DEPARTMENT FOR INFRASTRUCTURE

SECTION 75 EQUALITY OF OPPORTUNITY SCREENING ANALYSIS FORM

The purpose of this form is to help you to consider whether a new policy (either internal or external) or legislation will require a full equality impact assessment (EQIA). Those policies identified as having significant implications for equality of opportunity must be subject to full EQIA.

The form will provide a record of the factors taken into account if a policy is screened out, or excluded for EQIA. It will provide a basis for quarterly consultation on the outcome of the screening exercise, and will be referenced in the biannual review of progress made to the Minister and in the Annual Report to the Equality Commission.

Further advice on completion of this form and the screening process including relevant contact information can be accessed via the Department for Infrastructure (DfI) Intranet site (Equality Intranet page).

HUMAN RIGHTS ACT - refer to the Equality Intranet page

When considering the impact of this policy you should also consider if there would be any Human Rights implications. Guidance is at:

- https://www.executiveoffice-ni.gov.uk/articles/human-rights-and-public-authorities

Should this be appropriate you will need to complete a Human Rights Impact Assessment. A template is at:

- https://www.executiveoffice-ni.gov.uk/publications/human-rights-impact-assessment-proforma

Don't forget to RURAL PROOF - refer to the Equality Intranet page.

Part 1. Policy scoping

The first stage of the screening process involves scoping the policy under consideration. The purpose of policy scoping is to help prepare the background and context and set out the aims and objectives for the policy, being screened. At this stage, scoping the policy will help identify potential constraints as well as opportunities and will help the policy maker work through the screening process on a step-by-step basis.

Public authorities should remember that the Section 75 statutory duties apply to internal policies (relating to people who work for the authority), as well as external policies (relating to those who are, or could be, served by the authority).

Information about the policy

Name of the policy

Proposals to Modernise Northern Ireland's Drug Driving Laws

Is this an existing, revised or a new policy?

Revision of existing legislation.

What is it trying to achieve? (intended aims/outcomes)

The purpose of this proposal is to enhance existing Drug Driving Legislation to better tackle the problem of drug driving and hopefully deterring people from taking drugs and driving. These measures aim to enhance existing primary legislative provisions to facilitate easier enforcement.

This consultation seeks views on proposals to modernise Northern Ireland's (NI) drug driving laws. The main proposal is the introduction of new offences linked to specified drug limits. Under these offences, it would not be necessary to prove impairment where a driver is found to be over the legal limit for a specified drug. The consultation also seeks views on powers to specify drugs and limits through future regulations, a medical defence for those using relevant medicines legitimately.

This work supports the aims of the Northern Ireland Road Safety Strategy (the 'Strategy'). The current Action Plan to 2027 includes the Strategic intervention:

'We will reduce the number of people that choose to speed, drive or ride under the influence of alcohol and/or drugs or while using a mobile device.'

Under this Intervention the specific action is that:
'DfI will by June 2026, consult on proposals for primary legislation, with enabling powers, which permit limits for drugs to be set out in subordinate legislation to address the issue of drug driving.'

Overall, the aim of this consultation, as part of the targets of the 'Strategy' is to reduce the number of people being killed or injured on our roads.

Are there any Section 75 categories which might be expected to benefit from the intended policy? If so, explain how.

A reduction in the number of people killed or seriously injured (KSI) in collisions caused by drug driving would be a benefit to all Section 75 (s75) groups.

Who initiated or wrote the policy?

The Department for Infrastructure (DfI)

Who owns and who implements the policy?

Responsibility for the policy and legislation sits with the DfI. It will continue to be enforced by the Police Service of Northern Ireland (PSNI).

Background

The Road Safety Strategy for Northern Ireland to 2030 was published in September 2024. The Strategy outlines statistics of those killed or seriously injured on our roads, with the PSNI data showing that approximately 95% of road casualties are due to a number of dangerous road user behaviours with the majority of road deaths being caused by one of the "Fatal Five" – (i) carelessness/inattention; (ii) speeding; (iii) being impaired through alcohol/ drugs; (iv) not wearing a seatbelt; (v) using mobile devices. The Road Safety Strategy Action Plan to 2027 sets out a number of planned interventions to address these behaviours including a review of drug driving policy changes.

Those taking drugs and then driving put their own lives and the lives of other road users at greater risk. Many drugs, both illicit (i.e. illegal) and medicinal can cause a driver's ability to drive to be impaired thus enhancing the likelihood of collisions.

