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### ► [Problem drug users' experiences of employment and the benefit system.](#)

**Bauld L., Hay G., McKell J. et al.**

**[UK] Department for Work and Pensions, 2010.**

Substantial barriers to employment were revealed by interviews with problem drug users in England currently or recently in treatment and with staff who worked with drug users. Includes review of relevant international research.

**Abstract** This study was commissioned by the Department for Work and Pensions (DWP) to examine the issues surrounding benefit uptake in England by individuals who use illicit drugs, in particular heroin and crack cocaine. Individuals who take these drugs are termed 'problem drug users' (PDUs). In addressing these issues, the study also explores the wider context of education, training and employment for drug users as well as the role of treatment. This report has two key elements: a review of the literature on drug use and benefit uptake and a qualitative component that included face-to-face semi-structured interviews with 75 drug users and ten professionals who work with drug users to explore specific issues in detail.

### [Literature review](#)

#### [The profile of problem drug users](#)

It is apparent from the literature that the needs and circumstances of PDUs are varied. Overall, they are a marginalised group, many of whom (although not all) have experienced disadvantage from an early age. The UK and European literature on problem drug use suggests that most PDUs are male and that this type of drug use is most prevalent among individuals in their 20s and 30s. Problems with housing and homelessness are common in studies of drug-using populations as are low levels of educational attainment. Mental and physical health problems affect a significant proportion of PDUs. The literature we reviewed identified a number of concurrent physical health problems, particularly among long-term drug users, including higher rates of hepatitis C, HIV/AIDS and physical impairments that can affect PDUs' ability to complete everyday tasks and therefore, to work. The prevalence of a range of mental health problems amongst PDUs is also well documented.

## PDU's and the benefits system

Research has found that PDU's account for almost seven per cent of the working age population on benefits in England, while they make up only one per cent of the working age population overall. However, various barriers to claiming benefits were also identified. Henderson and colleagues in the USA interviewed welfare agency workers and found that, in their view, adults with substance misuse problems require more intensive, personalised attention than most workers were able to provide. PDU's also commonly reported feeling stigmatised by welfare workers.

## PDU's and employment

Studies have found that users of 'hard' drugs such as heroin and crack cocaine are significantly less likely to be in employment than other adults of working age. Research has also found that duration of unemployment is associated with the number of drugs an individual has used.

Studies suggest that PDU's face considerable challenges in making the transition to work. For example, Sutton and colleagues conducted a review of the literature examining barriers to employment for adults with drug and alcohol problems. They identified six major areas of disadvantage that acted as barriers to work including: lack of education and skills; health; social disadvantage; provision of support services; engaging with employers and support professionals; and dealing with stigma. Recent research conducted by the UK Drug Policy Commission (UKDPC) has examined similar issues. In addition to the main barriers highlighted by Sutton and colleagues, we also found that mental health problems and involvement in crime were significant issues. The literature reviewed highlighted that mental health problems can make returning to the labour market difficult or impossible for adults with substance misuse problems. The links between criminal behaviour and drug use are clear from the literature, as are the consequences in terms of employers' unwillingness to take on those with criminal records.

## Welfare reform

We touched indirectly on the issue of welfare reform in this study; in the context of the changes introduced in the 2009 Welfare Reform Act following the green paper *No one written off: reforming welfare to reward responsibility*. One element of these reforms, the Welfare Reform Drug Recovery Pilots, is being piloted in five areas across England from October 2010. It involves a new Additional Support programme which, on a voluntary basis, will provide integrated and personalised support for Jobseeker's Allowance (JSA) and Employment and Support Allowance (ESA) claimants who are undergoing drug treatment. A Treatment Allowance for PDU's who are in treatment, in place of their ESA or JSA, will be payable on a voluntary basis to the individual as long as they maintain their treatment and engage with the Additional Support programme. In addition, some of the normal conditions of entitlement for benefit will be removed in order to allow drug users the time and space to focus on their recovery. For example, this will mean that those on JSA will not be required to sign on or show that they are actively seeking work. PDU's who are in receipt of JSA and ESA and not ready to go into treatment will be required to attend a Substance Related Assessment with a drug treatment adviser and then a Treatment Awareness Programme for six weeks.

Other countries have introduced similar changes in the past, and a literature on welfare

reform and its impact on drug users does exist, primarily from the USA. American studies on the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) reforms of the mid-1990s, although not directly comparable, do suggest that welfare recipients who accessed treatment were more likely to find employment, that clients in government-funded treatment did reduce their drug use, and that fears regarding longer-term, negative outcomes from introducing these reforms were largely unfounded. However, in the short term at least, drug users in the USA who lost entitlement to benefits through not complying with the new regime were more likely to return to drug-related crime to fund their drug use.

