**Equality analysis form**

If the activity you are planning to analyse is covered by an existing Equality Analysis or a relevant former Equality Impact Assessment, please use Section 2 of the form to highlight any updated information. The updated form should be sent through to the Equality and Diversity Unit for feedback, the start of the online consultation process and publication.

**Section 1**

**Equality Analysis Screening**

The following questions will identify whether a full Equality Analysis will be required. Please read the Equality Analysis guidance prior to completing the screening.

1. Name of the activity (strategy, policy, practice etc)

|  |
| --- |
| Student Alcohol and Drugs policy |

1. Will this activity have the potential to deliver positive outcomes for students, staff and/or visitors from equality groups? Please provide evidence for your answer.

|  |
| --- |
| The policy moves UWE Bristol from a zero tolerance approach towards drugs to one of harm reduction. Harm reduction has the potential to deliver positive outcomes for students from all groups as it is inherently person-centered, with primary focus on the safety and wellbeing of the person and the community around them rather than on their alcohol and other drug use. Harm reduction places education and support as a first response and any disciplinary procedures are relative to negative impact of the behaviour.  Harm reduction has the potential to deliver positive outcomes for staff from all groups as it will enable staff to have more open communication with students around alcohol and drug use and to provide better support to students.  The policy acknowledges the links between mental health and alcohol and drug use and also that harms related to alcohol and other drug use are disproportionately experienced by the most vulnerable and marginalised in our society and that moving towards harm reduction can mitigate that. |

1. Will this activity have the potential to create negative impacts on students, staff and/or visitors from equality groups? Please provide evidence for your answer.

|  |  |
| --- | --- |
| |  | | --- | | This policy will support all students including those with protected characteristics. |   Staff and students who have had negative experience of alcohol or drugs may feel safer with a zero tolerance approach, however the policy explicitly recognises that many people (for cultural, religious and/or personal reasons) do not feel comfortable around drugs and alcohol and asks students to be respectful and considerate of this. The policy is not enabling of behaviour that has negative impact on others as it makes clear that UWE Bristol takes any antisocial behaviour seriously. |

1. Does the activity have the potential to impact equality groups in the following ways:

* Access to or participation in UWE Faculties or Professional Services?
* Levels of representation across the UWE workforce?
* Student experience, attainment or withdrawal?
* Staff experience?

Please indicate YES or NO. If the answer is YES then a full analysis must be carried out. If the answer is NO, please provide a justification.

|  |
| --- |
| Yes. All students and staff will benefit from an awareness of UWE Bristol’s approach to alcohol and drugs including the legal context. |

**Equality analysis screening sign off:**

|  |  |
| --- | --- |
| Faculty Dean or Head of Service |  |
| Faculty / service |  |
| Date |  |

**Please return the completed form back to the Equality & Diversity Unit for feedback and publication**

**Section 2**

**Full Equality Analysis**

1. Name of the activity (strategy, policy or practice etc)

|  |
| --- |
| Student Alcohol and Drugs policy |

2. What is the aim of the activity (objective or purpose)?

|  |
| --- |
| In order to best safeguard the safety of UWE students, to move the institutional approach to alcohol and other drugs from zero tolerance to harm reduction. |

3. If amending a current activity, what changes are proposed?

|  |
| --- |
| The policy moves UWE Bristol from a zero tolerance approach towards drugs to one of harm reduction. Harm reduction has the potential to deliver positive outcomes for students from all groups as it is inherently person-centered, with primary focus on the safety and wellbeing of the person rather than on their alcohol and other drug use. Harm reduction places education and support as a first response and any disciplinary procedures are relative to negative impact of the behaviour. |

4. Who is responsible for developing and delivering the activity?

|  |
| --- |
| Policy author, Jess Winkler.  Education, support and awareness activity to be carried out by Student and Academic Services and Healthy Universities. |

5. What measures will be used to assess whether the activity is successful?

|  |
| --- |
| Aim to do a climate survey to establish student behaviours and attitudes towards drugs, and their opinions on what the problems are and how they should be handled, subject to application for funding.  Ongoing reports from security, accommodation, Wellbeing services, student policy processes, to report via the Safeguarding Steering Group.  Aim to obtain information from external partners for example data on hospital admissions related to alcohol and drugs so that harm reduction outcomes can be identified and evaluated.  Ongoing feedvack from students on the support they have received. |

6. Does the activity have a potentially adverse impact on equality groups, in terms of employment issues and/or service delivery for students and/or staff? In the table below, please give evidence to support your yes or no answers. If the answer is not known, indicate how you will source evidence.

