

## APPENDIX 1

### No one written off - reforming welfare to reward responsibility

Response from DrugScope  
October 2008

#### Responses to DrugScope Regional Forum Questionnaire

**Q: 'So long as you are providing appropriate support, it is fair to require problem drug users on welfare benefits to engage with drug treatment and employment services and to sanction people who do not engage by cutting their benefits'**

- 1 (2.1%) Strongly agree
- 7 (14.6%) Agree
- 5 (10.4%) Neither agree/ nor disagree
- 17 (35.4%) Disagree
- 18 (37.5%) Strongly disagree

Comments included:

'This could have devastating effects on service users and particularly families. They may resort to crime to enable drug use and to support their families.'

'There is such an under-resourcing of drug services as well as regional differences that this would not be fair or likely to work. Also, people have to genuinely want to change.'

'Good care planned approach would identify employment and training as a goal, but no need for sanctions as they would not be ready for this if they kept failing (more poverty for families would be a consequence).'

'Yes they should engage but not to remove their benefits as this will only add to their problems.'  
'We need to look at individual circumstances, capabilities and therefore packages of care.'

'I think we should seek to incentivise engagement with treatment but I think that sanctions are unlikely to have the desired effect.'

'I think it is more about staff trained to assess what approach might work best with which client, e.g. some service users can benefit from coercion into services but not all.'

'This will serve only to further stigmatize and marginalise an already discriminated against group.'

'This sounds very reasonable in theory, but in practice it will create more problems for clients and make it harder for them to solve them.'

'Ultimately, this will discourage people from accessing the benefits/ treatment/support they are entitled to. It will also fill treatment agencies with people who do not want to change but have been forced there.'

**Q: 'The majority of problem drug users could get into education, training or employment within three to six months with the right support from drug and employment services'**

5 (9.8%) Strongly agree  
12 (23.5%) Agree  
7 (13.8%) Neither agree/ nor disagree  
22 (43.1%) Disagree  
5 (9.8%) Strongly disagree

Comments included:

'People sometimes relapse if forced into work too early - everyone needs to take time to recover. For people who have history of using for 10, 20, 30 years, 3/6 months is no time at all.'

'What education or employment will be available to them? Is this a reasonable request when some will have very complicated family, social and housing issues?'

'If it could meet their expectations/ ambitions - need to provide much more support about ambitions as many users do not know what to do after drugs.'

'Most have serious, long term problems which will need longer support/ interventions from a range of services to overcome, and some may never overcome!'

'There needs to be a period of condensed time to work on self, underlying issues, reasons why people used in the first place. Twelve months is more realistic for long term success.'

'No (clients) need to learn to live clean first. Some voluntary work would be a good idea. Many class A drug users have never worked so it will be a slow process. It should be a desired goal for the future.'

'Entrenched drug use does not easily disappear in 3- 6 months. Change is a process not an event. Processes take time - often longer than 6 months.'

**Q: 'All benefit claimants should be required to declare whether they are using illegal drugs such as heroin or crack cocaine'**

0 Strongly agree  
3 (6.1%) Agree  
3 (6.1%) Neither agree/ nor disagree  
14 (28.6%) Disagree  
29 (59.2%) Strongly disagree

Comments included:

'What would be the point in honestly disclosing such things to someone who has no skills to deal with the issue?'

'This would just not be useful. Stigma? Prejudice? Isolation?'

'This is going backwards and sounds more like having a register of 'drug addicts' and will badly effect their job prospects.'

'Nobody should have to incriminate themselves.'

'This may have seriously punitive effect especially in relation to single mothers being forced into not claiming benefits.'

'This just feels unworkable.'

**Please tell us what you consider to be the principle barrier to employment for drug treatment service users.**

'Stigma, chaotic behaviour whilst using, loss of benefits if treatment does not work, anxiety, depression, mental health issues....'

'Stigma associated with drug use and stereotyping by employers.'

'Availability of work, education levels? I work with young people who are excluded from school at age 14 on a regular basis. Self esteem and coping strategies - the reasons they become drug users!'

'Lack of aspiration, lack of self esteem, feelings of worthlessness, stigma...'

'There lives revolving around pharmacists doesn't help.'

'A highly competitive labour market where there is no space for people with specific needs'

'Restrictions on working with service users by generic services.'

'The fact that it is so easy to get and stay on benefits- why should they bother getting a job?'

'Low self worth and fear on the part of the services users.'

'Employers are generally not interested and there is a lack of employment opportunities offering a 'real' wage often for people who have poor educational achievements'

'Criminal record, lack of references, poverty of education, lack of self worth/ belief, medication, low skills, dyslexia.'