The current legislative approach to tackling the problem of drug driving in NI is the *impairment approach*. This approach places the onus on the prosecuting authorities to establish in each case that a suspected drug driver is affected in such a way as to be impaired or under the influence of a drug or drugs. Of the European Union 27 (EU27) countries, 6 have impairment-based legislation to address drug driving. These include Austria, Cyprus, Hungary and Malta.

The powers available to police forces to detect and test for impaired driving differ by jurisdiction. However, impaired driving is likely to be suspected if a driver's ability to maintain proper control of a vehicle is observed. This will usually result in the driver being stopped and tested by police at the roadside using a range of tests, usually administered by specially trained police officers. There can also be the need for an assessment by a medical doctor.

It is recognised that this type of legislative approach is subjective. In an article called *Driving under the influence of drugs* for WIREs Forensic Science, Marillier and Verstraete (2019) concluded, 'As a consequence, many of the countries with this kind of legislation experienced difficulties in obtaining convictions.'[1]

The PSNI has provided anecdotal evidence that securing convictions for impaired drug drivers can be difficult and is not as successful as securing convictions for drivers who exceed the drink driving limit, where proof of impairment is not required.

The current drug driving regime is dated – the offences by which the PSNI can charge drug drivers are about fitness to drive and this was the case in 1929. Much has changed since then. The variety of drugs available is ever increasing and there is evidence that drug driving behaviour is increasing. Since the PSNI started using drug wipes to conduct preliminary roadside drug testing in August 2024 just over 50% of those screened have tested positive for Cannabis and/or Cocaine.

[1] Marillier, M., & Verstraete, A. (2019, May/June). Driving under the influence of drugs. WIREs Forensic Science, 1(3), e1326. doi:https://doi.org/10.1002/wfs2.1326

The consultation document considers the drug driving regimes in other jurisdictions and recent changes to legislation in Great Britain (GB) and the Republic of Ireland (ROI).

In some jurisdictions a two-tier system is used. In this system, legislation combines both legal limit and impairment provisions. It ensures that anyone driving over, or at, the legal limit for a specified drug, whether or not impaired, can be prosecuted for drug driving. It also allows for the prosecution of impaired drivers who have either consumed specified drugs and although under the limit are nonetheless impaired, or who have consumed drugs which have not been specified but are impaired.

Twelve of the EU27 countries have a form of two-tier system in place to tackle drug driving, including Belgium, Denmark and Luxembourg. In the two-tier regimes in the EU27, limits have generally been set for a small number of drugs. These drugs tend to be prevalent in drug driving.

The approach clearly provides advantages to prosecutors and enforcement authorities in being able to deal more efficiently with drug drivers who use drugs which are more commonly detected and in use by drivers, while at the same time allowing for enforcement against drivers, who for example, consume less frequently used drugs.

The two-tier system is the basis of the current drug driving regulatory regime in both GB and Republic of Ireland (ROI). The statistical information from GB and ROI and study findings from Sweden very strongly suggest that detections, forensic screenings, prosecutions and convictions are very likely to increase if a similar two-tier system is introduced in NI.

The consultation will seek the public's views on:

- The adoption of a two-tier legislative approach to drug driving in NI
- The creation of legal limits for drugs, as there are for drink driving
- A review of drug driving penalties
- Consideration of a medical defence to be used by those taking medicinal drugs, legally supplied
- Courses for drug driving offenders

Implementation factors

Are there any factors which could contribute to/detract from the intended aim/outcome of the policy/decision?

If yes, are they (please delete as appropriate)

Legislative – the implementation of the policy will require amendments to primary legislation.

other, please specify _____

Main stakeholders affected

Who are the internal and external stakeholders (actual or potential) that the policy will impact upon?

The revised policy will impact on any person who is caught driving while under the influence of drugs. A resultant reduction in road traffic collisions casualties due to impaired drivers will potentially benefit all road users, their families and their communities.

Other policies with a bearing on this policy

- what are they?

On 12 September 2024, the DfI Minister launched the Road Safety Strategy for Northern Ireland to 2030 and the Road Safety Strategy Action Plan to 2027 in January 2026. The Strategy identifies strategic outcomes including:

> Safe People: Our People Will Be Safer on Our Roads. This relates to the need for increased support for responsible road use, ensuring all road users use the roads safely and comply with the rules, taking responsibility for the safety of themselves and not put others at risk or make them feel more vulnerable.

One of the strategic priority areas relates to **Policy/Legislation/Regulation**. This includes ongoing consideration of policies, laws and regulations aimed at improving road user behaviour and the enforcement of these.

