

# Equality Impact Assessment

## Summary

<b>Name of Policy or practice</b>	Alcohol, Drugs and other Substance Misuse Policy
<b>New Policy or Revision</b>	Revised
<b>Policy Owner (role)</b>	Head of Human Resources
<b>Date Policy Owner Confirmed Completion</b>	June 2024
<b>Agreed Schedule Review Date</b>	June 2027

## Action Plan

This section is completed at the end of the Equality Impact Assessment. Due to the importance of embedding equality in SQA through our actions the Action Plan will be the focus and record of ongoing actions.

Explain how you will monitor and record the actual impact on equality groups, including how the evidence can be revisited to measure the actual impact.

Identified Actions	General Equality Duty	Owner	Date	Comment & Review
Recommended that data is collected and an analysis, by care experience, be performed of the 'lifecycle' of colleagues to identify any adverse trends and consider what support for initial introduction to SQA's culture and working practices, ongoing growth and performance is needed.	Advance equality of opportunity	People Analytics, Governance & Systems Manager	September 23	Continue to review, data currently available is not significant enough to make any analysis.

## Policy Aims

### What is the rationale for this policy or practice?

The stated aims of SQA's Alcohol, Drugs and other Substance Misuse Policy are:

- We recognise that the misuse of alcohol, drugs or other substances can have a serious impact to individuals and in the workplace and pose a serious health and safety risk. This policy aims to create an environment that encourages staff with an alcohol, drug, or other substance misuse problem to voluntarily seek help and not to conceal, deny or cover up the problem.
- This policy provides a confidential and supportive mechanism for colleagues to get support from line-managers to provide them with help with alcohol, drug, or other substance related performance issues from Occupational Health.
- This policy reflects our overall concern for staff health, safety, welfare, and wellbeing and complies with all relevant legislation. We are committed to promoting healthy lifestyle choices and options for all colleagues. We recognise that alcohol, drug, and other substance misuse is a widespread problem in society, and this policy details our approach to dealing with these issues compassionately, fairly, and consistently.

Please note that a total of 1 employee has been subjected to this policy in the last two years in SQA meaning that the identification of any local Equality related impacts is practically impossible on the grounds that a nominal sample size exists.

### What evidence is there to support the implementation or development of this policy or practice?

ACAS state that employers should have alcohol and drugs policies. They state that:

- Policies should be used to ensure problems are dealt with effectively and consistently.
- Under the misuse of drugs act drugs are classified according to their perceived danger.
- Employers have legal obligations under the Health and Safety at work Act 1974, The Transport and Works Act 1992 and The Misuse of Drugs Act 1971.
- Managers should be trained to deal with workers who seek help.

“Any alcohol or drugs policy should be used to ensure problems are dealt with effectively, and consistently and early on in the process. They should protect workers and encourage sufferers to seek help. An education programme for managers is particularly important: it could include details of signs to look for, how to deal with workers who seek help, and where expert advice and help may be obtained. Being able to direct your workers to help is an important step. This may help them to recognise the dangers of alcohol, drug and other substance misuse and encourage them to seek help. It may also persuade your management and staff that covering up for someone with a drugs problem is not in that person's long-term interests.”

The Equality Act 2010 (Disability) Regulations 2010 (SI 2010/2128) specifically provide that addiction to alcohol, nicotine or any other substance (except where the addiction originally resulted from the administration of medically prescribed drugs) is to be treated as not amounting to an impairment for the purposes of the Equality Act 2010. Alcohol addiction is not, therefore, covered by the Act. However, an employee may have a physical or mental impairment that does amount to a disability which was caused by or was the result of alcohol addiction.

The World Health Organisation state that in relation to factors that impact alcohol consumption and alcohol related harm: “Individual factors include age, gender, family circumstances and socio-economic status. Although there is no single risk factor that is dominant, the more vulnerabilities a person has, the more likely the person is to develop alcohol-related problems as a result of alcohol consumption. Poorer individuals experience greater health and social harms from alcohol consumption than more affluent individuals.” (WHO)

#### **What are the aims of this policy or practice?**

As previously stated, the aims of this policy are:

We recognise that the misuse of alcohol, drugs or other substances can have a serious impact to individuals and in the workplace and pose a serious health and safety risk. This policy aims to create an environment that encourages staff with an alcohol, drug, or other substance misuse problem to voluntarily seek help and not to conceal, deny or cover up the problem.

This policy provides a confidential and supportive mechanism for colleagues to get support from line-managers to provide them with help with alcohol, drug, or other substance related performance issues from Occupational Health.

This policy reflects our overall concern for staff health, safety, welfare, and wellbeing and complies with all relevant legislation. We are committed to promoting healthy lifestyle choices and options for all colleagues. We recognise that alcohol, drug, and other substance misuse is a widespread problem in society, and this policy details our approach to dealing with these issues compassionately, fairly, and consistently.

The policy itself is divided in two discrete sections:

**Policy Structure:**

1: Part A – Policy detail.

2: Part B – Procedures for SQA managers / employees to follow.

