

Equality Impact Assessment: Screening Tool

When contemplating a new project, the planning process should take account of intended and unintended impacts on people protected by equalities legislation and on all disadvantaged groups.

For the purposes of Equality Impact Assessment, the term project includes:

- New policies and services
- Significant changes to existing policies or services
- Advice to, or collaborations with, partner organisations.

Services and amenities should be targeted according to need so that people who are most disadvantaged are prioritised and protected from negative health impacts.

Equality Impact Assessment includes the following:

Race	Religion/belief
Gender	Marriage and civil partnership
Disability	Pregnancy and maternity
Gender reassignment	Socio-economic disadvantage
Sexual orientation	Welsh language
Age	

Undertaking an Equality Impact Assessment **at an early stage of the planning process** and with involvement of the relevant groups ensures that equity issues are addressed. Identification of negative impacts, especially where no mitigation is planned, indicates the need to find a better way forward. This can be done by adjustments to the project or, if necessary, by means of a more detailed impact assessment.

Guidance notes are available to assist in completion of this Equality Impact Assessment screening tool.

Title of Project	Substance Misuse (Drugs and Alcohol) Policy
Date of Assessment	20 October 2021
Completing Officer	Ruth Tofton, People and OD Advisor
Whose needs will the project address? (e.g. whole administrative area, specified population group)	Policy applies to all staff in the organisation
What is the project designed to achieve?	<p>This policy is designed to help protect workers from the dangers of drug and other substance misuse and to encourage those with a drugs problem to seek help.</p> <p>It also seeks to highlight the potential dangers to the health and safety of drinkers and drug misusers and their colleagues if an alcohol/drugs problem is untreated, and the importance of early identification and treatment of an alcohol problem.</p> <p>An alcohol or drugs problem may be an illness to be treated in the same way as any other illness.</p>
Will people whom the project could potentially benefit be subject to access problems? Please consider matters such as location, gender of practitioner, medium of language?	<p>No access problems identified.</p> <p>The policy aims to support staff irrespective of their language and is available in both English and Welsh.</p>

Please consider the following population groups and describe the project's potential impacts.

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Race (consider ethnic group, language difficulties, health beliefs, etc.)	The policy has a positive impact in that it offers the same levels of support regardless of race.	Mitigation:	Opportunities:
<p>Factors emerging from consulting this group:*</p> <p>Evidence exists to indicate that substance use and misuse levels vary between different ethnic groups. The UK Drug Policy Commission (UKDPC) states that in general, drug use is lower among ethnic minority groups than in the white population. Reported drug use prevalence is highest among those from mixed ethnic backgrounds, however when the younger average age of this group is taken into account, their drug use levels are similar to those in the White population. Lowest overall levels of drug use are reported by people from Asian backgrounds. Men are more likely than women to use any illicit drugs in many ethnic groups, particularly among Asian, White and Chinese/other groups. Black and mixed race men and women have similar levels of use.</p> <p>80% of our staff have indicated their ethnic group; of this proportion, 76% are White, and the remainder are Mixed - Any other mixed background 0.2%, Asian or Asian British – Indian 0.8%, Asian or Asian British – Pakistani 0.5%, Asian or Asian British – Bangladeshi 0.2%, Asian or Asian British - Any other Asian background 0.4%, Asian Tamil 0.1, Black or Black British – Caribbean 0.1, Black or Black British – African 0.5% , Chinese 0.2%, Any Other Ethnic Group 0.3% and Japanese 0.1.</p> <p>A range of EQIAs, undertaken by other organisations found that their policies did not affect one group less or more favourably than another on the basis of race or ethnic origin.</p>			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Gender	The policy has a positive impact in that it offers the same levels of support regardless of gender.	Mitigation:	Opportunities:
<p>Factors emerging from consulting this group:*</p> <p>There is widespread evidence in Wales that adults in Wales drink in excess of the daily recommended units of alcohol. The Welsh Health Survey 2015: Health-related Lifestyle reported that 40% of adults in Wales were drinking above the recommended guidelines on at least one day of the last week of the survey date. 24% reported binge drinking – however, people did not necessarily drink at these levels regularly. Recommendations on sensible drinking in place during the time of the survey are 4 units for men and 3 units for women.</p> <p>Overall, men were more likely than women to report drinking above the recommended guidelines on at least one day in the past week (45% of men, compared to 34% of women).</p> <p>The gender breakdown of the organization is approximately 78% female and 22% male.</p>			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Disability: physical, mental and sensory (consider access, communication etc)	The policy has a positive impact in that it offers the same levels of support regardless of disability.	Mitigation:	Opportunities:
Factors emerging from consulting this group:*			
<p>There is a lack of evidence concerning drug misuse in the disabled, however, people with learning disabilities are less likely to misuse substances. Evidence does exist that use of alcohol is more common than substance misuse.</p> <p>3% of our staff have indicated that they have a disability, but this information is not known for 36% of staff.</p>			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Gender Re-assignment	The policy has a positive impact in that it offers the same levels of support regardless of gender reassignment.	Mitigation:	Opportunities:
Factors emerging from consulting this group:*			
<p>Some research indicates that transgender people experience lower self-esteem and higher rates of mental health problems and these have an impact on health behaviours, including higher reported rates of smoking, alcohol and drug use.</p> <p>We do not currently hold data on staff who have undergone or are undergoing gender reassignment.</p>			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Sexual orientation (consider access to services, issues of prejudice, etc)	The policy has a positive impact in that it offers the same levels of support regardless of sexual orientation.	Mitigation:	Opportunities:
<p>Factors emerging from consulting this group:*</p> <p>The NHS Choices website indicates that lesbian and bisexual women tend to drink more and have more binge-drinking sessions than heterosexual women. Gay and bisexual men don't appear to drink any more than heterosexual men.</p> <p>Of the 70% of our staff who have disclosed this information, 68% indicated they are heterosexual, 0.60% bisexual and 1.4% lesbian and gay.</p>			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Age: young people, older people, physical and/or mental frailty.	The policy has a positive impact in that it offers the same levels of support regardless of age	Mitigation:	Opportunities:
<p>Factors emerging from consulting this group:*</p> <p>The National Survey for Wales 2019-20: Population Health – Lifestyle reported that 19% of adults drank more than the weekly guideline this was more common in the ages 45+. Men were twice as likely to drink above the average weekly guideline.</p> <p>Table below indicates current age profile of our staff is:</p>			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Religion or Belief (consider belief or non-belief, culture traditional way of life etc)	The policy has a positive impact in that it offers the same levels of support regardless of religion, belief or non-belief.	Mitigation:	Opportunities:
Factors emerging from consulting this group:*			
65% of employees who disclosed their religion, 39% Christian, 1% Islam, 0.2 % Buddhism, 0.3% Hinduism, 16% Atheist.			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Marriage and civil partnership	The policy has a positive impact as it offers the same levels of support regardless of marriage/civil partnership status.	Mitigation:	Opportunities:
Factors emerging from consulting this group:*			
According to the Health and Social Care Information Centre, single adults were more likely to have taken drugs during 2012-13 than any other marital status (15.3% in single adults compared to 8.7% of co-habiting adults and 3.1% of married adults).			