**Meeting the public sector equality duty**

Please also use the table below to demonstrate whether the activity has the potential to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Please use the ‘no’ column to highlight your responses.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not known** |
| **Women and men** | Drug-related deaths have risen for men and women over the last decade, and more men die related to drug misuse than women but the sharpest rise has been for women.  Women are thought to progress more rapidly from starting to use drugs to the point where they develop problems, such as dependency – a phenomenon known as “telescoping”.  Both men and women will benefit from an approach that facilitates support and education.  Alcohol consumption is a major factor in sexual violence. An estimated 19,000 alcohol-related sexual assaults occur each year in England and Wales.Many of those committing sexual assaults have consumed alcohol prior to an incident (58% of  men imprisoned for rape). Furthermore, many victims of sexual assault have been drinking prior to the event. Recent research suggests that, in night-life settings,  rapists specifically target intoxicated young women due to their vulnerable state. 48% of victims said they had taken a combination of recreational drugs and prescribed medication, in addition to alcohol. The policy makes explicit links to consent, spiking and sexual violence and UWE zero tolerance to sexual violence. |  |  |
| **Trans people** | Trans people would appear to have higher rates of problematic alcohol or other drug use than the general  population – it is important that a harm reduction approach emphasises support and links to mental health. |  |  |
| **Black and minority ethnic groups** | In general overall drug use is lower amongst minority ethnic groups than the white population, 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, so this policy will be very relevant to UWE Bristol student population. Reported drug use prevalence is highest among those from mixed ethnic background in a number of studies, largely as a result of high levels of cannabis use.  Lowest overall levels of drug use are reported by people from Asian backgrounds (Indian ,Pakistani  or Bangladeshi). 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.Cultural factors such as feeling shamed and euro centric attitudes may force young BaME people to keep their use of drugs as invisible as possible, which may foster risk taking behaviour hindering access to support and care. Facilitating support and communication via a harm reduction policy will benefit this group. BME communities may be at risk of drug harms because they often live in disadvantaged and deprived areas, where drug markets thrive. BME groups experience disproportionate levels of  ‘stop & search’ and a higher percentage of these are  for drug offences compared to White groups, despite  their lower levels of drug use. People from BME groups are more likely to be sentenced  to prison than people from the white ethnic group and  higher proportions of people in prison from BME  groups are there for drug offences. Emphasising education and support over criminalisation would act against discrimination. |  |  |
| **Disabled people** | The policy recognises that alcohol and other drugs are sometimes used as coping mechanisms or to alleviate symptoms. Prioritisng support over criminalisation will benefit people in this group. |  |  |
| **Younger or older people** | Alcohol and illicit drug use are increasing among school children and young adults in the UK. Such increases have also been noted among university students. many university students, across faculties and throughout the UK, are drinking alcohol above sensible limits and experimenting with other illicit drugs. This policy engages with the reality of alcohol and drug use in order to better support students. |  |  |
| **People of different religion and beliefs** | Religion and culture do have an impact on people’s attitudes to alcohol and drugs. The policy recognises that, and that some can find it intimidating and alienating – the policy emphasises respect for differences and that antisocial behaviour will not be tolerated. |  |  |
| **Lesbian, gay, bisexual people** | LGB&T people are three times more likely to experience difficulty with drugs or alcohol - it is important that a harm reduction approach emphasises support and links to mental health. |  |  |
| Marriage and civil partnership |  | This policy is unlikely to have impact on discrimination related to relationship status. |  |
| **Pregnancy and maternity** | The policy links to the safeguarding policy and makes clear that risks to children and vulnerable adults will be addressed under that policy. |  |  |

7. Please give evidence of how you have engaged equality groups in the equality analysis process. Is further engagement required?

|  |
| --- |
| Policy reviewed by UWE SU  Academic involvement |

8. What action can be taken to mitigate any potential negative impacts or address different needs? Please comment and then complete an action plan (see appendix 1).

|  |
| --- |
|  |

9. Please indicate the level of equality relevance:

High 🞎

Medium 🞎

Low 🞎

10. **Equality analysis sign off:**

|  |  |
| --- | --- |
| Faculty Dean or Head of Service |  |
| Faculty / service |  |
| Date |  |

**Please return this form to the Equality and Diversity Unit for feedback, the start of the consultation process and publication.**

**Equality analysis - action plan Appendix 1**

Name of activity:

Plan completed by: Service / faculty:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Issues** | **Actions**  **required** | **Responsible**  **Person** | **Resources required** | **Target date** | **Success Indicators** | **What progress has been made?** |
| **Consultation** | Consultation with internal partners | Jess Winkler |  | October 2018 | Stakeholders fully consulted on new policy | Completed October 2018 |
| **Monitoring and review arrangements** | Review after one year, use of data to see what impact had | Jess Winkler with support from relevant services and external agencies |  |  |  |  |
| **Publication** | Publication of policy on internet/intranet. |  | Support from Strategic Communications and Engagement team |  | Student/staff awareness of policy and associated support |  |
| **Policy should consider physical disabilities and those with caring responsibilities** | To add to policy | Jess Winkler |  |  |  | Completed October 2018 |
| **Policy needs to strengthen section on dealing** | To add to policy | Jess Winkler | Input from security and police |  |  | Completed October 2018 |
| **Communication** | Communication of policy to students, staff and managers via Weekly News. | Jess Winkler | Support from Strategic Communications and Engagement team | June 2018 | Student and staff awareness of policy and associated support | To commence once policy is in place |
| **Research** | Apply for funding to complete a climate survey to establish student attitudes to alcohol and drugs and to see what they identify as problems | Ian Walmsley/Jess Winkler | Funding | October 2018 | Funding agreed, survey put in place |  |

Please return form to the Equality and Diversity Unit