

Response to the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity

Making Every Adult Matter (MEAM) is a coalition of Clinks, Homeless Link and Mind formed to improve policy and services for people facing multiple needs. Together the charities represent over 1,300 frontline organisations and have an interest in the criminal justice, substance misuse, homelessness and mental health sectors.

We welcome the chance to contribute to this review, which is a timely opportunity to examine the quality of employment-related support for people with substance misuse problems. We do not believe that adding mandatory requirements would benefit individuals or the government; instead, we set out a range of other ways in which the support people receive could become more effective.

Given the scope of the review, we have focused on people with drug and alcohol problems and their interaction with employment support services. However, these are often inseparable from other, linked challenges: research indicates that half of people with a substance misuse problem also experience issues with homelessness and/or contact with the Criminal Justice System, and a majority have a diagnosed mental health problem.¹

To inform our response we have drawn on existing evidence, the knowledge of our frontline member agencies, and the experiences of people facing multiple needs. Over the coming months, we would be glad to help the review engage with people with multiple needs and the practitioners who support them through our [Voices from the Frontline](#) project.

1. What is the experience of people with obesity or drug or alcohol conditions within a) employment support services; b) health care; and c) the benefits system?

People with drug and alcohol conditions have regular contact with the benefits system: they are five times more likely to be unemployed than the general population, and when employed are much less likely to be in permanent employment.² Nevertheless there has been little research into how high risk drug takers are supported by the benefits system.³

Research in 2012 found that while people leaving Jobseeker's Allowance (JSA) had broadly similar characteristics regardless of whether or not they had received treatment for drug use, those who had received treatment were more likely to return to benefits, spending around 40% longer on JSA than the average claimant over a three year period.⁴

There is currently a lack of partnership working: research suggests that a quarter of drug and alcohol services have no form of partnership working with Jobcentre Plus (JCP), and only 3% have a funded partnership. Only half have partnerships with Work Programme providers.⁵ This is despite initiatives to encourage JCP to work more closely with treatment providers and related services.

¹ LankellyChase Foundation (2014), [Hard Edges](#) pp. 13, 32. Also see [DrugScope's analysis](#)

² Joseph Rowntree Foundation (2015), [Does poor health affect employment transitions?](#), p. 21

³ UK Drug Policy Commission (2008), [Working towards recovery: getting problem drug users into jobs](#), pp. 13-14

⁴ Department for Work and Pensions (2013), [Drugs and Alcohol DWP Strategy](#), presentation by Rachel Radice at London Drug and Alcohol Network (LDAN) event, p. 5

⁵ DrugScope (2015), [State of the Sector 2014-15](#), p. 53

One substance misuse service quoted in research said that “JCP still are not really aware of what the drug services do and they appear to create ‘drug champions’ without training those champions. Some JCP managers are not even aware of the [treatment provider’s] programme.”⁶

Individuals’ experiences depend to a great extent on the skills of staff who provide support.

Practitioners who spoke with us for this response described unhelpful interactions with JCP, including confusing messages around benefits; reluctance to allow advocates or support workers to accompany people to meetings; and “fear amongst claimants and staff that information they shared [about substance misuse] with JCP staff could be used against them in the future.”

A survey of people with substance misuse conditions, right, suggests that most do not find the Work Programme useful.⁷ However, there are exceptions:

“Because I got out of prison, instead of going to the JCP to apply for 3 jobs a week and signing on, they sent me to a recruitment agency, the Work Programme. It’s been quite good. The lady there is going to help me get the funding to

swap my ticket over so I can work here as a rigger. Obviously, it’s on hold for now as I’m going to be committed to this programme [... but] she said we could keep in touch through phone consultations to help me try to get my CV up to scratch and to research where I can get the funding for my qualifications. I’ll be continuing with that.”⁸



Training and support also needs to be tailored to individuals’ requirements: many people with multiple needs lack basic skills such as literacy and numeracy, but mainstream courses are often inappropriate.⁹

2. What specialist employment support services are available to people affected by drug or alcohol addictions, or obesity?

42% of drug and alcohol services surveyed in 2014 continue to provide in-house employment, training and education support for their clients.¹⁰ Under question 5, we describe models that appear effective.

3. What other physical and mental health conditions are these groups likely to face?

People with substance misuse conditions are likely to face a number of comorbid conditions including diagnosed and undiagnosed mental health problems, smoking related diseases and liver disease. Treatment for mental health conditions is particularly difficult to access: while up to 70% of people in drug and alcohol treatment have mental health problems, only one in five will be receiving concurrent treatment¹¹, and last year 22% of drug and alcohol services were finding it harder to access mental

⁶ Ibid, p. 58

⁷ LDAN (2014), [Pathways to Employment](#), p. 24

⁸ LDAN (2014), [Pathways to Employment – case studies](#), p. 9

⁹ St Mungo’s Broadway (2014), [Reading Counts](#), p. 22

¹⁰ DrugScope (2015), [State of the Sector 2014-15](#), p. 59

¹¹ Public Health England [Co-existing substance misuse and mental health issues profiling tool](#) (accessed 6/8/15)

health services.¹² Official statistics show that only 8% of Work Programme participants with ‘mental and behavioural disorders’ have been supported into work¹³, and research looking at wider disabilities (including mental health problems) has found that specialist support is often inadequate.¹⁴

