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and analysis together
to inform UK drug policy

UKDPC
UK DRUG POLICY COMMISSION

Working towards recovery

Getting problem drug users into jobs

December 2008

Published by:
The UK Drug Policy Commission
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This publication is available online at www.ukdpc.org.uk/reports.shtml.

ISBN: 978-1-906246-09-9

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:

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We would like to thank the many employers, service providers, service users and policymakers who helped both by participating in the background research and by contributing towards our deliberations.

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The nature of the challenge and current strategies

Studies have shown that up to 80% of problem drug users (PDUs) are unemployed, yet work has been shown to be an important component of rehabilitation and reintegration into society, reducing the likelihood of relapse. More PDUs in work should mean more people successfully achieving recovery and exiting treatment, and a reduction in crime. PDUs on welfare benefits also cost the UK many tens of millions of pounds. Perhaps more importantly, most unemployed PDUs want to work and recognise its significance for building a 'normal' life. Once in work, recovering PDUs have been found to be good employees.

While all four UK government drug strategies place a strong emphasis on employment, and a major welfare reform proposal from the Department for Work and Pensions specifically targets PDUs, there are no robust evaluations of national initiatives, such as progress2work, funded through Jobcentre Plus. At present, PDUs are largely 'invisible' within the benefits system and practice to deal with them appears very variable. We reach the following conclusions[1]:

1. Programmes aimed at getting PDUs to work should be properly evaluated in order to: provide robust evidence of effectiveness (including cost-effectiveness), identify and spread good practice, and prevent potential unintended negative consequences.
2. The Cabinet Office should review the extent to which the needs of PDUs have been identified in local responses to the Socially Excluded Adults Public Service Agreement (PSA 16), particularly the need for better access to stable accommodation and employment opportunities.
3. Identifying how drug misuse should be dealt with under the benefits system and then providing clear pathways for accessing additional support may encourage voluntary disclosure of problem drug use and increased participation in treatment and employment services and allow improved monitoring of numbers in the system and outcomes.

1 Where our conclusions highlight implications for English-based agencies, they will also be relevant to appropriate bodies in other parts of the UK.

Getting problem drug users 'fit for the job'

PDUs are among the most disadvantaged groups in society, frequently having physical and mental health problems as well as offending histories, often coupled with limited skills or employment experience. Distance from the labour market will vary across the group, but on top of their drug problems many will have a range of 'primary needs', such as poor physical and mental health and unsuitable accommodation, which need to be addressed at an early stage. It can be a significant and long-term challenge to get some PDUs 'fit for the job' and services need to be designed appropriately. We make the following conclusions:

4. It is important to be realistic about the time required before many PDUs will be in a position to participate in the formal job market. This will have implications for benefit regime procedures and other support mechanisms. Guidance on these matters should be prepared jointly by the Department for Work and Pensions, the Ministry of Justice and the National Treatment Agency in collaboration with employers and treatment provider bodies.
5. There is a need for improved provision of a range of suitable accommodation to facilitate recovery and rehabilitation.
6. Housing agencies need to be more closely involved in local drug-related partnerships and there is a need for identification and sharing of good practice in provision.
7. Governments should review how improved accommodation outcomes for this group can be secured through local drug partnerships, housing plans and the relevant commissioning and contracting mechanisms.
8. The physical and mental health problems experienced by PDUs may impact on their ability to achieve and sustain employment. It is important these are recognised and adequately addressed.
9. Ongoing care and support, which may come from families, peers or services, is essential to achieving and sustaining recovery and rehabilitation. This needs to be recognised and promoted in individual treatment and rehabilitation plans.
10. Commissioners of drug treatment should ensure that there is adequate provision of family and carer support services by including this in service specifications.
11. Commissioners of drug treatment, offender and employment services should consider the need for adequate training, volunteering and job placement provision within their commissioning plans for this client group.
12. The National Audit Office, in its current review of drug treatment commissioning and planning at the local level in England, should look closely at the provision of employment services for PDUs.

13. Each individual should have a single rehabilitation/recovery plan (incorporating the treatment care plan), which should be developed to encourage a coordinated, multi-agency approach.
14. The National Treatment Agency along with the Ministry of Justice and the Home Office should review how the current commissioning and contracting arrangements for drug treatment services can be realigned with a view to promoting and incentivising improved employment and recovery outcomes.
15. Employment services' contractual arrangements need to provide adequate resources and incentives for providers to deliver successful outcomes for those groups, including PDUs, who are among the hardest to place. Employment services must also be fully evaluated and monitored to ensure that 'creaming' and 'parking' do not occur.

Addressing employers' concerns

Many employers are extremely reluctant to recruit PDUs; particularly those who admit to current use, but also those who have a history of drug problems (and offending). Employers understandably insist that new recruits should be 'fit for the job', but even if potential recruits have the competencies for the job, concerns about managing risk remain. The three main types of risk perceived by employers are:

- risk associated with the management of drug use;
- risk to the reputation of the business; and
- risk to other employees or customers.

There are opportunities to increase employment opportunities for PDUs by managing these risks, particularly through schemes that bridge the gap between PDUs and employers and provide ongoing support to both parties. Stability is a fundamental requirement for employers and some expect PDUs to have been free from all drugs, including substitute medication such as methadone (used to treat heroin dependency), for at least two years. However, this is an arbitrary time period which creates a significant barrier to rehabilitation for PDUs who are stable, on substitute medication or otherwise, before reaching that time limit. Many employers appear to hold negative, stereotypical perceptions of PDUs. However, many employers in our research studies who knowingly hired recovering drug users reported positively on their experiences. We reach the following conclusions:

16. Effective formal risk assessment procedures to match PDUs to job opportunities need to be identified and then adopted by employers and all employment service providers.

17. Clear information and guidance on the employment of people on substitute medication needs to be developed and disseminated to employers and treatment and employment services by the Department for Work and Pensions, the Department of Health/National Treatment Agency and the Health and Safety Executive.
18. If PDUs are to receive treatment and support while in employment there needs to be flexibility on the part of both employers and treatment providers. In particular, treatment services need to consider improving access outside of normal working hours.

19. A wider range of volunteering and work placement opportunities need to be made available to help PDUs achieve and demonstrate stability and 'soft' skills, such as timekeeping and interacting with people in the workplace.
20. Treatment and employment services need to ensure that rehabilitation/recovery plans (and associated guidance) explicitly incorporate a period of volunteering and/or workplace experience when appropriate.
21. The Department for Work and Pensions should review benefit rules and guidance concerning volunteering to ensure they do not inhibit rehabilitation of PDUs, and should examine ways in which the benefit regime can be more flexible through schemes such as work trials.
22. Local Drug Action Teams, drug and employment services and Local Employment Partnerships should look to initiate jointly a programme of local volunteering and work placements.
23. Local Employer Partnerships should be resourced to deliver a local volunteering/work placement programme for chronically excluded adults, including PDUs.
24. Public sector bodies should take the lead with the recruitment and employment of chronically excluded adults (including PDUs) and should be annually monitored on progress.
25. The Office of Government Commerce should review the use of standard contract terms that may unnecessarily militate against the employment of people with criminal records and/or a history of drug use.
26. A programme of research and development to consider the benefits of developing mentoring and coaching support for PDUs should be undertaken by the Department for Work and Pensions.

27. Mechanisms for providing ongoing support for employers and employees, particularly in small and medium-sized enterprises, need to be developed and properly evaluated, and examples of good practice identified and disseminated.
28. There is a need to reduce the stigma attached to PDUs. More positive messages and success stories need to be disseminated. The Government needs to set an example in the language used in public pronouncements and the way PDUs are characterised within its publications.
29. The Government should consider the feasibility of initiating and funding a major anti-prejudice information campaign at both national and local levels to help reintegrate recovering PDUs.
30. The Department for Work and Pensions should develop local employer engagement strategies, perhaps based on Local Employment Partnerships and involving treatment providers, incorporating better information to improve knowledge and understanding of problem drug use among employers and employment service providers.
31. A high-level task group should be established to bring together employer groups, treatment and employment service providers and others to sustain momentum on improving employment opportunities for PDUs.

Going further? Legal protection and incentives

We recognise that the barriers to employment for many PDUs are such that, even with additional support for employers and better engagement strategies, more might be needed to increase the employability of this group. We reach the following conclusions:

32. The Government should commission an independent review of the pros and cons of using various financial incentives to encourage employers to recruit the very marginalised, with a view to introducing properly evaluated trials.
33. The Government should revisit and implement the recommendations of the 2002 review of the Rehabilitation of Offenders Act in order to minimise any barriers that may stand in the way of drug-related offenders' rehabilitation.
34. The Government and the Equality and Human Rights Commission should consider whether impairment due to substance dependence should be included within the proposed single equalities legislation, including if necessary more explicit recognition of this condition within the Disability Discrimination Act.

1. Introduction

Context

In a major study of people in England seeking help for their drug problem, nearly 80% were found to be unemployed[2]. With an estimated 400,000 problem drug users (PDUs) across the UK, many with extremely complex needs, the scale of the challenge facing those in drug treatment and employment services is considerable.

The new English, Welsh and Scottish drug strategies and the ongoing Northern Ireland strategy[3] all recognise the importance of so-called 'wrap-around' services (e.g. employment and accommodation) to successful drug treatment, reintegration and longer term recovery. Also, many PDUs will be in receipt of out-of-work benefits and there is a growing political imperative to increase the numbers moving from benefits into work. Therefore, assisting PDUs into employment is a priority area for development. Policymakers and practitioners have, understandably, focused on the personal barriers to employment that PDUs may face, such as health problems, low skills base and lack of work experience. The UK Government has recently focused its attention on the welfare benefits regime, with proposals to introduce sanctions for PDUs on benefit if they do not progress through treatment and into work. However, to date, less attention has been paid to employers' perspectives and how they view the recruitment and employment of recovering drug users, despite the obvious fact that employers are key partners in any programmes aimed at getting them into employment. Therefore, the employers' perspective is a key focus of this report.

Structure and scope of this report

Research that we commissioned for this review has identified two main concerns for employers with respect to the employment of PDUs: the requirement for individuals to be **'fit for the job'**, and the potential **risk** to their business or employees. These issues provide a backdrop for this report when considering all the findings from the research.

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2 Jones A. ***et al***. (2007), *The Drug Treatment Outcomes Research Study (DTORS): Baseline report*, Home Office Research Report 3, London: Home Office.

3 HM Government (2008), *Drugs: Protecting Families, and Communities: The 2008 drug strategy;* The Scottish Government (2008), *The Road to Recovery: A new approach to tackling Scotland's Drug Problem;* The Welsh Assembly Government (2008), *Working Together to Reduce Harm: The substance misuse strategy for Wales 2008-18;* Department of Health, Social Security and Public Safety Northern Ireland (2006), *New Strategic Direction for Alcohol and Drugs 2006-2011*.