The following SQA policies are also related to the Alcohol, Drugs and other Substance Misuse Policy:

- Attendance Management
- Code of Conduct
- Discipline
- Improving Performance
- Redeployment
- Smoking & e-cigarettes

**How is the content of these aims relevant to equality groups?**

SQA acknowledges that people who share/do not share, certain Protected Characteristics may, on balance:

- Experience different performance outcomes – for example, older workers and disabled workers.
- Experience compound discrimination or intersectionality i.e. where a person has one or more characteristics and may be subjected to consequentially greater levels of disadvantage.
- Have greater difficulties following or complying with the written requirements of a workplace policy e.g. articulating a reason for issues/problems in writing, taking part in one-to-one meetings, following a reporting flowchart etc.
- Experience higher levels of anxiety in respect of formal meetings or feel less comfortable discussing their problems with people of the other sex.

The development, implementation and analysis of the effects of this policy are therefore highly relevant to people from all Equality groups as they may risk experiencing disproportionate impacts or outcomes.

It is important that SQA identifies and takes action to mitigate or remove any disadvantage identified which is the overall purpose of this Equality Impact Assessment.

## Evidence, Consultation and Engagement

### What stakeholders have you engaged with in the development of this policy or practice?

As this is an internal policy, SQA has asked for feedback from internal employee network groups in relation to equality impacts groups. These employee network groups include:

- ACE (Appreciate Culture and Ethnicity) Network.
- SQA Disability Network.
- SQA Rainbow Network.
- Women's Network.

### Evidence of Stakeholder Engagement:

**Evidence of all meeting minutes, actions and consultation undertaken with the PRG group** (including Equality considerations in respect of all policies, activities and functions) is detailed on a dedicated SQA shared resources site.

## What evidence about equality groups do you have to support this assessment?

Age

Table 1.1: Age

Age bracket	2019 no	2019 %	2020 no	2020 %	2021 no	2021 %	2022 no	2022 %	Variance no	Variance %
16–24	59	6.32%	50	5.27%	49	4.93%	36	3.47%	-23	-2.85%
25–29	65	6.97%	60	6.32%	73	7.35%	105	10.14%	40	3.17%
30–34	123	13.18%	109	11.49%	96	9.67%	95	9.17%	-28	-4.01%
35–39	131	14.04%	145	15.28%	146	14.70%	144	13.90%	13	-0.14%
40–44	129	13.83%	135	14.23%	146	14.70%	150	14.48%	21	0.65%
45–49	116	12.43%	105	11.06%	113	11.38%	124	11.97%	8	-0.46%
50–54	125	13.40%	141	14.86%	131	13.19%	126	12.16%	1	-1.24%
55–59	119	12.75%	117	12.33%	122	12.29%	122	11.78%	3	-0.98%
60–64	53	5.68%	72	7.59%	81	8.16%	102	9.85%	49	4.16%
65+	13	1.39%	15	1.58%	36	3.63%	32	3.09%	19	1.70%
Total	933	100.00%	949	100.00%	993	100.00%	1036	100.00%	103	11.04%

Table 1.1 shows the age profile of the organisation from 2019 to 2022

Source: SQA Workforce Equality Monitoring Report 2021-23

[Equalities: SQA workforce monitoring report 2021-23](#)

Disability

Table 3.1: Disability

Disability	2019 number	2019 %	2020 number	2020 %	2021 number	2021 %	2022 number	2022 %	Variance number	Variance %
No	417	44.69%	651	68.60%	683	68.78%	697	67.28%	280	22.59%
Not Specified	444	47.59%	152	16.02%	152	15.31%	184	17.76%	-260	-29.83%
Prefer not to say	21	2.25%	68	7.17%	76	7.65%	72	6.95%	51	4.70%
Yes	51	5.47%	78	8.22%	82	8.26%	83	8.01%	32	2.54%
Total	933	100.00%	949	100.00%	993	100.00%	1036	100.00%	103	0.00%

Source: SQA Workforce Equality Monitoring Report 2021-23

[Equalities: SQA workforce monitoring report 2021-23](#)

Table 3.1 shows the composition of the disability self-reporting categories for the period from 2019 to 2022.

Of those staff who have declared a disability, females made up 58.54% (2021) and 53.01% (2022) of the population, and males 41.46% (2021) and 46.99% (2022). Due to the low number of staff declaring a disability within SQA we are unable to publish further intersectional data in relation to disability and other protected characteristics.

**Race**

**Table 7.1: Race**

Ethnicity	2019 number	2019%	2020 number	2020%	2021 number	2021%	2022 number	2022%
African, Scottish African or British African	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	<5	<0.48%
Asian, Scottish Asian or British Asian	13	1.39%	20	2.11%	24	2.42%	25	2.41%
Caribbean or Black	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Mixed or multiple ethnic group	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Not specified	383	41.05%	123	12.96%	101	10.17%	122	11.78%
Other ethnic group	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Prefer not to say	10	1.07%	33	3.48%	34	3.42%	30	2.90%
White	523	56.06%	763	80.40%	825	83.08%	849	81.95%

Source: SQA Workforce Equality Monitoring Report 2021-23

[Equalities: SQA workforce monitoring report 2021-23](#)

Table 7.1 shows the ethnic minority background of staff within the organisation for the period from 2019 to 2022

Just under 3.50% staff declared they were from an ethnic minority background in both 2021 (3.32%) and 2022 (3.38%). However, it is encouraging to note that the percentage of staff declaring they are from an ethnic minority background has increased overall by 3.97% between 2019 and 2022. The percentage of staff within each ethnic minority category has remained relatively stable over the last three years.



