



Department
for Work &
Pensions

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

Call for evidence

July 2015

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Foreword by Professor Dame Carol Black

I have been asked to conduct this independent review into the challenges faced by individuals seeking, returning to, and remaining in, work when they are addicted to alcohol or drugs, or are obese. These conditions can have a significant impact on a person's ability to take up and sustain rewarding employment.

In conducting the review I am keen to consult widely to hear and to learn more from a range of different opinions and perspectives. This call for evidence, which accompanies the formal launch of the review, is the first step. It will be important to identify the most cost effective treatments and programmes both here and internationally; and how employment support services, health care, and the benefits system, interact to provide support. I am also keen to understand the perspective of people who experience these conditions, and their journey through the healthcare and benefit systems. Employers will also have a view of their role in supporting these individuals in employment.

It is my hope, therefore, that we can present a thorough analysis of the ways in which people affected by these conditions can be better supported in work.

Carol Black

Introduction

The government has commissioned Professor Dame Carol Black to undertake an independent review into how best to support benefit claimants with potentially treatable conditions, such as obesity or addictions to drugs and alcohol, back into work. The review will consider the evidence and provide the government with a thorough analysis of the options available to support more people suffering from long-term treatable conditions back into work.

This call for evidence will be one of several methods used to gather information. Evidence submitted will be used to inform a final independent report for the government.

Independent review: terms of reference

The purpose of the review is to consider how best to support those suffering from long-term yet treatable conditions back into work or to remain in work.

The review will primarily consider individuals with the following long-term yet treatable conditions: obesity, alcohol addiction and drug addiction. It will consider the holistic needs of these individuals including the effects of multiple health conditions and other barriers to work.

The review aims to:

- Establish the role which such treatable conditions play in causing worklessness and estimate the associated cost to the Exchequer and the economy
- Understand the characteristics (including overlapping conditions and other disadvantages) of individuals and the pathways they take through the healthcare and welfare systems and the roles played by providers and employers in these pathways
- Consider also the group(s) most at risk of becoming workless through treatable conditions in future and the support available to them, including incentives on employers

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- Assess the availability and cost effectiveness of treatments and interventions to facilitate a return to work for different sub-groups within the affected population
- Explore the support provided by the existing benefit system and the incentives/barriers created, taking full account of the opportunities presented by full delivery of Universal Credit. This includes considering the case for linking benefit entitlements to take up of appropriate treatment or support
- Understand the whole system in the context of relevant international comparators and learn from policy successes abroad; make fully costed, robust and deliverable recommendations for government with consideration of the role and incentives on providers and employers. These recommendations must generate net savings to the Exchequer over time and enhance the health, well-being and future life chances of individuals and families affected

The call for evidence

Who is this call for evidence aimed at?

This call for evidence is aimed at organisations and individuals who have information or experience that is relevant to the review. For example, we welcome accounts of individuals who have experienced these conditions or any relevant aspects of the health and benefits systems. We also hope to hear from health professionals, commissioners and decision-makers across local authorities, the employment support sector, health care, and the benefits system. The views of academics, charities or think tanks working on these issues would be most valuable. Finally, we cannot look at the question of helping people back to work, or to stay in work, without hearing from employers and hope that a wide variety of employers will share their experiences.

Purpose

This call for evidence will be used to assist Dame Carol in forming views to help develop the review. She will then make recommendations to the government. This is an independent review, and the government is not required to accept any or all of the recommendations, and any recommendations that are made may be subject to further assessment.

Scope

This call for evidence will inform recommendations on employment and welfare issues that apply to Great Britain (GB) and recommendations on health issues that apply to England. However, we would welcome a wide range of evidence, drawn from both GB and international sources.

Duration

The call for evidence period begins on 29 July and runs until Friday 11 September 2015.

Why change is needed

Addiction to drugs and alcohol, as well as obesity, can have profoundly damaging impacts on individuals and their families, and significant costs for the taxpayer and the economy. The government believes that not enough is being done to ensure people get medical help for such long-term, treatable issues or specialist employment support - even though one or more of these conditions may be the primary reason for being out of work. They have, therefore, asked Dame Carol to undertake an independent review on this issue.

Long-term conditions and worklessness

Long-term conditions such as drug addiction and alcohol dependence, or obesity, can seriously affect people's chances of taking up and remaining in rewarding employment. In England alone, research from 2008 and 2010 indicated that:

- 1 in 15 working-age benefit claimants is dependent on drugs such as heroin and crack cocaine¹
- 1 in 25 working-age benefit claimants are suffering from alcohol dependency²

Assuming these ratios have remained broadly constant since the research was conducted, this analysis suggests that around 280,000 working-age benefit claimants are suffering from addiction to opiates, and 170,000 from alcohol dependency (as of August 2014).

