



Policy forum

The other half of the equation: employers' readiness to recruit problem drug users

Nicola Singleton

Director of Policy and Research, UK Drug Policy Commission

Ben Lynam

Head of Communications, UK Drug Policy Commission

Abstract

The importance of employment as part of the recovery process for problem drug users has been increasingly recognised and the UK government is developing policies to encourage drug users on out-of-work benefits to engage with treatment and find work. There is slim evidence to support the use of welfare benefit sanctions for this group, although the government is committed to piloting such programmes and fully evaluating before any national roll-out. However, more attention needs to be given to addressing employers' concerns about risks associated with hiring recovering drug users and challenging negative stereotypes and stigma if ambitions to get this group back to work are to be realised.

Key words

Welfare, benefits, employment, problem drug user, recovery

As part of 'radical' new measures to support drug misusers' reintegration into society, the new UK drug strategy (HM Government, 2008) indicated that getting problem drug users into employment would be given greater priority. The Department for Work and Pensions (DWP) estimates that up to 240,000 problem (heroin and crack-cocaine) drug users may be receiving out-of-work benefits – about 70% of problem drug users in England (Hay & Bauld, 2008).

Subsequently, the government published its welfare reform white paper *Raising Expectations*

and Increasing Support: Reforming welfare for the future (DWP, 2008). It describes how work can be 'critically important in helping people recover from drug dependency' and outlines 'a new regime for problem drug users'. This includes measures to identify problem drug users within the benefits system and provide a package of drug treatment and other support to help overcome any barriers to work. The welfare reform bill was introduced in the House of Commons in January 2009 and expands the regime to any benefit claimant who 'is dependent on, or has a propensity to misuse,

any drug', not just heroin or crack (House of Commons, 2009).

Against this policy backdrop, the UK Drug Policy Commission (UKDPC) published the findings of a review, which considered what is needed to help get problem drug users into employment (UK Drug Policy Commission, 2008). Our review included new research commissioned from the University of Manchester and published in two parts. Part one examined social security and relevant aspects of employment law and policy (Harris, 2008). Part two used desk research, qualitative interviews and a survey of employers to focus on barriers to employment and on effective support structures and mechanisms (Spencer *et al*, 2008).

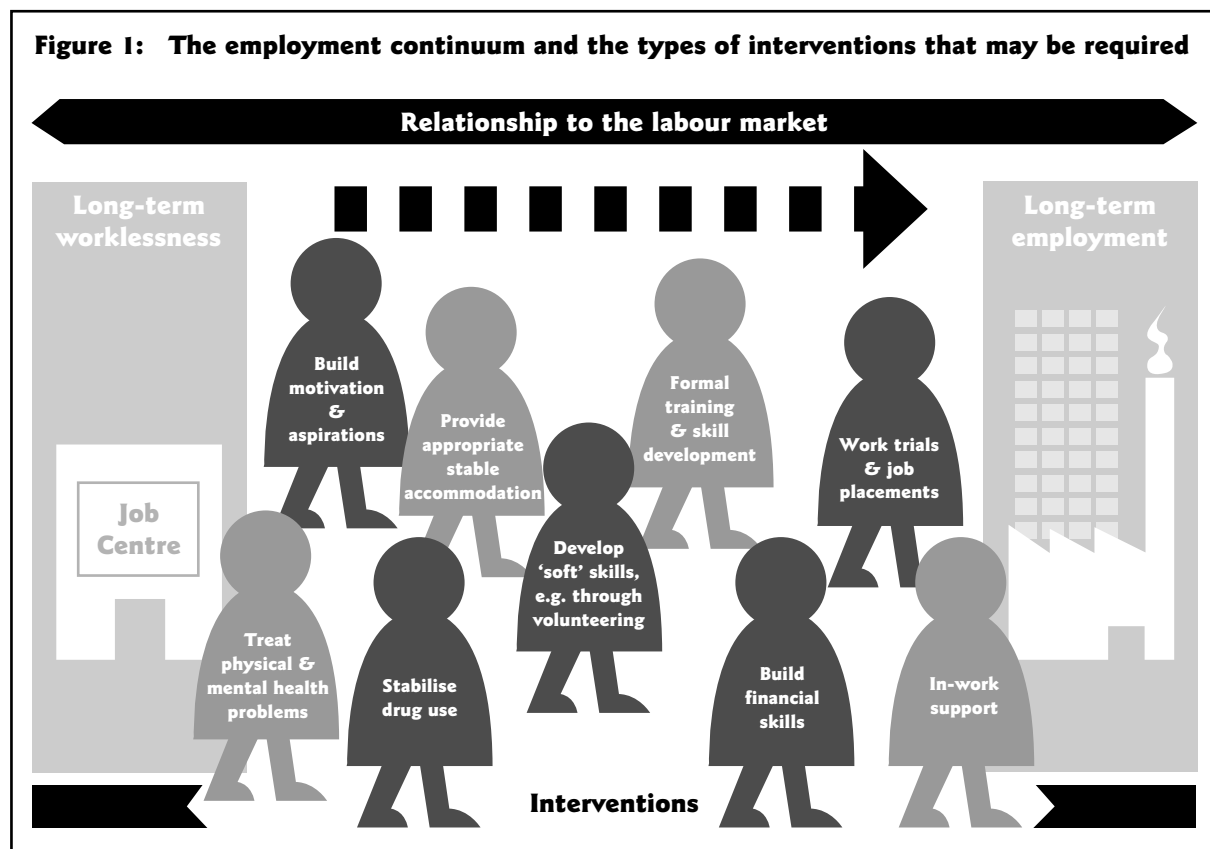
Both the government's proposals and the UKDPC's conclusions stress the importance of employment in improving the chances of successful drug treatment, recovery and reintegration. Both also acknowledge that many problem drug users will have a significant distance to travel and will require interventions from a range of services before they can enter the formal job market (see *figure 1*).

