances, and more general harm reduction advice. Staff providing the feedback will be in a position to engage with, encourage and support service users to access treatment and support services including:

- Existing GADRS treatment services
- Enhanced Drug Treatment Service
- Safer Drug Consumption Facility
- Existing health services e.g. BBV nurses, sexual health team, wound care, primary care services etc.
- Housing
- Benefits
- 3rd sector organisations
- Peer recovery groups

Drug checking services are available in many countries throughout the world. A global review in 2018 reported 31 services operating in 20 countries, with some having been established since 1992. There is therefore a wide range of evidence demonstrating the effectiveness of drug checking services in both reducing harm and changing behaviours. Drug checking services can also provide a source for the early detection of potentially dangerous new drug combinations, presence of toxic compounds or potentially fatal levels of other substances. This early detection can inform public health or media warning campaigns.

A Systematized Review of Drug-checking and Related Considerations for Implementation as A Harm Reduction Intervention - PubMed (nih.gov)
Drug Checking and Its Potential Impact on Substance Use | European Addiction Research | Karger Publishers
Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges | www.emcdda.europa.eu

Target Population:
The core target population is adults aged 18years and over in Glasgow who use illicit or non-prescribed drugs on a regular basis and wish to receive information about the composition and risks of a substance.
The service is designed to be open-access and low-threshold, recognising that people who may benefit from drug checking may not currently be engaged with treatment or support services.

Eligibility Criteria:
The GDCS aims to be a low-threshold service, with as few barriers as possible to engage with the target population.
There will be minimal restrictions regarding access to the GDCS. The service will be available to those who are:

- Age 18 years and over – this does provide an opportunity for staff to encourage those under 18 years to link in with the young person's service
- Use one or more drugs on a regular basis

The GDCS will be delivered from the Health and Care Centre at 55 Hunter Street Glasgow, co-located with existing Glasgow Alcohol and Drug Recovery Services (GADRS) and associated services. Adults may self-present at the service or be signposted by partner services. A formal referral is not required.

A person accessing GDCS will be asked basic eligibility questions to confirm that they are aged 18 years or over and use one or more illicit or non-prescribed drugs on a regular basis. The purpose of these questions is to confirm that the service is being used within the terms of its Home Office licence. People who do not meet the eligibility criteria will not be turned away; staff will provide appropriate signposting, including young people's service for anyone under the age of 18 years.
The person attending the service will provide a trace amount of substance which will be placed into a secure tamper evident bag and assigned a unique sample reference number. The person will be asked to provide a name and date of birth to the service. The person may wait or return to receive the results of the analysis. The time required for analysis and availability of results is expected to be from 20 to 30 minutes per

sample. However, only one sample may be analysed at a time, and therefore waiting times may vary depending on workload.
Staff will provide one-to-one, face-to-face feedback, explain the analysis result, discuss relevant harm reduction advice and offer pathways to wider support services where the person wishes this.
Samples will be transferred to the National testing Laboratory (NTL) in Dundee for a more detailed confirmatory testing as part of the wider Scottish Drug Checking programme and health surveillance arrangements. Local feedback will be provided to the person within the limits of the available results and the operational model.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.

The GDCS is a new service operating with a population experiencing significant health inequalities, stigma and multiple disadvantage. An EQIA is therefore required to assess how the service can remove or reduce barriers to access, promote equality of opportunity, protect human rights and minimise the risk that any group is unintentionally excluded from the service or the benefits of public health intelligence generated by the service.
The EQIA links to national and local priorities to reduce drug-related deaths and harms, improve access to treatment and support, and deliver services in a rights-based, compassionate and trauma-informed way.

This service reflects some of the key priorities for Scottish Government:
National Drugs Mission Plan: 2022 – 2026 (National Drugs Mission Plan: 2022-2026 - gov.scot (www.gov.scot))
Rights, Respect and Recovery (2018) (Rights, respect and recovery: alcohol and drug treatment strategy - gov.scot (www.gov.scot))
Scottish Drugs Death Taskforce Recommendations – Changing Lives 2022 Changing lives: our final report. - Drugs and Alcohol
A Caring, Compassionate and Human Rights informed Drug Policy for Scotland.
caring-compassionate-human-rights-informed-drug-policy-scotland.pdf (www.gov.scot)

Who is the lead reviewer and when did they attend Lead Reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Mary Clare Madden, Lead Pharmacist, NHS GGC / Glasgow City HSCP, Alcohol & Drug Recovery Services maryclare.madden@ggc.scot.nhs.uk Stuart R Notman, Programme Manager, Complex Needs Stuart.Notman@ggc.scot.nhs.uk Date of Lead Reviewer Training: 27/04/2023
Please list the staff involved in carrying out this EQIA (Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion) Members of the Glasgow Pilot Drug Checking Services Short Life Working Group.

