bringing evidence
and analysis together
to inform UK drug policy

UKDPC

UK DRUG POLICY COMMISSION

No One Written Off

A response to the Department for Work and Pensions' Welfare Green Paper

October 2008

Published by:
The UK Drug Policy Commission
11 Park Place
London
SW1A 1LP
Tel: +44 (0)20 7297 4750
Email: info@ukdpc.org.uk
Web: www.ukdpc.org.uk

This publication is available online at www.ukdpc.org.uk/reports.shtml

© UKDPC October

The **UK Drug Policy Commission** (UKDPC) is an independent body providing objective analysis of evidence related to UK drug policy. It aims to improve political, media and public understanding of drug policy issues and the options for achieving an effective, evidence-led response to the problems caused by illegal drugs.

UKDPC is a company limited by guarantee registered in England and Wales No. 5823583 and is a charity registered in England No. 1118203. The UKDPC is grateful to the Esmée Fairbairn Foundation for its support.

The UKDPC brings together senior figures from policing, public policy and the media along with leading experts from the drug treatment and medical research fields:

John Varley (President)
Dame Ruth Runciman (Chair)
Professor Baroness Haleh Afshar OBE
Professor Colin Blakemore FRS
David Blakey CBE QPM
Annette Dale-Perera
Baroness Finlay of Llandaff
Daniel Finkelstein OBE
Jeremy Hardie CBE
Professor Alan Maynard
Professor Lord Kamlesh Patel OBE
Adam Samson
Professor John Strang
Dawn Austwick OBE (Observer)
UKDPC Chief Executive: Roger Howard

SUMMARY

The evidence identified by the UK Drug Policy Commission (UKDPC) leads us to the following conclusions:

- Drug dependence is a disorder, often chronic and relapsing in nature, not simply a lifestyle choice. Many problem drug users (PDUs) have multiple, long-standing problems which will require long-term, multi-component solutions as part of a "rehabilitation package".
- We fully support the intentions of the Department for Work and Pensions' Green Paper *"No One Written Off"* (NOWO) to increase the level of practical support to (a) get unemployed PDUs into contact with treatment and (b) help them obtain employment. It is clear that employment is often a vital component of a person's recovery from drug problems.
- We have concerns about the efficacy, workability, effectiveness and value for money of the proposed measures to identify and steer PDUs into treatment and would suggest that the development of a system that encourages voluntary, rather than mandatory, disclosure might be better.
- We are unclear as to what advantage will be gained by placing people with drug problems that require treatment on a new and unique Treatment Allowance rather than Employment Support Allowance (ESA). Such an approach could potentially lead to negative consequences and discrimination.
- We find no convincing evidence that making benefits conditional upon engagement with treatment will be effective in improving outcomes. Rather, the slim evidence available suggests there may be unintended negative consequences.
- Whilst robust evidence is not available, expanding support programmes like progress2work in partnership with other services and improving their effectiveness may have the potential to offer greater returns in getting PDUs into employment.
- While drug treatment has an important part to play in the rehabilitation of problem drug users it must be appropriate to the needs of the individual and evolve over time. Treatment provision may be insufficient in some areas of the UK and for some groups this may be a limiting factor in the rehabilitation process.
- The importance of providing other appropriate services to support rehabilitation, such as stable accommodation, for those seeking work cannot be underestimated.
- The way the wider benefits system is configured can be a help or a hindrance to rehabilitation and employment. Consideration should be given to providing for a more flexible approach that avoids the 'benefit trap' and which can encourage progressive entry into the labour market without negative consequences.
- Engagement with employers to expand the opportunities for employment will be essential to increasing the rehabilitation of PDUs. Research suggest that to minimise perceived risks for employers an engagement programme providing both information and support to businesses and support to PDUs once they are in employment will be required.
- Many of the proposals are based on assumptions and weak evidence so it is essential that they are piloted and evaluated as proposed. These evaluations should not only examine the impact on employment and recovery from problematic drug use, including intermediate outcomes, but also the potential unintended consequences (e.g. impact on offending and on families).

BACKGROUND

The UKDPC is undertaking a series of reviews under the theme of 'Recovery'. These consider how services and support can assist people with problems associated with drug use to achieve long term recovery and re-integration into society. This has included the development of a consensus statement concerning the key domains of recovery and an examination of the barriers to PDUs (re-)entering the labour market and the support required, with a particular emphasis on employers' perspectives. This latter review includes research commissioned from the University of Manchester which is as yet unpublished but has been shared with DWP officials. We have drawn on this work and other sources to consider the evidence relevant to the proposals within NOWO and the implications of this. The evidence base concerning many of the issues is very thin and so it has been necessary to draw on lessons from programmes in related areas, such as offenders and people with mental health problems.