## Religion or Belief

**Table 8.1: Religion or belief**

Religion or belief	2019 number	2019%	2020 number	2020%	2021 number	2021%	2022 number	2022%
Another religion or body	< 5	< 0.54%	< 5	< 0.53%	6	0.60%	6	0.58%
Buddhist	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Church of Scotland	91	9.75%	122	12.86%	127	12.79%	125	12.07%
Hindu	< 5	< 0.54%	< 5	< 0.53%	7	0.70%	8	0.77%
Jewish	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
Muslim	7	0.75%	11	1.16%	10	1.01%	11	1.06%
None	286	30.65%	421	44.36%	462	46.53%	489	47.20%
Not specified	405	43.41%	126	13.28%	102	10.27%	123	11.87%
Other Christian	26	2.79%	43	4.53%	44	4.43%	44	4.25%
Prefer not to say	35	3.75%	98	10.33%	103	10.37%	103	9.94%
Roman Catholic	76	8.15%	118	12.43%	129	12.99%	123	11.87%
Sikh	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%

Table 8.1 shows the religion, belief or non-belief status of staff within the organisation for the period from 2019 to 2022.

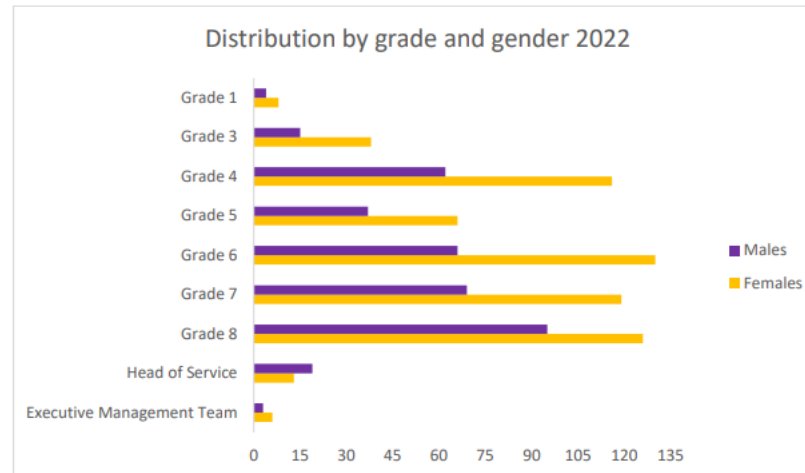
Source: SQA Workforce Equality Monitoring Report 2021-23

[Equalities: SQA workforce monitoring report 2021-23](#)

## Sex

### Gender

#### Distribution by grade and gender of SQA grade 1 – EMT



Source: SQA Summary of Equal Pay Audit 2023

[Scottish Qualifications Authority \(sqa.org.uk\)](https://www.sqa.org.uk/)

The majority of the 2.9 million lone-parent families in 2022 were headed by a lone mother (2.5 million, 84%)

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2022>

59% of unpaid carers are women (Census 2021). Women are more likely to become carers and to provide more hours of unpaid care than men. More women than men provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022)

Source: Carers UK

There are 1.25 million sandwich carers in the UK. These are people caring for an older relative as well as bringing up a family. 68% (850,743) are women.

Source: <https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/breaking-point-report/>

Sexual Orientation	Table 10.1: Sexual orientation								
	Sexual Orientation	2019 number	2019%	2020 number	2020%	2021 number	2021%	2022 number	2022%
	Bisexual	9	0.96%	12	1.26%	15	1.51%	16	1.54%
	Gay man	13	1.39%	20	2.11%	21	2.11%	23	2.22%
	Gay woman / lesbian	9	0.96%	10	1.05%	12	1.21%	12	1.16%
	Heterosexual / straight	431	46.20%	670	70.60%	700	70.49%	702	67.76%
	In another way	< 5	< 0.54%	< 5	< 0.53%	< 5	< 0.50%	< 5	< 0.48%
	Not specified	< 5	< 0.54%	< 5	< 0.53%	156	15.71%	189	18.24%
	Not sure	26	2.79%	76	8.01%	< 5	< 0.50%	< 5	< 0.48%
	Prefer not to say	443	47.48%	158	16.65%	84	8.46%	88	8.49%
<hr/>									
Table 10.1 shows the composition of staff sexual orientation within the organisation for the period 2019 to 2022.									
Source: SQA Workforce Equality Monitoring Report 2021-23									
<a href="#">Equalities: SQA workforce monitoring report 2021-23</a>									
Gender Re-assignment (Gender identity and transgender)	Due to the low number of staff reporting as transgender or describing their gender identity ‘in another way’, we are unable to publish further data in relation to gender reassignment or gender identity. This data is, however, monitored internally.								