In **section 2** we consider the challenge of getting PDUs into employment, recognising that while it is no easy task, employment brings important benefits to individuals and society. We also summarise the key national strategies and programmes in this area. In **section 3** we consider the process of getting PDUs 'fit for the job', focusing on the role of treatment and employment services in addressing 'primary needs' (such as health and accommodation) and providing education and training. Then in **section 4** we examine the role of the employers and their need to manage risks, considering options such as support, information campaigns and schemes such as work placements. In **section 5** we consider whether incentives for employers and legislation to protect people with a history of drug problems have merit, and finally in **section 6** we present some concluding remarks.

For the purposes of this report, the term 'problem drug user' is taken to mean someone who has problems associated with misuse or dependence on heroin or crack cocaine, although we recognise that these are not the only substances linked to issues of unemployment (in terms of numbers, alcohol is clearly significant). However, problem heroin and crack users tend to have the most severe and complex problems, with long histories of disadvantage and social exclusion. They make up the bulk of those going through drug treatment and are likely to have been in contact with the criminal justice system. A number of the issues raised will also apply to some extent to other groups whose problematic substance use is impairing their ability to gain employment.

The associated issue of addressing drug and alcohol use in the workplace and what happens to those who develop problems is mostly outside the scope of this review, but has been addressed recently by others.[4]

This report has a UK-wide focus. Where our conclusions highlight implications for English-based agencies, they will also be relevant to appropriate bodies in the other parts of the UK.

4 For example: London Drug Policy Forum (2007), *Tackling Drugs and Alcohol in the Workplace: A toolkit for employers*, London: LDPF; Chartered Institute of Personnel and Development (2007), *Managing Drug and Alcohol Misuse at Work. A guide for people management professionals*, London: CIPD.

Compiling the evidence

In compiling this report, we have utilised research carried out by the University of Manchester on behalf of the UK Drug Policy Commission (UKDPC). Their findings are available at www.ukdpc.org.uk/reports.shtml and are presented in two parts. Part One examines social security and relevant aspects of employment law and policy,[5] and Part Two uses desk research, qualitative interviews and a survey of employers to focus on barriers to employment and effective support structures and mechanisms.[6]

In considering the evidence and the implications for policy and practice, we have also engaged with a range of stakeholders through consultations that considered the issues associated with getting PDUs into employment, with a particular focus on the perspective of employers.

Regrettably, the evidence base concerning many of the issues we have identified is very thin. A lack of evaluation has been a feature of much policy development in recent years and leads to a vicious circle of policy initiatives, no evaluation and yet more policy innovation. To conduct what might be considered to be social experiments without evaluation is, to some people, unethical and not likely to be the most effective use of resources. A commitment in the Department for Work and Pensions' Welfare Reform Green Paper *No One Written Off*[7] to pilot proposed changes is therefore welcomed. We urge the Government to ensure these are properly designed, of an appropriate length and adequately resourced as most past pilots of similar programmes have been insufficiently robust to draw adequate conclusions of effectiveness and value for money.[8]

5 Harris N. (2008), *Social Security and Problem Drug Users: Law and policy*, London: UKDPC.

6 Spencer J. *et al*. (2008), *Getting Problem Drug Users (Back) Into Employment*, London: UKDPC.

7 Department for Work and Pensions (2008), *No One Written Off: reforming welfare to reward responsibility, public consultation,* London: TSO.

8 For example, the evaluations of Criminal Justice Integrated Teams and the Drug Interventions Programme were unable to draw any firm conclusions on effectiveness – see King's College London *et al., National Evaluation of Criminal Justice Integrated Teams*, January 2007, and Skodbo S. *et al*. (2008), *The Drug Interventions Programme (DIP): Addressing drug use and offending through 'Tough Choices'*, Home Office Research Report 02, London: Home Office. Progress2work has been rolled out nationally with only a feasibility study to consider the potential for evaluation – see Dorsett R., Hudson M. and McKinnon K. (2007), *Progress2work and progress2work LinkUP: an exploratory study to assess evaluation possibilities*, Research Report No 464, London: Department for Work and Pensions.

Despite the almost total lack of robust evaluations in this area, there are many examples of promising practice across the UK, including from those delivering the progress2work programme, the National Offender Management Service resettlement strategy and drug treatment services. Importantly, we want to acknowledge these efforts and the contribution made by employers who are working with the public services and the third sector to help this group of people.

In the absence of reliable evidence we have sought to draw on lessons from programmes in related areas, such as those from the offender, mental health and disability fields, and to identify promising practice from within the drugs field in the UK, even if it has not been formally evaluated.

Implications for policy and practice

1. Programmes aimed at getting PDUs to work should be properly evaluated in order to: provide robust evidence of effectiveness (including cost-effectiveness), identify and spread good practice, and prevent potential unintended negative consequences.

2. The nature of the challenge and current strategies

The benefits of getting problem drug users into work

It is estimated that there are about 400,000 PDUs in the UK[9] and that about 80% of them are unemployed, with the Department for Work and Pensions (DWP) recently estimating that 240,000 PDUs were accessing the main out-of-work benefits in England.[10] As we describe in more detail in the following section, PDUs are among the most disadvantaged groups in society, frequently having physical and mental health problems as well as offending histories, often coupled with limited skills or employment experience. They are, therefore, one of the most challenging groups to help, but equally the benefits of doing so will be considerable.

The benefits have been illustrated in monetary terms in recent work carried out for the Ministry of Justice, looking at drug treatment for prisoners in England and Wales. PricewaterhouseCoopers (PwC) estimated the additional costs to society incurred by a PDU over their lifetime, in comparison with the average person, is £827,000 for a male and £859,000 for a female.[11] In terms of welfare benefit, DWP estimates a cost of £40 million in 2006/07 for providing Incapacity Benefit and Severe Disability Allowance to those whose main disabling condition was recorded as drug abuse,[12] although as many PDUs are not identified as such within the benefits system this will be an underestimate of the true costs.

In general, work has positive benefits for an individual's health and well-being, bringing social and economic advantages to the employee and their families.[13] Participation in employment can be a vital component of recovery from problematic drug use and reintegration into society, reducing the likelihood of relapse.[14]

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9 UK Focal Point on Drugs (2007) *United Kingdom Drug Situation 2007 Edition*, Liverpool: UK Focal Point on Drugs: http://www.ukfocalpoint.org.uk/web/Publications201.asp

10 Hay G, and Bauld L. (2008), *Population Estimates of Problematic Drug Users in England Who Access DWP Benefits: A feasibility study*, Working Paper No 46, Department for Work and Pensions: www.dwp.gov.uk/asd/asd5/WP46.pdf

11 PwC (2008), *Review of Prison-based Drug Treatment Funding*, London: Ministry of Justice.

12 DWP statistics: www.dwp.gov.uk/asd/tabtool.asp. (accessed: 10 December 2008)

13 Black C. (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.

14 Scottish Executive (2001), *Moving On: Education, training and employment for recovering drug users*,

Employment can help those in treatment to increase their 'recovery capital', for instance by improving self-esteem and self-confidence. The National Treatment Agency *Care Planning Practice Guide*[15] identifies employment as one of the treatment pathways, echoing the earlier National Offender Management Service resettlement pathways guidance.[16]

Therefore, the high level of worklessness among those in drug treatment will frustrate strategies aiming at increasing the number of PDUs exiting treatment, and will have knock-on implications for crime levels and welfare and support costs.

Perhaps more importantly, many unemployed PDUs want to work. Meaningful employment is often recognised by drug users in treatment and rehabilitation as an important part of building a 'normal' life. The pathway to employment needs to be mapped out early to provide a goal, as a participant in our research highlighted:

"I think that it's crucial for pathways to employment to be established with drug users otherwise it makes a detox and rehab and treatment avenue almost a farce really, unless you have something at the end of it what is the point of going through all of that?" (Service provider)

Most PDUs will have been leading chaotic lives, focused around obtaining drugs. Once in recovery, there is a need to fill days that in the past would have been spent sourcing and using drugs:

"They [PDUs] want an instant job because they need something instantly to fill the days while they're on abstinence because if they've got nothing to fill that day, the chances are they will relapse, especially if they've come from heavy drug use, because their empty days, if they're completely empty, will end up with them going back the way they started" (Service provider)

Edinburgh: Scottish Executive.

15 National Treatment Agency (2006), *Care Planning Practice Guide*, London: NTA.

16 Home Office (2004), *Reducing Re-offending: National action plan*, London: Home Office. Available at: http://noms.justice.gov.uk/news-publications-events/publications/strategy/reducing-reoffending-action-plan?view=Binary

Providing opportunities to undertake meaningful activities can help to fill this void and provide structure while also developing a positive attitude to work, building self-esteem and developing skills:

> *"... let's work together because quite often having something meaningful to do ... gives people confidence and makes people feel good about themselves ... like when they've just finished decorating someone's room"* *(Service provider)*

Furthermore, recovering PDUs are seen as good employees. Our research found that experiences of employing this group are positive. For sectors or geographical areas with a shortage of labour, this group may be able to fill that gap. They can prove to be extremely loyal and dependable employees, because they are very grateful to have been given the chance to turn their lives around:

> *"I found that with these two that they are keen to come in and work. It's just keeping them away from the scene that they were in before"* *(Employer)*

We are aware that our review comes at a time when the economy is deteriorating and competition for jobs will become even more intense. However, we do not believe that this should be a cause or excuse for lowering ambitions to help people with drug problems get a job. On the contrary, it ought to provide added impetus to those in drug treatment services and employment services to do even more. 'Parking' this group in unemployment will only make problems worse.

National strategies and programmes

The new UK, Welsh and Scottish drug strategies and the ongoing Northern Ireland strategy all recognise the importance of employment to achieving successful drug treatment outcomes, including social reintegration and longer term recovery. For example, the UK strategy describes "a radical new focus on services to help drug users to re-establish their lives".

Following on from this, the DWP's recent Green Paper on welfare reform, *No One Written Off*, has a particular focus on PDUs, with proposals that link entitlement to out-of-work benefits to accessing drug treatment. This new regime for PDUs is aimed at "breaking the cycle of dependency" and proposals have been made to identify PDUs within the benefits system in order to give them access to drug treatment and specialist employment support. The UKDPC has responded in detail to the

proposals set out in the Green Paper. A summary can be found in the appendix to this report and the full document is available from www.ukdpc.org.uk/reports.shtml.

Increasing the proportion of adults of working age who are in employment is a key plank of the UK Government's strategy to tackle poverty and social exclusion, led by the Social Exclusion Taskforce.[17] The Government (in England) has set a Public Service Agreement target to increase the proportion of socially excluded adults in settled accommodation and in employment, education or training.[18] Whilst not specifically focusing on PDUs, those who are socially excluded are more likely to have drug problems than the general population. However, our review has not been able to reveal the extent to which this group of excluded adults figures in local policy planning and priorities. The Adults Facing Chronic Exclusion programme (ACE), initiated by the Social Exclusion Taskforce, is piloting new approaches to working with people on the margins of society and the lessons from this may have important bearings on work with PDUs.