The Action Plan contains the following intervention and subsequent action:
Intervention: ‘We will reduce the number of people that choose to speed, drive or ride under the influence of alcohol and/or drugs or while using a mobile device.’
Action: ‘DfI will, by June 2026, consult on proposals for primary legislation, with enabling powers, which permit limits for drugs to be set out in subordinate legislation to address the issue of drug driving.’

Alongside the measures being consulted on, additional provisions relating to preliminary drug (and drink) testing powers for the PSNI are being progressed separately through amendments to the Justice Bill currently before the Assembly and are therefore outside the scope of this consultation.

The Sentencing Bill, currently passing through the NI Assembly, includes a number of measures impacting on drink and drug driving. Most notably, it contains clauses to increase the penalties for some serious road traffic offences, including those resulting in the death or serious injury of someone due to careless driving while under the influence of drink or drugs.

- who owns them?

Department for Infrastructure
Department of Justice

Available evidence

Evidence to help inform the screening process may take many forms. Public authorities should ensure that their screening decision is informed by relevant data. The Commission has produced this guide to **signpost to S75 data**. Also refer to the Equality Intranet page for some evidence sources.

What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for each of the Section 75 categories.

General Evidence [Include any qualitative and quantitative evidence related to the policy]

The following is a summary of general evidence that has been gathered:

In 2025 PSNI recorded there were 1,122 killed or seriously injured casualties in road traffic collisions in NI[2]. Of these 81 were due to driver or rider impairment by drugs (medicinal/illicit) or alcohol. Drug driving/riding accounted for 18 KSIs in 2025 (22% of all drink and drug KSIs) and 1.6% of all KSIs in 2025. These figures are likely to be understated.

Alcohol remains a bigger problem than drugs on our roads, but there is an increasing trend of drugs being responsible for more and more KSIs on our roads. In the rolling period 2014 to 2018 there was an average of 8 KSIs per year due to driver/rider impairment by drugs. However, in the period 2021 to 2025 this average had increased to 19 KSIs per year.

The 2021 European Commission report, *Prevention of driving under the influence of alcohol and drugs,* acknowledged that the most comprehensive information on drugs in traffic in Europe was the DRUID (Driving under the influence of Drugs, Alcohol and Medicines) study[3].

The DRUID research on prevalence took place between January 2007 and July 2009 and included 13 different countries (excluding United Kingdome (UK) and Ireland) all using the same methodology. *Prevention of driving under the influence of alcohol and drugs*, reports, "the DRUID project estimated that on average 1.9% of drivers drive with illicit drugs in their blood, 1.4% with a limited list of medicinal drugs, 0.37% with a combination of alcohol and drugs and

[2] PSNI Road Traffic Collision Statistics - Road Traffic Collision Statistics | PSNI

[3] *Driving Under the Influence of Drugs, Alcohol and Medicines in Europe – findings from the Druid project,* European Monitoring Centre for Drugs and Drug Addiction, 2012. Driving Under the Influence of Drugs, Alcohol and Medicines in Europe — findings from the DRUID project | www.euda.europa.eu

0.39% with [a mix] of different drugs". It was found that Tetrahydrocannabinol (THC (Cannabis) was the most frequently detected drug in traffic, followed by cocaine.

A more recent (2023) *European Commission Thematic Report - Alcohol and Drugs*[4] reported, "Recent roadside surveys among randomly stopped drivers in EU-countries show…drug prevalence rates between 6% - 11%."[5]

Figures from the 2023 *E-Survey of Road users' Attitudes* (ESRA 3)[6], published in December 2024, where participants self-reported on driving following the use of drugs, showed the following:

- UK – 10.1% drove within 1 hour of taking drugs (other than prescribed or over the counter medication). For ROI, the figure was 9.2%. The European figure was 7.2%. These are all up substantially on the equivalent figures reported in ESRA 2[7].
- UK – 11.9% drove within 2 hours of taking medication that may affect driving ability. For ROI, the figure was 13.3%. The European figure was 13.4%. These figures are all down on the equivalent figures reported in ESRA 2.

Overall, a number of European research studies have estimated that illicit drug taking and driving could lie anywhere between 1.9% and 11% of road users. With there being over 1.2 million full and eligible car/van driving licence holders in NI, we face a potentially very large drug problem on our roads. Such a percentage suggests there may be approximately 22,800 potential drivers who take illicit drugs and drive in NI. This figure excludes those who may be on medicinal drugs, combining drink and drugs or mixing drugs.

Since the PSNI started using drug wipes to conduct preliminary roadside drug testing in August 2024 just over 50% of those screened have tested positive for Cannabis and/or Cocaine.