## Marriage/Civil Partnership

**Table 5.1: Relationship status**

Relationship status	2019 number	2019 %	2020 number	2020 %	2021 number	2021 %	2022 number	2022 %
Civil Partnership	7	0.75%	7	0.74%	8	0.81%	9	0.87%
Co-habiting/in a relationship	80	8.57%	112	11.80%	122	12.29%	122	11.78%
Divorced/Dissolved Civil Partnership	14	1.50%	16	1.69%	17	1.71%	19	1.83%
Married	265	28.40%	370	38.99%	425	42.80%	416	40.15%
Married/Civil Partnership	8	0.86%	12	1.26%	14	1.41%	16	1.54%
Not Specified	407	43.62%	179	18.86%	102	10.27%	127	12.26%
Other	< 5	< 0.54%	< 5	< 0.53%	7	0.70%	9	0.87%
Prefer not to say	18	1.93%	49	5.16%	55	5.54%	59	5.69%
Separated	6	0.64%	12	1.26%	12	1.21%	13	1.25%
Single	122	13.08%	183	19.28%	224	22.56%	239	23.07%
Widowed/surviving partner from Civil Partnership	< 5	< 0.54%	6	0.63%	7	0.70%	7	0.68%

Table 5.1 shows the marriage and civil partnership status of staff within the organisation for the period from 2019 to 2022.

Source: SQA Workforce Equality Monitoring Report 2021-23

[Equalities: SQA workforce monitoring report 2021-23](#)

## Pregnancy / Maternity

**Table 6.1: Pregnancy and maternity**

Pregnancy and maternity	2019 number	2019 %	2020 number	2020 %	2021 number	2021 %	2022 number	2022 %
Contract ended as planned					1	3.33%		0.00%
Due to return to work					0	0.00%	11	40.00%
Resigned					0	0.00%	1	4.00%
Returned to work	20	100.00%	10	100.00%	29	96.67%	14	56.00%
Total	20	100.00%	10	100.00%	30	100.00%	26	100.00%

	<p>Table 6.1 details the number of staff who have taken maternity leave, whether they are still on maternity leave (due to return to work), have returned to work following maternity leave, resigned following maternity leave, or their fixed-term contract ended (contract ended as planned).</p> <p>Source: SQA Workforce Equality Monitoring Report 2021-23  <a href="#">Equalities: SQA workforce monitoring report 2021-23</a></p>
<b>Care experience (where relevant)</b>	SQA does not currently collect Care Experience data.

## Impact and Opportunities for Action

The impact that a policy or practice has on an equality group may be different and this requires to be recorded. The impact may not always be negative. Actions are taken to address any differential impact, and include actions to mitigate against any negative impact, to advance equality and to foster good relations between groups.

Each section contains questions for each equality group. These questions are here to support consideration; however, you can provide further detail. Focus initially on the equality groups that would be affected by this policy. If you do not consider that certain equality groups would be affected by this policy, you may leave these sections.

Protected Characteristic	General Equality Duty
Age	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p><u>Equality Risks:</u></p> <p>Use of this policy is very low in SQA, and identification of equality related trends is therefore currently not possible.</p> <p>There is national evidence available indicating that people of certain ages are more likely to be addicted to or use certain substances or be more severely impacted by alcohol, drug or substance dependency (Please see overleaf).</p> <p>However, the application of this policy in SQA is wholly irrespective of an employee's Age and is justified as part of SQA's legal obligations under the <i>Health and Safety at Work Act 1974</i>, <i>The Transport and Works Act 1992</i> and <i>The Misuse of Drugs Act 1971</i>. (All being ultimately criminal and not civil legislation).</p> <p>As previously stated, this policy is intended to provide "a confidential and supportive mechanism for colleagues to get support from line-managers to provide them with help for alcohol, drug, or other substance related performance issues from Occupational Health." The overall impact of the policy is intended to be positive for anyone who needs to access it regardless of their age.</p> <p>Finally, there is no available evidence to indicate that the policy itself and its subsequent application, could unfairly discriminate (directly or indirectly) on employees of different Ages. The evidence shows there is a difference in</p>

‘misuse’ patterns by Age and this policy is specifically intended to apply to everyone regardless of Age.

### Conclusion: Probable positive impact

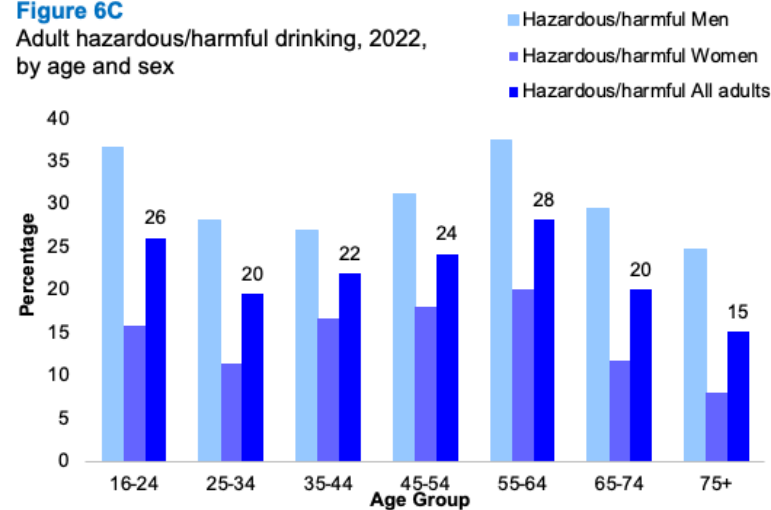
#### National Evidence:

Alcohol consumption does, statistically, vary with age.

The [Scottish Health Survey 2022](#) reported that hazardous or harmful drinking levels ranged between 15% of those aged 75 and over to 28% among those aged 55-64.