Further, in May 2014 there were 7,440 working-age Disability Living Allowance claimants whose main disabling condition was obesity (metabolic disease)³; there were also 240 Incapacity Benefit/ Severe Disablement Allowance claimants, and 1,540 Employment Support Allowance claimants.⁴ This is likely to be an

¹ Hay, G. and Bauld, L. (2008) *Population estimates of problematic drug users in England who access DWP benefits: A feasibility study*. London: Department for Work and Pensions (DWP Working Paper No. 46)

² Hay, G. and Bauld, L. (2011) *Population estimates of alcohol misusers who access DWP benefits*. [online] Department for Work and Pensions (DWP Working Paper No 94). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214391/WP94.pdf [Accessed 03 June 2015].

³ Note: Disability Living Allowance – cases in payment. Department for Work and Pensions. (2015) *Tabulation tool*. [online] Available at: <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html> [Accessed 07 July 2015].

⁴ Department for Work and Pensions. (2015). *Statistics on IB/SDA and ESA claimants with a condition of obesity, alcohol misuse, drug misuse and severe stress, May 2010 to May 2014*. [online] Department for Work and Pensions (DWP statistical FOI releases). Available at:

underestimate of the total number of benefit claimants with obesity since some of that group will have other main disabling conditions recorded which may be caused, or made worse, by obesity.

We are keen to learn more about how and when people currently access medical help and specialist employment support – and how these interact. Whilst many long-term conditions are potentially treatable, the current system fails to ensure everyone receives effective healthcare or specialist employment support. This keeps many people out of work – trapping them in worklessness and welfare dependency. For around 90,000 people claiming Employment and Support Allowance, their illness is primarily due to their drug or alcohol addiction.⁵ Of these, around 8,000 have been claiming incapacity benefits for 5 years or more.

The wider impacts

In addition to the impacts on individuals themselves, there are wider effects – some of them devastating. Alcohol misuse is the third biggest risk factor for illness and death, with 22,481 premature deaths annually in England attributed to alcohol.⁶ It harms families and communities: estimates suggest the annual cost to society of alcohol-related harm is £21 billion.⁷

Dependent drug users are vulnerable to overdoses, blood-borne viruses and general poor health.^{8 9} Further, research from 1996 to 2000 suggests there are between

<https://www.gov.uk/government/publications/statistics-on-ibsda-and-esa-claimants-obesity-alcohol-or-drug-misuse-severe-stress> [Accessed 08 July 2015].

⁵ Department for Work and Pensions. (2015) *FOI response: IB or SDA claimants with mental and behavioural disorders by duration of claim: May 1999 to May 2014*. [online] Department for Work and Pensions (DWP statistical FOI releases). Available at: <https://www.gov.uk/government/publications/ib-or-sda-claimants-with-mental-and-behavioural-disorders-by-duration-of-claim> [Accessed 07 July 2015].

⁶ Public Health England (2015). *Local Alcohol Profiles for England (2014-15)*. [online] Public Health England. Available at: <http://www.lape.org.uk/> [Accessed 10 July 2015].

⁷ Public Health England. (2014) *From evidence into action: opportunities to protect and improve the nation's health*. [online] Public Health England (Publications gateway number 2014404). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf [Accessed 07 July 2015].

⁸ Department of Health (England) and the devolved administrations (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. Available at: http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf [Accessed 07 July 2015].

⁹ Department of Health. (2011). *A summary of the health harms of drugs*. [online]: Department of Health. Available at: <https://www.gov.uk/government/publications/a-summary-of-the-health-harms-of-drugs> [Accessed 07 July 2015].

200,000 and 300,000 children in England and Wales where one or both parents have drug misuse problems.¹⁰

Being overweight is associated with increases in the risk of cardiovascular disease, diabetes, several types of cancers, and musculoskeletal conditions, and is also associated with poor mental health in adults, and stigma and bullying in childhood.¹¹

More widely, harmful alcohol consumption has been estimated to cost around £3.5 billion per year to the NHS, £11 billion in crime and over £7 billion to the economy in lost productivity; and the societal costs of drug addiction are estimated to be £15.4 billion.¹²

Further, the Department of Health estimates costs of more than £5 billion per year to the NHS¹³ and £27 billion to the economy¹⁴ from obesity, with almost 1 in 4 adults and around 15% of children being obese.¹⁵

¹⁰ Advisory Council on the Misuse of Drugs. (2011) *Hidden Harm – full report*. [online]: Advisory Council on the Misuse of Drugs (ACMD inquiry report). Available at: <https://www.gov.uk/government/publications/amcd-inquiry-hidden-harm-report-on-children-of-drug-users> [Accessed 06 July 2015].

¹¹ Public Health England. (2014) *From evidence into action: opportunities to protect and improve the nation's health*. [online] Public Health England (Publications gateway number 2014404). Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366852/PHE_Priorities.pdf [Accessed 07 July 2015].

¹² Public Health England (2013). *Alcohol and drugs prevention, treatment and recovery: why invest?* [online] Public Health England (Publications gateway number 2013-190). Available at: <http://www.nta.nhs.uk/uploads/why-invest-2014-alcohol-and-drugs.pdf> [Accessed 03 July 2015].

¹³ Scarborough, P. et al. (2011) The economic burden of ill-health due to diet, physical activity, smoking, alcohol and obesity in the UK: an update to 2006-7 NHS costs. *Journal of Public Health*. May 11. p.1-9.