According to official statistics from the Department for Transport (DfT) GB[8], in reported collisions in 2024, impairment drugs were detected in 17% of all

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[4] European Commission (2023). Road Safety thematic report – Alcohol and drugs. European Road Safety Observatory. Brussels, European Commission, Directorate General for Transport.
[5] This summary data is from studies published in 2021 and 2022.
[6] This survey was undertaken in 39 countries from 5 continents and used the same methodology as was used in ESRA 1 and ESRA 2 for consistency and reliability ESRA | ESRA3 publications
[7] ESRA 2 survey gathered data during 2018 and 2019. ESRA | ESRA2
[8] Drugs in reported road fatalities in Great Britain, data to 2024. Drugs in reported road fatalities in Great Britain, data to 2024

deceased drivers[9] and 24% of drivers for which toxicology information was available. This compares to 24% and 33% respectively for 2023. Comparisons with deceased drivers with alcohol detected suggest the presence of drugs in driver fatalities may have increased relative to drink driving over the same time period.

The number of deceased drivers in fatal collisions with drugs detected in 2024 has increased by over 40% from 2014 figures. In 2024, the majority of deceased drivers, where drugs were detected, had illegal drugs in their body. 14% were twice over the drug-drive limit. A total of 150 deceased drivers in road collisions in GB, in 2024, had at least one impairment drug present.

It is very likely that the figures are underestimates of the actual number of drivers with drugs detected, as there are cases where data is not available. Of all the fatal collisions in 2024, the proportion where police assigned 'affected by drugs' as having contributed to the collision was 9%.

Although the findings vary it is clear that taking drugs and then driving leads to greater risk of collisions. One set of findings concluded that the risk of driving under the influence of some prescription drugs and illegal drugs can multiply the risk of collision by a factor of 2 to 7. Another report highlights that the greatest increases in crash risk for illegal drugs versus a non-impaired driver are amphetamines (5.2 times higher); poly-drug use (5-30 times higher) and combining alcohol and drugs (20-200 times higher).

Some of the specific effects of drug taking, impacting on driving are:

- inability to concentrate
- poorer decision making
- erratic and aggressive behaviour
- blurred vision
- slower reaction time
- reduction in attention span
- greater risk taking
- distractibility.

Road traffic collisions represent a significant cost to NI both in social and economic terms. Between 2021 and 2025, 326 drink and drug drivers were responsible for a fatal or serious collision involving death or serious injuries. 75 of these drivers were driving under the influence of drugs.

[9] Also includes riders of motor vehicles e.g. motorcycles

As noted above, in 2025, 18 people were killed or seriously injured where the driver/rider was impaired by drugs. For each death and serious injury there is a chain of people affected, including the family, friends and wider community, as well as the emergency and health services. (The average value of preventing each road death is approximately £2.53 million and for each serious injury is approximately £284k (at 2024 costings).

Taking into account drug driving patterns in other jurisdictions, there is sufficient data to cause serious concern and highlight the need for the modernisation of NI's related legislation.

Religious belief evidence / information:

In the 2021 Census out of a population of 1.9 million the following statistics were recorded for the main current religions in NI: Catholic 45.7%, Protestant and other Christian (including Christian related) 43.5%, Other Religions 1.5% and No Religion 9.3%.

While there is no specific road safety information in NI on this s75 group identified, this legislative change is to reduce the number of people killed or seriously injured in collisions where the principle and contributory factor is an impaired driver through the use of drugs. This includes people who identify with this s75 category.

Political Opinion evidence / information:

In the General Election Results 2024 the following statistics were recorded for political opinion in NI; 'Unionist' (40.6%), 'Nationalist' (40.2%) and 'Other' (19.2%).

As outlined at Religious Belief above, while there is no specific road safety information in NI on this s75 group identified, this legislative change is to reduce the number of people killed or seriously injured in collisions where the principle and contributory factor is impaired driving through the use of drugs. This includes people who identify with this s75 category.

Racial Group evidence / information:

In the 2021 Census out of a population of 1.9 million the following statistics were recorded for ethnic groups in NI: White 96.6%, Asian 1.7%, Black 0.6%, Mixed 0.8%, Other 0.4%.

As outlined at Religious Belief above, while there is no specific road safety information in NI on this s75 group identified, this legislative change is to reduce the number of people killed or seriously injured in collisions where the principle and contributory factor is impaired driving through the use of drugs. This includes people who identify with this s75 category.

Age evidence / information:

In the 2021 Census out of a population of 1.9 million the following statistics were recorded for age groups in NI: 0-15 years 20.4%, 16-24 years 10.6%, 25-34 years 12.7%, 35-44 years 13.1%, 45-54 years 13.3%, 55-64 years 12.7%, 65+ years 17.2%.