1. What equalities information is routinely collected from people currently using the service or affected by the policy?

If this is a new service proposal what data do you have on proposed service user groups. Please note below any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.

Service Evidence Provided:

Routine data collection:
Data will be collected using bespoke Microsoft Office solutions.

The GDCS has been designed as a confidential and anonymous service. Data routinely collected will be sample-specific rather than person-identifiable. This is intended to maintain trust, comply with licensing and governance requirements, and reduce the risk that people are deterred from using the service because they fear stigma, disclosure, criminal justice consequences or wider intelligence gathering.

The service will collect data required to track the sample and support safe feedback, including sample reference details, substance information, test results and relevant risk information. The service will collect basic information regarding the person who will use the service:

- Name *
- Date of birth *
- Gender / sex
- Postcode area (not the full postcode)
- Ethnicity

Only those marked (*) are required for entry to the service, and these will not be cross checked against any other records. The additional information will be collected where collection is acceptable to people using the service and can be aggregated separately from sample-identifiable information. The service will avoid creating barriers by making clear that any equality monitoring is voluntary, anonymous and not required in order to access drug checking.

The EQIA recognises that there is a tension between maintaining a low-threshold anonymous model and understanding equality of access. It cannot be assumed that minimal eligibility criteria alone will mean equal access for all protected characteristic groups. This has been addressed by identifying proportionate approaches to monitoring

access and experience without undermining anonymity. This may include optional anonymous equality monitoring, feedback from those who use the service, lived and living experience engagement, pathway analysis, stakeholder feedback and formal service evaluation. Information obtained through these mechanisms will be used to identify whether any groups experience barriers to accessing the service and to inform service improvement, whilst maintain the low-threshold and anonymous nature of the service.

Where protected characteristic data is not collected routinely, the gap will be addressed through service evaluation, lived and living experience feedback, engagement with partner services, analysis of referral / signposting routes and review of whether some groups appear less likely to access the service or report barriers.

Disability Information:
No disability information will be gathered.
The rationale for this is that this service has been designed as a low threshold and anonymous intervention.

International evidence and lived and living experience feedback obtained through the national implementation project identified anonymity and ease of access as important factors influencing willingness to engage with drug checking services.
There is also a concern amongst those who may use such a service that their details may be used as part of wider intelligence gathering operation by Police.
The collection of additional personal information, including disability status, was therefore considered potentially detrimental to engagement and service uptake.
Accessibility requirements will instead be reviewed through service evaluation, service - user feedback and operational governance processes.

Possible negative impact and additional mitigating action required:

2. Please provide details of how data captured has been/will be used to inform policy content or service design.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

The data captured will provide information on the types and specific drugs being used by the target population.

In addition to providing personalised information to service users on the nature of the specific substances they have submitted for testing, the potential risks of those substances both in isolation and combination, the data will also provide local health teams and national groups with an early warning of drug trends and potential changes in those drug trends which may require further or immediate action by policy makers or Health Boards.
The information will therefore feed into both local and national public health and harm reduction groups.
This may inform local and national public health alerts, targeted harm reduction messaging and service planning.

The service is open to anyone over the age of 18 years who uses drugs on a regular basis and would like to know the composition of the substances they use. This is a low-threshold service

Service user data will be more limited because of the anonymous model. The service will therefore use a mixed approach to evaluation, combining operational data, optional anonymous equality monitoring where feasible, qualitative feedback and stakeholder engagement.

National Programme Evaluation
A national evaluation of the programme will be undertaken by Scottish Government. This is still in the early stages of design and commissioning.