Progress2work, which commenced in 2002 and is provided through Jobcentre Plus, is the national programme to provide people recovering from drug problems with support to help them get into work. As well as providing individualised help with training and job skills, it offers help with sorting out problems such as housing and debt.[19] Progress2work is delivered in various ways and by a range of providers, some of which have contracts to supply provision in many different parts of the country. £20 million a year is invested through the progress2work scheme for specialist, integrated support. In 2007/08 about 13,000 people started the programme and there were about 2,700 'job outcomes'.[20] Some areas also provide progress2work linkUP which is aimed at the homeless, alcohol misusers and ex offenders and will inevitably include people with drug problems. Unfortunately, progress2work has not been properly evaluated, with only an exploratory study to consider evaluation possibilities published to date, and we can only speculate as to how many of those receiving help would have gained employment without the targeted support. In addition to progress2work, employment-related assistance (such as training and job search skills) is a component of services provided by a number of drug treatment providers. It is also a component of the Drug Interventions Programme, where it links to provision for offenders – such as through Offender Learning and Skills programmes.[21]

17 See: http://www.cabinetoffice.gov.uk/social_exclusion.aspx (accessed 10 December 2008).

18 *PSA Delivery Agreement 16: Increase the proportion of socially excluded adults in settled accommodation and employment, education or training* (2007).

19 See: http://www.jobcentreplus.gov.uk/JCP/Customers/outofworkhelplookingforwork/Getting_job_ready/Programmes_to_get_you_ready/Dev_014886.xml.html

20 Personal correspondence with the Department for Work and Pensions.

21 Home Office (2006), Promoting Practice Between DAT Partnerships and Education, Training and Employment Provision for Drug Interventions Programme Clients. Available at: http://www.drugs.homeoffice.gov.uk/publication-search/dip/AC_ETE-practice-paper?view=Binary

As well as these national schemes, there are very many regional and local programmes. Evaluations are few and far between and of insufficient quality for drawing conclusions on effectiveness, but there are many examples of promising practice, and some of these case studies are included within this report.

The welfare benefits system

Part One of the research we commissioned from the University of Manchester considered the situation of PDUs with respect to social security and relevant aspects of employment law and policy.[22] The main conclusion was that PDUs are largely 'invisible' within the benefits system. Although the World Health Organization International Classification of Diseases (ICD-10)[23] recognises a range of disorders associated with heroin and cocaine use, including harmful use and dependence, these disorders do not, in themselves, trigger entitlement to benefit in the UK. These disorders are also specifically excluded from the provisions of the Disability Discrimination Act 1995, although some of the impairments (e.g. chronic health problems) that are associated with or result from drug use may be covered.[24] As a result, there is little incentive for individuals to declare their drug use. This means it is difficult for Jobcentre Plus staff to identify PDUs who are in need of additional support; it also means that data on the numbers of PDUs receiving benefits are only estimates.

There has been little research into how PDUs are dealt with by the benefits system. It is likely that the chaotic lives and poor basic skills of many PDUs will make it difficult for them to meet the often onerous requirements of the benefits system, leading to their being penalised or dropping out of the system. In such cases there may be negative consequences for the families of drug users[25] and for wider communities – for instance, if PDUs were to commit crime

22 Harris N. (2008), *Social Security and Problem Drug Users: Law and policy*, London: UKDPC.

23 See: http://www.who.int/classifications/apps/icd/icd10online/ (accessed: 10 December 2008)

24 Under the Disability Discrimination Act 1995, a disabled person is defined as someone who has a mental or physical impairment that has adverse or substantial long-term effects on their ability to carry out normal day-to-day activities. There is an obligation under the Act for employers to make 'reasonable adjustments' so they do not unfairly discriminate against disabled people. However, the definition of 'disability' specifically excludes addiction to alcohol or any other substances (unless it is the consequence of medically prescribed drugs or treatment). Addiction is not considered to be a disability in itself, so no adjustments are required. However, substance misuse can lead to adverse health consequences which may constitute clinically recognisable conditions under the Act.

25 There is some evidence from the USA that removal of benefits from drug users may have a negative impact on their children. Allard P. (2002), *Life Sentences: Denying welfare benefits to women convicted of drug offences*, Washington, DC: The Sentencing Project.

to replace their benefits. However, anecdotal evidence suggests that the way PDUs are dealt with by Jobcentre Plus staff is variable. In some areas they have an understanding of the issues associated with drug use and dependence, refer PDUs to appropriate services and may recognise drug problems as 'good cause' for missing appointments. In other areas, problem drug use appears not to be taken into account in this way and PDUs are reluctant to disclose it as they fear the consequences (such as not being referred for training or jobs) or are concerned about confidentiality (e.g. if they have children they fear they may be taken into care). This lack of consistency and clarity surrounding the current situation hampers consistent policy implementation and leads to uncertainty and unfairness due to variability in practice. However, the planned appointment of Department of Health funded drug coordinators to local Job Centres is likely to help to improve matters.

Incapacity Benefit (IB) and Income Support with incapacity credits (ISIC) are now being replaced by a new benefit, the Employment and Support Allowance (ESA). Eligibility for this benefit will be determined, to a significant extent, by the new Work Capability Assessment. This benefit change aims to encourage those with health problems and impairments to participate in the labour market to the extent that they are able. As was the case with the assessment for IB, it is not clear how problems associated with drug misuse and dependence will be dealt with in the new assessment system. Most recently the DWP has published the independent report from Professor Paul Gregg on conditionality and support for those on benefits.[26] His proposed 'progression to work' group would seem appropriate for many PDUs.

The international evidence reviewed showed a similar lack of clarity in how PDUs are dealt with under welfare and employment law in many other countries. However, in Australia alcohol and drug dependence are specifically dealt with in the assessment for their Disability Support Pension. Clarifying how problematic drug use should be handled within the new Work Capability Assessment might simplify procedures, provide PDUs with an incentive to disclose their drug problems and facilitate their referral to appropriate treatment and employment support services.

26 Gregg P. (2008), *Realising Potential*: *A vision for personalised conditionality and support*, London: Department for Work and Pensions.

Implications for policy and practice

2. The Cabinet Office should review the extent to which the needs of PDUs have been identified in local responses to the Socially Excluded Adults Public Service Agreement (PSA 16), particularly the need for better access to stable accommodation and employment opportunities.
3. Identifying how drug misuse should be dealt with under the benefits system and then providing clear pathways for accessing additional support may encourage voluntary disclosure of problem drug use and increased participation in treatment and employment services and allow improved monitoring of numbers in the system and outcomes.

3. Getting problem drug users 'fit for the job'

Complex needs

The chronic, relapsing nature of drug dependence is widely recognised. This is summed up by a statement from the World Health Organization, which says:[27]

"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."

PDUs tend to have multiple, long-standing problems and are among the most socially excluded groups. A high proportion are homeless, many have coexisting mental health problems often related to histories of abuse, few have recent experience of employment (some have never worked) and a considerable proportion have chronic physical health problems, such as hepatitis C. Many also have extensive histories of offending *(see Box 1)*.

27 World Health Organization (2004), *Neuroscience of Psychoactive Substance Use and Dependence*, Geneva: WHO, pp 247–248.

Box 1: Problem drug users have multiple complex needs

The Drug Treatment Outcomes Research Study (DTORS), a recent study of new entrants to drug treatment in England, showed that:

- over a third had left school before the age of 16;
- two in five (40%) had been living in unstable accommodation at some time in the four weeks before interview;
- 43% said they had committed an offence in the same period;
- 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;
- 17% rated their general health as poor and a further 32% as only fair;
- **only 9% said they were in paid employment prior to entering drug treatment.**

Source: Jones A. et al. (2007), *The Drug Treatment Outcomes Research Study (DTORS): Baseline report*. Home Office Research Report 3. London: Home Office.

The findings of the Drug Outcome Research in Scotland (DORIS) study were similar and it also found that only 13% of new entrants to treatment programmes had been in paid work at any point in the previous six months. Furthermore, only one in six new entrants said their usual employment status over the three years prior to entering treatment had been full-time work, while one in ten said it had been part-time work.

Source: Kemp P. and Neale J. (2005), 'Employability and problem drug users', *Critical Social Policy*, 25(1), 28–46

Of course the term 'problem drug user' encompasses a wide spectrum of people. While some individuals will exhibit these multiple problems, others may be earlier in their drug-using career or have more skills, experience or support to draw on, perhaps having already dealt with many of their problems. This variation can be conceptualised as varying distance from the labour market or, as described by Booth et al. in respect to employment of people with mental health problems,[28] as an employment continuum with long-term worklessness at one end and long-term employment at the other. Individuals presenting to services may be at any point along this continuum so interventions need to be tailored to individual needs. A

28 Booth D. et al. (2007) 'Finding and keeping work: issues, activities and support for those with mental health needs', *Journal of Occupational Psychology, Employment and Disability*, 9(2), 65–97.

wide range of different interventions or opportunities are likely to be needed as people move from inactivity to full participation in employment, as illustrated in Figure 1.

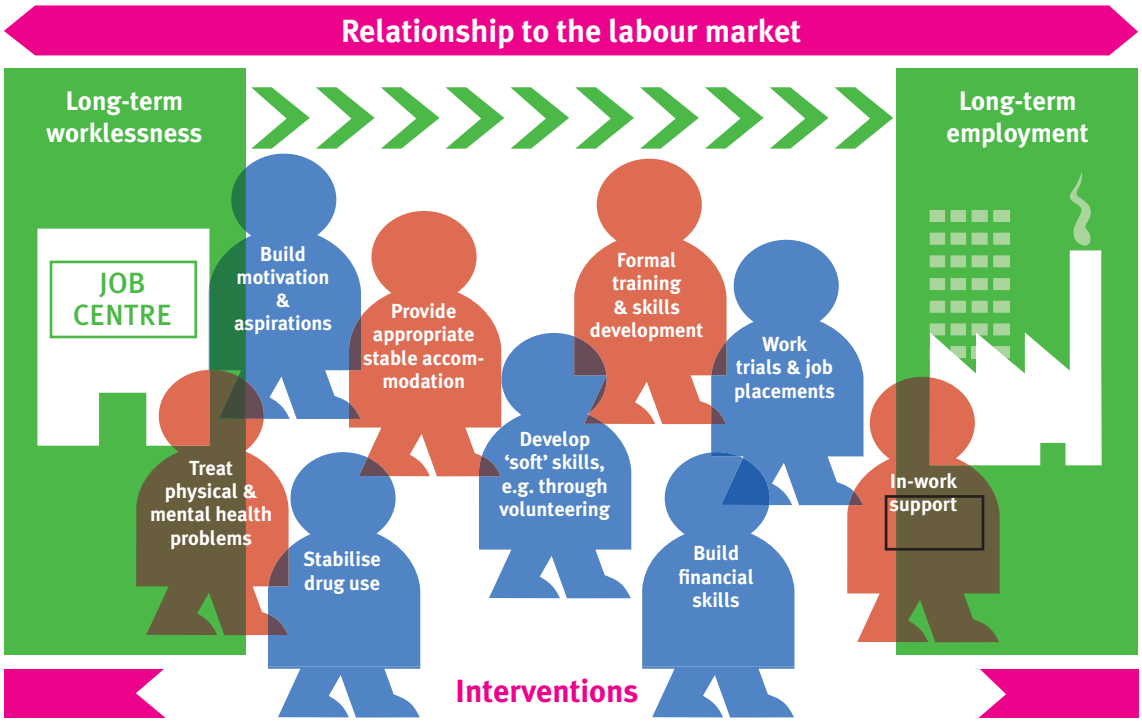


Figure 1: The employment continuum and the types of interventions that may be required.