Of all police recorded injury road traffic casualties recorded in 2025; the highest proportion of casualties was from the 35 to 49 age category which accounted for 22.5%. The age group with the highest proportion of those killed or seriously injured was ages 16 to 24, representing one fifth (20.2%) of KSI casualties in 2025.[10]

It is estimated[11] that 27.7% of people aged 15-64 have used an illegal drug in their lifetime; 5.9% in the last year and 2.9% in the last month i.e. are current users. In the last year 4.6% of people in this age group had used cannabis and 1.8% had used cocaine.

11.5% of people aged 15-24 years reported using an illegal drug in the last year. 3.7% reported using cocaine and 9.4% reported using cannabis. 4.3% of this age group are estimated to be current users of cannabis.

In NI, of the 2,794 Drink or Drug driving offences in 2025, 52% of the offences were committed by people in the 30-49 age group.[12] Examining the situation

[10] Police Service of Northern Ireland, Road Traffic Collision Statistics, 27 March 2026, Police Recorded Injury Road Traffic Collisions and Casualties NI 2025), 2025 Key Statistics report.pdf
[11] All-Ireland Drug Prevalence Survey 2014/15, Commissioned by the National Advisory Committee on Drugs and Alcohol in Ireland and the Department of Health in Northern Ireland.
[12]Police Service of Northern Ireland, Motoring Offence Statistics, Motoring Offences 2025 Report, Accompanying spreadsheet_2025.xlsx

more widely, recent figures from the DVLA (Driver Vehicle Licence Agency) in GB shows that the number of drug driving offences added to individual licenses in 2025 has increased 28% from 2022. The figures suggest that drivers aged 17-24 received 18% of all drug driving licence endorsements in 2025 despite only making up 6% of all license holders.[13]

Evidence from Northern Ireland, Great Britain and ROI shows that drug driving offenders are disproportionately male and are most commonly younger drivers. Young men aged between 17 and 34 years are particularly represented in drug driving offending and in collisions involving death or serious injury.

While research results for self-reporting of the use of drugs and then driving is not available for NI, we do know that during 2025/2026 there were 1,203,596 full and eligible driver licence holders with private car/light van entitlements[14]. If the figure for illicit drug taking in NI lies in or around the lowest figure of 1.9% as reported by the DRUID study of drug prevalence in 13 countries, then we face a considerable problem. Such a percentage suggests there may be approximately 22,800 potential drivers who take illicit drugs and drive in NI. This figure excludes those who may be on medicinal drugs, combining drink and drugs or mixing drugs. The true figure is likely to be much higher.

This legislative change is to reduce the number of people killed or seriously injured in collisions where the principle and contributory factor is an impaired driver through the use of drugs and should have a positive impact on all age groups but especially those higher represented groups.

Marital Status evidence / information:

In the 2021 Census out of a population of 1.5 million (those aged 16 and over), the following statistics were recorded for marital status in NI: single (38.1%), married (45.6 %), in a civil partnership (0.2%), Separated (3.8%), divorced / dissolved partnership (6%) and widowed (6.4%).

As outlined at religious belief above, while there is no specific road safety information in NI on this s75 group identified, this legislative change is to reduce the number of people killed or seriously injured in collisions where the principle

[13] IAM RoadSmart, 9 July 2026, 'Drug Driving Offences overtake drink driving for the first time, Drug driving offences overtake drink driving for the first time | IAM RoadSmart Media Centre
[14] DfI Driver, Vehicle, Operator and Enforcement Statistics Quarter Three: 2025-26, October to December 2025. DfI Driver, Vehicle, Operator, and Enforcement Statistics

and contributory factor is impaired driving through the use of drugs. This includes people who identify with this s75 category.

Sexual Orientation evidence / information:

In the 2021 Census out of a population of 1.5 million (those aged 16 and over), the following statistics were recorded for sexual orientation in NI: straight or heterosexual (90%), gay, lesbian, bisexual or other (2%), prefer not to say or not stated (7.9%).

As outlined at Religious Belief above, while there is no specific road safety information in NI on this s75 group identified, this legislative change is to reduce the number of people killed or seriously injured in collisions where the principle and contributory factor is impaired driving distraction through the use of drugs. This includes people who identify with this s75 category.

Men & Women generally evidence / information:

In the 2021 Census out of a population of 1.9 million the following statistics were recorded for gender in NI: females were 50.8% of the population and males were 49.2% of the population.