'Chaotic lifestyles, housing, health, identity.'

'Employer perceptions of drug users and their employability.'

'Lack of general employment, employer discrimination, poor transport (In rural areas), lack of client skills and confidence.'

October 2008

## APPENDIX 2

### No one written off - reforming welfare to reward responsibility

Response from DrugScope  
October 2008

#### Responses to DrugScope On-Line Questionnaire

Q1-3 Cover personal information, DrugScope membership and occupation

**Q 4. 'All benefit claimants applying for income support, jobseekers allowance or incapacity benefit/employment support allowance should be required to declare whether they are using heroin or crack cocaine.'**

1 (2.1%)	Strongly agree
6 (12.5%)	Agree
6 (12.5%)	Neither agree/ nor disagree
18 (37.5%)	Disagree
17 (35.4%)	Strongly disagree

#### **Comments included:**

'If there were sufficient incentives to do so - i.e., if it produced a job or package of care/ support - then there would be no need to make this a requirement.'

'I am not convinced that claimants will not be discriminated against if they disclose. Also, there may well be other more important reasons for their situation than drug use. Even for those users who could benefit from accessing treatment, the initial reception they receive at the Benefits Office may well have the opposite effect.'

'Lots of people don't recognise that they are problem drug users or even recognise that they have a problem with drugs'.

'This is not an appropriate environment to disclose such personal (and illegal) information. Such disclosures among more excluded groups require the development of a trusting association with an agency/worker and it is unlikely that DWP staff will be able to give the time or have the experience to develop this'.

'By people having to declare drug user before receiving benefits would make people feel incredibly vulnerable and deter people from signing on, there would be an increase crime, an increase in health issues.'

'It is not relevant to the claim of jobseekers allowance.'

**Q5 'It is fair to require problem drug users on welfare benefits to engage with drug treatment and employment services and to sanction people who do not by cutting their benefits.'**

1 (2.1%) Strongly agree  
 6 (12.5%) Agree  
 10 (20.8%) Neither agree/ nor disagree  
 17 (35.4%) Disagree  
 14 (29.2%) Strongly disagree

**Comments included:**

'Removal of benefits will create increased offending and deprivation. Carrots and not sticks are required. Treatment is not likely to 'cure' service users on the first attempt.'

'There is a growing evidence base in this country that enforcement/sanction approaches for some of the most vulnerable do not achieve the desired effect and serve only to displace individuals away from engagement or exclude them from services. As the consultation paper acknowledges, many problematic drug users have a diverse range of multiple and complex needs and are less likely to have even the basic stability of secure housing. Many supported accommodation projects exclude homeless drug users not currently engaged in treatment or motivated to do so. This provides few options for some of the most vulnerable and excluded individuals who often experience long-term and repeat homelessness. However a number of projects have developed, that do not require treatment engagement or progress for homeless drug users in order to access services. Such projects have successfully housed and supported a large number of 'unhousable' individuals with substantial success. Such approaches will be substantially challenged if the proposals come into force.'

'I think this is a very complex question, as cutting the benefits of people could lead to other problems and those who struggle to cope on their benefits will suffer further. Forced treatment gives way to very few real results that make a difference to the individual if they are not ready to change their behaviour. Further punishment will not help them to become ready, but rather could increase dependence.'

'Very difficult - most of me says no, but it would create the incentive some need.'

'It depends how this is done - what sort of criteria will be used to identify someone who is addressing their drug use compared to someone who is not - as this can be a very individual experience.'

**Q6 'The benefit system should take into account the fact that someone is taking part in a drug treatment programme, for example by not requiring someone to meet usual conditions for actively seeking and being available for employment'**

16 (33.3%) Strongly agree  
 22 (45.8%) Agree  
 5 (10.4%) Neither agree/ nor disagree  
 4 (8.3%) Disagree  
 1 (2.1%) Strongly disagree

**Comments included:**

'People need to focus fully on their recovery. Furthermore there should be a two year period after a recovery programme for flexibility and support whilst people become part of society once more.'

'An interim benefit period/ system to allow development of skills/ qualifications and more importantly a stable "work ethic".'

'If the individual is providing evidence that they are attending their programme and making positive steps towards rehabilitation then give them some realistic time to recovery.'

'Often those engaging in treatment do want meaningful ways to use their time and to be able to work. There is no hard and fast rule. In contrast others who have gone through rehab may need respite to learn how to cope with very damaged lives.'