**Figure 6C**

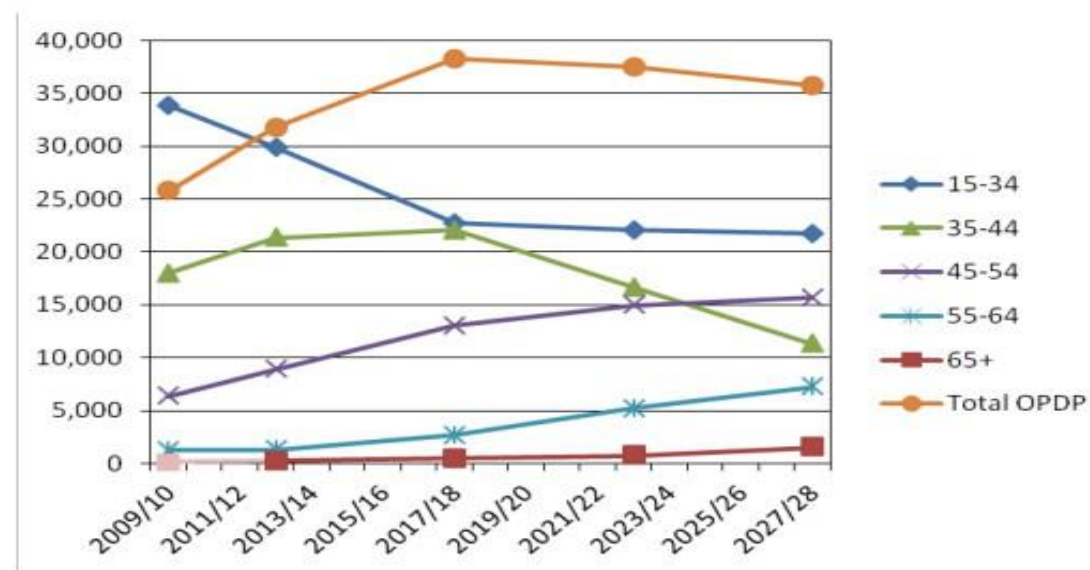
Adult hazardous/harmful drinking, 2022,  
by age and sex



The table above illustrates hazardous/harmful drinking statistics for 2022 by age and sex.

Drug related problems also vary with age as this data relating to Older People with Drug Problems (OPDP) in Scotland shows (Source – Scottish Drugs Forum).

**Figure 1: OPDP population estimates/projections (both sexes, 2009/10 - 2027/28)**



**Source: ISD (2016 & OPDP population projections with 20% non-replace rate)**

The table above illustrates OPDP population estimates/projections both sexes 2009/10 – 2027/28)

#### Advance equality of opportunity

This policy is intended to be beneficial to those with alcohol, drugs and substance misuse issues, regardless of age. As stated above, this policy “provides a confidential and supportive mechanism for colleagues to get support from line- managers to provide them with help for alcohol, drug, or other substance related performance issues from Occupational Health”. It also “details our approach to dealing with these issues compassionately, fairly, and consistently”.

The policy provides access to its benefits regardless of their age. It also crucially protects SQA and its requirement to adhere to the *Health and Safety at Work Act 1974* and the *Misuse of Drugs Act 1971*.



	Foster good relations
	There is no evidence that this policy fosters good relations with colleagues on the basis of age. No further recommendations are made in respect of this at this stage.
Protected Characteristic Disability	General Equality Duty
	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	<p><u>Equality Risks:</u></p> <p>There is national evidence available indicating that people with disabilities may be at a greater risk of addiction or dependency to certain substances. (Please see overleaf.)</p> <p>However, the application of this policy in SQA is wholly irrespective of an employee's <i>Disability</i> status and is ultimately justified as part of SQA's legal obligations under the <i>Health and Safety at Work Act 1974</i>, <i>The Transport and Works Act 1992</i> and <i>The Misuse of Drugs Act 1971</i>.</p> <p>As previously referenced, the policy makes it clear that addiction or dependency on any substance is largely exempt from the Equality Act 2010. An extract from the act states:</p> <p><i>The Equality Act 2010 (Disability) Regulations 2010 (SI 2010/2128) specifically provide that addiction to alcohol, nicotine or any other substance (except where the addiction originally resulted from the administration of medically prescribed drugs) is to be treated as not amounting to an impairment for the purposes of the Equality Act 2010. Alcohol addiction is not, therefore, covered by the Act.</i></p> <p>However, an employee may have a physical or mental impairment that does amount to a disability which was caused by or was the result of alcohol addiction.</p> <p>There is no available evidence to indicate that the policy itself and its subsequent application, could unfairly discriminate (directly or indirectly) on employees on the grounds of their <i>Disability</i>.</p> <p><b>Conclusion: Probable neutral impact</b></p>

### National Evidence:

The World Health Organisation state that in relation to factors that impact alcohol consumption and alcohol related harm: "Individual factors include age, gender, family circumstances and socio-economic status. Although there is no single risk factor that is dominant, the more vulnerabilities a person has, the more likely the person is to develop alcohol-related problems as a result of alcohol consumption. Poorer individuals experience greater health and social harms from alcohol consumption than more affluent individuals." (WHO)

The UK Drug Policy Commission highlighted in their Policy Briefing: "Drugs and Diversity: Disabled People" (2010) that:

*"It should be noted from the outset that people with disability are not a homogeneous group and there will be as wide a range of needs and experiences within the group as will be found in any other population."*

The [UK Drug Policy Commission](#) also state that factors that may increase drug use risk among disabled people included isolation, exclusion, social pressure, mental health problems, poverty, communication difficulties and self-medication. The Commission also conclude throughout their briefing that more information and analysis is needed to draw meaningful conclusions.