Of the 56 people killed on NI's roads in 2025, 39 were male and 17 females.[15] The gender split for all traffic casualties in 2025 was 54.2% male compared to 45.8% female. There were more male casualties recorded than females in each age category in 2025.[16] Of the 2794 Drink or Drug driving offences in 2025, 81% males accounted for 2276 of the offences.[17]

In NI in the five-year period 2021-2025, a total of 326 drink and drug drivers were responsible for collisions involving death or serious injuries. 75 of these drivers were driving under the influence of drugs. Males accounted for 79% of those that were responsible for a fatal or serious collision caused by drug driving in this period. Young men aged 17-34 are the group most likely to be

[15] Police Service of Northern Ireland, Road Traffic Collision Statistics, 27 March 2026, 2025 fatal casualty figures.xlsx
[16] Police Service of Northern Ireland, Road Traffic Collision Statistics, 27 March 2026, Police Recorded Injury Road Traffic Collisions and Casualties NI 2025), 2025 Key Statistics report.pdf
[17] Police Service of Northern Ireland, Motoring Offence Statistics, Motoring Offences 2025 Report, Accompanying spreadsheet_2025.xlsx

responsible for drug driving fatal or serious collisions, accounting for 58% of those that were responsible for a fatal or serious collision in the period.[18]

This legislative change is to reduce the number of people killed or seriously injured in collisions where the principle and contributory factor is an impaired driver through the use of drugs and should have a positive impact for all people but especially men, who are overrepresented.

Disability evidence / information:

In the 2021 Census out of a population of 1.9 million the following statistics were recorded for disabilities in NI: 24.3% of people have a long-term health problem or disability and 44.9% of households in NI have one or more people in the household with a long-term health problem or disability.

As outlined at Religious Belief above, while there is no specific road safety information in NI on this s75 group, this legislative change is to reduce the number of people killed or seriously injured in collisions where the principle and contributory factor is impaired driving through the use of drugs. This includes people who identify with this s75 category.

Dependants evidence / information:

In the 2021 Census out of a population of 1.9 million the following statistics were recorded for dependents in NI: 30.7% per cent of households in NI contained at least one dependent child and 44.9% contained at least one person with a long-term health problem or disability; made up of those households with dependent children (10.1%) and those with no dependent children (34.8%).

As outlined at Religious Belief above, while there is no specific road safety information in NI on this s75 group, this legislative change is to reduce the number of people killed or seriously injured in collisions where the principle and contributory factor is impaired driving through the use of drugs. This includes people who identify with this s75 category.

[18] PSNI Road Traffic Collision Statistics - Road Traffic Collision Statistics | PSNI

Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular policy/decision?

(Specify details of the needs, experiences and priorities for each of the Section 75 categories below).

Religious belief

This legislative change is to reduce the number of people killed or seriously injured in collisions where the principle and contributory factor is impaired driving through the use of drugs.

There have been no specific needs, experiences or priorities identified in relation to this category.

Political Opinion

As outlined at 'Religious belief' above.

Racial Group

As outlined at 'Religious belief' above.

Age

As outlined at 'Religious belief' above.

Of the 2794 Drink or Drug driving offences in 2025, 52% of the offences were committed by people in the 30-49 age group. [10]

Marital status

As outlined at 'Religious belief' above.

Sexual orientation

As outlined at ‘Religious belief’ above.

Men and Women Generally

As outlined at ‘Religious belief’ above.

Of the 2794 Drink or Drug driving offences in 2025, 81% males accounted for 2276 of the offences.[19]

Disability

As outlined at ‘Religious belief’ above.

Dependants

As outlined at ‘Religious belief’ above.

[19] Police Service of Northern Ireland, Motoring Offence Statistics, Motoring Offences 2025 Report, Accompanying spreadsheet_2025.xlsx

Part 2. Screening questions

Introduction

In making a decision as to whether or not there is a need to carry out an equality impact assessment, the public authority should consider its answers to the questions 1-4 which are given on pages 66-68 of this Guide.

If the public authority's conclusion is **none** in respect of all of the Section 75 equality of opportunity and/or good relations categories, then the public authority may decide to screen the policy out. If a policy is 'screened out' as having no relevance to equality of opportunity or good relations, a public authority should give details of the reasons for the decision taken.

If the public authority's conclusion is **major** in respect of one or more of the Section 75 equality of opportunity and/or good relations categories, then consideration should be given to subjecting the policy to the equality impact assessment procedure.

If the public authority's conclusion is **minor** in respect of one or more of the Section 75 equality categories and/or good relations categories, then consideration should still be given to proceeding with an equality impact assessment, or to:

- measures to mitigate the adverse impact; or
- the introduction of an alternative policy to better promote equality of opportunity and/or good relations.