The Green Paper proposals are based on a number of implicit assumptions which we think it is important to analyse alongside the specific proposals. These are that:

1. identifying all PDUs within the benefits system will be beneficial;
2. benefit conditionality will exert an influence on PDUs and encourage them to enter and remain in treatment;
3. sufficient treatment and rehabilitation services are available, appropriately-oriented and of the necessary quality to support those steered in and there are effective partnerships in place to achieve the desired outcomes; and
4. employers are willing and able to provide employment.

This response will focus on testing these assumptions against the available evidence. Specific questions were included in the Green Paper and where appropriate we have also considered these within our response.

CONTEXT

Understanding drug dependency

PDUs, in particular the opiate and crack users being targeted in the Green Paper, tend to have multiple, long-standing problems and are among the most socially excluded. A high proportion are homeless, many will have co-existing mental health problems often related to histories of abuse, few will have recent experience of employment[1] (some have never worked), and a considerable proportion will have chronic physical health problems, such as hepatitis C. Many will also have extensive histories of offending.[2]

The chronic relapsing nature of drug dependence is widely recognised. This is summed up by a statement from the World Health Organisation which says[3] that:

> *Substance dependence is a complex disorder with biological mechanisms affecting the brain and its capacity to control substance use. It is not only determined by biological and genetic factors, but psychological, social, cultural and environmental factors as well. Currently, there are no means of identifying those who will become dependent - either before or after they start using drugs.*
>
> *Substance dependence is not a failure of will or of strength of character but a medical disorder that could affect any human being. Dependence is a chronic and relapsing disorder, often co-occurring with other physical and mental conditions.*

The complex nature of drug dependence and the associated multiple needs of individuals with this condition suggests that programmes aimed at getting PDUs into employment will need to address multiple issues, provide support over a long period and be structured to deal with relapses, as part of a "rehabilitation package".

---

[1] The Drug Outcome Research in Scotland (DORIS) study found that only 13 per cent of new entrants to treatment programmes had been in paid work at any point in the previous 6 months. Furthermore, only 1 in 6 new entrants said their usual employment status over the 3 years prior to entering treatment had been full time work, while 1 in 10 said part-time employment. Kemp & Neale (2005) "Employability and problem drug users" *Critical Social Policy*, 25, 28-46.

[2] For example, a recent study of new entrants to treatment in England showed that over a third had left school before the age of 16, 2 in 5 (40%) had been living in unstable accommodation at some time in the 4 weeks before interview and 43% said they had committed an offence in the same period. Also, 43% had been in contact with mental health services (other than for addiction) at some time and 23% had been diagnosed with a mental health condition, while 17% rated their general health as poor and a further 32% as only fair. Jones, A. et al. (2007) *The drug treatment outcomes research study (DTORS): baseline report.* Home Office Research Report 3. London: Home Office. The findings from DORIS are similar, see Kemp & Neale (2005) *op.cit.*

[3] World Health Organisation (2004) "Neuroscience of psychoactive substance use & dependence", WHO: Geneva. p247-248.

The exploratory study to assess the evaluation possibilities for progress2work indicated that many providers perceived one of its strengths to be that it did not turn people away and relapse did not disqualify clients from further access to provision.[4]

Drug dependence is a disorder, often chronic and relapsing in nature, not simply a lifestyle choice. Many PDUs have multiple, long-standing problems which will require long-term, multi-component solutions as part of a "rehabilitation package".

Employment is important for recovery from problematic drug use

In general, work has positive benefits for an individual's health and well-being, bringing social and economic advantages to the individual and their families[5]. Participation in employment can be a key component of recovery from problematic drug use and reintegration into society. Employment and other forms of social contribution can often help those in treatment to increase their 'recovery capital', for instance by improving self esteem and self-confidence. Meaningful paid or voluntary employment is often seen by drug users in treatment as an important part of building a 'normal' life and even an ultimate goal in their recovery. As recognised in the Green Paper, there is clear evidence that problem drug users have very low rates of employment. The DTORS study indicated that only nine per cent of people commencing a new drug treatment episode were in employment.[6]

When new treatment entrants were asked about their treatment goals as part of DTORS almost half (49%) said one goal was "to sort their life out" and almost a fifth said they wanted to "improve their employment chances". That treatment can help people make progress in this area is shown by the latest National Treatment Agency user satisfaction survey in which just over two-fifths of respondents (42%) agreed that their employment situation had improved.[7] Therefore we fully support the intention to help more PDUs move into treatment and employment.