### Advance equality of opportunity

The policy is intended to be supportive (while also meeting SQA's legal obligations) for any colleague who needs to access it.

The policy should have a positive impact on a disabled colleague who needs support to deal with an alcohol, drug or substance misuse issue.

### Foster good relations

There is no evidence that this policy fosters good relations with those with a disability protected characteristic, although it is positive and supportive for all. There is no evidence that those with a disability are more likely to need to access this policy in SQA.

Outcomes of the policy should continue to be monitored for any trends that suggest employees may be disadvantaged directly or indirectly as a result of their disability.

Protected Characteristic	General Equality Duty
Race	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p><u>Equality Risks:</u></p> <p>There is national evidence that people of different ethnicities may be at a greater risk of addiction or dependency to certain substances and <i>Race</i> appears to be a relevant factor impacting on alcohol use in Scotland (please see overleaf).</p> <p>However, and as largely previously stated, the application of this policy in SQA is wholly irrespective of an employee's <i>Ethnicity, Nationality or Citizenship</i> and is ultimately justified as part of SQA's legal obligations under the <i>Health and Safety at Work Act 1974, The Transport and Works Act 1992</i> and <i>The Misuse of Drugs Act 1971</i>.</p> <p>There is also no available evidence to indicate that the policy itself and its subsequent application, could unfairly discriminate (directly or indirectly) on employees on the grounds of their <i>Race/ Ethnicity</i>.</p> <p><b>Conclusion: Probable positive impact</b></p> <p><u>National Evidence:</u></p> <p><u><a href="#">Scottish Health Survey 2012:</a></u></p> <ul style="list-style-type: none"> <li>• Pakistani, Chinese, Other Asian, and African, Caribbean or Black respondents were all significantly less likely to drink at hazardous or harmful levels than the national average.</li> </ul> <p>Advance equality of opportunity</p> <p>All SQA employees regardless of <i>Race</i> are entitled to use, access and be subjected to the Alcohol, Drugs and other Substance Misuse Policy.</p>

	<p>There is no internal evidence to indicate that this policy affects employees differently or less favourably, on the grounds of their <i>Race</i> or <i>Ethnicity</i>.</p> <p>The policy should have a positive impact on any SQA colleague who needs support to deal with an alcohol, drug or substance misuse issue, and given that race seems to be a factor linked to Scottish alcohol use, it should help to advance equality of opportunity.</p>
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different Race or Ethnicity. No further recommendations are made in respect of this at this stage.
<b>Protected Characteristic</b>	<b>General Equality Duty</b>
<b>Religion or Belief</b>	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p><u>Equality Risks:</u></p> <p>We acknowledge that colleagues who belong to different religious groups may have different attitudes to alcohol consumption meaning this policy may impact colleagues differently based on religion or belief. However, we make no recommendations in respect of this policy to accommodate people who consume less or no alcohol.</p> <p>Conversely, the <a href="#">Scottish National Health Survey</a> in 2012 found that people who belonged to no religious group were most likely to drink excessively whilst Muslims, Hindus and Buddhists were the least likely religious groups to drink at hazardous or harmful levels.</p> <p>While colleagues of different religions / beliefs may be more likely to be impacted by alcohol / drug or substance dependency issues, the application of policy, regardless of religion or belief, is ultimately capable of being justified as part of SQA's legal obligations under the <i>Health and Safety at Work Act 1974</i>, <i>The Transport and Works Act 1992</i> and <i>The Misuse of Drugs Act 1971</i>.</p> <p><b>Conclusion: Probable neutral impact</b></p>
	Advance equality of opportunity

	<p>All SQA employees from all <i>Religions / Beliefs</i> are entitled to use, access and be subjected to <i>the</i> Alcohol, Drugs and other Substance Misuse Policy</p> <p>There is no empirical evidence to indicate that this policy affects employees differently or less favourably, on the grounds of their <i>Religion</i> or <i>Philosophical Belief System</i>.</p> <p>Application of the policy equally to all colleagues is justified to meet SQA's legal obligations, and it leaves it open and accessible to all colleagues to utilise it when necessary.</p>
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different religions or beliefs. No further recommendations are made in respect of this at this stage.
<b>Protected Characteristic</b>	<b>General Equality Duty</b>
<b>Sex</b>	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p><u>Equality Risks:</u></p> <p>National evidence indicates a link between alcohol abuse and <i>Sex/Gender</i> in Scotland.</p> <p>For example, the <a href="#">Scottish Health Survey 2022</a> concluded that men were more likely than women to drink at hazardous or harmful levels and to exceed the daily recommended alcohol units.</p> <p>The Scottish Government also record that males are also more likely to have problem drug use.</p> <p>The <a href="#">Scottish Health Survey 2021</a> reported that 4% of men had a problem with drugs in 2021 compared to 2% of women.</p> <p>While colleagues of different Sexes may be more likely to be impacted by alcohol/drug or substance dependency issues, the application of policy, regardless of Sex, is ultimately capable of being justified as part of SQA's legal obligations under the <i>Health and Safety at Work Act 1974</i>, <i>The Transport and Works Act 1992</i> and <i>The Misuse of</i></p>