In favour of a 'major' impact

a) The policy is significant in terms of its strategic importance;

b) Potential equality impacts are unknown, because, for example, there is insufficient data upon which to make an assessment or because they are complex, and it would be appropriate to conduct an equality impact assessment in order to better assess them;

c) Potential equality and/or good relations impacts are likely to be adverse or are likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged;

d) Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy about which there are

concerns amongst affected individuals and representative groups, for example in respect of multiple identities;

e) The policy is likely to be challenged by way of judicial review;

f) The policy is significant in terms of expenditure.

In favour of 'minor' impact

a) The policy is not unlawfully discriminatory and any residual potential impacts on people are judged to be negligible;

b) The policy, or certain proposals within it, are potentially unlawfully discriminatory, but this possibility can readily and easily be eliminated by making appropriate changes to the policy or by adopting appropriate mitigating measures;

c) Any asymmetrical equality impacts caused by the policy are intentional because they are specifically designed to promote equality of opportunity for particular groups of disadvantaged people;

d) By amending the policy there are better opportunities to better promote equality of opportunity and/or good relations.

In favour of none

a) The policy has no relevance to equality of opportunity or good relations.

b) The policy is purely technical in nature and will have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

Taking into account the evidence presented above, consider and comment on the likely impact on equality of opportunity and good relations for those affected by this policy, in any way, for each of the equality and good relations categories, by applying the screening questions given overleaf and indicate the level of impact on the group i.e. minor, major or none.

Screening questions

1. **What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?**

   (Please provide details of the likely policy impacts and determine the level of impact for each S75 categories below i.e. either minor, major or none).

   Details of the likely policy impacts on **Religious belief**:

   The aim of revising current drug driving legislation is to protect the lives of all within society. The policy change will impact equally on those drivers and riders within this category who break the law.

   What is the level of impact? Major Positive - Positive in reducing road traffic incidents involving impaired drivers. There will be a negative impact for those individuals who choose to break the law and put themselves and other road users at risk.

   Details of the likely policy impacts on **Political Opinion**:

   As above for 'Religious belief'.

   What is the level of impact? Major positive

   Details of the likely policy impacts on **Racial Group**:

   As above for 'Religious belief'.

   What is the level of impact? Major positive

   Details of the likely policy impacts on **Age**:

   As above for 'Religious belief'

   What is the level of impact? Major positive

   Details of the likely policy impacts on **Marital Status**:

   As above for 'Religious belief'.

   What is the level of impact? Major positive

Details of the likely policy impacts on **Sexual Orientation**:

As above for 'Religious belief'.

What is the level of impact? Major positive

Details of the likely policy impacts on **Men and Women**:

As above for 'Religious belief'.

What is the level of impact? Major positive

Details of the likely policy impacts on **Disability**:

As above for 'Religious belief'.

What is the level of impact? Major positive

Details of the likely policy impacts on **Dependants**:

As above for 'Religious belief'.

What is the level of impact? Major positive

2. **Are there opportunities to better promote equality of opportunity for people within the Section 75 equalities categories?** No

Detail opportunities of how this policy could promote equality of opportunity for people within each of the Section 75 Categories below.

Religious Belief - No.

The revised legislation is not aimed at this or any other individual s75 group. Therefore, there are no opportunities to better promote equality of opportunity for people in this group

Political Opinion - No.

As above for 'Religious belief'.

Racial Group - No.

As above for ‘Religious belief’.

Age - No.

As above for ‘Religious belief’.

Marital Status - No.

As above for ‘Religious belief’.

Sexual Orientation - No.

As above for ‘Religious belief’.

Men and Women generally - No.

As above for ‘Religious belief’.

Disability - No.

As above for ‘Religious belief’.

Dependants - No.

As above for ‘Religious belief’.

3. **To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?**

   Please provide details of the likely policy impact and determine the level of impact for each of the categories below i.e. either minor, major or none.

   Details of the likely policy impacts on **Religious belief**:

   The revised legislation will not impact on good relations between people of religious belief. The proposed legislative changes will apply to all drivers and riders.

   What is the level of impact? None

   Details of the likely policy impacts on **Political Opinion**:

   As above for 'Religious belief'.

   What is the level of impact? None

   Details of the likely policy impacts on **Racial Group**:

   As above for 'Religious belief'.

   What is the level of impact? None

4. **Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?**

   Detail opportunities of how this policy could better promote good relations for people within each of the Section 75 Categories below:

   Religious Belief - If No, provide details: No

   The revised policy will apply to all drivers and riders. Therefore, there are no opportunities to better promote good relations between people in this group.

Political Opinion - If Yes, provide details:

If No, provide reasons: No

As above for 'Religious belief'.

