

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## CENTRE FOR CLINICAL PRACTICE

### QUALITY STANDARDS PROGRAMME

**Quality standard topic:** Drug use disorders

**Output:** Equality analysis form – Topic Expert Group two

#### Introduction

As outlined in the [Quality Standards Programme interim process guide](#) (available from [www.nice.org.uk](http://www.nice.org.uk)), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic Expert Group meeting one - Scoping
- Topic Expert Group meeting two – creation of draft quality standard
- Topic Expert Group meeting three – creation of final quality standard.

**Table 1**

<b>Protected characteristics</b>
<b>Age</b>
<b>Disability</b>
<b>Gender reassignment</b>
<b>Pregnancy and maternity</b>
<b>Race</b>
<b>Religion or belief</b>
<b>Sex</b>
<b>Sexual orientation</b>
<b>Other characteristics</b>
<p><b>Socio-economic status</b></p> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas or inequalities or variations associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</p>
<p><b>Other categories</b></p> <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:</p> <ul style="list-style-type: none"> <li>• Refugees and asylum seekers</li> <li>• Migrant workers</li> <li>• Looked after children</li> <li>• Homeless people.</li> </ul>

## Quality standards equality analysis

### Stage: Topic Expert Group two

#### Topic: Drug use disorders

**1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?**

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

Several groups were identified who have specific treatment requirements:

- Prison population – may be less likely to receive appropriate treatment than people in the community
- Pregnant women – specific treatment needs requiring integrated working between services
- Homeless drug users – without a permanent address are not able to access primary care services
- Aging population of people in treatment – have co-morbidities which also need to be treated

Statements on the prison population, pregnant women and access to healthcare have been developed to address these issues.

**2. Have relevant bodies and stakeholders with an interest in equality been consulted?**

- Have comments highlighting potential for discrimination or advancing equality been considered?

To gain multiple perspectives from all stages of drug use disorders, representation within the Topic Expert Group was sought from a variety of audiences including psychologists, psychiatrists, consultant pharmacist, nurse, lay members, GP, NTA and the voluntary provider sector representatives.

**3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?**

- Are the reasons for justifying any exclusion legitimate?

The quality standard does not cover children and young people (younger than 18 years). This is appropriate due to a combination of the guidelines used to develop the quality standard not covering children and the differences in service configuration between adult services and children and young people services.

Adults whose primary drugs of misuse is benzodiazepines, adults who have a primary diagnosis of alcohol misuse and adults who have a dual diagnosis where the primary diagnosis is a severe mental health disorder. The TEG considered that these conditions would be best addressed separately. A quality standard on alcohol dependence and harmful alcohol use has already been published.

It is not expected that these exclusions discriminate against any particular equality group(s).

No further exclusions exist at this stage.

**4. Do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?**

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not prevent any specific groups from accessing services.

**5. Does the quality standard advance equality?**

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

We believe these quality statements promote equality.

The quality standard will clearly state that good communication between health and social care professionals and people who misuse drugs is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People who misuse drugs should have access to an interpreter or advocate if needed. This is reiterated in draft statement 4 on assessment, draft statement 7 on information and advice and is also applicable for the families and carers of people who misuse drugs in draft statement 2.

A number of specific groups of injecting drug users were identified that may require special consideration. These groups including homeless people and women should be the focus of targeted needle and syringe exchange services. Draft statement 3 clearly states these groups should be taken into consideration.

It was suggested that all interventions delivered need to be tailored to the individual. Draft statements 8, 9, 10 and 11, all ensure the appropriate intervention or support is

delivered.