We fully support the intentions of NOWO to increase the level of practical support to (a) get unemployed PDUs into contact with treatment and (b) help them obtain employment. It is clear that employment is often a vital component of a person's recovery from drug problems.

---

[4] Dorsett, R., Hudson, M., and McKinnon, K. (2007) *progress2work and progress2work-LinkUP: an exploratory study to assess evaluation possibilities*. London, Department for Work and pensions. Research Report No. 464. p.48

[5] Black (2008) *Working for a healthier tomorrow.* London: TSO; Waddell, G. and Burton A.K. (2006), *Is work good for your health and well-being?*, London: TSO

[6] Jones, A. et al. (2007) *The drug treatment outcomes research study (DTORS): baseline report.* Home Office Research Report 3. London: Home Office.

[7] Gordon, D. et al (2008) *The 2007 user satisfaction survey of Tier 2 and 3 service users in England.* London: National Treatment Agency

Assumption 1: Identifying all PDUs within the benefits system will be beneficial

This relates to question six in the consultation document:

> *Do you agree with the proposed approach for identifying problem drug use? How should it be implemented? Do you think that everyone claiming a working age benefit should be required to make a declaration of whether or not they use certain specific drugs?*

Our review of the evidence on benefit and employment law[8] has concluded that up to now problem drug users have been largely invisible within the benefits system, primarily because drug dependency is not, in itself, grounds for claiming benefit. However, there appear to be three underlying reasons in the Green Paper for identifying PDUs within the benefits system.

Firstly, by doing so it may then be possible to target this group to increase the number of people in drug treatment, and we are broadly supportive of this intention. The low level of employment among drug users described above means that many PDUs are likely to be in receipt of some benefits. The DWP-commissioned feasibility study estimated there were up to 100,000 PDUs in benefit who are not in treatment. However, it is important to note that this was considered an estimate (based on a number of other estimates), not an actual number, and of course not all heroin and crack users will be dependent on these drugs or have the same level of problems, and some heroin and crack users may not engage in or benefit from treatment and other support services even if they are targeted.

Secondly, if employment services can identify PDUs, they may be able to support them *out of* treatment as part of a recovery plan, thus reducing the burden on the NHS. However, this approach would focus on targeting those already in treatment, and the NOWO proposals go much further than this.

Thirdly, by targeting PDUs and giving them help to overcome their drug problems, this will help reduce unemployment and the burden on the welfare state. The DWP-commissioned feasibility study estimated that there were around 267,000 PDUs accessing the main DWP benefits in England in 2006; most often Income Support (146,000), followed by Incapacity Benefit (87,000) and JSA (66,000). However, even though these could be overestimates[9] this represents only about 7 per cent of the total number of working age individuals accessing those benefits. Thus the impact of

---

[8] Harris, N. (2008, in preparation) *Social Security and Problem Drug Users: Law and Policy.* London: UKDPC

[9] The feasibility study is based on a number of statistical estimates and makes a number of assumptions, including that the uptake of DWP benefits by PDUs not seeking treatment is the same as for those seeking treatment. The proportion of Incapacity Benefit or Severe Disablement Allowance who had a diagnosis of drug abuse on the claimants medical certificate as of May 2006 was 1.8%, 48,550 individuals (although as drug dependence is not a reason on its own for the receipt of Incapacity Benefit it may not be mentioned on the certificate).

programmes aimed at this group on the benefits system as a whole will be limited. This leads us to question whether the size of this group can justify singling-out PDUs in this way. Other groups with significant barriers to work, such as those with alcohol problems, will be much larger and therefore more likely to make a significant impact on benefit claims. Sceptics may view the desire to target PDUs as politically expedient rather than as a basis for sound policymaking.

