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Social Security Advisory Committee
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CONSULTATION: The Social Security (Welfare Reform Drugs Recovery Pilot Scheme) Regulations 2010

The UK Drug Policy Commission (UKDPC) is an independent body set up to improve public and professional understanding of the evidence about the effectiveness of drug policies across the UK. More information about our Commissioners and work can be found at: www.ukdpc.org.uk

Our aim is to ensure that drug policy and practice generally is based on evidence and high quality analysis. The UKDPC has a major strand of our work programme addressing the theme of recovery from drug problems on which we based our response to the Welfare Reform Green Paper consultation (attached). We have been grateful to the opportunities afforded us by the Department for Work and Pensions to contribute in the policy development process. However, many of the concerns we raised in our earlier consultation response still remain.

We have been involved with other organisations in the field, in particular with Drugscope/LDAN and are in agreement with the points raised in their submission. However, we have some particular concerns that we wish to raise separately relating to the evidence underpinning the policy proposals and the design of the proposed pilot.

We welcome many aspects of the policy proposals:

- the focus on providing additional support to this frequently extremely vulnerable and disadvantaged group, to help them reintegrate them into society, a necessary part of recovery fro drug problems;

- the recognition that for many this will take a considerable time and support from treatment services may be necessary for some to help them address their substance misuse problems;
- the appointment of drug co-ordinators in job centres to co-ordinate the work of the range of agencies that have a role to play in the rehabilitation of people with substance misuse problems;
- the reduction in job-focused requirements during the period of treatment and rehabilitation;
- the commitment to piloting and evaluation of some elements of the proposals.

Nevertheless we have a number of remaining concerns that we hope the committee will address.

As noted in the Explanatory Memorandum for the SSAC, since April 2009 a number of important changes have been put in place within Job Centres across England. Firstly, as described in paragraph 6, drug co-ordinators have been appointed who have been working to develop partnerships between job centres and treatment agencies and improve the level of treatment and employment support. A voluntary referral pathway to treatment discussions was also introduced and the memorandum indicates that over a thousand referrals have been made. We welcome these developments and they appear to have been of considerable value but unfortunately they have not yet been evaluated.

The voluntary referral mechanism will, however, become mandatory in England outside the pilot areas from October 2010 with sanctions applied if claimants do not attend meetings with a drug treatment provider. In our response to the original consultation we raised concerns about the use of sanctions for this group as the limited evidence that there is, including the evaluation of the community sentences and withdrawal of benefits pilots referenced in the explanatory memorandum, suggests that the threat of withdrawal of benefits may not have much effect on compliance and may have negative consequences for their families and wider society as well as themselves. The lack of evaluation of the original voluntary referral process and of the change to mandatory referrals means that it will not be possible to say whether mandation is a help or a hindrance.

The pilot scheme that is being established in six areas extends the process of mandatory referral to treatment to include the development of rehabilitation programmes and the provision for benefits to be in the form of a treatment allowance during which time jobseeking conditions will be suspended. The process for identifying problem drug users and providing them with the necessary additional support is extremely complicated and we agree with the concerns about many aspects of the process that have been raised by Drugscope in their consultation response.

We are very pleased that the scheme is to be piloted and evaluated but have a number of concerns about the current evaluation proposals which are summarised below:

1. The estimates for numbers of individuals in the different strands of the pilot, and in particular in the "not in treatment" strand appear to be too small to properly test the process. In this case it will not be possible to draw firm conclusions about effectiveness and value for money within the time available.
2. We feel it is quite possible that the effort involved in setting up the new processes may have a negative impact on the services available for those randomised to the control group. This may inflate the apparent effectiveness of the programme.
3. One key concern raised by many respondents to the green paper consultation was that fear of the potential consequences of identification as a drug user might lead to people avoiding attendance at job centres with the potential for increasing acquisitive crime rates or negative impacts on drug users families. As the pilots are currently constructed it will not be possible to test this. We feel it would be better to compare a pilot with matched non-pilot areas which would be a better design for identifying these types of impact.
4. The pilot programmes are very complex and for many of the most severe PDUs the likelihood of obtaining employment within the current timeframe is small. The throughput in the time available is unlikely to be sufficient to provide useful information on what works and for whom.

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