Other evidence has found that married women generally drink more heavily than single women, widows or divorcees, while men who are happily married drink less than their bachelor friends and significantly less than divorced men. Previous studies have shown that, overall, married people tend to drink less than non-married people, suggesting that a more settled home life can promote good health, but previous research had not further separated married and non-married groups by gender.

Of the 93% of staff that have declared this information, 55% are married, 29% are single, 7% divorced, 0.8% in a civil partnership, 0.7% are legally separated and 0.9% are widowed.

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Pregnancy & Maternity	This policy applies equally regardless of pregnancy or maternity status.	Mitigation:	Opportunities:
Factors emerging from consulting this group:*			
The needs of the foetus/dependants should be taken into account when this policy is being used for staff who are pregnant, or have just given birth/have caring responsibilities.			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Socioeconomic disadvantage (consider low income, no car, poor housing, unemployment, homelessness etc)	The policy has a positive impact in that it offers the same levels of support regardless of socioeconomic status.	Mitigation:	Opportunities:
<p>Factors emerging from consulting this group:*</p> <p>According to the Health and Social Information Centre, there is a drug dependence relationship between drug dependence and household income i.e. the prevalence of drug dependence increased as household income decreased. Alcohol Concern reported that alcohol-related mortality rates were higher in the most disadvantaged socio-economic class than in less disadvantaged classes.</p> <p>We currently do not capture information relating to staff and their socioeconomic status.</p>			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Human Rights (consider rights to dignity, family life, etc)	This policy focuses on early intervention and proactive, supportive approach.	Mitigation:	Opportunities:
<p>Factors emerging from consulting this group:*</p>			

Protected Characteristic	Potential impact on Equality /Health Inequalities/Health Inequity		
	Positive	Negative	No Change
Welsh Language (ease of communication, preference for first language etc)		Mitigation:	Opportunities: The policy should be made available in Welsh for those who request it.
Factors emerging from consulting this group:*			

How will the impact of the project on groups covered by this Equality Impact Assessment be monitored?	Annual monitoring to be established to consider demographic of staff requiring support from the policy.
After what period will results be reported?	Annually
Who will be responsible for the monitoring and reporting?	Jane Rees, Health & Wellbeing Manager