Although we are supportive of the proposals if the primary reason for identifying PDUs within the benefits system is to direct them towards treatment and support, we feel that the proposed mandatory disclosure of heroin and crack dependence is unlikely to be enforceable and the additional costs, administrative burden and potential for unintended negative consequences all place the utility of this option into doubt, as outlined in more detail below:

- Mandatory disclosure seems of dubious logic when problematic drug use affects only a minority of cases and is not grounds for benefit receipt. If you cannot qualify for benefit on the basis of addiction, then it seems perverse that not declaring or addressing it should be grounds for sanction.
- The attachment of the possibility of sanctions, including prosecution for benefit fraud, to the identification process has the potential to reinforce the perception of stigma and social exclusion, rather than promoting social re-integration. Fears about disclosure may become heightened and lead to people avoiding the benefits system entirely. The potential for increased crime and greater costs to society ought not to be underestimated.
- It is suggested that drug testing might be used in some cases, but this identifies use, not dependence, and cannot distinguish powder cocaine users from crack users. Drug dependence requires a medical diagnosis that those users who are not in treatment may have never had.
- Sharing of information obtained within the Criminal Justice System is also proposed, although it is not clear exactly what information would be shared. Apart from the confidentiality and data protection issues this might raise, especially given that people tested in police custody may never be charged with any offence, consideration should be given to the fact that a person's status might change over time, both in terms of developing problems after making a claim and of successful recovery. There may also be concerns about whether the proposals are discriminatory or sustainable under human rights legislation.
- The value for money of any such proposals would also need to be considered. Drug testing is costly to set up and run on a day-to-day basis, particularly if sanctions are to be associated with the outcome[10]. Information sharing also comes with costs in terms of the time required to administer it and to set up systems for doing it, particularly in the light of the sensitive nature of the information involved and the need to ensure that the information is matched to the right individual. As is

[10] For example, it would then be necessary for verifiable chain of custody procedures to be put in place and also for more expensive confirmatory testing to be undertaken should a result be challenged.

discussed below, the effectiveness of sanctions to influence drug users may also be limited.

Rather than introducing mandatory disclosure linked to a separate Treatment Allowance, we support the proposal to "*more systematically build identification of problem drug use into the new claim process for ESA*".

Given that problem drug use is recognised as a medical condition and is identified in NOWO as "a serious cause of worklessness" the very fact that it is not grounds for benefit itself seems to be an anomaly. If drug dependency did qualify someone for welfare benefit and support then this may encourage voluntary disclosure, without the need for mandatory disclosure and its associated problems. In speaking to service users it is clear that many currently fear making a disclosure to Jobcentre Plus staff because they fear discrimination (such as not being offered training or jobs) or are concerned about confidentiality (e.g. if they have children they fear they may be taken into care). Even if such fears are unfounded, it is quite understandable that many choose not to take the risk of disclosing their drug problems if there is no clear reason to do so.

Greater clarity and consistency in how drug dependence should be handled within ESA might be more effective in encouraging voluntary disclosure. The new Work Capability Assessment might simplify procedures and encourage individuals to disclose their drug problems voluntarily. In Australia, alcohol and drug dependence is specifically identified within their assessment framework for their Disability Support Pension[11].

Creating a separate 'Treatment Allowance' for heroin and crack users seems unnecessary and potentially stigmatising and we would suggest that those with serious problems should be dealt with under ESA, while those whose drug use is not limiting their capacity to work receive JSA. It is not clear why, if they are incapable of work and are in need of treatment, PDUs should not be entitled to ESA, which will now include work-focused support. Singling out drug users in this way might also have the potential to increase the risk of 'parking' this hard to help group and thus actually inhibit their access to employment and other support services. It might also encourage a narrow focus on drug treatment over other physical and mental health problems that might also be limiting their ability to work. There is a range of groups who are distanced from the employment market, face significant barriers to work and will be supported through ESA. As we have already noted, PDUs can have multiple needs and will often belong to more than one of these groups.

We are therefore unclear as to what advantage will be gained by placing people with drug problems that require treatment on a Treatment Allowance, which addresses this group predominantly as drug users, rather than ESA, which will address groups with multiple needs.

---

[11] Australian Disability Support Pension Impairment Table 7, social Security Act 1991, Schedule 1B

We have concerns about the efficacy, workability, effectiveness and value for money of proposed measures to identify and steer PDUs into treatment and would suggest that the development of a system that encourages voluntary disclosure might be more beneficial.

We are unclear as to what advantage will be gained by placing people with drug problems that require treatment on a new and unique Treatment Allowance rather than ESA. Such an approach could potentially lead to negative consequences and discrimination.

ASSUMPTION 2: BENEFIT CONDITIONALITY WILL EXERT AN INFLUENCE ON PDUS AND ENCOURAGE THEM TO ENTER AND REMAIN IN TREATMENT

As noted in the review of benefit law conducted for the UKDPC, underlying the current proposals is an

> *…assumption that drug dependence is a 'lifestyle' and that the benefit system should make it a less 'comfortable' one in order to move PDUs off benefit and into work – and government policy in the UK is going further than almost any other western democratic state in this regard.*[12]

However, as drug dependence is now generally considered to be a chronic, relapsing condition, with strong evidence for significant brain changes associated with drug misuse, it is not as simple as drug users just deciding to "take responsibility". Policies need to recognise that most problem drug-using offenders are likely to relapse both during and after treatment and, due to the nature of addiction and dependency, incentives and sanctions may act differently for PDUs than for other groups. Recent research into the way in which drug addicts respond to rewards suggests they tend to favour impulsive, short-term rewards even when these conflict with longer-term goals[13].