It can be a significant and long-term challenge to get some problem drug users 'fit for the

job'. Our research identified a range of 'primary needs', such as poor physical and mental health, low self-esteem or motivation and unsuitable accommodation, which need to be addressed at an early stage of the recovery process alongside drug problems. Furthermore, many drug users will have been unemployed for most or all of their lives and will need a significant amount of support to help them to gain the skills needed to get ready for work – both 'soft' skills such as timekeeping and interacting in the workplace, and 'hard' skills such as qualifications.

Conditionality

The government's white paper proposals describe how, in return for benefit payments and support, problem drug users 'will be required to agree a rehabilitation plan, and to make real efforts to make progress against it. If they fail to do so, without good cause, they will be subject to sanctions' (for example, a temporary reduction in benefit payments). This has proved to be the most controversial and publicised aspect of the proposals for problem drug users on benefits, with third sector organisations suggesting that the threat of sanctions 'risks driving people away



from claiming support and could have knock-on effects on families and communities' (Cameron *et al*, 2008).

In our response to the government's consultation on welfare reform, we reviewed the (slim) evidence available (UKDPC, 2008d) and found that this supports the view that there is a risk of unintended consequences. For instance, one study from the USA showed that use of benefits sanctions to enforce participation in employment schemes was largely ineffective and had a negative impact on the families of problem drug users (Allard, 2002). We were unable to find any convincing examples to demonstrate that making benefits conditional upon engagement with treatment would be effective at improving outcomes. A recent report to the DWP *Realising Potential: A vision for personalised conditionality and support* (Gregg, 2008) finds that 'The current approach of using conditionality backed by sanctions has been shown to have had a great deal of success, in the main without adverse consequence'. However, there is clearly a need for caution if conditionality is attached to addressing addiction, which is known to be chronic and relapsing. Furthermore, addiction has been shown to be associated with changes in the brain and the way individuals perceive short- and long-term goals, preferring small, immediate rewards to potentially larger, but delayed, rewards (Academy of Medical Sciences, 2008). An 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 priority placed on attending, but less potential where non-compliance relates to difficult personal issues, problematic substance use...' (Knight *et al*, 2003).

However, although the white paper acknowledges concerns about unintended consequences, it does not use evidence to justify this policy. Instead it uses a belief that 'it is wrong for individuals, their families and society to allow people to use drugs long-term without challenge while they are on benefit'.