Local Service Evaluation
Local evaluation will be undertaken in conjunction with NHS GGC Public Health. The local evaluation will consider but may not be limited to:

- Service reach
- Access routes
- Barriers to access
- Demographic profile where anonymous monitoring is feasible and acceptable
- Impact on behaviour, harm reduction decisions, referral pathways and engagement with wider support

Findings from evaluation will be reviewed through GDCS governance arrangements and will ensure that the service does not rely on assumptions of equal access but actively check for barriers and respond to them

Possible negative impact and additional mitigating action required:

3. How have you applied learning from research evidence about the experience of equality groups to the service or Policy?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

The Glasgow City ADP has several lived / living experience reference groups. These groups will be involved in providing feedback with regards to appropriate elements of the service design and operational delivery for example:

- Pathways and interfaces to other services
- Service user information leaflets

This service is being introduced following completion in March 2023 of a 2-year national implementation project to explore how best to establish a drug checking service in Scotland. The project drew on research and experience from existing services and included interviews with people with lived experience of drug use, affected family members and a range of professionals to better understand the key opportunities and barriers to providing a service in Scotland.
Review | A Realist Review of How Community-Based Drug Checking Services Could Be Designed and Implemented to Promote Engagement of People Who Use Drugs | University of Stirling

The Scottish Drug Checking Project (crew.scot)

The European Dug Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has produced a paper which examines various aspects of drug checking from testing equipment to legislative challenges.

Drug checking as a harm reduction tool for recreational drug users: opportunities and challenges | www.emcdda.europa.eu

There is a wealth of research which demonstrates that drug checking services influence behaviour intentions and the behaviour of people who use drugs and provide drug trend monitoring of drug markets.
Drug checking services for people who use drugs: a systematic review - Maghsoudi - 2022 - Addiction - Wiley Online Library

Possible negative impact and additional mitigating action required:

4. Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?

The Patient Experience and Public Involvement team (PEPI) support NHSGGC to listen and understand what matters to people and can offer support.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

This service is being introduced following completion in March 2023 of a 2-year national implementation project to explore how best to establish a drug checking service in Scotland. The project drew on research and experience from existing services and included interviews with people with lived experience of drug use, affected family members and a range of professionals to better understand the key opportunities and barriers to providing a service in Scotland.
Review | A Realist Review of How Community-Based Drug Checking Services Could Be Designed and Implemented to Promote Engagement of People Who Use Drugs | University of Stirling

The Scottish Drug Checking Project (crew.scot)

Engagement:
The 2-year national implementation project specifically examined the views of people who could be affected by this service in Glasgow.
Stirling-Uni-drug-checking-project-Glasgow-briefing.pdf (crew.scot)

The Glasgow City ADP has several lived / living experience reference groups. These groups will be involved in providing feedback with regards to appropriate elements of the service design and operational delivery for example:

- Pathways and interfaces to other services
- Service user information leaflets

Possible negative impact and Additional Mitigating Action Required:

5. Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Location:
The service will be co-located on a site with existing Glasgow Alcohol Drug and Recovery Services (GADRS) treatment services, for example the Enhanced Drug Treatment Service and the Safer Drug Consumption Facility, both of which are located at 55 Hunter Street, Glasgow.

The site is accessible to all via a sloped access path and roadway to a carpark with designated disabled parking bays, close to service entrances.

All entrances to the building are wheelchair accessible, with ramps and extra width doors and appropriate wheelchair turning space.

The location for the service has been identified as within the neighbourhood identified in the health needs assessment 'Taking Away the Chaos' report, as an area where public injecting by an estimated 400 – 500 individuals occur on a daily basis.
The site for this service is therefore within walking distance of the target population, is accessible by car and there are nearby public transport links to the city centre.
https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf

The service has been designed with full accessibility in mind.

There are wheelchair ramps at the entrance and exit, the service is on one level within the building, the reception desk is at 2 levels with a lowered area for those in wheelchairs.

An induction hearing loop is installed at reception.

All doors are of a size to accommodate wheelchairs.

There are toilet facilities equipped to the appropriate standard for accessibility.

Possible negative impact and additional mitigating action required:

6. How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.

Service Evidence Provided:

Service Awareness:
Service users shall self-refer to this service, however all teams and services who interact with this target population, e.g. sites who supply Injecting Equipment and Naloxone, addiction teams, city centre outreach teams, hospital acute liaison teams, community pharmacies, etc. will be informed of, and provided with materials, to promote and signpost service users to the service.