Our review of the evidence on benefit and employment law[14] was unable to identify any evidence of the impact of current levels of conditionality within the benefits system on problem drug users. However, the problems associated with the chaotic nature of drug users' lives as well as the greater likelihood of low levels of literacy and basic life skills may make interaction with the benefits system difficult and result in poor compliance with requirements.

While referral to drug treatment from Jobcentre Plus may be useful for some people, the addition of a sanction regime for those not attending may simply add additional cost and bureaucracy and make individuals reluctant to disclose their drug use, without improving outcomes in any way. It may even result in some PDUs dropping out of the welfare system. We have concerns around the following issues:

- The threat of withdrawal of benefits may not have much effect on PDUs and may have negative consequences for their families and wider society as well as themselves. For example, the evaluation of the community sentences and withdrawal of benefits pilots concluded that "*…the policy* [of benefit withdrawal for breaches of community sentences] *had some potential, as a supporting factor, to influence offenders clarity about appointments and evidence requirements and the*

---

[12] Harris, N. (2008, in preparation) *Social Security and Problem Drug Users: Law and Policy.* London: UKDPC

[13] The Academy of Medical Sciences (2008) *Brain science, addiction and drugs.* London: Academy of Medical Sciences

[14] Harris, N. (2008, in preparation) *op.cit.*

priority placed on attending, but less potential where non-compliance relates to difficult personal issues, problematic substance use,…".[15]

- Evidence from the USA also suggests that use of benefits sanctions to enforce participation in employment schemes may be ineffective and have negative impacts on the families of problem drug users.[16]
- It is quite possible that PDUs who lose benefits will simply drop out of the system and revert to crime in order to fund their drug habit and other basic needs, thus hampering their rehabilitation and increasing costs to society.
- The dangers of moving 'fragile' people with multiple, complex problems too quickly into employment was also highlighted by our research. As well as having a negative impact on the individual's self-esteem this can have a negative impact on employer's perceptions and willingness to employ this group of people.
- It is also the case that administering a sanctions regime can impose a considerable administrative burden and associated costs. Trying to simplify it by giving the power to impose sanctions to those within frontline support services introduces the potential for discrimination if there are limited controls in place, an issue raised in our consultations with both service users and providers. There was considerable concern expressed for the potential damage such powers could have on the therapeutic or supportive relationship that the service providers need to establish to operate effectively. However, instituting an appeals process will considerably add to costs.

There may be ways of overcoming some of these negative consequences. At the very least, if treatment conditions replaced existing labour market ones only for those struggling to meet them (and thus already at risk of sanctions), negative consequences are likely to be somewhat diminished and engaging in treatment can be positioned as a positive way to avoid sanctions.

In Australia an approach is being tested whereby, rather than withdrawing benefits, payment is given in the form of vouchers or payments to third parties. The aim is to *"…ensure that benefits are spent on the family's "priority needs"…"* and by complying with the conditions for welfare payment *"…the claimant "earns" the "right" to spend payments without state supervision."*[17] However, the impact of this approach has yet to be evaluated. An alternative may be to consider provision of more positive incentive-based strategies to promote engagement (contingency management) rather than the current sanctions-oriented focus, building on the current pilots of this approach within drug treatment, if shown to be successful.

---

[15] Knight, T *et al*. (2003) *Evaluation of the community sentences and withdrawal of benefits pilots.* Department for Work and Pensions research Report No 198. London: Department for Work and Pensions.

[16] Allard, P. (2002) *Life sentences: denying welfare benefits to women convicted of drug offences*. Washington, DC: The Sentencing Project

[17] Neville, N, (2008, forthcoming) quoting from Sutton, J. (2008) "Emergency welfare reforms. A mirror to the past?" *Alternative Law Journal*. 33(1), 27-30.