Implications for policy and practice

4. It is important to be realistic about the time required before many PDUs will be in a position to participate in the formal job market. This will have implications for benefit regime procedures and other support mechanisms. Guidance on these matters should be prepared jointly by the Department for Work and Pensions, the Ministry of Justice and the National Treatment Agency in collaboration with employer and treatment provider bodies.

Primary needs

Part Two of the research we commissioned from the University of Manchester identified a range of 'primary needs' for those who are furthest from the labour market. These are needs that must be addressed in the early stages of treatment and rehabilitation to allow for sustainable recovery and employment. Failure to address these other problems will profoundly undermine attempts by all those involved to secure improved employment outcomes. Employers are, understandably, unlikely to be interested in employing people who are not ready for work. There are also dangers (including relapse) associated with applying pressure on people to take part in employment programmes for which they are not ready.

'Motivation' and the process of change

The importance of PDUs being ready to change was highlighted in our research. Successful treatment and rehabilitation is not easy as it usually requires a complete change in lifestyle, an abandoning of identity and social networks often built up over many years, and addressing all the issues that led to drug use in the first place. As one interviewee said, *"It's the hardest thing I've done in my life"*.

Maintaining and enhancing motivation is therefore an essential part of the treatment and rehabilitation process and it is vital there is appropriate provision of psychosocial therapy and support, as recommended by the National Institute for Health and Clinical Excellence (NICE).[29] The potentially negative impact of some of the sanctions regimes (and proposals to use welfare benefit sanctions to motivate unemployed PDUs to seek treatment) on the fragile motivation and self-confidence of PDUs is also an area that needs to be carefully examined. Although the evidence base in this area is limited, there is some evidence that PDUs will not respond to sanctions as might be expected, particularly when their effect is delayed, and the greater use of incentivising change might be more effective and should be explored. We have made this point in our response to the DWP's welfare reform proposals in the *No One Written Off* Green Paper (a summary of the key points is included in the Appendix).

29 National Institute for Health and Clinical Excellence (2007), *Psychosocial Management of Drug Misuse*, Clinical Guideline 51, London: NICE.

Box 2: Sarah (Steps to Work, West Sussex)

When Sarah first signed up to Steps to Work in January 2007, she referred herself to the project after having received initial help from Addaction, Worthing. She had joined both AA and NA and had detoxed at home with help from her boyfriend. Sarah has suffered from epilepsy and ADHD and was being monitored by her GP. Her last paid work had been part time and she had volunteered for various organisations prior to that. She had left school at the age of 14 without any qualifications and had tried to re-enter education as an adult, but she had struggled to settle on a course at Brinsbury and left without completing. Her negative educational experiences had left her with a sense of low self-worth, and yet she wanted to try again to get a recognised qualification and progress eventually to employment.

Over a period of six months and with the help of her Steps to Work Coordinator, Sarah identified that she was keen to work with people with learning disabilities and she was keen to attempt a BTEC First Diploma in Care.

She had a difficult summer during when she had a minor lapse that could have undermined her plans, but she rallied in her resolve not to be beaten by external circumstances that had again challenged her self-esteem. She enrolled in her course in September 2007 at Brighton City College and Steps to Work Partnership then secured a voluntary work placement in the New Year, at Brighton & Hove Inclusion Project. With tremendous support from members of her family and those around her, Sarah realised "I can do this!" She worked really hard and found that the entry level she enrolled on was not appropriate: she was upgraded to the level above and has just completed her course with an overall merit. Many of the individual assignments were awarded distinctions and along the way she also achieved Adult Literacy Level 2 and Adult Numeracy Level 1. Her success will appear in the next college prospectus.

Sarah has also completed a Building Confidence Course: her academic progress raised her self-esteem immensely but she realised that on an emotional level she was still quite fragile. Her way of coping with that was to appear ultra confident, but in so doing she managed to distance others who were not in her inner circle of friends. The course has helped her to recognise there are others in the world who struggle to trust new people they meet too, and that they deal with the issue in a very different way to her. She has been able to give and receive praise from them as they have sought to build confidence together. The experience has been a very rewarding one. Sarah's ultimate goal is to become an educational psychologist.

Accommodation

The availability of stable and supportive accommodation is a critical factor in the rehabilitation process and as a foundation to facilitate employment. Its importance came through strongly in both the research and consultation processes. The issues raised were varied, for example:

- loss of accommodation as a result of imprisonment and a lack of appropriate provision on release leading to relapse;
- the difficulty of maintaining progress when residing in a hostel in which many other residents may be using drugs or alcohol;
- lack of appropriate provision for people to move into as the rehabilitation process progresses;
- the importance of continued support and oversight once people have moved into independent accommodation to help people deal with the sense of isolation and the extra responsibilities of independent living; and
- difficulties with the high rent associated with much supported accommodation, making the loss of housing benefit that is associated with the transition to employment a barrier to work.30

"It's funded for two years and then you can get an extension to that, I could end up being there for four years, pending on the waiting lists and what's going on. But I've already been told by the staff that I'm ready to move on, and I've got my letter from the doctor to support a move. But like I say it's just about waiting now, and, for something to come through." (Problem drug user)

"I've seen people be in there, from my own experiences, go onto second stage without support. And they just let them go, and within a week or two, … they're on the streets, … because … first thing, isolation, on their own, when they've been used to people just being around, even though they've not probably connected with them, it's just that surrounding environment." (Problem drug user)

Some service providers, and especially homelessness and housing bodies, recognise the importance of accommodation in maintaining motivation and engagement with treatment and as a key part of rehabilitation. There are many examples of how these issues are being addressed – for example, the Thames Reach project described in Box 3.

30 Fletcher D.R. *et al*. (2008), *Social Housing and Worklessness: Key policy messages,* Research Report No 482, London: Department for Work and Pensions.

Box 3: Thames Reach

Thames Reach runs five London hostels which provide temporary shelter and food in a warm, safe environment for people sleeping rough, including those with drug and alcohol problems. Thames Reach recognises that hostel residents need much more than a bed for the night. Its staff help people to develop life skills, build self-confidence, re-engage with mainstream society and work towards leading a more settled life.

They provide residents with access to drug and alcohol counselling as well as information on mental and physical health issues. GPs and nurses make regular visits to the hostels, and they also arrange complementary health sessions, such as acupuncture and massage.

Residents can also attend a range of social activities, run both within the hostels and across Thames Reach. This gives people something to look forward to and a chance to build new friendships. Residents are also encouraged to take up training and work opportunities.

Although hostels are intended as a temporary solution, due to the shortage of housing association and local authority flats many residents can spend up to two years in a hostel, causing dependence and frustration.

Thames Reach staff help people in hostels to identify and move into the most appropriate housing, based on their needs and level of independence. This could be a supported housing project, a local authority or housing association flat or private rented accommodation.

Thames Reach manages a range of supported accommodation projects across the capital. These self-contained flats and shared houses, some with on-site staff support, house and help people with a variety of needs, including drug and alcohol problems.

Some of Thames Reach's schemes are for people whose high support needs mean that they are unable to live independently. In other projects people can stay for up to two years, while they acquire the emotional and practical skills needed to move on into more mainstream housing.

Thames Reach (continued)

Two of the schemes are drug and alcohol-free houses for people who need somewhere to stay after leaving a drug and alcohol rehabilitation centre. Another house is aimed at hostel residents who are reducing their drug use in preparation for treatment.

The support given to tenants depends on their needs. It includes:

- access to treatment services for alcohol, drug or health problems;
- help with getting benefits;
- developing independent living skills, such as how to cope in a crisis;
- encouragement to reconnect with family and friends or develop new social networks; and
- assistance in taking up education, training and employment opportunities.

These schemes provide a way for vulnerable people to be included in the community, by supplying appropriate housing that also addresses their health needs.

Other examples of promising practice are the Foyer schemes, which seek to help young people with housing problems make the transition to independent living, the rent deposit schemes initiated through the Drug Interventions Programme, and floating tenancy support schemes. The National Offender Management Service (NOMS) resettlement pathways programme has also sought to ameliorate some of the difficulties associated with lack of accommodation. However, it is apparent from both the research and consultations we have undertaken that in many areas there appears to be a considerable shortage of appropriate and affordable accommodation in terms of hostels and supported housing, and also a shortage of standard rented accommodation for people to move on to once they are ready to live independently. These shortages means that drug users in recovery may be housed in inappropriate accommodation, which has a negative impact on their ability to sustain employment.

Accommodation issues were not a key focus of the current review so we have not considered the evidence for the efficacy of the various policies and programmes and which might best make a difference. We are aware that there have been many specialist reviews and proposals to improve matters in this area over many years.[31] However, the consistency with which housing issues were raised indicates the importance of action in this area.

Implications for policy and practice

5. There is a need for improved provision of a range of suitable accommodation to facilitate recovery and rehabilitation.
6. Housing agencies need to be more closely involved in local drug-related partnerships and there is a need for identification and sharing of good practice in provision.
7. Governments should review how improved accommodation outcomes for this group can be secured through local drug partnerships, housing plans and the relevant commissioning and contracting mechanisms.

Physical and mental health

Many PDUs have extensive physical and mental health problems that will militate against entry into work, as is starkly illustrated by the research conducted for us. A range of physical problems were highlighted, some of which were a direct consequence of drug use, such as hepatitis C infection and damage to legs resulting from frequent injecting.

"But physical issues is usually stuff through the long-term drug and alcohol misuse, you know, it's usually stuff they could have problems with their liver or they could have troubles breathing or, you know, with their joints or you know, mobility issues and stuff like that." *(Service provider)*

31 Examples of recent publications include: Fletcher D.R. et al. (2008), *Social Housing and Worklessness: Key policy messages*, Research Report No 482, London: Department for Work and Pensions; NOMS (2008), *Reducing Re-offending: Housing and housing support resource pack*, London: NOMS Partnership Unit; Briheim-Crookall L. (2008), *Survey of Needs and Provision: Services for homeless single people and couples in England*, London: Homeless Link/Resource Information Service.

Some of these will be treatable over varying periods of time, but others will be largely irreversible. Similarly, there was a range of mental health problems, some being long-standing mental health conditions which may have predated and been a trigger for drug use, while others were a consequence of drug use.