Communication & Engagement:
A comprehensive communications and engagement plan has been implemented. This included engagement with local residents, businesses, community organisations, elected members, relevant stakeholder groups including lived / living experience and reference groups, treatment and social care services and NHS / ADRS staff. Engagement and communications are ongoing.

Information regarding the service is available via the Drug Checking Service Website, (link to be included once operational) and through service user information leaflets.

The comprehensive communications and engagement plan ensures that all stakeholders, ADRS staff, third sector partners, lived and living experience groups are aware of the service and access to materials pertaining to the service. These materials are available in a variety of languages and font sizes.
The materials are therefore available through public facing sources and staff interventions.

Stigma:
One of the aims of this service is to reduce the stigma associated with the use of drugs, staff play an important part in this and will receive training to support them to create a stigma-free environment.

Staff and service users will have access to interpretation services as per HSCP / NHSGG&C Interpreting and Communication Support Policy.

Staff have access to British Sign Language interpretation services including access to video interpreting services where appropriate, to support unplanned presentations and improve accessibility.

Written materials are available in a variety of languages.
The HSCP Linguistics Translation and Interpreting Service has access to sessional staff fluent in over 70 different languages.
The top 10 languages in Glasgow are:

- Arabic
- Urdu
- Polish
- Mandarin
- Romanian
- Farsi
- Punjabi
- Kurdish Sorani
- Cantonese
- Slovakian

Information regarding available interpretation services may be contacted:

- Translating information - Glasgow City Council
- Interpreting Services - NHSGGC
- Interpreting and Language Resources - NHSGGC

Where a language or format is not immediately available, staff will arrange appropriate interpretation or translation support rather than relying on family members or informal interpreters.

Possible negative impact and additional mitigating action required :

7. Protected Characteristic

(a) Age

Could the service design or policy content have a disproportionate impact on people due to differences in age?

(Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).

If this decision is likely to impact on children and young people (below the age of 18) you will need to evidence how you have considered the General Principles of the United Nations Convention on the Rights of the Child. Please include this in Section 10 of the form.

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Patients must be over the age of 18 years in order to satisfy the eligibility criteria for this service.
The average age of the population of people who inject drugs is increasing, the average age of the target population is over 30 years, and this is consistent with data from ISD, and other DCR's in Europe. (see section above re demographics)
Scottish Drug Misuse Database (isdscotland.org)

The age cut-off is designed to help protect children as per the Children (Scotland) Act 1995.

Anyone who attends the service who is under the age of 18 years, will be advised of, and encouraged to engage with the various services designed to specifically work with this age group e.g. ADRS Young Persons team.

Possible negative impact and additional mitigating action required:

(b) Disability

Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Substance misuse may be both the cause and a symptom of physical or mental health problems.
People who inject drugs will suffer from the same physical and mental health issues as the general population. However, their lifestyle may increase the prevalence and severity of those issues.

Mental health issues are well documented within the population of people who inject drugs. It is estimated (Carra & Johnson 2009), that 20 - 37% of patients within secondary mental health settings have both severe mental illness and substance misuse problems, whilst in the substance misuse setting 6 - 15 % of patients have a co-existing severe mental illness.
https://www.ncbi.nlm.nih.gov/pubmed/19011722

Figures from the Scottish Drug Misuse database report 64% of patients suffering from co-existing physical issues, and 58% with co-existing mental health issues.
Scottish Drug Misuse Database (isdscotland.org)

Substance misuse patients may suffer from a variety of mental health issues.

Physical and mental health problems are well documented within the homeless population.

https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management

Studies suggest that those who are homeless and do not also have substance misuse issues, have better access to health services and spend less time homeless than those who do misuse substances.

Those who attend the GDCS will be encouraged to engage with treatment and support services where staff are in a position to directly assist with physical issues e.g. wounds, infections.
GDCS staff will also be able to assist in accessing pathways into other relevant treatment services.

We do not anticipate that the service will have a disproportionate impact on people with a disability.

Whilst disability is not an eligibility criterion for the service, disability may influence an individual's support requirements and the risks associated with substance use.
The service is co-located with existing health and treatment services, enabling referral and support pathways for individuals with physical and / or mental health conditions and other disabilities. Staff providing harm reduction information will also discuss potential risks associated with combined use of illicit substances and prescribed medication where appropriate.

Staff have access to British Sign Language services via interpreting services

Accessibility requirements and barriers experienced by individuals with disabilities will be reviewed as part of service evaluation and continuous improvement arrangements.