Most behaviour change models recognise the value of both 'carrot' and 'stick' alongside removing barriers to change.[18] Psycho-social interventions can help maintain motivation and engagement and are an essential part of drug treatment packages but there is also good evidence, albeit mainly from other countries, for the effectiveness of contingency management or the earning of rewards for compliance. The evidence base concerning positive reinforcement in relation to drug users is more extensive than that to support the use of sanctions.[19]

The provision of high quality support services meeting the range of rehabilitation needs may be itself sufficient incentive for many drug users. In the exploratory study to assess the evaluation possibilities for progress2work, the voluntary nature of the programme was also seen as very positive to outcomes as clients could take ownership of the process and their progress.[20] This same report highlighted the need for flexibility and relaxed timescales, which was perceived as helping to prevent relapse with some clients.

We find no convincing evidence that making benefits conditional upon engagement with treatment will be effective in improving outcomes. Rather, the slim evidence available suggests there may be unintended negative consequences.

Whilst robust evidence is not available, expanding support programmes like progress2work in partnership with other services and improving their effectiveness may have the potential to offer greater returns in getting PDUs into employment.

---

[18] Halpern D et al (2004) *Personal Responsibility and Changing Behaviour: the state of knowledge and its implications for public policy*; London: Strategy Unit http://www.cabinetoffice.gov.uk/~/media/assets/www.cabinetoffice.gov.uk/strategy/pr2%20pdf.ashx (accessed 22/10/08).

[19] NICE (2007). *Psychosocial management of drug misuse. Clinical Guideline 51*. London: National Institute for Health and Clinical Excellence.

[20] Dorsett, R., Hudson, M., and McKinnon, K. (2007) *progress2work and progress2work-LinkUP: an exploratory study to assess evaluation possibilities*. London, Department for Work and pensions. Research Report. No. 464. p.48

ASSUMPTION 3: SUFFICIENT TREATMENT AND REHABILITATION SERVICES ARE AVAILABLE, APPROPRIATELY-ORIENTED AND OF THE NECESSARY QUALITY TO SUPPORT THOSE STEERED IN AND THERE ARE EFFECTIVE PARTNERSHIPS IN PLACE TO ACHIEVE THE DESIRED OUTCOMES.

This has relevance to question seven in the consultation document:

> *What elements should an integrated system of drug treatment and employment support include? Do you agree that a rehabilitation plan would help recovering drug users to manage their condition and move towards employment?*

Treatment for drug problems is an important part of the rehabilitation package but it must be appropriate and may need to be long-tem and evolve over time. Primary crack users will require different treatment provision to opiate users and sufficient capacity must be available. It is also not clear how many PDUs on benefit will not already be in treatment. If the estimate of the number of PDUs on benefits who are not in treatment is correct and the new policy is successful in getting up to 100,000 more PDUs to participate in treatment and remain there, then there may be resultant capacity issues within the treatment system.

Equally, provision of other support services must also be adequate. If services are inadequate it may be this, rather than lack of engagement by benefit claimants, that is the reason individuals do not successfully move on. The multiple and complex needs of many problem drug users has already been remarked on. The exact nature of the support and treatment required will obviously vary between individuals but our research has highlighted a wide range of "primary needs" which may need to be addressed alongside drug use before individuals can begin to address their employability issues. [21] These include:

- mental and physical health problems;
- motivation to change, self esteem etc.;
- accommodation; and
- informal support needs.

The lack of suitable accommodation provision was highlighted as a particular issue in our research and a barrier to becoming 'job ready'. The fact that housing benefit ceases when someone finds full time work can also be a particular barrier for some recovering drug users who would be left unable to afford their accommodation, especially if it is some form of supported housing.

The distance each individual is from both recovery from drug use and finding meaningful employment will be different in each case. Some will have a range of primary needs which need to be addressed first, others may have similar needs but will benefit from seeking employment early on in the rehabilitation process. Some will have

---

[21] Spencer, J. et al (2008, in preparation) *Getting problem drug users (back) into employment.* London: UKDPC

low educational attainment and skills and limited employment experience and will therefore require training opportunities. Research also highlights the importance of volunteering and job placements for developing 'soft' skills such as time-keeping and social interaction in the workplace. Whatever the requirements, employment should be a key element of the care plan, and introduced in some form as soon as possible.

The development of personalised support packages as described for those on ESA is perhaps the ideal. The development of a rehabilitation plan would support this and help to motivate people. However, for those in treatment or who have been identified as problem drug users there should already be a care plan, which ideally should address all aspects of rehabilitation. It is important that duplication is avoided and individuals have a single rehabilitation or recovery plan that all relevant services contribute to realising.