## Client interview findings

### Client characteristics

The majority of respondents were in early middle age, however, this was one of only a few characteristics that they had in common. In other respects the sample was quite diverse: some respondents had no caring responsibilities or limited family connections, others were responsible for young children or had the support of an extended family. Similarly, some had stable living arrangements with no pressing financial issues, whilst others reported poor and/or temporary housing and problems covering basic expenses. The most substantial differences amongst respondents, however, related to their experiences in childhood and young adulthood. For some, drug use was just another part of an already troubled life, often involving traumatic events or a compromised childhood. However, others had a more stable upbringing and found themselves experimenting with drugs for recreational purposes.

### Education

Respondents' accounts of their schooling tended to be fairly negative. There were many accounts of school expulsion, as well as a high prevalence of truancy. Interviewees also spoke of encountering bullying and dealing with dyslexia. It is, therefore, perhaps no surprise that most respondents left school with few qualifications. Such poor school experience, however, didn't deter some respondents from taking up training following school, with several reporting vocational qualifications. Despite the success of some respondents, though, most remained low qualified, and lacking many of the skills sought by employers.

### Employment history

It was uncommon for respondents to be in paid legal employment at the time of interviewing. Many, however, were involved in volunteering, often situated in drug and alcohol services. Respondents viewed volunteering as very beneficial, recognising the opportunities it offered for moving back into employment or simply as part of their recovery. Most had worked at some point in the past, but whilst some had enjoyed long periods in the same job or industry, others had experienced employment on a short-term and infrequent basis. There were also significant differences in the skill-set of respondents and therefore, the types of jobs they achieved. Certain interviewees had advanced work-related knowledge and skills which meant they had experienced responsible and challenging employment. In contrast, other respondents possessed few vocational skills which confined them to unskilled jobs. Finally, the mixture of experience

exhibited by respondents was also demonstrated in terms of post-school employment. Some interviewees encountered no problems in obtaining employment following leaving school, but others faced long periods of unemployment.

### Drug use history

Many of the interviewees had a long history of drug misuse, with most beginning during their teens whilst still at school. These respondents typically began smoking cannabis with friends, moving on to harder drugs such as heroin and crack cocaine in later years. Other drugs used by respondents included cocaine, amphetamines, ecstasy and LSD. For some, their drug use was complicated by using drugs intravenously or accompanying alcohol use. Most respondents reported the impact of certain crises such as the threat of losing their home as causing them to realise that their drug use had become problematic. In terms of treatment, many respondents had extensive experience of accessing support to address their drug use, with some reporting relapse following long periods of recovery.

### Claiming and receiving benefit

All of the respondents were either currently in receipt of benefits or had received them in the past. Some received Incapacity Benefit (IB) (or ESA) due to poor mental or physical health and addiction, but others were receiving JSA. Despite being on similar benefits interviewees' experiences of the benefit system were varied. Some respondents described applying for benefits as straightforward and Jobcentre Plus staff as positive and helpful. Others had had more problematic experiences and described in detail the problems they encountered during their medical examinations and capability assessments. Furthermore, some interviewees provided examples of administrative mistakes and delays and highlighted how these had affected their lives and their efforts to make the transition from benefits to work.

### Barriers to uptake

A number of barriers to claiming benefits were highlighted during the interviews. These included a lack of knowledge regarding benefit entitlement and a lack of easily available advice on this issue; difficulties with requirements to fill out application forms and attend appointments; and problems with the facilities used by Jobcentre Plus to handle client enquiries and consultations. Further barriers encountered related to respondents' relationship with staff working within Jobcentre Plus. Some respondents described feeling stigmatised by workers, whilst others said they felt they had to behave in a certain way in order to receive help.

### Looking for employment through Jobcentre Plus

Some respondents encountered problems in matching their employment expectations to the type of jobs promoted by Jobcentre Plus, and felt that the jobs advertised lacked relevance to their particular skills, or lacked prospects. Others expressed negative views about Jobcentre Plus staff's understanding of their circumstances in relation to their ability to work, with particular reference to their methadone prescriptions. Respondents felt that Jobcentre Plus could do more to help customers like them find employment, including providing more encouragement to apply for jobs, ensuring they follow up opportunities and offering more gradual paths back into employment.