'While this may appear attractive on the face of it in bringing greater sensitivity and flexibility to drug users, there is a real danger that in return for such flexibility expectations of a 'successful' progression through treatment would be attached. There is little clarity within the document as to what this may entail or how it would be defined. There is also some potential for such an approach to create a degree of stigma on drug using claimants.'

'Providing care plans are in existence those in recovery should not be forced to work before they have the capacity to do so.'

'This will give people the opportunity and flexibility to deal with their substance misuse issues and gain employability skills before entering the employment market.'

'This is positive, but I have concerns about what will happen when someone drops out of treatment. Interlinking an individual's treatment journey with their benefits also runs the risk of undermining any genuine therapeutic work being done - would it mean someone being rushed through residential, for example? More likely is poor community treatment being counted as engagement with services and a claimant then being deemed to have completed treatment and ready for work, irrespective of what had been achieved.'

'This is reasonable providing a very well structured treatment plan is in place moving the client on and not simply handing out a prescription every week with no requirement to engage.'

**Q7 'It should be unlawful for employers and training service providers to discriminate against people simply because they are engaged in drug treatment (e.g., on a methadone programme).'**

23 (47.9%) Strongly agree  
 18 (37.5%) Agree  
 3 (6.3%) Neither agree/ nor disagree  
 3 (6.3%) Disagree  
 1 (2.1%) Strongly disagree

**Comments included:**

'There may be certain occupations where being on methadone is a reason not to employ.'

'There should never be a reason for an employer to discriminate against an employee. The only criteria should be whether or not that employee is fulfilling the duties for which they were employed and adhering to the organisations policies and conditions of service.'

'Difficult legislation to create, difficult to police, easy to sidestep and would aggravate employers, distort the market.'

'Discrimination is wrong whatever the cause may be. Although we must identify those who take advantage of the system and manipulate it.'

'Because a large percentage of our clients are stable and honest and would love an opportunity to have work experience in their chosen field. We work in a deprived area, and unemployment is high. it will be interesting to see what job choices become available for this client group.'

'This would depend on their individual business. Small employers are unable to support employees whose lives may still be chaotic - poor attendance and/or performance may mean the difference between a company continuing to trade or going into liquidation.'

'If, as a society, we want people to move beyond dependence and criminal behaviour we must safeguard access to legitimate economic activity in order that they are able to make changes in their lives.'

**Q8. Please tell us what you consider to be the main barriers to employment and training opportunities for drug treatment service users and former problem drug users.**

**Comments included:**

'Drug users often lack very basic interpersonal skills and so may need training in very basic things like how to interact in the workplace etc. I suggest we identify 'stepping stone' employment (e.g., volunteering).'

'One of the main barriers would be the lack of suitable employment for people with little or no skills. Trying to put people into jobs or training that they are not interested in is another. Some employers, as above, do discriminate against problem drug users who in general have issues of low self esteem. It is a fallacy to imagine that as soon as someone becomes drug free they are ready for work or training. If they are forced into work, they are being set up to fail which could well have the opposite effect to what was intended. Last but not least - where will these jobs come from?'

'Problematic drug use will often be accompanied by a range of other social support and care needs. While there already exists a stigma relating to drug users that may cause discrimination in the employment market, perceived quality of employment opportunities, wages (taking into account rising day to day costs), availability of a sensitive and supportive working environment can also have an effect. It may also be the case that a number of other stabilising issues (e.g. access to housing, physical and mental health services, benefits and debt advice, basic nutrition, social and relationship issues) may all appear more pressing at any given time.'

'Generally if the person has a criminal record or dropped out of school without any form of qualifications people tend to be judgemental and the service user can find themselves in a difficult situation where they are not offered any work or training due to past mistakes.'

'Fear from both sides - the user and the employer; risk for the employer to take that chance on the user/former user. Social taboo and distrust of users, as the public impression is that all drug users steal to supply their habit, and therefore cannot be trusted - once a user always a user.'

**Q9. Are there ways that the benefit system can be improved to better meet the needs of problem drug and alcohol users - e.g., access to community grants; requirements to provide evidence of incapacity?**

**Comments included:**

'Staff with a better understanding of the issues facing a problem drug user would be helpful and a major step towards making this initiative work.'

'Flexibility if someone gets part time work, so they are not out of pocket. Incentives for people to volunteer (raising self esteem and improving employability).'

'Agree with the proposed treatment allowance, which will signpost additional support and remove unrealistic requirements as per JSA.'

'The most important thing is for benefits office staff to be educated to understand the difficulties of addiction in the same way that they are trained to understand issues like diversity.'