The Green Paper includes proposals for incentivising employment support agencies through payment by results. However, if the necessary accommodation and treatment places are not available there may be a reluctance to take on PDUs who are particularly challenging and for whom an employment outcome may require several years of intervention before they can aspire to employment (many employers in our research indicated they expected PDUs to have been drug-free or stable for at least 2 years before they would consider employing them). There needs to be sufficient focus and resources to adequately meet the needs of this challenging group of people. In a period of economic recession, the challenge of finding employment for this group will be even greater and the impact this will have on the attractiveness of "payment by results" contracts needs to be taken into account. It is important that perverse incentives such as 'cherry picking' are not inadvertently introduced through the way the employment support contractors are configured or the way they are evaluated, or PDUs and similar groups risk losing out.

However, the proposed drug co-ordinators may have a role in training staff in employment services and these new posts also offer an opportunity to be the key link between employment services and partner agencies involved in delivering the rehabilitation or recovery plan.

While drug treatment has an important part to play in the rehabilitation of problem drug users it must be appropriate to the needs of the individual and evolve over time. Treatment provision may be insufficient in some areas of the UK and for some groups this may be a limiting factor in the rehabilitation process.

The importance of providing other appropriate services to support rehabilitation, such as stable accommodation, for those seeking work cannot be underestimated.

The way the wider benefits system is configures can be a help or a hindrance to rehabilitation and employment.

ASSUMPTION 4: THE LABOUR MARKET AND EMPLOYERS ARE WILLING AND ABLE TO PROVIDE EMPLOYMENT.

Clearly, the attitude of employers and the state of the labour market will be important factors in the success of any programme aimed at getting PDUs off benefits and into employment and this is acknowledged in the Green Paper.

Our research[22] shows that, when considering employing a recovering drug user, employers are mainly concerned with the risks – to their business, other employees, or to the recovering drug user themselves. The key issue for employers is whether the individual in question is fit for the job. However, there is evidence that many employers have stereotypical views of problem drug users that may make them reluctant to employ them. While those employers who had employed recovering drug users generally had good experiences and found them loyal and reliable there is evidence that PDUs are considered one of the least attractive groups of potential employees. In a period of recession and decline in the availability of unskilled jobs it is likely that employers will be even more reluctant to take the risk of employing them.

It may be that recovering drug users need a form of legislative protection akin to the Rehabilitation of Offenders Act to help combat prejudice. However, there are also benefits of disclosing drug use to an employer at the recruiting stage. This suggests that there is a need to engage with employers to address negative stereotypes and illustrate the business case of employing recovering drug users. This could build on the possibilities identified within the Green Paper for engaging employers within the proposals for ESA, such as through Local Employment Partnerships, the Ministry of Justice's corporate alliance and other good practice. Our research suggested that employers would feel reassured if they knew that the employee and the organisation had appropriate support available to them and, as mentioned earlier, many employment service providers offer such support for a limited period. This should be an integral part of the employment services provided but will have a resource implication.

In addition, the provision of training and support for workplace managers around dealing with the issues of substance misuse and dependence may provide confidence in their ability to manage any issues that might arise as a result of relapse. As well as reducing the perceived risk of employing recovering drug users this will also benefit them in dealing with alcohol and drug problems that might arise among existing members of staff.

Many recovering drug users seek employment within the drug treatment field. While this is likely in part to be due to their desire to "give something back" and apply their existing skills and knowledge of this field, it is also likely in part to be a fear of the potential attitude of other employees towards ex-drug users.[23] Broadening the range

---

[22] Spencer, J et al (2008, in preparation) *op. cit*.

[23] See Buchanan, J. (2004) "Tackling Problem Drug Use: A New Conceptual Framework" *Social Inclusion Research Unit.* Paper 1. (http://epubs.newi.ac.uk/siru/1 accessed 20/10.08) p 128-130 for a graphic illustration of these issues.

of employment opportunities to other sectors may require addressing the attitudes of the workforce more generally but working with employers and incentivising them to expand volunteering, traineeships and work placement schemes may also help to address these issues. The public sector can lead the way in providing opportunities for recovering drug users. At present, restrictions on employing people with criminal records can be a major barrier, and ways need to be found to allow public sector employers to provide new avenues into employment for this group. The public sector, including central government, should provide a 'role model' in this respect.

Our research highlighted the importance of volunteering and job placements as a way of developing self-confidence, basic work skills and building a CV but some people report difficulties in moving on to paid positions. There are innovative programmes available in some areas, including intermediate labour market and social enterprise schemes, and there is a need for evaluation of different approaches to identify models of good practice which could then be adopted elsewhere. The benefits system itself could be more flexible to encourage intermediate forms of work. The current restrictions under out-of-work benefits which can place limitation on voluntary work could be relaxed in some cases, and the risk of moving into employment could also be reduced by 'suspending' rather than ceasing benefit payments for the first few months of work.

