

SUMMARY

This report contains the findings of research commissioned to estimate the number of drug, drug and alcohol, and alcohol users in private households in Britain and to identify substance users' barriers to work.

Key Findings

- Approximate private household figures for problematic drinkers in 1998:
 - 120,000 recipients of Jobseeker's Allowance or Income Support
 - 150,000 recipients of sickness or disability benefits.
- Approximate private household figures for Class A drug users in 2000:
 - 40,000 potential benefit claimants were users, of whom 27,500, who were using heroin, cocaine, crack or LSD.
- 51,000 individuals potentially claiming benefit were problematic drinkers and also took Class A or Class B drugs
- The estimate of drug users compliments an estimate produced for the Home Office of some 270,000 problematic drug users, most of whom were not living in private households or were unlikely to be captured by household surveys.
- Drug and/or alcohol users in private households in receipt of benefits or potentially claiming benefits were disproportionately male and young (aged 18-24 or aged 18-34). Most drug users were single, never married, or lived on their own. Most had been living at their address for relatively short periods; consumers of drugs and alcohol were likely to live in deprived neighbourhoods.
- In general, benefit claimants or potential benefit claimants who used drug and/or alcohol were not disproportionately more likely to be deprived or to suffer other forms of economic or educational disadvantage other than already accounted for by their age or status as (potential) benefit claimants. Drug and drug and alcohol users, however, were more likely than other potential benefit claimants to have had contact with the police and/or the judicial system.
- Support organisation and substance users highlighted the substantial mental and physical health problems that substance users faced, which limited their job-readiness and slowed their (re) entry to work during and after recovery.
- National and international programmes to assist substance users' (re)entry to work emphasised close co-operation between treatment and employment service providers and mutual awareness of providers' skills and challenges.
- Successful support programmes sought to customise services to meet individual users' needs through one-to-one support.
- Substance users tended to trust treatment service providers more than Jobcentres and Jobcentre staff. As a measure of building trust between themselves and the staff of employment initiatives, substance users supported the involvement of treatment service providers.
- Drug and alcohol users expressed concern about the adverse effects of interrupted employment histories, past or current poor health and criminal records on their chances of gaining waged employment, while acknowledging the practical and therapeutic benefits of employment.
- Treatment organisations and substance users advocated a process of step-wise (re)integration into the labour market, providing users had reduced or completely ceased their consumption of drugs or alcohol.

EXECUTIVE SUMMARY

Background

Part of the government's strategy for 'Tackling drug misuse' is to assist '*people who have graduated from drug treatment programmes into the labour market*' (UKDAC, n.d., p.26). In June 2002, the Department for Work and Pensions (DWP) commissioned the Centre for Research in Social Policy to undertake a study of the support needs of substance users, including drug, alcohol and drug and alcohol users, in Britain. The study also sought to estimate the number, and describe the demographic and socio-economic characteristics, of substance users who are claiming social security benefits and living in private households.

Methodology

The research consisted to three distinct activities:

- i. a review of the international literature dealing with substance users' barriers to work, alongside a review of existing initiatives to assist substance users into work;
- ii. secondary analyses of the British Crime Survey (BCS) and the General Household Survey (GHS); and
- iii. interviews with
 - a. ten treatment organisations to explore their views on the employment support needs of substance users; and
 - b. 30 drug or alcohol users to obtain an in-depth account of the barriers they had faced in maintaining or obtaining work and of the type of support they would like to receive to help their entry or return to work.

Literature and programme review¹

Support programmes for substance users tended to combine employment with treatment services, either through external linkages or internal provision. Successful programmes had established a high level of inter-agency co-ordination, collaboration and communication. Employment service providers had thorough knowledge of drug- or alcohol-related issues (health, behaviour etc.) and close links with the local labour market. Support for substance users involved one-to-one case management, continuity of support after placement, relapse prevention and referrals to other support services (e.g. benefits/financial; childcare).

Substance user estimates

It was estimated that, in 1998, approximately 120,000 claimants of Jobseeker's Allowance or Income Support and about 150,000 claimants of sickness or disability benefits living in private households engaged in heavy, or *problematic*, drinking. Problematic drinking was defined as consuming over 50 units of alcohol (men) or over 35 units of alcohol (women) per week. A unit of alcohol is equivalent to half a pint of beer or a small glass (125ml) of wine.