	<p><i>Drugs Act 1971.</i></p> <p><b>Conclusion: Probable positive impact</b></p>
	Advance equality of opportunity
	<p>All SQA employees are entitled to use, access and be subjected to <i>the</i> Alcohol, Drugs and other Substance Misuse Policy</p> <p>Due to very small use of the policy, it is not possible to conclude if this policy does effectively advance equality of opportunity between Men and Women.</p> <p>If SQA reflects Scottish national data and men are more likely to have problematic alcohol and/or drug use, then this policy will assist them in the workplace as well as assisting SQA to meet its legal obligations. Therefore, the policy should have a positive impact on any SQA colleague who needs support to deal with an alcohol, drug or substance misuse issue, and given that Sex seems to be a factor linked to Scottish alcohol use, it should help to advance equality of opportunity.</p>
	Foster good relations
	<p>There is no evidence to indicate that this policy currently fosters good relations between employees of different sexes. No further recommendations are made at this stage.</p>
<b>Protected Characteristic</b>	<b>General Equality Duty</b>
<b>Sexual Orientation</b>	<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010</p> <p>Equality Risks:</p> <p>There is national evidence available (please see overleaf) indicating that <i>Sexual Orientation</i> may be linked to problematic alcohol abuse in Scotland.</p> <p>Regardless of the evidence shown overleaf, the application of this policy in SQA is wholly irrespective of an employee's <i>Sexual Orientation</i> and is ultimately justified as part of SQA's legal obligations under the <i>Health and Safety at Work Act 1974</i>, <i>The Transport and Works Act 1992</i> and <i>The Misuse of Drugs Act 1971</i>.</p> <p><b>Conclusion: Probable positive impact</b></p>

National Evidence:

Sexual orientation may be linked to problematic alcohol use in Scotland. [Scottish Health Survey 2012](#) reported that; *“Respondents who identified themselves as lesbian or gay were significantly more likely to drink at hazardous or harmful levels than the national average”*.

[Alcohol Focus Scotland](#) state that; *“whilst a majority of LGBTQI+ people do not use alcohol in a harmful way, they are more likely to drink alcohol and to drink at harmful levels than the rest of the population for a variety of understandable reasons”*.

Stonewall found in their 2018 LGBT in [Britain Health Report](#) that drug use was higher for LGBT people.

They found:

According to the Home Office around one in 25 (four per cent) adults in general aged 16 to 59 had taken a drug in the last month, while around one in 11 (nine per cent) young adults aged 16 to 24 had done so.

One in eight LGBT people aged 18-24 (13 per cent) take drugs at least once a month. LGBT people who take drugs at least once a month:

Age	LGBT people who take drugs at least once a month
Aged 18-24	13%
Aged 25-34	9%
Aged 35-44	9%
Aged 45-54	5%
Aged 55-64	4%
Aged 65+	1%

The Alcohol, Drugs and Substance Misuse policy is accessible and supports all SQA colleagues as necessary regardless of sexual orientation.

Advance equality of opportunity

All SQA employees are entitled to use, access and be subjected to the Alcohol, Drugs and other Substance Misuse

	<p>Policy and there is no evidence to indicate that this policy does or could affect employees differently or less favourably, on the grounds of their <i>Sexual Orientation</i>.</p> <p>Due to very small use of the policy, it is not possible to conclude if this policy does effectively advance equality of opportunity between colleagues based on sexual orientation. However, if SQA reflects Scottish national data and those who identified themselves as lesbian or gay are more likely to drink at hazardous or harmful levels are more likely to have problematic alcohol/drug use, then this policy should help to advance equality of opportunity as well as assisting SQA to meet its legal obligations.</p>
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different sexual orientation.
<b>Protected Characteristic</b>	<b>General Equality Duty</b>
<b>Gender Re-assignment (Gender identity and transgender)</b>	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	<p>An environment scan relating to alcohol use based on gender identity suggests that UK based research is lacking.</p> <p><a href="https://www.drinkaware.co.uk/news/guest-blog-alcohol-harm-in-trans-and-non-binary-communities">https://www.drinkaware.co.uk/news/guest-blog-alcohol-harm-in-trans-and-non-binary-communities</a></p> <p>An environment scan relating to drug/substance use also suggests that UK research is also lacking.</p> <p>While colleagues of different Gender Identities or LGBTQ status may be more likely to be impacted by alcohol/drug or substance dependency issues, the application of this policy, regardless of Gender Identity or LGBTQ+ status is ultimately capable of being justified as part of SQA's legal obligations under the <i>Health and Safety at Work Act 1974</i>, <i>The Transport and Works Act 1992</i> and <i>The Misuse of Drugs Act 1971</i>.</p> <p><b>Conclusion: Probable neutral impact</b></p>
	Advance equality of opportunity
	Whilst, with the exception of <i>Gender Reassignment</i> , there is currently no legal obligation placed on SQA to provide