The need for sustainability and the prevention of drop out from the labour market is an issue both for those who gain employment through the Welfare to Work proposals and those who develop a drug problem while in work. Since the Disability Discrimination Act specifically excludes drug dependence, employees may be vulnerable to dismissal should they relapse or develop a problem. In Italy, legislation requires employers to hold people's jobs open for up to 3 years if they enter drug treatment[24] and this may be linked to the apparently higher rate of employment among drug users entering treatment[25]. Consideration might therefore be given to potential legislative changes that might have a similar effect. Other options include providing on-going support to PDUs for a longer period post-employment until they are well established. There are examples of services that continue providing support if necessary for one year or more post-employment and in some cases mentoring or "buddy" schemes and coaching are made available within the workplace. It should also be noted that for many people re-establishing contact with the labour market, the first job is a means to an end, for instance to gain references for other forms of employment. In such cases it would be

---

[24] Verster, A. and Solberg, U. (2003) *Social reintegration in the European Union and Norway*. EMCDDA: Lisbon.

[25] According to data available on the EMCDDA website, Italy has the lowest rate of unemployment among new patients entering out-patient treatment of those countries providing this data, with only 33% unemployed (http://www.emcdda.europa.eu/html.cfm/index52970EN.html, accessed 20/10/08). The UK has not provided this data and caution must be taken in comparisons as treatment systems vary so we may not be comparing like with like – but there appears to be a considerable difference to the figures from DTORS in which 52% were classified as unemployed and 25% unable to work due to long term sickness or disability.

particularly counter productive to remove support structures as soon as employment was found.

Consideration should be given to providing for a more flexible approach that avoids the 'benefit trap' and which can encourage progressive entry into the labour market without negative consequences..

Engagement with employers to expand the opportunities for employment will be essential to increasing the rehabilitation of PDUs. Research suggest that to minimise perceived risks for employers an engagement programme providing both information and support to businesses and support to PDUs once they are in employment will be required.

EVALUATION OF THE IMPACT OF CHANGES AND TO IDENTIFY GOOD PRACTICE SHOULD BE A PRIORITY.

There is a dearth of evidence concerning the numbers of problem drug users within the benefits system, how they are currently dealt with, the effectiveness of approaches to assisting them into employment and whether these represent value for money. Hence many of the proposals to help PDUs in the Green Paper are based on very limited evidence and assumptions about problem drug use and "what works". In order to comment on the proposals it has been necessary to extrapolate from evidence from other countries and other areas, such as offenders. We have highlighted the potential for unintended consequences if the proposals are implemented, such as drop out from the benefits system leading to increased harm to the individuals themselves, their families and wider society. There is also the potential for the 'parking' of this very hard to help group and of individuals being pushed into employment before they are ready with negative consequences for their long-term rehabilitation and for employers.

It is therefore imperative that the proposals are piloted and evaluated as proposed in the Green Paper which we welcome. There is also a need for better information on current practice to guide programme development and provide a baseline against which the impact of changes might be assessed. The programme of research should:

1. demonstrate how problem drug users are currently dealt with within the benefits system: what proportion fail in their benefits claims and on what grounds; how many are currently penalised under the current conditionality regime; what the reasons are behind the current variation in how they are dealt with;
2. build on the feasibility study about the evaluation of current progress2work provisions to identify models of good practice and assess their cost-effectiveness in order to provide a firm basis for any new provision;
3. evaluate the impact of any changes to the benefit regime using a broad set of outcome measures, not simply numbers into treatment or employment, and include economic evaluation. The evaluations would need a sufficient timescale to reflect the length of time it may take to overcome extensive and deep-seated problems. The introduction of different measures should be staged to allow the identification of the effect of different aspects of the changes and recognise interim outcomes that may also be indicators of "success". It is also important that appropriate control groups are used so that it is clear that any impact is due to the programme being evaluated and not specific aspects of the group;
4. review the effectiveness and value for money of the 'systems architecture' to deliver the changes (e.g. drug coordinators, contracting arrangements, etc); and
5. examine any unintended consequences of implementing the proposals, such as impact on criminal behaviour and impact on families.

Many of the proposals are based on assumptions and weak evidence so it is essential that they are piloted and evaluated as proposed. These evaluations should not only examine the impact on employment and recovery from problematic drug use, including intermediate outcomes, but also the potential unintended consequences.

UKDPC 2008