People with multiple needs also live with a range of chronic long term conditions and have poorer access to primary care, with nearly one in five (18%) saying they had been refused registration to a GP or dentist.¹⁵ While 50% of current injecting drug users have tested positive for Hepatitis C (some 90% of the total population living with the disease) no more than 3% were able to access treatment.¹⁶ Similarly, those in contact with the Criminal Justice System have higher health needs and worse health outcomes than the general population. Women released from prison are 69 times more likely to die than the general population in the week following release, and this is closely linked to drug and alcohol misuse.¹⁷

4 & 5. What works to treat those affected and help them back into or keep them in work? What evidence exists on the effectiveness (including cost effectiveness) of treatments and interventions that facilitate a return to work?

People with multiple needs see work as an important goal and motivation, but often require long-term support to find and maintain employment. The London Drug and Alcohol Network (LDAN) provides a number of case studies of successful approaches to employment support for people with substance misuse conditions.¹⁸ One example is Individual Placement and Support (IPS), an approach where a dedicated Employment Specialist (ES) works together with a clinical team to help people seek work.

Evidence suggests this approach is relatively inexpensive, at an estimated £3,600 per sustained job outcome (compared to a minimum of £4,395 paid under Work Programme tariffs).¹⁹ One person with experience of heroin use described their experience of IPS at Central and North West London NHS Trust:

“I had been out of work for over four years and was not feeling very confident. At the start of working with my ES I was not even happy to speak to employers over the telephone but with his support I soon felt comfortable doing it. He was very positive and made me feel a lot better about myself. We prepared a CV, wrote covering letters, and set up an email address – all things I had known I had to do but had not had the motivation to sit down and work on.”²⁰

In general, approaches that are based on coordinated support and a single point of contact, such as the [MEAM Approach](#), have been shown to be effective in achieving a range of positive outcomes for people with multiple needs. In addition, previous work to improve partnership working between JobCentre Plus and treatment providers may provide lessons for future work.²¹

Women are likely to face additional and unique challenges to employment, and therefore require a gender-specific approach to improve employment outcomes. There is a reinforcing relationship between

¹² DrugScope (2015), [State of the Sector 2014-15](#), p. 53

¹³ DWP Tabulation Tool [162130](#) people with mental health problems were attached to the Work Programme up to March 2015; only [13380](#) (or 8 per cent) have gained employment (accessed 9/11/2015)

¹⁴ Mind and Centre for Welfare Reform (2014), [Fulfilling potential](#), pp. 7-8

¹⁵ Homeless Link, [Health Needs Audit – explore the data](#) (accessed 9/11/15)

¹⁶ Public Health England (2015), [Hepatitis C in the UK: 2015 report](#), pp. 20, 76

¹⁷ NHS Confederation (2012), [Health and wellbeing boards and criminal justice system agencies](#), p. 2

¹⁸ See LDAN (2014), [Pathways to Employment](#)

¹⁹ Centre for Mental Health (2013), [Barriers to Employment](#), p. 7

²⁰ Central and North West London NHS Foundation Trust (2013), [Recovery Stories](#), p. 15

²¹ See DWP (2011), [DWP in-house research report evaluation of the JobCentre Plus intensive activity trial...](#)

substance misuse and prostitution, with 10% of women commencing drug treatment saying they had exchanged sex for money, drugs or something else in the last four weeks.²² As demonstrated in the Corston report, substance misuse also plays a significant role in women's offending, with 70% of women requiring clinical detoxification in custody compared with 50% of men.²³

Women's centres provide holistic, joined-up services for women experiencing a range of issues including substance misuse. For instance, the [Brighton Oasis project](#) provides support with childcare, training and employment in an all-women environment, where women can speak openly, feel safe and be understood.

7. What are the legal, ethical and other implications of linking benefit entitlements to take up of appropriate treatment or support?

The NHS constitution – which explicitly includes public health interventions such as drug and alcohol treatment – provides a guarantee that treatment will not be provided without informed consent. We therefore believe that any attempt to link benefit entitlement to treatment would be open to judicial review. The ethics of coerced or semi-coerced treatment for those with drug, alcohol or mental health problems have been argued in relation to the Criminal Justice System and remain controversial.²⁴

Government-commissioned reviews in 2010 found “inadequate evidence from either the literature or qualitative research that making treatment a condition of benefit receipt would improve treatment outcomes for clients or result in more alcohol misusers re-entering employment.”²⁵ They further observed that “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.”²⁶ We are not aware of any evidence that suggests that this has changed significantly in the last five years.

8. How are children and families affected?

Many of the estimated 58,000 people with multiple needs have children, but research suggests only 8% are currently living with their own children and a further 21% live with children other than their own.²⁷ A range of evidence suggests that parents' multiple needs can have a heavy impact on children.