Possible negative impact and additional mitigating action required:

(c) Gender Reassignment

Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Entry to the service will be based upon eligibility criteria; sexual orientation / gender reassignment will not be a factor and does not form part of the eligibility criteria. The service model is based on one-to-one appointments between service users and trained staff and therefore does not involve group sessions.

The service is open to all individuals who meet the eligibility criteria regardless of sex or gender.

The service will operate using a trauma-informed and person-centred approach. Service users will be treated in accordance with their expressed gender identity, and staff will be sensitive to the needs of individuals who may have experienced trauma, including gender-based violence.

Where appropriate service users will be referred to specialist women-only services operating within Glasgow City HSCP and ADRS.

Possible negative impact and additional mitigating action required:

(d) Marriage and Civil Partnership

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Entry to the service will be based upon eligibility criteria; marriage or civil partnership will not be a factor, and does not form part of the eligibility criteria

Possible negative impact and additional mitigating action required:

(e) Pregnancy and Maternity

Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Entry to the service will be based upon eligibility criteria; pregnancy or maternity will not be a factor and does not form part of the eligibility criteria
Service users who attend the service and are pregnant will be advised of and encouraged to engage with existing well-established services available for this group, since they require more specialised care.

Pregnancy status will not routinely be collected as part of this anonymous service. However, where an individual voluntarily discloses pregnancy, staff will provide appropriate harm reduction information and facilitate access to specialist maternity and substance use services where appropriate.

Pregnant women who use drugs represent a particularly vulnerable group and may experience significant barriers to accessing treatment services due to fear of stigma. Staff will actively provide information regarding specialist maternity and substance use services and support referral where appropriate.

This service must balance opportunities for additional data collection against maintaining a low-threshold and anonymous approach which promotes engagement among individuals at highest risk of harm.

Possible negative impact and additional mitigating action required:

(f) Race

Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Race is not an eligibility criterion; however, people from minority ethnic communities may experience language barriers, cultural stigma, racism, reduced trust in statutory services or concerns about confidentiality. Communication support, interpretation and translated materials will be available where required. The service will review whether people from minority ethnic communities are accessing GDCS and whether additional engagement or targeted communication is required, recognising that this may require qualitative feedback as well as optional anonymous monitoring.
Ethnicity is one of the optional data fields collected at sample submission.

The health needs assessment conducted in Glasgow and reported in the “Taking Away the Chaos” document, would suggest that the majority of those attending the service will be Scottish or British in origin.
https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf

Access needs:
Staff and service users will have access to interpretation services as per HSCP / NHSGG&C Interpreting and Communication Support Policy.

Staff have access to British Sign Language services via interpreting services.

Written materials are available in a variety of languages.

No disproportionate impact on those with the protected characteristic of race is anticipated. But this will be monitored through the optional ethnicity data field.

Possible negative impact and additional mitigating action required:

(g) Religion and Belief

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Entry to the service will be based upon eligibility criteria; religion and belief will not be a factor and does not form part of the eligibility criteria.

Staff will recognise and respect religious beliefs and practices. Service provision will be flexible where possible to ensure no unnecessary barriers are created for individuals from different faith communities.

Staff recognise that individuals from some faith communities and cultural backgrounds may experience additional stigma associated with substance use, creating additional barriers to accessing support. The service will therefore operate using a non-judgemental, trauma informed approach and seek to minimise barriers to engagement for individuals from all backgrounds.
Barriers will be reviewed through lived and living-experience feedback, partner engagement and service evaluation. Where themes emerge, communication and engagement approaches will be adapted.

Possible negative impact and additional mitigating action required:

(h) Sex

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Entry to the service will be based upon eligibility criteria; sex will not be a factor and does not form part of the eligibility criteria.

The service is delivered through confidential one-to-one interactions between individuals service users and trained staff.
The service does not utilise group sessions / interventions and therefore the risks associated with group disclosure or participation are significantly reduced.

The trauma informed service model has been designed to minimise barriers to engagement, including those experienced by individuals affected by gender-based violence.

As per the gender mix in the Glasgow city centre public injecting population, it is anticipated that a similar male: female ratio of 4.3:1 will exist within the GDCS.
https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf

Staff will provide pathways into specialist women's services where appropriate.
Engagement with women's groups has been undertaken.
Experience from other addiction services is that engagement with lived & living-experience women's groups is key to encourage use of the service.