Both the health problems themselves and the treatment for them could have consequences for people's rehabilitation. For example, one of the women interviewed as part of the research had such severe damage to her legs as a result of infected ulcers that she was unable to manage the stairs in the hostel in which she was living. This meant she could not reach the floor where those who were in treatment and no longer using drugs were accommodated. As a result, she was resigned to living on the lower floor, where drug-using sex workers were accommodated. Another described the difficulty and risks associated with juggling antidepressant and methadone prescriptions. If people give up non-prescribed drugs, any mental health problems that their drug use was an escape from are likely to return and need to be treated. The post-detoxification mental health issues were highlighted by service providers as an area that deserves more attention:

> *"... you do get a lot of paranoia when people come out of detox, you know, and people tend to get very low. After the initial excitement of, 'Great, I'm free from drugs', reality hits and, you know, you do tend to see a change in people, and people get quite low. But, yeah, I'm surprised that, you know, it's not been mentioned more, because I think it's a massive problem."* *(Service provider)*

This illustrates the importance of adequate provision of psychological therapies as part of drug treatment as specified in current clinical and NICE guidelines.[32]

Health problems will also have consequences for people's ability to participate in education and training and to undertake certain jobs, illustrating the interconnectedness of many of the issues that need to be addressed as part of the rehabilitation process.

32 Department of Health (England) and the devolved adminstrations (2007), *Drug Misuse and Dependence: UK guidelines on clinical management*, London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive; National Institute for Health and Clinical Excellence (2007), *Psychosocial Management of Drug Misuse, Clinical Guideline 51*, London: NICE.

Implications for policy and practice

8. The physical and mental health problems experienced by PDUs may impact on their ability to achieve and sustain employment. It is important these are recognised and adequately addressed.

Personal support networks

The importance of support from family or friends during the transition towards a pro-social lifestyle was also demonstrated in the research. This will often come from family members, such as parents and siblings:

"When I came back to my mum's I became aware of the family life again, and that made a lot of difference, the love and that, and things that one can't see, and just the idea that I'm being looked after, that made a hell of a difference, much more than having medicine and methadone and things like that" *(Problem drug user)*

Families need to be supported in this demanding role, particularly as they will often have long experience of repeated attempts at rehabilitation that have ended in relapse. The UKDPC is currently examining the role and contribution of families in the recovery process and we will be publishing our findings in 2009.

However, not everyone can call on the support of family and friends, and sometimes family or friends may in fact be 'part of the problem'. In these cases, support from services is critical. This support is dependent on the development of personal relationships built around care and trust and can be provide by people in a range of roles. Our research highlighted examples of such support from probation and drug agencies, prison key workers and employment agencies. The support took diverse forms, ranging from emotional support to practical help, such as accompanying someone to get appropriate clothes for an interview. But as is all too often the case, practice is inconsistent and patchy and this support is not afforded priority in some localities.

Peer support groups, such as Narcotics Anonymous and other less formal user groups, can also play an important role throughout the rehabilitation process and beyond.

This ongoing care and support is critical in maintaining motivation and confidence and needs to continue throughout the rehabilitation process and after the move into employment.

Box 4: Turning Point's Black Country Services

Turning Point in the Black Country has secured several funding streams, which include progress2work, European Social Fund, Employment, Training and Education (ETE) and Structured Day Programme funding. This allows the team to provide a seamless service to clients while also meeting its performance requirements.

The service does not have to turn people away on the grounds that they are too far from the labour market to benefit from progress2work. However chaotic their substance misuse, Turning Point's attitude is that there is always some work-related activity that clients will benefit from, and in fact this activity offers much-needed structure and motivates them often to stabilise their substance misuse in treatment. They can then move people on as progress2work clients and see them all the way through the pathway back to work.

This kind of integrated approach, and the merging of funding streams to provide a more joined-up service, if adopted in every locality, could ensure that eligibility criteria on referrals do not prevent people getting an employment service.

Implications for policy and practice

9. Ongoing care and support, which may come from families, peers or services, is essential to achieving and sustaining recovery and rehabilitation. This needs to be recognised and promoted in individual treatment and rehabilitation plans.
10. Commissioners of drug treatment should ensure that there is adequate provision of family and carer support services by including this in service specifications.

Education and training

As already mentioned above, many PDUs will have dropped out of the education system so will have few, if any, educational qualifications. As with many offenders, there is therefore a need for provision of basic skills training as well as more practical vocational qualifications. There is also some evidence from Scotland that people who receive employment-related support as part of their addiction treatment package are more likely later to find work.[33] Engaging with training can be part of the process of stabilisation, but it needs to be paced and given an appropriate length of time within the rehabilitation process.

"They get their industrial cleaning certificate, their NVQs inside, warehousing too … we put a lot a lot of people through their FLT [forklift truck] training although there are jobs out there but it's a bit of a sting really they'll get their licence but a lot of employers want experience so they want both, that again is a tricky one and the FLT waiting list is about three months" *(Service provider)*

"I'd like to see more on-the-job training opportunities especially in construction and specific trades like plumbing and electrician and plastering where they can do something practical as well as work towards a qualification" *(Service provider)*

The types of vocational training offered also need to relate to the job opportunities in the area as well as the needs and interests of the individual. There is a danger that some PDUs will have unrealistic expectations, but also that service providers will offer courses simply because there are training places available. The research by the University of Manchester indicates that in some areas training provision may be inadequate as waiting times for some courses are long. This will have an impact on how quickly people can build up the necessary skills for employment and can also have a negative impact on motivation.

33 McIntosh J. *et al*. (2008), 'Drug treatment and the achievement of paid employment' *Addiction Research & Theory*, 16(1), 37–45.

Box 5: Addaction's SMART scheme

The SMART scheme is a six-month professional training programme open to anyone interested in working in the substance misuse field. The course includes four days' training per week and a work placement leading to a Level 3 NVQ accreditation in social care. Each course takes 15 participants with on average four courses held per year. Placements can be at any substance misuse service in London. Training is delivered with Addaction's partner, Inspirit training and development.

- Almost nine in ten (86%) of SMART project graduates found employment within six months of completing the project.
- Just over eight in ten people (84%) from SMART have completed the NVQ.

Box 6: Phoenix Futures, Glasgow

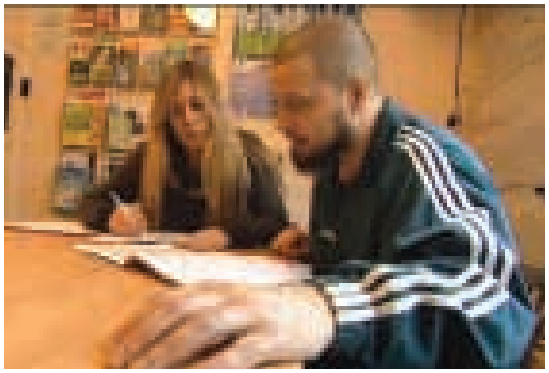
Phoenix Futures in Glasgow, which opened in 1994, provides a flexible abstinence-based residential rehabilitation and detoxification programme for alcohol and drug misusers. The service provides a safe, supportive and structured environment where residents participate in groups and one-to-one sessions to explore the underlying reasons for their dependency. Through a process of self-awareness and understanding patterns of personal behaviour, residents are encouraged to acquire new skills and formulate strategies that will enable them to develop a healthy, drug-free lifestyle and return to independent living in the community.

The programme has four stages: 'induction', 'primary' and 'senior' stages, followed by a resettlement stage, which involves a move into independent supported accommodation. There is a focus on employability and skills development from day one. As part of the therapeutic community ethos, residents are expected to participate fully in the house activities during the first three stages. This includes taking an active part in the day-to-day running of the house and its maintenance and upkeep. These practical tasks are organised into separate 'departments' such as kitchen, maintenance and management. These departments are run by the residents under staff supervision; and as residents progress through the programme, their responsibility increases for others and for the smooth running of the house.

Phoenix Futures, Glasgow (continued)

Staff work with residents to develop their CVs to illustrate transferable skills etc., and the manager has developed strong links and partnerships with local businesses and colleges to provide appropriate training, skills development and jobs for those completing the programme.

The integrated approach adopted helps maintain motivation and increase aspirations. 119 people took part in the programme last year and 55 (46%) completed. Of these, 16 went on to find employment and 33 went into training or further education.



A significant proportion of PDUs will spend some time in prison or on probation and this can provide an opportunity to address skills gaps. There are policies in place to address this issue, but the short sentences that many PDUs receive and the current levels of prison overcrowding hamper the implementation of these. Also as the recent report from the Public Accounts Committee (PAC) about the Offenders' Learning and Skills Service (OLASS) highlights, many offenders are not getting the help they need. It concluded that "because criminal justice system requirements take priority, and offenders often have mental health difficulties and dependence on alcohol or drugs, the objectives of OLASS to improve quality and provision had not been achieved yet".[34] Our review did not explicitly examine the role and contribution of Learning and Skills Coordinators and education and training providers towards improving the employability of PDUs. Clearly, the PAC findings raise serious issues about the knock-on consequences, particularly for recovery and employability.

Implications for policy and practice

11. Commissioners of drug treatment, offender and employment services should consider the need for adequate training, volunteering and job placement provision within their commissioning plans for this client group.
12. The National Audit Office, in its current review of drug treatment commissioning and planning at the local level in England, should look closely at the provision of employment services for PDUs.

34 House of Commons Public Accounts Committee (2008), *Meeting Needs? The Offenders' Learning and Skills Service*, London: The Stationary Office.

A coordinated multi-agency response

The variety of interventions that may be required to get a PDU 'job ready' means that many different agencies need to be involved. For very chaotic drug users who are a long way from the labour market, treatment agencies are likely to be most involved in the early stages, with increasing input from employment, skills and other reintegration services over time. Therefore, coordination of services will be essential if progress is to be optimised. Treatment care plans should consider overall rehabilitation needs from the start, but this may not always be the case in practice. However, these could be developed and used as a tool for coordination of service provision over the entire rehabilitation process. The development of the care plan, so that it becomes a recovery/rehabilitation plan that is shared by all agencies involved in the individual's rehabilitation, would encourage practitioners to focus on the wider and longer term recovery goals and the pathways to address each individual's various needs.

The introduction of the Treatment Outcome Profile as part of the National Drug Treatment Monitoring System in England, which includes a question on employment status, should support this, but the need for brevity in something being collected routinely from all providers means that it is a very simple indicator and will not capture progress towards being 'job ready'.

Implications for policy and practice

13. Each individual should have a single rehabilitation/recovery plan (incorporating the treatment care plan), which should be developed to encourage a coordinated, multi-agency approach.
14. The National Treatment Agency along with the Ministry of Justice and the Home Office should review how the current commissioning and contracting arrangements for drug treatment services can be realigned with a view to promoting and incentivising improved employment and recovery outcomes.