'As a practitioner I've come across huge numbers of clients entitled to claim but whose claims have been stopped (or never started) for various reasons - no address, nonsensical letters, general inability to navigate a complex system, stigma and abuse at the Jobcentre etc. Changing the requirements re. proof of incapacity so that any worker (e.g., homelessness service workers) could write a supporting statement evidencing a client's situation would help, as would phoning clients rather than relying on post, not penalising people for missing appointments, localising the process (i.e. claims able to made and taken at Jobcentres), benefits advisors able to ensure claimants are claiming or supported to claim for, everything they're entitled to, simplifying the community care grant process. Also empowering a range of workers to better understand and support clients to use the benefits system - I've picked up clients on outreach who have been working with services for months and who have no benefit claim (and then can't access hostel accommodation etc).'

'Use of positive reinforcers, leniency and understanding that users in treatment sometimes relapse and can require a lot of support in order to recover from addiction.'

'Expansion of Progress2Work type schemes - opportunity to try employment without the risk of a loss of benefits if it didn't work out.'

'Incapacity assessments should be carried out... but there would need to be a nationally recognised system/methodology for doing this and it would need to be done on a regular basis.... particularly with people who have been the most chaotic.'

'In my experience the access to such things as Community Care grants from custody appears to work fairly smoothly. Evidence of incapacity - does have flaws - some people are so chaotic that they are unable to attend appointments to provide appropriate evidence - and some are overwhelmed by the processes and paperwork that is involved in trying to appeal etc. Many do not have the correct skills to be able to do this.'

**Q10 If there is anything further you wish to add or comment on please do so here.**

**Comments included:**

'The DWP should gather evidence of WHAT DOES WORK at the chaotic end of drug use/ multiple needs and make sure it can be delivered sensibly by third sector specialists (ie appropriate commissioning).'

'Job Centre drug coordinators should be employed by the local drug agency not the Job Centre if there is to develop a good level of trust - which is essential if honest communication is to occur.'

'I believe this a well meant initiative. I have major reservations about who it is really meant to help. We need to stop seeing "problem" drug use in a vacuum whereby abstinence will solve all problems. Until this is recognised we will not achieve the full rehabilitation of the user who can then go on to make a contribution to the work place.'

'Broadly, I am encouraged by this paper and its proactive language. Personally I fear that such incentives will only work with people in abstinent recovery. People using and in the chaos of using cannot and will not engage.'

## **APPENDIX 3**

### **No one written off - reforming welfare to reward responsibility**

**Response from DrugScope  
October 2008**

#### **Quotes from DrugScope/DWP Consultation Event 13 October 2008**

'Soft skills are needed to support users into work - things like how to open a bank account'.

'Drug users have chaotic lifestyles and multiple needs (mental health, offending, homelessness, physical health) and have often been sanctioned through eviction, benefits, criminal justice, loss of children .... If people lose all benefits because they are still chaotic, this would stop them getting any help from commissioned services'

'Sanctions already in the system - why the need for new ones?'

'The treatment system must be effective-responsive. Understand addiction is a relapsing condition and treatment can take years. More joined up at local level'.

'It is good to have higher expectations and aspirations for drug users and to have systems in place to move forward'.

'Large amount of problem drug users have children with them - there clients are fearful of social services involvement'.

'This will not work unless there are employment opportunities for drug users to go to. There have to be initiatives for employers'.

'Issue of what happens to those whose treatment doesn't work. Will they end up removed from all support options? Treatment is not a linear process, you don't emerge drug free after X days. Need to identify the right treatment for an individual and be set up to continue support work if it doesn't work. Otherwise people will be driven to crime'.

'Training of benefits staff - not currently an atmosphere conducive to disclosing and being supportive of treatment. Prejudice on part of staff will drive people away. You cannot force people to disclose in this environment'.  
'Is there capacity to deal with the extra people who will come through?'

'Need more incentives to encourage drug users - e.g. allowing them to report to treatment service or employment/training service not job centre/probation'.

'The coercive model may succeed for some people, but entrenched social exclusion is usually an indicator of complex needs that respond better to opportunities across a range of needs, work and learning, medical care and

nutrition, mental health care, as well as a range of substance use treatment wider than the present limited choice, which also suffers long delays'.

'The reform assumes that treatment needs are homogeneous and can be met from existing capacity, whereas our work indicates that people who achieve reintegration after brief intervention are only an element of a wider group, some of whom have complex needs that require integrated care plans with aftercare and support for longer periods'.

'Parents with children may be particularly concerned about information sharing about child protection concerns on the basis of drug use. Withdrawal of benefit could be a significant risk for the family'.

