

INITIAL EQUALITY IMPACT ASSESSMENT

Directorate		Department/Section		Manager		Telephone No.	
						e-mail	
Name of Policy/Service to be assessed	Alcohol, Drug and Substance Misuse Policy			Date of Assessment	14/12/06	Is this a new or existing policy?	Replacement for SOP's HS0038 & HS0049
1. Briefly describe the aims, objectives and purpose of the policy/service.		This Policy is to set the parameters of acceptable behaviour regarding alcohol and drugs, and updates the information in the aforementioned SOP's HS0038 Alcohol Policy and HS0049 Substance Abuse/Misuse Policy. The Policy details the support and assistance available from OH and other Services.					
2. Who is intended to benefit from this policy/service, and in what way?		The Policy is applicable to all employees, as are the support services.					
3. What outcomes are wanted from this policy/service?		The Policy will better equip the Service to deal with employees who require assistance.					
4. Who are the main stakeholders in relation to the policy/service?		Occupational Health and Time and Resource Management		5. Who implements the policy/service, and who is responsible?		All employees have a responsibility under Health and Safety. Occupational Health is the principle supporting function.	
6. Are there concerns that the policy/service has/could have a differential impact on the following groups and what existing evidence (either presumed or otherwise) do you have for this?		<b>Y</b>	<b>N</b>	Please explain No			
Race		<b>Y</b>	<b>N</b>	No			
				No			

**APPENDIX B  
(CFO/81/07)**

Gender	Y	N	
Disability	Y	N	No
Religion or Belief	Y	N	No
Sexuality	Y	N	No
Age	Y	N	No
7. Could the differential impact identified in 6 amount to there being the potential for adverse impact in this policy/service?	Y	N	Please explain N/A
8. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Have you consulted those who are likely to be affected by the policy/service?	Y	N	Please explain for each equality heading (questions 6) on a separate piece of paper. N/A
9. Should the policy/service proceed to a full impact assessment? N/A	Y	N	10. Date on which Full assessment to be completed by.
			<b>1 Date</b> N/A

I am satisfied that this policy has been successfully impact assessed.

I understand the Impact assessment of this policy is a statutory obligation and that, as owners of this policy, we take responsibility for the completion and quality of this process.

Signed (completing officer) Paul Blanchard-Flett.....

Date...14/12/06.....

Signed (Head of Section).....

Date.....

PLEASE NOTE – THIS IMPACT ASSESSMENT WILL BE SCRUTINISED BY THE EQUALITY AND DIVERSITY SECTION WHO REPORT TO THE DEPUTY CHIEF FIRE OFFICER/DEPUTY CHIEF EXECUTIVE.