Possible negative impact and additional mitigating action required:

(i) Sexual Orientation

Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics. ☐

4) Not applicable ☐

Service Evidence Provided:

Entry to the service will be based upon eligibility criteria; sexual orientation will not be a factor and does not form part of the eligibility criteria.

The service must balance the benefits of collecting additional equality monitoring information against maintaining a low-threshold anonymous model.

Current evidence suggests anonymity is an important factor in engagement with drug checking services. Collection of further protected characteristic information may therefore create unintended barriers to engagement.

Where individuals disclose needs relevant to sexual health or other support, staff will signpost appropriately, including to sexual health services. This will be led by the individual using the service.

Evaluation and feedback will consider if LGBT+ people experience barriers to access.

Possible negative impact and additional mitigating action required:

(j) Socio – Economic Status & Social Class

Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?

In addition to the above, if this constitutes a 'strategic decision' you should evidence below due regard to meeting the requirements of the Fairer Scotland Duty (2018). Public bodies in Scotland must actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making strategic decisions and complete a separate assessment. Additional information available from the Fairer Scotland Duty: guidance for public bodies - gov.scot

Service Evidence Provided:

Entry to the service will be based upon eligibility criteria; social and economic status will not be a factor and does not form part of the eligibility criteria.

The target population experiences significant socioeconomic disadvantage including homelessness, unstable housing, unemployment, food insecurity, involvement with the criminal justice system and poor health outcomes. The service has therefore been specifically located within the area identified as having a high concentration of public injecting drug use and associated harms and is co-located with other GADRS services such as EDTS and The Thistle. By providing accessible harm reduction interventions and facilitating engagement with support services, the service aims to reduce inequalities experienced by this population.

Location:
The service will be co-located on a site with existing Glasgow Alcohol Drug and Recovery Services (GADRS) treatment services, for example the Enhanced Drug Treatment Service and the Safer Drug Consumption Facility, both of which are located at 55 Hunter Street, Glasgow.

The site is accessible to all via a sloped access path and roadway to a carpark with designated disabled parking bays, close to service entrances.

All entrances to the building are wheelchair accessible, with ramps and extra width doors and appropriate wheelchair turning space.

The location for the service has been identified as within the neighbourhood identified in the health needs assessment 'Taking Away the Chaos' report, as an area where public injecting by an estimated 400 – 500 individuals occur on a daily basis.
The site for this service is therefore within walking distance of the target population, is accessible by car and there are nearby public transport links to the city centre.
https://www.nhsggc.org.uk/media/238302/nhsggc_health_needs_drug_injectors_full.pdf

Possible negative impact and additional mitigating action required:

(k) Other marginalised groups

How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?

Service Evidence Provided:

The target population is those who use either illicit substances or substances not obtained via legal means.
This target population includes those of varied and complex needs who may be homeless, ex-offenders, involved in prostitution etc. who do not currently engage with services.
Part of the aims of this service will be to engage with this group and offer opportunities for them to engage with services such as housing, benefits and other 3rd sector support organisations by highlighting pathways to drug treatment services and 3rd sector support organisations.

Possible negative impact and additional mitigating action required:

8. Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?

Your evidence should show which of the 3 parts of the General Duty have been considered. Please tick the relevant box:-

1) Remove discrimination, harassment and victimisation ☐

2) Promote equality of opportunity ☐

3) Foster good relations between protected characteristics ☐

4) Not applicable ☐

Service Evidence Provided:

Cost savings were not an aim of this service; however, it is anticipated that the service may result in cost savings potentially as a result of reduction in demand on emergency, health, criminal justice or crisis services.
However, these are not the driving factor for developing this service and are related to improvement of health and socio-economic status of those attending the service through engagement with groups who currently tend not to engage with services.

Possible negative impact and additional mitigating action required:

9. What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups?

As a minimum include below recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.

Service Evidence Provided:

Staff working in the GDSC will include existing and / or designated staff working within GADRS.
All staff will be supported to complete the mandatory Learnpro module on equality and human rights.
There will be an induction training programme and regular training sessions for staff once the service is operational with respect to the specialised equipment however they will complete statutory and mandatory equality, diversity and human rights learning in line with NHSGGC / HSCP requirements. Training compliance is recorded through their line management structure, PDP&R / statutory and mandatory recording systems.
GDCS will receive induction and ongoing training relevant to the service model, including confidentiality, low-threshold engagement, trauma-informed practice, stigma reduction, communication support, BSL / Interpreting service access, safeguarding and pathways into treatment and wider support services.