'Naive to assume that referral to treatment will lead to a drug free outcome in a few months'.

'The knowledge and attitude of JobCentre Plus staff to drug users is abysmal and must be addressed if anything positive is to be achieved by JobCentre Plus'.

'Need more integrated services - JobCentre Plus, aftercare and treatment'.  
'What are all the risks for clients at various stages of recovery?'

'Available treatment must be appropriate to need (even if expensive), so no brief interventions for chronic misusers requiring tier 3/4 interventions'.

'For this to work, local DAATs will need to co-ordinate a "joined up" approach between local drug and alcohol providers, DIP, probation, Job Centre Plus, etc. Without this approach the benefits system will be aloof from the process of an individual's recovery'.

'There is a lot of fear around service users engaging with agencies such as Job Centre Plus. An approach with emphasised incentives, rather than sanctions, can work. As soon as the emphasis is on "sanctions" service users will not disclose drug use. They know how to use the systems, they have been doing it for years. It is important how this is sold to service users.'

'I have concerns that those in whom sanctions are users and lose their benefits (the most chaotic, homeless, mental health issues) will be moved further to the margins and commit more crime to sustain their daily lives'.

'There needs to be more concrete ideas on how employers will encourage or take on employees with drug issues (in recovery) - many of whom will have a criminal record'.

'Need to recognise drug misuse as a chronic and relapsing condition - if the customer relapses then access to support needs to be quick and effective. Sanctions may add to problems.'

'JobCentre Plus staff will need to develop skills to identify, support and work jointly with substance misusers'.

'Support needs to be tailored to the individual - what they want to do, not who is willing to take them'.

'Drug use is not the only issue. Some need to look at education, other physical and/or mental health issues. Traditional education programmes may not be suitable. They may not be able to cope with the structured environment'.

'Local partnerships with employers will not work if it's not work that people want to do. In small towns, issues of confidentiality arise and prejudice against drug users. Also where the jobs are locally'.

'Too many support and treatment systems are binary - the person has "no" needs or "full" needs, instead of regarding clients as having a spectrum of needs and being able to adjust the services (and the demands upon clients) according to status. Present systems tend to switch off support completely after a certain threshold'.

'Need alternative to education for those whose education was damaged by adverse life events or problems engaging with the standard model'.

'Can we subsidise employers to take on PDUs? Or give tax breaks? Or mitigate the risks of employing a PDU in some other way (offer "warranty" - 3 months/6 months).'

'It is very important that JobCentre workers have the right skills to work with PDUs to move them onto treatment and help to move them into employment'.

'We need Research - is there a full understanding of what kind of employment is typically suitable for PDUs? And what the usual barriers are to their success - is it social skills? Is it the junkie stigma? Is it substitute medication?'

'DWP workers need to have effective training to work with and understand the issues faced by people with complex needs and what the individual needs, which individuals need to overcome to be able to be functioning workers'.

'Assist small community charities to set up social enterprises to allow them to employ drug users, as we understand the needs and can be flexible in our approach to enabling service users back into work or even to begin working for the first time in their lives, as we are funding this work for our service users and ex-service users'.

'The biggest barrier to training is the lack of suitable training programmes that recognise the multiple issues faced by recovering drug users and that gives them flexible, supportive training with realistic targets for achievement'.  
a challenge in employment - particular problem for small businesses'.

'Need guidance on "boundaries" between the drug co-ordinator and treatment provider. Understanding/awareness of treatment outcomes and milestones'.

'Treatment providers could have a greater role to play in preparing clients for work/reintegration'.

'Acknowledgement from DWP that this journey of recovery involves small forward steps and at times backward steps'.

'Second DWP workers into drug treatment services, rather than having an additional person that a service user has to see in the JobCentre (we already do this to a limited extent in structured day programmes).'

'There are good and effective models that move people to independence from most complex/chaotic lives, but they take time. Supporting People funds much of the stabilisation/engagement of those without stable housing. DWP's programmes haven't meshed with this at local level. There needs to be an agreement cross department about the point at which DWP funds come into work to complement CLGs.'

'There should be JobCentre Plus advice in hostels to help those drug users with potential to access work quickly and acceptance that for some, a five year progression will be effective and positive'.

'More needs to be done to join up treatment and employment sectors. Unlikely drug co-ordinators will be enough. What about cross-training between JobCentres and drug workers?'

'Concern that the focus will be on "real jobs" too much, when not all drug users are ready to enter the labour market. Should be as much emphasis on quality training and meaningful work placements. What priority is this being given in contractor's targets? It is important not to push people into jobs that they are not ready for.'

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