Employment service provider contracts

Even though a number of employment service providers working with disadvantaged groups have built up a track record of successfully working with PDUs, the proposed new contracting arrangements for delivering employment support potentially pose some hurdles. PDUs are likely to provide some of the greatest challenges that specialist employment support services will face. As we have commented in our responses to the DWP's welfare reform proposals, unless payment systems are adequately resourced to reflect the complexity of

needs, there is a risk that some very difficult cases may be parked or shifted on to other services. Recent research found that:

"In both Australia and the Netherlands, incentive-based contracts have been associated with 'parking' harder-to-help service users, even though greater rewards may be paid, as in Australia, for placing 'highly disadvantaged' jobseekers into jobs. Private and public providers in incentive and target-driven systems are more likely to concentrate their efforts on those participants closer to the labour market, while harder-to-help participants receive fewer services".[35]

There needs to be sufficient focus and resources to adequately meet the needs of this challenging group of people.[36] 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 outcomes such as 'creaming' or 'parking' are not inadvertently introduced through the way the employment support contracts are configured or the way they are evaluated, otherwise PDUs and similar groups risk losing out.

Because the new contracting arrangements for employment support are in their infancy it has not been possible to review any reliable evidence as to their impact, effectiveness or value for money and it is therefore essential that the impact of the changes are fully evaluated.

35 Finn D. (2008), *The British 'Welfare Market': Lessons from contracting out welfare to work programmes in Australia and the Netherlands*, York: Joseph Rowntree Foundation.

36 Since completing our review, Professor Paul Gregg's independent report to the DWP has considered pricing models to help individuals with multiple barriers back into employment. As he says: "there are challenges, such as developing a pricing model to ensure that provision is equally accessible to all groups, even the hardest to help". Gregg P. (2008), *Realising Potential: A vision for personalised conditionality and support*, Department for Work and Pensions.

One significant new development is the plan of the Department of Health to provide funding for drug coordinators to be placed within Jobcentre Plus. Exactly what their role will be is as yet unclear. They could provide several important functions, including:

- improving coordination between drug treatment and employment services;
- developing links and a source of training on drug issues for employers; and
- providing training for Jobcentre Plus staff.

Implications for policy and practice

15. Employment services' contractual arrangements need to provide adequate resources and incentives for providers to deliver successful outcomes for those groups, including PDUs, who are among the hardest to place. Employment services must also be fully evaluated and monitored to ensure that 'creaming' and 'parking' do not occur.

4. Addressing employers' concerns

Our research confirms previous observations[37] that there is reluctance among employers to recruit PDUs: particularly those who admit to current drug use, but also those who have a history of drug use. While employers may feel they have a responsibility towards employees who develop drug problems while in their employment (and there are some excellent examples of this sort of employee assistance), this was seen as very different to knowingly or even intentionally recruiting someone with a history of drug problems.

Employers are understandably concerned that their new recruits are 'fit for the job' but, in the University of Manchester web survey of employers, even if potential recruits were suitable for the position in all other aspects, only 35 out of 135 said they would (unreservedly) offer employment to someone if they admitted a history of drug use. The other crucial issue identified was that of managing the risk that employers perceived would come from hiring someone in this group. Ways to help manage these risks are explored in this section.

Managing risk to employers

The employers participating in this review identified three main types of risk:

- risk associated with the management of drug use;
- risk to the reputation of the business; and
- risk to other employees or customers.

The research clearly demonstrated concerns about problems of relapse, including the potential for illicit use within the workplace. This is linked to some extent to the issue of risk to other employees and customers, since drug use in the workplace could pose health and safety risks in some occupations (e.g. food handling or handling dangerous machinery). Concerns were also raised about the possible impact on employee time, which might be lost managing the condition, for example when visiting a treatment clinic. Other perceived threats arose from the link between drug use and criminality,

37 Scott G. and Sillars K. (2003), *Employers' Attitudes to Hard-to-employ Groups*, Glasgow: Scottish Poverty Information Unit.

including concerns regarding trustworthiness. The importance and impact of these risks will vary according to sector and size of company. For example, the impact of any absence for treatment or as a result of relapse will be harder to manage in a company with only four employees than one with four hundred.

However, there are a number of ways in which the potential risks of employing a recovering PDU may be reduced so that employers will be more willing to employ them, and in fact a formal risk assessment process may increase confidence on all sides that employment will be successful. Risk assessment tools are available, for example that developed by the Chartered Institute of Personnel and Development,[38] although good practice in this area needs to be identified and disseminated.

Implications for policy and practice

16. Effective formal risk assessment procedures to match PDUs to job opportunities need to be identified and then adopted by employers and all employment service providers.

The need for stability and reliability

From an employer's perspective, employee reliability is a fundamental requirement, and employers indicated that evidence of stability would be critical for them to consider employing a recovering PDU. However, many employers in our research indicated they expected PDUs to have been drug-free for at least two years before they would consider employing them. This is an often quoted yet essentially arbitrary time period which creates a significant barrier for those drug users who are stable and ready to benefit from employment before reaching that time limit.

Indeed, an example from the mental health field has shown the benefits of introducing placement in competitive employment as soon as possible. Individual Placement and Support (also known as 'supported employment') puts an emphasis on support and training on the job. This has been shown to be more effective in helping people with severe mental health problems gain and retain employment than pre-vocational training, which considers that a period of preparation is necessary before entering competitive employment.[39]

38 Chartered Institute of Personnel and Development (2007), *Managing Drug and Alcohol Misuse at Work. A guide for people management professionals*, London: CIPD, Appendix 4.

39 Marshall M., Bond G.R. and Huxley P. (2001), 'Vocational rehabilitation for people with severe mental illness', *Cochrane Database of Systematic Reviews*, Issue 2. Art. No.: CD003080. DOI: 10.1002/14651858. CD003080

Prescribing of substitute medication for drug dependency, such as methadone for heroin use, is a common treatment and is recognised as important for stabilising many PDUs. Once stabilised, PDUs may be able to continue their rehabilitation, including finding employment. Although the side effects of methadone, like those of many other types of medication, may make some forms of employment less suitable (such as those involving driving or using heavy machinery, where there might be health and safety concerns) people stabilised on methadone are quite capable of a wide range of other jobs.

"And it's fine and we have people who ... volunteer or work with us ... who are still scripted [on methadone] and you can work around that, there's a level of honesty but at the end of the day that you kind of know that they're going to be reliable."
(Service provider)

Unfortunately, many employers, including treatment agencies and public services, have indicated that they would require long periods of abstinence from all drugs, including methadone, before considering employing a recovering PDU, in some cases even in a voluntary or work placement capacity. Most employers will know very little about the impact of substitute medication and the types of activities that people on such medication could or should not do. Better and clearer information could improve employers' and employment service staff's understanding of the subject, improve risk assessments and help service providers and users make a realistic assessment of job opportunities.

Box 7: Simon (Merseyside Jobcentre)

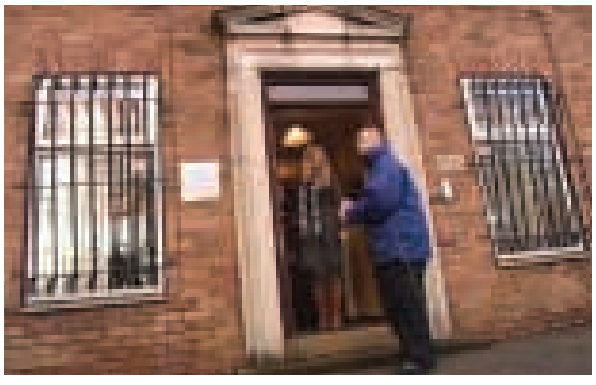
Simon had been using heroin for 25 years and was scripted on methadone two years into his drug use. For the last seven years before starting work he only used methadone. He had never worked legitimately. When he was aged 38 he applied to the Employment Service for the post of Admin Officer. He was successful and started work on the front line in a Jobcentre. When completing the pre-employment health questionnaire he did not declare his substance misuse problem as he knew this would result in the job offer being withdrawn (this had happened to a friend previously). At the time he was reducing his methadone by 2 ml per month and was on 62 ml per day.

Simon (Merseyside Jobcentre) (continued)

After he started work his manager found out he was on methadone. He was overheard on the phone and someone thought he was drug dealing. His manager consulted the district progress2work coordinator, who undertook some drug information work with the regional HR team to help them understand what methadone was and explain that it did not affect his work. Due to this support, Simon continued in work. He was treated the same as other employees and accessed training and mentoring support to enable him to be a productive member of the team. That was seven years ago. He continued to reduce his methadone and has now been drug-free for over four years.

Simon is viewed as an extremely effective member of the Jobcentre staff. He has achieved top marks in his yearly appraisal and is valued by his managers and peers. No one knows about his past, unless he chooses to tell them.

The knowledge that a PDU might be continuing to receive drug treatment and support was seen by some employers in the study to give them confidence and provide reassurance. Others, however, suggested that they would not want an employee taking time off to receive this treatment. This might be a particular concern for individuals receiving substitute prescribing. Provision of treatment services that are flexible enough for PDUs to attend outside normal working hours would be one way to avoid this conflict. It would also seem appropriate that employers who allow flexible working hours for employees to attend treatment for other health conditions could also do the same for those in drug treatment, provided this was done in a way that minimised disruption.



Clearly, employers need some 'indicator' to provide them with confidence that a potential recruit will be stable and reliable, to run alongside any skills/competency assessment. This is also important for the PDU and those involved in their rehabilitation, since a failure will damage both the individual's confidence and the relationship between employer and service provider. However, such an indicator would be more appropriately built around demonstration of the attributes that relate to the specific requirements of the job, rather than an arbitrary drug-free time period.[40]

40 See CIPD (2007), *Managing Drug and Alcohol Misuse at Work. A guide for people management professionals*.

Drug testing might be considered one way of reducing the risk of employing PDUs and is used in some safety-critical industries, such as the transport sector. However, it is expensive and brings with it a number of problems.[41] For example, a positive drug test does not prove that an individual is impaired, it simply indicates the presence of the substance in urine, hair, blood, etc., and, depending on the type of test and the particular drug, could relate to an activity that took place up to a month before (cannabis may be detected in urine up to five weeks after consumption). A 'failed' test can also be due to prescription or over-the-counter medications. Codeine, for example, is contained in a number of over-the-counter products and, once metabolised, shows in tests as morphine. Testing can also have a negative impact on employee relations. Therefore, it should be considered only after alternative options have been explored, with clear guidance and procedures for dealing with failed tests, and as part of a full workplace substance misuse policy.

Implications for policy and practice

17. Clear information and guidance on the employment of people on substitute medication needs to be developed and disseminated to employers and treatment and employment services by the Department for Work and Pensions, the Department of Health/National Treatment Agency and the Health and Safety Executive.
18. If PDUs are to receive treatment and support while in employment there needs to be flexibility on the part of both employers and treatment providers. In particular, treatment services need to consider improving access outside of normal working hours.