The BCS, which covers drug use in private households in England and Wales (the BCS does not cover Scotland), does not record whether individuals in the sample receive social security benefits. For this reason, the proportion of drug users in the

¹ The literature and programme review is published as a separate report (Sutton et al., 2004). Its findings, however, will be reported here as appropriate.

sample was calculated for all individuals, whose economic status suggested that they might be claiming benefits ('individuals potentially claiming benefits'). In total, it was estimated that approximately 39,500 individuals potentially claiming benefits and living in private households had been using Class A drugs in the month before the interview and were, therefore, considered to be drug users. Amongst them, 27,500 individuals potentially claiming benefits had been using one or more Class A core drugs, which included heroin, cocaine, crack and methadone, but not LSD and ecstasy.

Approximately 51,000 potential benefit claimants in private households were estimated to have been heavy drinkers while as the same time consuming Class A or Class B drugs.

Neither the GHS nor the BCS are specifically designed to study benefit claimants and, for this reason, include only a comparatively small number of claimants and an even smaller number of drug or alcohol users who are, or might be, benefit claimants. As a result, the substance users estimates were, themselves, based on small numbers and, therefore, liable to be inaccurate and to lack robustness. The confidence interval indicated that the true value of an estimate had a 95 per cent chance of falling within the indicated ranges.

Two further estimates, based upon and extrapolating data about substance treatment registrants, suggest that the number of drug users in receipt of benefit in England and Wales was closer to 270,000, and that some 94,000 individuals in drug treatment in England were out of work and potentially receiving benefits. Unlike the present study, these estimates captured individuals living in communal establishments as well as in private households. Being based on treatment registrations, they also did not face the problem of non-reporting to the same extent that household surveys, such as the BCS, do. The additional estimates and the estimate derived for this study should, therefore, be seen as complimentary and partially overlapping.

Substance user characteristics

Drug, alcohol and drug and alcohol users actually or potentially in receipt of benefits and living in private households tended to be largely male and young, typically aged between 18 and 24 years (18-34 years, in the case of drug and alcohol users). Other characteristics that significantly distinguished substance users from non-users, who were also claiming benefits, or were likely to be claiming benefits, included their place of residence: alcohol users in receipt of benefit and in private households were disproportionately likely to live in the North of England or in Scotland, while Class A core drug users were disproportionately likely to live in the North or the South of England. Most drug users potentially claiming benefits were also single and never married (Class A core drug users) or living in one-person households (drug and alcohol users). The latter group also often lived in neighbourhoods, which they described as places '*where people go their own way*' rather than areas where people '*do things together and try to help each other*'. Finally, alcohol users on sickness or disability benefits often lived in households with multiple, but unrelated members; they also tended to be cigarette smokers.

Although substance users also tended to be poorer or to have lower educational qualifications than was the case for the total working-age population, these

characteristics did not significantly set them apart from other actual or potential benefit claimants and most differences were explained by their younger age.

Drug users and users of drugs and alcohol were, however, more likely than other potential benefit claimants to have been arrested, called before a criminal court or to have been in contact with the Probation Service.

Substance users' barriers to work

Substance users were found to be prone to health problems, both mental and physical, some of which had resulted from their addiction, while others were described as the original triggers of substance use. Health problems also continued during recovery as users suffered from the side effects of their rehabilitation, in particular, the use of substitute drugs. Psychological problems were particularly prevalent among alcohol users. Health problems presented the most immediate barrier to (former) substance users' ability to work and to sustain work.

Eroding social networks, homelessness, living in adverse social environments, low confidence or fluctuating motivation to resist addiction and to take steps to change one's lifestyle, were key obstacles to substance users' efforts to search for and obtain jobs.

Educational and occupational qualifications among substance users who claimed or potentially claimed benefits could be low and a number of substance users interviewed for this study admitted to having literacy and numeracy problems. At the same time, however, substance users expressed modest employment goals, including advocating education, training or re-training. They perceived interrupted work histories, gaps in their CVs, and the need to disclose health problems and criminal records to employers, as their greatest obstacles to obtaining work.

Assisting substance users' entry or return to work

Substance users frequently expressed mistrust of government offices, including Jobcentres. Involving treatment service providers was seen as a means to build trust between substance users and employment service providers. Substance users and treatment service providers emphasised the need for employment service providers to understand the multiplicity and diversity of problems faced by (former) substance users, and the benefits of case management.

Substance users and treatment service providers argued for a step-wise (re)integration of substance users into the primary labour market, involving the private, public and voluntary sectors. This would allow substance users progressively to adapt to work, which would be increasingly more demanding in terms of hours worked, workplace performance and tasks undertaken.

Timing intervention

Substance users and treatment organisations agreed that, before entering employment, substance users needed to have stopped using drugs or alcohol completely. However, substance users disagreed as to whether they should, also, first stop using substitute drugs.