	<p>Equality of Opportunity to people who identify as different Genders, it is a very relevant modern consideration – particularly in academic environments such as schools, colleges and universities. (Once again, highly relevant to SQA). SQA have introduced a <i>Gender Identity and Transitioning at Work</i> Policy to support the inclusion of trans and non-binary people within SQA and advance their equality of opportunity.</p> <p>All SQA employees are entitled to use, access and be subjected to the Alcohol, Drugs and other Substance Misuse Policy and there is no evidence to indicate that this policy does or could affect employees differently or less favourably, on the grounds of their <i>Gender Identity</i>.</p>
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between people of different Gender Identities or who are LGBTQ+.
<b>Protected Characteristic</b>	<b>General Equality Duty</b>
<b>Marriage/Civil Partnership</b>	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	<p>We conclude there is no evidence to suggest that this policy may impact directly/indirectly on people who are <i>Married</i> or in a <i>Civil Partnership</i> and therefore make no further recommendations in this area.</p> <p><b>Conclusion: Probable neutral impact</b></p>
	Advance equality of opportunity
	All SQA employees are entitled to use, access and be subjected to the Alcohol, Drugs and Substance Misuse Policy and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of their <i>Marital Status</i> .
	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees of different <i>Marital Status</i> .
	No further recommendations are made in respect of this in relation to this policy.

Protected Characteristic	General Equality Duty
Pregnancy / Maternity	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	<p>While alcohol consumption is likely to drop during pregnancy/maternity, research published in 2018 showed that 41% of women in the UK drank alcohol during their pregnancy. Among UK women who drink any alcohol when pregnant, an estimated 19% drink more than seven units of alcohol on one occasion which is defined as binge drinking.</p>
	<p><a href="http://theconversation.com">The problem of drinking in pregnancy – and what to do about it (theconversation.com)</a></p>
	<p>Illicit drug use amongst pregnant mothers in Scotland is very low, however does exist with 1% of pregnancies recording drug misuse in 2014/15 (<a href="#">Health Scotland, 2017</a>). However, the rate of maternity bookings at which drug misuse was recorded varies considerably across Scotland, with almost a five-fold difference between some health board areas.</p> <p>There is no evidence to suggest that this policy may impact disproportionately either directly/indirectly on people who are pregnant or on maternity and therefore make no further recommendations in this area.</p> <p>Also, as largely previously stated, the application of this policy in SQA is wholly irrespective of an employee's <i>Pregnancy or Maternity</i> status and is ultimately justified as part of SQA's legal obligations under the <i>Health and Safety at Work Act 1974</i>, <i>The Transport and Works Act 1992</i> and <i>The Misuse of Drugs Act 1971</i>.</p> <p><b>Conclusion: Probable positive impact</b></p>
	Advance equality of opportunity
	<p>All SQA employees are entitled to use, access and be subjected to the Alcohol, Drugs and other Substance Misuse Policy and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of Pregnancy/Maternity or that it is any more or less relevant to colleagues who are pregnant or on maternity leave.</p> <p>The policy is intended to be positive in its impact so if it is needed by a colleague who is pregnant or on maternity this should be of beneficial support to employees who are either pregnant or have had children recently.</p>

	Foster good relations
	There is no evidence to indicate that this policy currently fosters good relations between employees that are Pregnant or on Maternity. No recommendations are made in respect of this in relation to this policy.
<b>Considered by SQA</b>	<b>General Equality Duty</b>
<b>Care experience (where relevant)</b>	Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
	There is currently no research or evidence to suggest that <i>care experience</i> adults are at a higher risk of alcohol or drug misuse.  Whilst there is also no evidence to suggest that care experience colleagues are placed at a disadvantage compared to other colleagues (or vice versa), it is recommended that data is collected and an analysis, by care experience, be performed of the 'lifecycle' of colleagues to identify any adverse trends and consider what support for growth and performance is needed.  <b>Conclusion: Probable neutral impact</b>
	Advance equality of opportunity
	All SQA employees are entitled to use, access and be subjected to the Alcohol, Drugs and other Substance Misuse Policy and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of <i>Care Experience</i> . The absence of evidence should be rectified, if possible, by collection of data relating to care experience.
	Foster good relations
	No evidence identified.

#### Miscellaneous:

**Other impacts identified as part of this Equality Impact Assessment which generally have a positive impact on all SQA employees include:**

- A SQA employee assistance programme providing employees with confidential support and guidance 24 hours a day, 7 days a week.
- Trade union representatives who can provide members with advice, help and support relating to sickness absences

- Mental Health First Aiders who are available as a first point of contact in SQA.
- The *Able Futures* service who can be contacted for ongoing professional support for mental health and wellbeing.
- SQA's occupational health provider offers medical advice and support on staying healthy at work.
- Internally, SQA's Human Resources team can provide confidential support and advice to employees.
- SQA's Parent and Carers Network provides support to colleagues. This network aims to provide a safe and confidential space to allow parents and carers to support each other, share ideas, current challenges, knowledge and experiences.

**Additionally, SQA is committed to being a supportive and inclusive employer and is members of and/or accredited by various organisations these include:**

- Disability Confident Employer
- Hidden Disability Sunflower Scheme Member
- Employers Network for Equality & Inclusion Member
- Happy to Talk Flexible Working Employer
- Accreditation as a Scottish Living Wage Employer
- Business in the Community Race at Work Charter Signatory
- Stonewall Diversity Champion
- Dying to Work Charter Member