Volunteering and work placements

Volunteering, work trials and other schemes that 'bridge the gap' between hard-to-employ groups and employers are a good way of reducing risk on both sides, and therefore allow experience of employment to come much earlier in the rehabilitation process. Such schemes reduce the 'fear of the unknown' that employees and employers may both feel:

41 LDPF (2007), *Tackling Drugs and Alcohol in the Workplace: A toolkit for employers*, p. 10; CIPD (2007), *Managing Drug and Alcohol Misuse at work. A guide for people management professionals*, p. 25–27; Joseph Rowntree Foundation (2004), *Drug Testing in the Workplace*.

"... we've had previous clients and service users who have opted into volunteer positions and then subsequently have gone into employment with us but we tend to have sort of a knowledge of them ..." *(Service provider)*

As a first step, volunteering and work placements can play an important role in developing and demonstrating commitment and stability and can also be used to acquire a range of skills to build up a CV. They can also be more flexible and less demanding for PDUs who are still addressing their primary needs. However, it is important that volunteering and work placements are used as a stepping stone and not a source of free labour. They should be time-limited and reviewed regularly.

Some of the regulations around Jobseeker's Allowance limit the number of hours of voluntary work a claimant can undertake, which can make it difficult for PDUs to develop and demonstrate their ability to undertake full-time work. People who have committed to what may be effectively full-time volunteering posts, which may be important for demonstrating readiness for mainstream employment, will not technically be available for work and will probably not be looking for other work, and hence will be in breach of Jobseeker's Allowance requirements. However, our consultations suggest that in some areas, undertaking volunteering – for example as part of progress2work – is considered to be a work-focused activity and will be viewed as satisfying Jobseeker's Allowance requirements. Guidance needs to be clarified to ensure this approach is taken consistently throughout the country.

There are also other models of provision of workplace experience and skill development that can form a bridge into employment – for example, job placements, social enterprise and intermediate labour markets. Some examples are shown in Box 8.

Box 8: Examples of schemes providing flexible employment skills development

Thames Reach

Thames Reach offers a range of different schemes to develop employability among those using their services. Twice a week from May to October, a group spends a day working at an organic farm in the Sussex countryside. They prepare the fields, muck out the stalls, and tend and harvest the crops. In the winter months, participants work alongside other volunteers, conserving public land through the Downlands Countryside Management Project. These activities give people a chance to learn new skills and escape from hostel life and the city environment. Working on the land is highly motivating. It gives people who may be isolated or depressed something to look forward to and a chance to be included in a welcoming group. Participants develop a sense of community and achievement from seeing their hard work contribute to a successful harvest and improving the local environment. Some participants are given the opportunity to train and work as farm assistant volunteers. This improves their employability and provides new farm workers with positive role models.

The 'Travel' volunteering scheme helps homeless and vulnerable people to build their self-confidence, develop new skills and make their way back into the workforce. Travel participants attend an eight-week volunteering training course, which covers issues such as office etiquette, communication skills, teamwork, assertiveness and time management. They then spend two months working two days a week as a volunteer for Thames Reach. The volunteer placements are varied to match the skills and experience of each participant. Previous jobs have included administration and reception duties, gardening, and running activities in one of their hostels. During their placements, volunteers are given support from their supervisor, the Travel tutor and a 'buddy' within the office with whom they can share any concerns. They also have the chance to talk about their experiences in a peer support group that meets every fortnight. At the end of the scheme, Travel participants are helped to identify and achieve the next step forward in their lives. This may be to do more volunteering, take up education or training, or start looking for a paid job.

Examples of schemes providing flexible employment skills development (continued)

'Shift' gives people the chance to undertake paid work in the field of painting and decorating. This supported employment scheme launched by Thames Reach in 2006 provides a stepping stone towards financial independence for those who are most excluded from the job market. Thames Reach often needs to call on external contractors to do renovations and repairs of their accommodation and office buildings. Through Shift, this work can now be given to the people who use their services.

Fixers

The Fixers programme in Merseyside is aimed at the Intermediate Labour Market. The programme trains long-term unemployed people to fill gaps in the labour market for qualified community drug workers. Fixers offers paid full-time work experience for up to 12 months, two days training a week, three days working in a relevant work placement, accredited qualifications and support to enter the employee's chosen career. Over 90% of participants in the programme have gone on to full-time employment.

Having a formal probation period in which the recovering PDU is able to demonstrate their reliability and fitness for the job could provide reassurance to the employer. Work trials, in which individuals remain on benefits for a two-week period (shortly to be extended to six weeks), are being used in some areas and allow both the employer and the PDU to be sure they are suitable for the position. Other flexible arrangements, such as schemes that suspend rather than terminate benefits on recruitment to paid employment, could also be developed.

There may be some constraints on the type of volunteering activity that can be undertaken by some individuals due to their criminal records, particularly in the public sector, but in general we believe this is an extremely important route into employment and these opportunities need to be expanded. In fact, we have heard concerns that public sector contracts that exclude people with criminal records from employment may be being applied too rigidly and widely. This deters organisations who are heavily dependent on such contracts from considering employing PDUs. We do not have evidence as to the extent and impact of this, but we would urge governments to investigate how this barrier might be minimised. Certainly, the public sector should lead the way in providing routes to employment for this group.

Implications for policy and practice

19. A wider range of volunteering and work placement opportunities need to be made available to help PDUs achieve and demonstrate stability and 'soft' skills, such as timekeeping and interacting with people in the workplace.
20. Treatment and employment services need to ensure that rehabilitation/recovery plans (and associated guidance) explicitly incorporate a period of volunteering and/or workplace experience when appropriate.
21. The Department for Work and Pensions should review benefit rules and guidance concerning volunteering to ensure they do not inhibit rehabilitation of PDUs, and should examine ways in which the benefit regime can more flexible through schemes such as work trials.
22. Local Drug Action Teams, drug and employment services and Local Employment Partnerships should look to initiate jointly a programme of local volunteering and work placements.
23. Local Employer Partnerships should be resourced to deliver a local volunteering/work placement programme for chronically excluded adults, including PDUs.
24. Public sector bodies should take the lead with the recruitment and employment of chronically excluded adults (including PDUs) and should be annually monitored on progress.
25. The Office of Government Commerce should review the use of standard contract terms that may unnecessarily militate against the employment of people with criminal records and/or a history of drug use.

Support in the workplace

Providing support for both employers and employees is another way of constructively managing risk. As well as helping the employee, this could give confidence to the employer that any problems will be identified and dealt with before they escalate.

Many progress2work and other service providers 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 should be considered for recovering PDUs. There is no comparative evidence of the effectiveness or cost-effectiveness of these different approaches, but employers have spoken well of them.

Box 9: Cymru progress2work

Progress2work Cymru offers an intensive mentoring approach to people with a history of substance misuse, to help them back to work. Clients receive a holistic assessment of their needs and develop an action plan to overcome any barriers that may affect their employability.

Service users are given practical, individual support in things such as CV development, jobsearch, motivation and confidence building, debt, benefit and small business advice, training and revision around vocational tests, and relapse prevention. They have a single point of contact, who navigates them across other services that they may need and sees them through their whole journey into employment. In Wales, clients are also peer supported by somebody who has already been through the process and is now in work. Through this approach, they attempt to set people on a pathway to sustainable employment for their whole lifetime.

Our consultations revealed that having a source of expert advice available to employers should problems arise following the employment of a recovering PDU can help reassure them that support will be available if something goes wrong. Where good policies on substance misuse in the workplace are already in place this may be less of a concern; a range of guidance on the development of such policies is available.[42]

42 For example: LDPF (2007), *Tackling Drugs and Alcohol in the Workplace: A toolkit for employers;* CIPD (2007), *Managing Drug and Alcohol Misuse at Work. A guide for people management professionals*.

However, small and medium-sized enterprises may not have HR or occupational health departments and may therefore be concerned that they would be unable to support a PDU adequately or take appropriate actions should problems arise. At the same time, as already mentioned they are likely to feel particularly vulnerable to the loss of a single individual from their workforce:

"... there's only five of us here, we're only a small business, we can't afford for one person to go down, there's just not the staff to cover it" (Employer)

As these businesses employ a considerable proportion of the workforce, it is important to identify ways these firms can be supported in the employment of recovering PDUs. Additional options targeted at this group that might be explored include advice and support in the development of appropriate policies for businesses without HR and occupational health departments. It might also be possible to work with HR and occupational health support services, often bought in by small and medium-sized enterprises, to develop appropriate support mechanisms.

As a result of employers' concerns about recruiting people with a history of drug use, there is some understandable reluctance among those seeking employment to disclose any current or previous issues with substance misuse:

"... we don't publicise the fact they have drug misuse issues, we think that would be a breach of confidentiality. We try to present people in a positive way ... it's unlikely that employers would ask about drug or alcohol issues. It shouldn't be an issue because it shouldn't be a question that is asked, as long as the person presents properly on the day they're interviewed, if they clearly present in a chaotic way then a college or employer would immediately think they have a problem so it's up to the individual to present on the day positively and stable." (Service provider)

However, it will not be possible to support either employee or employer if this information is not disclosed, which could impact on job outcomes for all concerned. There is a need for clear guidelines about disclosure of problematic drug use as it is apparent that there is great variation in practice. If there is a perceived risk of the 'unknown' among employers, this may reduce their willingness to participate in Local Employment Partnerships and similar schemes. The new welfare reform proposals are seeking to get more PDUs to disclose their use to employment

services so it is therefore important that there are clear guidelines with respect to disclosure to employers. Some of the similar challenges that the checks on criminal records pose for PDUs seeking employment are discussed later.

Implications for policy and practice

26. A programme of research and development to consider the benefits of developing mentoring and coaching support for PDUs should be undertaken by the Department for Work and Pensions.
27. Mechanisms for providing ongoing support for employers and employees, particularly in small and medium sized enterprises, need to be developed and properly evaluated, and examples of good practice identified and disseminated.

Addressing negative perceptions and stereotypes

The web survey of employers, carried out within Part Two of the research by the University of Manchester, suggests that only a very small proportion of employers will have had any direct experience of recruiting someone with a known history of problem drug use. As already mentioned, because of the stigma, most recovered PDUs will be unlikely to disclose their status and hence, although employers may already be employing former PDUs, they will be unaware of this. Therefore, employer attitudes are largely based on general knowledge and perceptions rather than actual experience, and there was evidence in the research of many employers holding negative stereotypical views about PDUs.

There was some evidence in the research that PDUs are perceived as a threat in themselves, which is likely to be influenced by the very negative portrayal of PDUs as a group within public discourse.

The package of problems and challenges PDUs may present to prospective employers is, understandably, daunting. From an employer's perspective they will appear to be among the least attractive of potential employees – the majority of employers in the web survey indicated that they would not consider employing current or former users of heroin or crack cocaine. This is why it is imperative that treatment and employment services understand employers' concerns and work closely with them on an ongoing basis to build confidence and trust.