¹⁴ Government Office for Science. (2007) *Tackling obesities: future choices – project report (2nd edition)*. [online] Government Office for Science. Available at: <https://www.gov.uk/government/publications/reducing-obesity-future-choices> [Accessed: 03 July 2015].

¹⁵ Health & Social Care Information Centre. (2014) *Health Survey for England, 2013: Health, social care and lifestyles: summary of findings*. [online] Health & Social Care Information Centre. Available at: <http://www.hscic.gov.uk/catalogue/PUB16076/HSE2013-Sum-bklet.pdf> [Accessed 03 July 2015].

Call for evidence questions

The review team now invite individuals and organisations to submit evidence to inform the review, against the following questions. We would particularly welcome evidence from individuals who have suffered from addiction or obesity and who have returned to work, on what worked for them. If you would like to share your experiences, please let the review team know at the below contact details and we will make arrangements to follow up with you.

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?
2. What specialist employment support services are available to people affected by drug or alcohol addictions, or obesity? Does this vary from area to area? Are there examples of good practice? What evidence is there on the effectiveness of integrated services?
3. What other physical and mental health conditions are these groups likely to face? How do these interact with non-health related barriers to employment? What additional support or interventions might be required to help people overcome these barriers to employment?
4. What works to a) treat those affected and b) help them back to into work or keep them in work? We would particularly welcome robust evidence of formally evaluated programmes both in GB and internationally.
5. What evidence exists on the effectiveness (including cost effectiveness) of treatments and interventions that facilitate a return to work (including evidence on the expected job sustainment of those succeeding in finding paid employment)? What evidence exists on the accessibility and availability of services?
6. How do health professionals/ commissioners/ Jobcentre Plus staff and wider employment support-related staff make decisions related to these groups? How do these pathways and integration vary across groups and areas of the country?

7. What are the legal, ethical and other implications of linking benefit entitlements to take up of appropriate treatment or support?
8. How are children and families affected?
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? What help, services and support do employers need? We would welcome examples where employers have successfully employed people affected or formerly affected by addictions or obesity.
10. What is the experience of people currently in work with these conditions?
11. Who are the groups most 'at risk' of being affected by these conditions in the future? What protective and preventative measures might be taken to reduce the risk that they fall into patterns of long-term worklessness?

Call for evidence arrangements

How to respond

Responses should be limited to five sides of A4 paper, or equivalent.

Please send your responses, or any queries about the subject matter of this call for evidence, to:

- Post: Addiction and Obesity Independent Review Team
 Department for Work and Pensions
 Ground Floor
 Caxton House
 Tothill Street
 London
 SW1H 9NA
- Email: ADDICTIONANDOBESITY.REVIEW@DWP.GSI.GOV.UK

Please ensure your response reaches us by 5pm on Friday 11 September 2015.

When responding, please state whether you are doing so as an individual or representing the views of an organisation. If you are responding on behalf of an organisation, please make it clear who the organisation represents and, where applicable, how the views of members were assembled. We will acknowledge your response. We may be in touch to follow up on your response; if you would prefer us not to do so, please note this when responding.

Alternative formats

This document will be available in a range of formats, including large print, Braille, audio, BSL video/DVD, and Easy Read on request from:

- Post: Addiction and Obesity Independent Review Team
 Department for Work and Pensions
 Ground Floor

Independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity: call for evidence

Caxton House

Tothill Street

London

SW1H 9NA

- Email: ADDICTIONANDOBESITY.REVIEW@DWP.GSI.GOV.UK

Please be aware that these alternative formats may take some time to prepare, so please let us know as soon as possible if they are required.

How your information will be used

The information you send us may need to be passed to colleagues within the Department for Work and Pensions, the Department of Health and other government departments and organisations. It may be published in a summary of responses received, and in any subsequent review reports.

All information contained in your response, including personal information, may be subject to publication; this may include quotation of your response. By providing information, including personal information, for the purposes of the public consultation exercise, it is understood that you consent to its disclosure and publication. If this is not the case, you should limit any information, including personal information, provided or remove it completely. If you want the information in your response to the consultation to be kept confidential, you should explain why as part of your response although we cannot guarantee to do this.

However, if your information constitutes sensitive personal data – for example, it details how an individual suffering from addiction or obesity has returned to work – and this, combined with other information, may lead to identification of the individual, we will contact you to seek your informed consent before disclosing and/ or publishing this information.

Freedom of Information Act 2000

The Freedom of Information Act 2000 applies to requests that are made regarding process, reporting and functional information only, but not personal information. Therefore no information should be requested relating to the personal information of individuals under this Act and DWP will not disclose personal information in response to such requests.

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The Central Freedom of Information team cannot advise on specific review exercises, only on Freedom of Information issues. More information about the Freedom of Information Act can be found at: www.dwp.gov.uk/freedom-of-information

If you wish to make a Freedom of Information request relating to this consultation process, please contact:

- Post: Central FOI Team
Department for Work and Pensions
4th Floor
Caxton House
Tothill Street
London
SW1H 9NA
- Email: Freedom-of-information-request@dwp.gsi.gov.uk