Possible negative impact and additional mitigating action required:

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

A key aim of this service is to reduce drug related deaths and harms associated with substance misuse and provide service users with informed guidance relating to the substances tested.

All service users are informed verbally and through written materials about the purpose of the service, confidentiality, what information is collected, what happens to the sample, how results are provided and what support pathways are available.

Advocacy and wider support services will be highlighted where appropriate.

Please explain below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the

PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* (see below).

This is a low-threshold service, aimed to engage with all service users who wish to know more about the substance they are using. The staff will engage with service users with no expectations from delivery of this service other than to provide clear information relating to the substances being sampled, and harm reduction information based on test results to protect service users from harms associated with substance misuse.

Services and pathways into services will be available if the service user wishes to engage with those services or pathways. Peer networks will be highlighted but there is no expectation for service users to engage.

PANEL principles:

Participation – service users, reference groups and those with lived / living experience have been involved in the service design and evaluation.

Accountability – Formal governance and reporting arrangements are in place.

Non-discrimination – this is an open access, low-threshold service with limited entrance criteria.

Empowerment – Individuals will be provided with information to allow them to make informed decisions, and will if they wish, have access to onward referral to treatment and support services.

Legality – This service operates within agreed legal and governance frameworks, and under a Home Office licence.

*FAIR is an acronym for the following -

- **Facts**: What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights**: Develop an analysis of the human rights at stake
- **Identify responsibilities**: Identify what needs to be done and who is responsible for doing it
- **Review actions**: Make recommendations for action and later recall and evaluate what has happened as a result.

11. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 came into force on the 16th July 2024. All public bodies may choose to evidence consideration of the possible impact of decisions on the rights of children (up to the age of 18). Evidence should be included below in relation to the General Principles of the Act. Go to the full list of articles to be considered for further information.

No Discrimination: Where the decision may have an impact, explain how the EQIA has considered discrimination on the grounds of protected characteristics for children. You may have considered children in each of the EQIA sections and returned relevant evidence.

Best Interests of the child: Where the decision may have an impact, explain how the EQIA has evaluated possible negative, positive or neutral impacts on children. You may find that options considered need to be reframed against the best possible outcome for children.

Life, survival and development: Where the decision may have an impact, explain how the EQIA has considered a child's right to health and more holistic development opportunities.

Respect of children's views: Where the decision may have an impact, explain how the views of children have been sought and responded to. You need to consider what steps were taken in Q4 in relation to this.

Having completed the EQIA template, please tick the relevant box that you, the Lead Reviewer, perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

Option 1: No major change (where no impact or potential for improvement is found, no action is required) ☒

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements) ☐

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes) ☐

Option 4: Full mitigation of identified risk not made, decision to continue without objective justification (Lead Reviewer to provide explanatory note here) ☐

Option 5: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed) ☐

If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the space below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions.

From the additional mitigating action requirements sections completed above, please summarise the actions this service will be taking forward or tick the box next to 'No Actions Identified'

No actions identified ☐

Date for completion
Who is responsible? (initials)

Ongoing 6 Monthly Review: please write your 6 monthly EQIA review date:

Lead Reviewer:
Name **Stuart R Notman**
Job Title Programme Manager, Complex Needs
Signature 
Date 14/07/2026

Quality Assurance Sign Off:
Name Louise Carroll
Job Title
Signature
Date

Where unmitigated risk has been identified in this assessment, responsibility for appropriate follow-up actions sits with the Lead Reviewer and the associated delivery partner.

NHS Greater Glasgow & Clyde Equality Impact Assessment Tool
Meeting the Needs of Diverse Communities
6 monthly review sheet

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Action:

Status:

Completed
Date
Initials

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

Please detail any new actions required since completing the original EQIA and reasons:

Action:

Reason:

To be completed by
Date
Initials

Action:

Reason:

To be completed by
Date
Initials

Please detail any discontinued actions that were originally planned and reasons:

Action:

Reason:

Action:

Reason:

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: Alastair.Low@nhs.scot