For instance, where the children of parents with substance misuse problems go through safeguarding procedures, the NSPCC report that while “almost half (46%) of the mothers and a fifth (17%) of the fathers to whom the children returned were known to have drug or alcohol problems, only 5% were provided with treatment.” As a result of this lack of support, 78% of substance misusing parents abused or neglected their children following return, compared with 29% of parents without these problems.²⁸

Similarly, parental imprisonment approximately trebles the risk for antisocial or delinquent behaviour by children.²⁹ The voluntary sector can help maintain and support the relationships between offenders and their families, which can lead to reduced substance misuse.³⁰

²² DrugScope and AVA (2013), [The Challenge of Change](#), p. 13

²³ See Home Office (2007), [The Corston Report](#)

²⁴ See, for instance: Stephens (2011), [The ethics and effectiveness of coerced treatment of drug users](#); Lander et al (2015), [The Alcohol Mandatory Treatment Act: evidence, ethics and the law](#)

²⁵ DWP (2010), [Alcohol misusers' experiences of employment and the benefit system](#), p. 126

²⁶ DWP (2010), [Problem drug users experiences of employment and the benefit system](#), p. 108

²⁷ LankellyChase Foundation (2014), [Hard Edges](#), p. 21

²⁸ NSPCC (2014), [Promoting the wellbeing of children in care: messages from research](#), pp. 224, 218

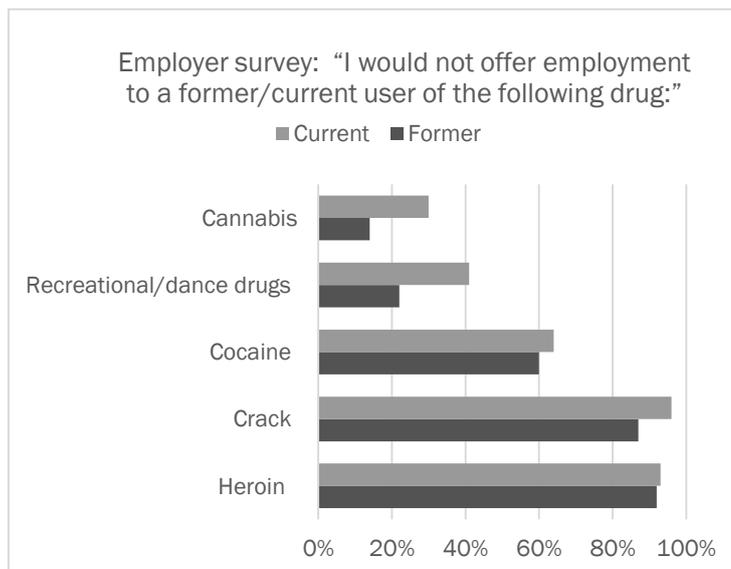
²⁹ Prison Reform Trust (2015), [Prison: the facts](#), p. 5

³⁰ National Offender Management Service (2013), [Intermediate outcomes of family and intimate relationship interventions](#), p. 3-4

9. What are the views of employers on supporting these groups to stay in work or return to work, or of recruiting people with histories of these health conditions?

A survey of employers, right, indicates many are reluctant to employ current or former drug users.³¹ This is further complicated by the experiences many have had with the criminal justice system:

“My record’s that thick, I’ve got 300 previous... they’re all minor, before you choke on your tea, but it’s the fact that when it’s written down on paper, 300 previous convictions. So I don’t care where I went for a job, even if I had gone for a job stacking shelves in Tesco, the fact that I had that much on my criminal record would have ruled me out.”³²



There is also no guarantee that workplaces will prove a suitable environment for people in recovery. Reliable statistics are hard to find, but in one survey a quarter of people claimed to have taken drugs at work and one in three said their work performance had been diminished due to drinking alcohol.³³

10. What is the experience of people currently in work with these conditions?

People with substance misuse conditions have aspirations to work but can also experience relapses.

“I got a bit cocky about my recovery and the support around it. I was under pressure from peers and family members to get a job, and I went back into a full-time job, 12-hour shifts, two-hour travelling time, stressing myself out to the max, and I ended up kicking off again. I found it very hard to stay on that straight and narrow.”³⁴

11. Who are the groups most ‘at risk’ of being affected in the future?

Research by Heriot-Watt University has suggested that adverse childhood events are a strong marker for future multiple needs.³⁵ 85% of those with a combination of substance misuse, homelessness and involvement in the Criminal Justice System had experienced traumatic experiences in childhood. Within this group, substance misuse and mental health problems often precede other problems developing.³⁶

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³¹ Drugs and Alcohol Today (2009, Vol 9, Iss 1), *The other half of the equation*, pp. 7-11

³² LDAN (2014), *Pathways to Employment – case studies*, p. 5

³³ Protecting.co.uk (2015), *Drunk or high at work: Epidemic of boozy and drugged employees revealed*

³⁴ LDAN (2014), *Pathways to Employment – case studies*, p. 11

³⁵ LankellyChase Foundation (2014), *Hard Edges*, pp. 28-29

³⁶ Heriot-Watt University (2012), *Multiple Exclusion Homelessness in the UK, Briefing Paper No. 1*, pp. 7-8