Of course because quality evidence in this area is scarce, it is not possible to be definite one way or another about the likely outcomes of welfare sanctions linked to drug treatment. It is therefore important that the government has committed to pilot and fully evaluate the proposals before any national roll-out.

The demand-side challenge

The government's proposals for problem drug users are almost entirely focused on 'supply-side' issues: getting problem drug users on benefits 'job ready'

by stabilising their drug problem, building their self-esteem and confidence, addressing barriers such as housing and debt and providing help to gain work-related skills. While this is all very welcome, it leaves a significant gap when it comes to the 'demand-side' challenge: making sure that once they are ready to enter the labour market there are employers who are ready, willing and able to take them on. Clearly, even unlimited resources and effort expended on getting a recovering drug user 'job ready' will amount to little if employers are reluctant to recruit them. It is therefore vital that this side of the equation is given due attention.

Unfortunately, as with the supply-side, the demand-side challenge is not an easy one. Two-thirds (90 out of 135) of employers surveyed in our research said they would refuse to employ a former heroin or crack-cocaine user, *even if they were otherwise suitable for the job* (Spencer *et al*, 2008). Employer concerns about risk to the business, and negative attitudes towards both former and current addicts, could jeopardise the chances of this group finding work.

Risk associated with the management of drug use

Our research found that what might happen if an employee relapses is a key concern for employers, particularly as this will have implications for reliability and health and safety in the workplace. As a result, stability is a fundamental requirement for employers. Demanding abstinence for at least two years was a fairly common response, although this is essentially an arbitrary time period, which will unfairly exclude people who have reached the required level of stability earlier in their recovery. Clearly, employers need some kind of assurance that a job candidate is stable and reliable. However, guidance is needed to help employers move away from arbitrary 'drug-free periods', which have no direct link to whether someone is suitable for the job. In some cases it might be appropriate for a treatment provider to report to an employer that an individual is, in their view, stable and committed to rehabilitation. In other cases, volunteering or job placements would allow recovering drug users to demonstrate their reliability and suitability for the role.

Despite the wealth of evidence in support of methadone and other substitute medicines to help stabilise drug users, many employers indicated they would not employ people on such treatments. Most knew very little about substitute medication and how this might affect the types of activities that employees could or should not do. Similarly,

in a Scottish study those on methadone came at the top of a list of 'hard to employ' categories in terms of employers saying they would not employ people from that group (Scott & Sillars, 2003). Given the large number of drug users in substitute prescribing programmes, dealing with this issue is essential. Drawing parallels with other psychoactive medication, for instance for people with mental health problems, might help to shift the perceptions of employers.

Although some employers might be reassured by the knowledge that a potential employee might be continuing to receive drug treatment and support, for others this was an added concern – particularly if it meant they needed time off to receive these services. Clearly, there is a need to educate employers and provide guidelines in this area. Treatment agencies also need to consider how well they can adapt to the needs of employers, for instance by offering out-of-hours services for clients.

Risk to the reputation of the business

Many employees were also concerned about the 'PR' aspects of employing recovering drug users and the risk of damage to the reputation of the business and unfavourable media coverage. This was a particular issue for customer-facing roles in service industries and employers in smaller (for example, rural) communities where someone's drug-using past is more likely to be known. This issue is difficult to decouple from the wider one of negative stereotypes and stigma associated with problem drug use.

Negative stereotypes and stigma

While some perceptions of risk may be rooted in reality, many were fuelled by negative stereotypes and the stigma associated with problem drug use. In our research, most employers did not have experience of knowingly employing problem drug users and therefore they had to form an opinion based largely on the media and other, usually negative, portrayals of drug users. For instance, practitioners suggested that many employers believed that recovering drug users would be more likely to be work-shy, dishonest or unreliable. In a Scottish survey, (un)trustworthiness was the main reason for not employing someone with a history of substance abuse (Scott & Sillars, 2003).

