



Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Care) by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Orkney Alcohol and Drugs Partnership Strategy 2021-26.
Service / service area responsible.	Orkney Alcohol and Drugs Partnership (ADP).
Name of person carrying out the assessment and contact details.	Katie Spence, ADP Coordinator.
Date of assessment.	02 June 2021.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	New.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	To provide a strategic plan for Orkney Alcohol and Drugs Partnership for 5 years from 2021 – 2026.
State who is, or may be affected by this function / policy / plan, and how.	Individuals, families, the wider community who are affected by alcohol and drugs and practitioners and service providers who work within alcohol and drug services across Orkney.
Is the function / policy / plan strategically important?	It is important as it sets the strategic direction for Orkney Alcohol and Drugs Partnership for the next 5 years.
How have stakeholders been involved in the development of this function / policy / plan?	Two stakeholder engagement sessions have been held prior to the draft of the strategy being prepared which included service providers,

	<p>practitioners, people with lived / living experience and family members, ADP Commissioned Services, ADP Strategy and Wider Services Sub Group Members.</p> <p>A consultation of the draft Strategy ran from 1 August to 30 September with comments collated and actioned accordingly. The consultation included access via the ADP Website, Facebook page, Orkney Opinions and via various multi-agency groups in Orkney.</p> <p>Further consultation was undertaken with medical committees and young people in March 2021.</p>
<p>Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise.</p> <p>E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).</p>	<ul style="list-style-type: none"> • Rights, Respect and Recovery (Scottish Government: 2018). • The Alcohol Framework (Scottish Government: 2018). • Internal data relating to alcohol and drug treatment services. • Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women. • Public Health Priorities for Scotland. • Scottish Drug Deaths Taskforce: A Strategy to address the Stigmatisation of People and Communities affected by drug use. • Scottish Government – No One Left Behind. • Scottish Health Action on Alcohol Problems: Rural Matters. • Orkney Mental Health Strategy. • Orkney Strategic Plan. • Orkney Policing Plan.
<p>Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise.</p> <p>E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.</p>	<p>It is evidenced that people living in poverty are more likely to experience substance misuse or dependency issues in relation to alcohol and drugs.</p>
<p>Could the function / policy have a differential impact on any of the following equality strands?</p>	<p>No.</p>

<p>1. Race: this includes ethnic or national groups, colour and nationality.</p>	<p>No. Alcohol and Drug Treatment Services are available to all community members. This strategy seeks to strengthen access to communication and information relating to this service provision and will likely improve any differences experienced due to language barriers or cultural norms.</p>
<p>2. Sex: a man or a woman.</p>	<p>No. The strategy however recognises the gender variation in the impact of those accessing alcohol and drug treatment services in that men are less likely to engage with services. National data provides evidence that men are more likely to die from a drug related death than women.</p>
<p>3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p>	<p>No. National evidence however indicates that there are higher rates of people within the LGBTQ+ population using alcohol and / or drugs at problematic levels but less likely to access services for support. In turn suicide and poorer mental health experiences are more prevalent for those in the LGBTQ+ population.</p>
<p>4. Gender Reassignment: the process of transitioning from one gender to another.</p>	<p>No. National evidence indicates however that people who identify as transgender can experience stigma when it comes to accessing drug and alcohol treatment and support.</p>
<p>5. Pregnancy and maternity.</p>	<p>No. The strategy recognises the specific needs of women who are pregnant and need to access alcohol and drug treatment during pregnancy and after childbirth.</p>
<p>6. Age: people of different ages.</p>	<p>No. The strategy seeks to recognise the differences in experiences across all age sectors and the requirement for designated services to meet the needs of young people, adults and older adults.</p>
<p>7. Religion or beliefs or none (atheists).</p>	<p>No.</p>
<p>8. Caring responsibilities.</p>	<p>No. The strategy recognises that often those who are performing caring responsibilities for those affected by alcohol and drugs are not always recognised or face other factors including stigmatisation.</p>
<p>9. Care experienced.</p>	<p>No. National evidence suggests that care experienced people are more likely to consume alcohol and / or drugs at problematic levels than their comparators.</p>
<p>10. Marriage and Civil Partnerships.</p>	<p>No.</p>

<p>11. Disability: people with disabilities (whether registered or not).</p>	<p>No. The strategy recognises the differences in lived and living experience of alcohol and drug dependency for those with disabilities whether registered or not.</p> <p>National evidence indicates that people with an alcohol and / or drug dependency alongside a mental health condition (dual diagnosis) often experience more challenges in gaining diagnosis and treatment.</p> <p>Research suggests many people with alcohol and drug issues / dependency will have experienced trauma and / or Adverse Childhood Experiences.</p> <p>People with more mild learning disabilities who are most likely to misuse alcohol or drugs.</p> <p>Overall, the evidence indicates that people with learning disabilities are less likely to misuse substances than the general population. However, some people believe that when people with learning disabilities do drink alcohol, there's an increased risk that they will develop a problem with it.</p> <p>Research suggests that children with learning disabilities are more likely to experiment at an early age with potentially harmful levels of alcohol.</p>
<p>12. Socio-economic disadvantage.</p>	<p>No. Research indicates however that those experiencing socio-economic disadvantage are more like to experience issues and / or dependency to alcohol and / or drugs.</p>
<p>13. Isles-Proofing</p>	<p>No. Commissioning of alcohol and drug treatment services on the outer-isles of Orkney do not occur separately but all services commissioned are expected to be inclusive of the outer islands.</p> <p>The adoption of the use of digital health options such as Near Me enables improved service delivery and accessibility.</p> <p>There are no residential detoxification services available in Orkney and those needing these services are required to leave Orkney to access them in the Mainland.</p>

3. Impact Assessment

<p>Does the analysis above identify any differential impacts which need to be addressed?</p>	<p>No.</p>
<p>How could you minimise or remove any potential negative</p>	<p>N/A. The strategy seeks to address differential impacts of alcohol and / or drugs on those with</p>

impacts?	protected characteristics by aiming to provide a range and choice of alcohol and drug treatment and support services that are person-centred, strength-based, prevention and recovery orientated. Development to improve access to information and communication relating to alcohol and drug treatment provision will be inclusive and accessible for all community groups.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action

Is further work required?	Yes.
What action is to be taken?	Delivery plan to support implementation process.
Who will undertake it?	Alcohol and Drugs Partnership Co-ordinator. Alcohol and Drugs Partnership Chair. Alcohol and Drugs Partnership Strategy Group.
When will it be done?	The Delivery Plan will be created by August 2021 and then ongoing for the duration of the ADP Strategy.
How will it be monitored? (e.g. through service plans).	Progress monitored annually for the duration of the ADP Strategy by the ADP Strategy Group and via the ADP Annual Report to both the IJB and Scottish Government.

Signature:

Date: 02.06.21.

Name: Katie Spence.