Racial Group - If Yes, provide details:

If No, provide reasons: No

As above for 'Religious belief'.

Additional considerations

Multiple identity

Generally speaking, people can fall into more than one Section 75 category. Taking this into consideration, are there any potential impacts of the policy/decision on people with multiple identities?
(*Every citizen belongs to more than one group - For example: disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people).*

This legislative change is likely to have a positive impact on multiple s75 groups such as Age, Men and Women generally, Disability and Dependants.

People with multiple identities will most likely be positively impacted by this change to the legislation.

Provide details of data on the impact of the policy on people with multiple identities. Specify relevant Section 75 categories concerned.

N/A

Part 3. Screening decision

If the decision is not to conduct an equality impact assessment, please provide details of the reasons.

The decision is not to conduct an equality impact assessment.

The proposed legislative changes will apply to all drivers and riders. There will only be an impact on those drivers who choose to break the law and put themselves and other road users at risk.

Taking steps to reduce further the numbers of people killed or seriously injured in collisions where the principal causation factor is driver impaired will be a benefit for all s75 categories and indeed all road users.

Should the consultation raise any s75 points this form will be reviewed and updated, as appropriate.

If the decision is not to conduct an equality impact assessment the public authority should consider if the policy should be mitigated or an alternative policy be introduced - please provide details of this consideration.

No impacts on any s75 groups have been identified. The decision at this stage is that an EQIA is not required. No mitigations or alternative policy is considered to be required at this stage.

This policy will soon be subject to a public consultation and any s75 issues raised will be fully considered and if necessary, this screening form will be reviewed and updated, as appropriate.

If the decision is to subject the policy to an equality impact assessment, please provide details of the reasons.

N/A

All public authorities' equality schemes must state the authority's arrangements for assessing and consulting on the likely impact of policies adopted or proposed to be adopted by the authority on the promotion of equality of opportunity. The Commission recommends screening and equality impact assessment as the tools to be utilised for such assessments. Further advice on equality impact assessment may be found in a separate Commission publication: Practical Guidance on Equality Impact Assessment.

Mitigation

When the public authority concludes that the likely impact is 'minor' and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

Can the policy/decision be amended or changed or an alternative policy introduced to better promote equality of opportunity and/or good relations?

No – this is a change to legislation to protect the lives of all citizens in NI from potential collisions as a result of drivers and riders driving under the influence of drugs and as such may be viewed as further life-saving mitigations.

If so, **give the reasons** to support your decision, together with the proposed changes/amendments or alternative policy.

N/A

Timetabling and prioritising

Factors to be considered in timetabling and prioritising policies for equality impact assessment.

If the policy has been **'screened in'** for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Priority criterion [choose 1 2 or 3 if a full EQIA is to take place]

Effect on equality of opportunity and good relations	**Rating 1, 2 or3**
Social need	**Rating 1, 2 or3**
Effect on people's daily lives	**Rating 1, 2 or3**
Relevance to a public authority's functions	**Rating 1, 2 or 3**

Note: The Total Rating Score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the public authority in timetabling. Details of the Public Authority's Equality Impact Assessment Timetable should be included in the quarterly Screening Report.

Is the policy affected by timetables established by other relevant public authorities?

If yes, please provide details.

N/A

Part 4. Monitoring

Public authorities should consider the guidance contained in the Commission's Monitoring Guidance for Use by Public Authorities (July 2007).

The Commission recommends that where the policy has been amended or an alternative policy introduced, the public authority should monitor more broadly than for adverse impact (See Benefits, P.9-10, paras 2.13 – 2.20 of the Monitoring Guidance).

Effective monitoring will help the public authority identify any future adverse impact arising from the policy which may lead the public authority to conduct an equality impact assessment, as well as help with future planning and policy development.

Part 5 - Approval and authorisation

Screened by: Carly Dalzell
Position/Job Title: DP Road Safety Strategy Branch
Date: 10/9/2026

Approved by: Beverley Cowan
Position/Job Title: G7 Road Safety Strategy and Drug Driving Policy Branch
Date: 15/9/2026

Note: A copy of the Screening Template, for each policy screened should be 'signed off' and approved by a senior manager responsible for the policy, made easily accessible on the public authority's website as soon as possible following completion and made available on request.

For Equality Team Completion:

Date Received:	22/07/2026 / 03/09/2026
Amendments Requested: Yes / No	Yes
Date Returned to Business Area:	05/08/2026 / 08/09/2026
Date Final Version Received / Agreed:	18/09/2026
Date Published on DfI's Section 75 webpage:	05/11/2026