In fact, the experiences of the employers in our research who had knowingly recruited recovering drug users were often very positive, with low levels of absenteeism and staff turnover and high levels

of productivity. For many recovering drug users, employment symbolises a return to a 'normal' way of life, and as such they can be much more motivated by work and grateful for the second chance the employer has given them. Furthermore, the fact that they are likely to have been through difficult times and then made a commitment to make the necessary changes to their lives demonstrates a strength of character that should be attractive to employers.

Engaging with and supporting employers

Having reviewed the evidence and consultations, the Commission concluded that much more should be done to engage with local employers and provide them with the support they need to take on recovering drug users and manage the associated risks.

Local engagement strategies are needed to help build employers' knowledge and understanding of addiction and the nature of recovery and provide practical guidance for recruitment and employment. They should address the widely held stigma associated with drug use and challenge negative stereotypes among employers, emphasising the benefits of engaging with this group. We found good examples of engagement with employers where clients were presented primarily as individuals with a range of characteristics and skills to offer, rather than people with a drugs problem with the associated risks attached. The Local Employment Partnerships set up by the government offer one obvious route for engagement strategies. There is also an opportunity for the 73 new Jobcentre Plus Drugs Co-ordinators, who will be in post from April 2009, to have an employer engagement role. However, it is not clear from current guidance that this will be the case. (National Treatment Agency/Jobcentre Plus, 2008).

While there is a view that employment and treatment services should keep within the confines of their respective specialisms and concentrate on 'what they do best', there is clearly a need for a joined-up approach, which has an individual's recovery as the ultimate goal. The proposed Jobcentre Plus 'rehabilitation plan' is an opportunity to integrate employment needs and the treatment needs of a care plan. While the best care plans will do this already, the benefit of a rehabilitation plan could be that it is used by all agencies involved in a person's recovery. The new Treatment Outcomes Profile, which includes an employment measurement, will also encourage joined-up approaches. However, more radical thinking is likely to be required to develop

a genuinely recovery-oriented system.

There was a range of different options suggested for how employers might be better supported. Having a source of expert advice available to employers, should problems arise, was frequently suggested particularly by small and medium-sized enterprises with limited or no HR departments. This could be as simple as help to set up appropriate workplace policies, a helpline for employers, or access to a professional who can mediate between employer and employee if a problem arises. Such measures could give confidence to the employer that any problems will be identified and dealt with before they escalate.

Many services provide a period of continuing support to their clients once they are in employment or a work placement. Job coaches and mentoring schemes have been shown to be valuable in maintaining employment among people with mental health problems and the further development of such programmes could be considered for recovering drug users. Furthermore, allowing some kind of 'get out clause' for both employee and employer should things not work out may be appropriate to help manage risk. For instance, once employment commences welfare benefits could be temporarily suspended rather than terminated so that if the placement was unsuccessful they could be easily resumed.

Volunteering, work placements, intermediate labour markets and social enterprises are programmes that help to bridge the gap between employers and hard-to-employ groups such as recovering drug users, and they should be supported and expanded. Our research highlighted the benefits for building the skills of the recovering drug user and reassurance and improved understanding for employers. Furthermore, the public sector should lead the way in providing these opportunities and avoid unnecessarily excluding recovering drug users from employment with standard contract terms.

Going further

In our review, we recognised that the barriers to employment for recovering drug users are such that more might be needed to create new routes into employment. The government has just announced that employers will be given up to £2,500 for every person they train who had been unemployed for more than six months, and the main opposition party has a similar policy. Further incentives might be required to encourage employers to recruit the most marginalised groups, including

recovering drug users. There may also be a case for extending anti-discrimination laws to provide some protection for former drug users and those who are impaired because of drug addiction. This could be considered in the development of the forthcoming equality bill.