Some employers are concerned about risk to their reputation if they were to employ people with a history of substance misuse. Their concerns include a fear of the reactions of their customers or the media if their companies were known to be employing PDUs, even if those PDUs were in recovery and receiving support. This risk may be very real in view of the general prejudice and stigma surrounding problem drug use and the levels of misunderstanding about its causes and what can be done about it. A government information campaign might go some way towards balancing the need to demonstrate public disapproval of drug use with the need to make inroads into reducing chronic exclusion for this group.

The Government is undertaking the 'Shift' anti-stigma campaign, which seeks to challenge some of the stereotypical perceptions concerning people with mental health problems, including their ability to participate in the labour market. With much public and media antagonism towards PDUs, we believe it is appropriate to consider a broadly similar campaign to address prejudice towards those recovering from substance misuse problems. We appreciate the sensitivity of this but, if Government is committed to improving inclusion, this group, together with people with alcohol misuse problems, needs to be included in the attention being given to the needs of people with disabilities and mental heath problems.

A national and local information campaign could also provide practical case studies of the business case for employing PDUs, perhaps in different sectors.

However, there is also the danger that, once employed, this group may be discriminated against. As one of the employers involved in the web survey said:

"We were always on our toes if they were going to mess up and if anything ever happened it was always pointed to them first." *(Employer)*

It is also possible that an individual may be 'discriminated' against by work colleagues if their former drug-using status became common knowledge. This is a fear also often expressed by people with mental health problems, although recent research[43] suggests that this may not occur in practice once disclosure is made (although selection bias in making disclosure may be an issue here).

Despite the negative stereotypes, those employers in our study with experience of hiring recovering drug users often reported positively on their experiences. Therefore, a case needs to be built up and success stories collected to challenge

43 Irvine A. (2008), *Managing Mental Health and Employment*, Research Report No 537, London: DWP.

the stereotypical views and stigma associated with this group, as we have suggested earlier. Strategies that seek to engage employers with the issue of employing PDUs and other hard-to-employ groups are very important, although local service providers highlighted the difficulty of doing this in practice.

Implications for policy and practice

28. There is a need to reduce the stigma attached to PDUs. More positive messages and success stories need to be disseminated. The Government needs to set an example in the language used in public pronouncements and the way PDUs are characterised within its publications.
29. The Government should consider the feasibility of initiating and funding a major anti-prejudice information campaign at both national and local levels to help reintegrate recovering PDUs.
30. The Department for Work and Pensions should develop local employer engagement strategies, perhaps based on Local Employment Partnerships and involving treatment providers, incorporating better information to improve knowledge and understanding of problem drug use among employers and employment service providers.
31. A high-level task group should be established to bring together employer groups, treatment and employment service providers and others to sustain momentum on improving employment opportunities for PDUs.

5. Going further? Legal protection and incentives

In this section, we consider what more might be necessary to create new routes into employment for PDUs. We recognise that the barriers to employment are such that, even with additional support for employers to help manage risk, and better engagement strategies, more might be needed to increase the attractiveness of some hard-to-place individuals.

Incentives to encourage employment of PDUs

As we were completing our review, the Opposition political party announced proposals to incentivise employers to recruit unemployed people by lessening the taxation and national insurance burden for them. We are aware there is controversy about the potential impact of such initiatives, including evidence from the USA casting doubts on its value as a means to kick-start economic recovery. However, whether or not they are effective from this standpoint, it is possible that such measures targeted at the very marginalised might make employing PDUs more attractive. It may therefore be appropriate to explore innovative ways to encourage employers to recruit very marginalised groups of people, including PDUs.

Such incentives might be given through taxation or National Insurance, through insurance relief or as some sort of direct payment. The following options to encourage recruitment could also be considered:

- Employer National Insurance contributions rates could be reduced, or temporarily suspended, for people employed from particularly disadvantaged groups.
- Insurance to cover any losses to the business that result from the employment of these particularly hard-to-employ groups (e.g. need to pay for temporary cover or to recruit again) could be made tax-deductible.
- The Government might meet part of the minimum wage for a set period.

Politically, we do not think the case can or should be made for PDUs alone to receive special measures. Rather, what the Social Exclusion Taskforce refers to as 'adults facing chronic exclusion' may well warrant a range of incentive measures. We appreciate that steps such as these involve many complex issues, and that

they also have the potential for unintended consequences. Therefore, we suggest the Government commissions an independent review of the pros and cons of using various financial incentives to encourage employers to recruit the very marginalised.

Some people have suggested that the enormity of the challenges facing this group warrants special measures, such as to place an obligation on employers to recruit people who are severely excluded, in the same way as happened some years ago with notional disability quotas. However, past evidence suggests that such measures are largely unenforceable, and they have now fallen into disrepute.

Implications for policy and practice

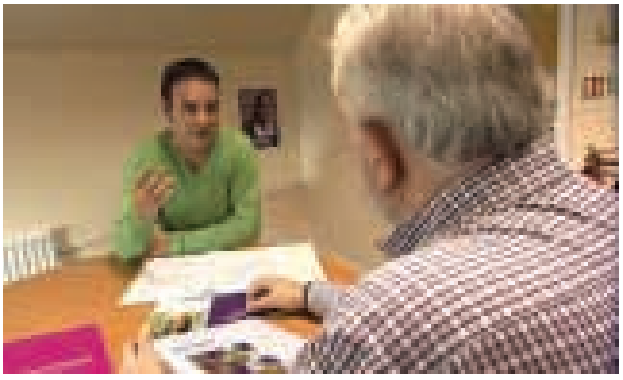
32. The Government should commission an independent review of the pros and cons of using various financial incentives to encourage employers to recruit the very marginalised, with a view to introducing properly evaluated trials.

Legislative protection

If disclosure of drug use is to be encouraged in the future, there may need to be some sort of legislative provision to protect those with a history of impairment due to substance dependency against discrimination.

In 2002, the Home office published *Breaking the Circle*, a report of an independent review into the Rehabilitation of Offenders Act.[44] The review proposed a range of measures to ensure that the burden of the requirement to disclose a previous conviction is minimised for the very many ex-offenders who simply want the chance of lawful employment, while maintaining the requirement to disclose where there may be a particular risk of harm.

As far as we can ascertain, the proposals set out in the report have not been implemented. Since then and following the Bichard Review, the number of Criminal Records Bureau (CRB) checks has increased significantly, especially in the public and voluntary sectors. The research we commissioned found examples



44 Home Office (2002), *Breaking the Circle: A report of the review of the Rehabilitation of Offenders Act*, London: Home Office.

where PDUs had experienced barriers to getting a job because of the disclosure process, and our consultations highlighted an issue concerning uncertainty about disclosure requirements. It appears that in some instances employers are inappropriately requesting CRB checks, and in others PDUs are 'self-excluding' themselves from particular jobs because they know the CRB check would reveal past convictions. We are aware also that various sectors and professions set high thresholds in relation to convictions in order to minimise risks, for example in teaching, youth work, healthcare and accountancy. Inevitably, these will tend to preclude those with a problem drug use history. The research also heard from employers that the standard provisions of some public service contracts specifically meant those with criminal convictions were excluded. We do not know whether this is widespread, or whether and how it may undermine other efforts to get PDUs back into work. But it is something we would urge the Government to investigate.

The Government has outlined its intention to introduce a single equalities bill in the current parliamentary session, which will consolidate and 'declutter' the various pieces of discrimination legislation and guidance. As mentioned earlier, drug dependency and addiction are currently specifically excluded from the provisions of the Disability Discrimination Act (DDA) and indeed the Mental Health Act provisions. The DDA affords a degree of protection for those falling within its definition, and the proposed new Bill is intended to place a more generic duty of equality on public bodies. Now that the Government has indicated its intention through the proposed welfare reforms to target PDUs in order to ensure they receive treatment, we believe there is a reciprocal duty to acknowledge the significant and sometimes long-term impairment caused through dependency and addiction and the associated 'discrimination' which follows. The World Health Organization and various UK reports have consistently observed the chronic and relapsing nature of the condition amongst many, albeit not all, PDUs along with the complex underlying causes of the condition. As previously quoted, the WHO reports:

"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."

We realise the sensitivity and implications surrounding this matter. Many people view addiction and dependency as a lifestyle or self-imposed choice. In respect of some, that is clearly true. However, given the increasing evidence showing biological, genetic as well as social determinants of substance dependence and the significant impairment that accompanies it,[45] it would seem appropriate and timely for the Government and the Equality and Human Rights Commission to consider whether there is a case for inclusion of this group within the proposed legislation, or, if that does not materialise, whether and how the existing DDA legislation might be clarified to encompass addiction more directly.

There are other options for increasing the legal protection afforded to PDUs to encourage employment. For instance, in Italy legislation requires a person who has drug dependence to be given the option to return to their employment following treatment, which may take place over a period of three years. Although the impact of these provisions is not clear, there is some evidence suggesting a higher rate of employment among drug users in treatment in Italy.[46]

Implications for policy and practice

33. The Government should revisit and implement the recommendations of the 2002 review of the Rehabilitation of Offenders Act in order to minimise any barriers that may stand in the way of drug-related offenders' rehabilitation.
34. The Government and the Equality and Human Rights Commission should consider whether impairment due to substance dependence should be included within the proposed single equalities legislation, including if necessary more explicit recognition of this condition within the Disability Discrimination Act.

45 This is summarised in Academy of Medical Science (2008), *Brain Science, Addiction and Drugs*. Available at www.acmedsci.ac.uk/p99puid126.html (accessed 10 December 2008).

46 According to data available on the EMCDDA website, Italy has the lowest rate of unemployment among new patients entering outpatient 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 is not included in this table, and caution must be taken in making comparisons as treatment systems vary.

6. Concluding remarks

The research and evidence we have considered as part of this review demonstrates the importance attached by many to getting PDUs into employment. There are some very promising programmes showing that recovery from years of chronic drug misuse may be enhanced through employment pathways.

It is important that the perceived business risks that employers have identified are not ignored. This is an area in which the Government can be proactive and make an impact. There are opportunities to engage with employers, provide useful information and promote what works in practice, and incentivise better outcomes. To do this requires a much greater focus on research, evaluation and promotion of the benefits to be achieved by employing this group. What stands out in this review is the contrast between the mostly negative views from employers who had not (knowingly) hired PDUs, and the many positive experiences of those employers who had. This is success which can be built on.

Despite the recent economic downturn, we are optimistic that more recovering PDUs can gain employment in future. Replication of good practice is a notoriously difficult thing to achieve, but given the importance that all UK governments are now placing on employment and reintegration, they are well-placed to rise to the challenge. However, to be successful, employers need to be more willing to consider hiring suitable candidates who have a history of drug problems. Rehabilitation and employment services must develop more effective strategies for engaging with employers, and governments should consider what support they can provide for employers and, potentially, make legislative improvements so that recovering drug user get a fair chance of finding work.

Appendix

No One Written Off: A UKDPC response to the Department for Work and Pensions' Welfare Reform Green Paper, October 2008

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).

For the full submission, please visit www.ukdpc.org.uk/reports.shtml