## Barriers to employment

Drug users face a variety of obstacles with regard to looking for employment, of which most are deeply entrenched. These include poor self-confidence and mental health problems, physical health problems, a lack of education, training and skills, ongoing drug use, receiving treatment whilst working and stigmatisation by employers, amongst other barriers. Many of the obstacles highlighted, such as a lack of education and training and ongoing drug use, have the scope to be improved by the individuals concerned providing they have the support and motivation to devote time and effort to them. However, other barriers may prove harder to overcome and require broader societal change. The reported reluctance on the part of employers to take on individuals with a history of drug misuse, or with criminal convictions, is an obstacle that is rooted in social attitudes and therefore much more difficult to alter.

## Informal economy

Interview respondents' accounts provide compelling evidence of the link between drug misuse and crime, as established in the literature review and by other studies that have examined the experiences of PDUs. Respondents commonly admitted to involvement in shoplifting, burglary, drug-dealing and fraud as a means of obtaining money for drugs. In some instances respondents who had been involved in drug-dealing spoke of being motivated to sell drugs because they had easy access to them. As a result of such crimes, many interviewees had spent time in prison, with some having spent most of their adult life moving in and out of prison. Involvement in the informal economy was common amongst respondents, with most admitting having done cash-in-hand work. This, as well as some interviewees' involvement in prostitution, further highlights the barriers that drug users face in finding legitimate employment.

## Future aspirations

Almost all interviewees viewed becoming drug-free as a higher priority than coming off benefits and getting a job. For many, this involved coming off a methadone prescription. Conversely, however, some wanted to start taking methadone precisely so they would be able move back into employment, illustrating just how personal ideas about what constitutes recovery are. Many interviewees worried that they would not be able to cope with the pressures and stress involved in working life and feared a relapse as a result of these. Interviewees generally saw voluntary work, often with drug treatment services, as a first step towards paid employment. This represents a way for them to test out their ability to work, and also to give something back to their community and help support others in a similar position.

## Professional interview findings

### Characteristics of PDUs

Professionals described PDUs in their areas as a marginalised group who experienced stigma and had complex needs, including mental and physical health, employment, housing and family problems. They felt that drug use both exacerbated pre-existing problems and led to new ones. Views were divided about whether PDUs are generally willing to disclose details of their drug use to professionals, however there was consensus about the fact that they are at strong risk of stigma and discrimination.

## The benefit system

Views were mixed about the role of the benefit system in drug users' lives. Some professionals felt that the system provided a perverse incentive for PDUs to appear as disabled as possible in order to gain access to a higher level of benefit, whilst others emphasised the importance of benefits as a safety net that enables drug users to survive. As such, many described benefits as a central component of recovery from drug use. The most common benefits for the interviewees' clients to be receiving were Income Support (IS) and IB, as well as JSA. Various barriers to claiming benefits were identified, some of which were the same as those identified by the PDUs themselves earlier in the report, such as problems with filling out forms and attending appointments. Others were similar but expressed in a different way, such as the mismatch between the behaviour of their clients and Jobcentre Plus staff's expectations of them that the professionals described. They emphasised the importance of advocacy by and support from facilitators in helping drug users to negotiate the benefit system.

## Treatment

Treatment services were available to PDUs in all of the case study areas, however, interviewees acknowledged that a drug users' decision to enter treatment is a very personal one which is hard for them to influence. They also identified waiting times as a problem for those who decide they do want treatment. Paths to recovery were described as long and complex, with most clients going through treatment multiple times. They felt that whilst returning to work was a more longterm aim for most clients, training and voluntary work is a good stepping stone to employment for those who are ready for it.

## Employment

The vast majority of drug users that the professionals encountered were unemployed. Where they were employed legitimately they tended to be in low paid and short-term jobs. The professionals emphasised the positive impact that employment can have on PDUs' lives, however, they acknowledged that the transition from benefits to employment is a challenging one for this group and mentioned mental health issues, medication, employer attitudes and time out of the labour market as some of the barriers that they face. The main facilitators to employment that the professionals mentioned included advocacy, access to training and voluntary work, and opportunities provided by supportive employers.

## Partnership working

Knowledge of the benefit system was limited amongst the professionals interviewed, as were any formal links with Jobcentre Plus or DWP. However, they were keen to improve these links through training of staff in both drug agencies and Jobcentre Plus, specialist staff being placed in the partner agency, and co-location

## Conclusion

Our findings illustrate the complex needs of PDUs and some of the challenges they face in their everyday lives. All the PDUs in our study had experience of the benefit system and had accessed different forms of benefits, primarily IS, JSA and IB. While very few were in paid employment at the time of the study almost all aspired to move back into

some form of work in the future and described some of the forms of support, including access to training and voluntary work, that would assist in that process.

This study highlights the need for greater integration between drug treatment services, the social security system, employment services and employers. This, combined with wider availability of support to PDUs, will improve outcomes for this group.

Last revised 18 December 2010

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