Contact details for further information

UK Drug Policy Commission
King's Place
90 York Way
London
N1 9AG

Website: www.ukdpc.org.uk

Email: info@ukdpc.org.uk

All three UKDPC reports cited in this paper can be found at: <http://www.ukdpc.org.uk/publications.shtml#Work>

References

- Academy of Medical Sciences (2008) *Brain Science, Addiction and Drugs*. London: Academy of Medical Sciences.
- Allard P (2002) *Life Sentences: Denying welfare benefits to women convicted of drug offences*. Washington, DC: The Sentencing Project.
- Department for Work and Pensions (2008) *Raising Expectations and Increasing Support: Reforming welfare for the future*. London: The Stationery Office.
- Cameron D, Barnes M & Saville S (2008) Drug users and welfare reform: concerns that the threat of benefit sanctions for those who fail to engage with drug treatment will not work as intended, letter in *The Times* [online], 15 December 2008. Available at: <http://www.timesonline.co.uk/tol/comment/letters/article5342072.ece> (accessed 16 January 2009).
- Gregg P (2008) *Realising Potential: A vision for personalised conditionality and support*. London: The Stationery Office.
- Harris N (2008) *Getting Problem Drug Users (Back) Into Employment. Part one: Social security and problem drug users: Law and policy*. London: UK Drug Policy Commission.
- Hay G & Bauld L (2008) *Population Estimates of Problematic Drug Users in England who access DWP benefits: A feasibility study*. Department for Work and Pensions Working Paper No 46. London: DWP.
- HM Government (2008) *Drugs: Protecting families and communities. The 2008 drug strategy*. London: COI.
- House of Commons (2009) *Welfare Reform Bill* as introduced to the House of Commons for first reading, 14 January 2009 [online]. Available at: <http://services.parliament.uk/bills/2008-09/welfarereform.html> (accessed 16 January 2009).
- Knight T, Mowlam A, Woodfield K, Lewis J, Purdon S

Policy forum

& Kitchen S (2003) *Evaluation of the Community Sentences and Withdrawal of Benefits Pilots*. Department for Work and Pensions Research Report No 198. London: DWP.

National Treatment Agency/Jobcentre Plus (2008) *'Dear Colleague' letter: Annex 1 – Role, numbers, grades and distribution of Jobcentre Plus drugs co-ordinator posts* Gateway Ref 11035, dated 5 January 2009 [online]. http://www.nta.nhs.uk/areas/employment/docs/nta_jobcentre_plus_drugs_coordinators_posts_annex1.pdf (accessed 16 January 2009).

Scott G & Sillars K (2003) *Employers' Attitudes to Hard-to-Employ Groups*. Glasgow: Scottish Poverty Information Unit.

Spencer J, Deakin J, Seddon T & Ralphs R (2008) *Getting Problem Drug Users (Back) Into Employment. Part two*. London: UK Drug Policy Commission.

UK Drug Policy Commission (2008) *Working Towards Recovery: Getting problem drug users into jobs*. London: UK Drug Policy Commission.

Pavilion in partnership with Mind, Drugscope and Sainsbury Centre for Mental Health present:

It's time to talk

Drug treatment and psychological therapies



Date: Friday 20 March 2009
Venue: ORT House Conference Centre, London NW1

About the conference

The government is investing £173 million by 2011 to improve access to psychological therapies.

This conference will consider the evidence base for psychological therapies, with a particular focus on innovative practice within the drug and alcohol treatment sectors. It will help to equip treatment services to make the best of new opportunities to improve their clients' access to psychological therapies.

As well as policy discussion, a large part of the day will be dedicated to learning from seminars examining emerging evidence and the latest best practice examples. Presentations will cover psychotherapy and drug treatment provision, therapeutic approaches and developing an IAPT programme.

Key speakers

Martin Barnes, CEO, Drugscope

Luke Mitcheson, Consultant Clinical Psychologist, National Treatment Agency

Paul Farmer, CEO, Mind

Ann Mills, Alpha Project, Phoenix Futures

Andy Bell, Director of Public Affairs, Sainsbury Centre for Mental Health

Delegate rates

- Public sector/educational/charity/ NHS/local gov/voluntary orgs **£255** + VAT (Total £293.25)
- Central gov/private orgs **£295** + VAT (Total £339.25)
- Unwaged/student/ small voluntary orgs **£195** + VAT (Total £224.25)
- Conference papers **£60** + VAT (Total £69)

I am pleased to offer you a **20% discount** of the standard delegate rate – to qualify please quote GCTIME when booking.

How to book: Tel: 0844 880 5061 Email: info@pavpub.com Web: www.olm-pavilion.co.uk