Problem drug users' experiences of employment and the benefit system

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Introduction

Department for Work and Pensions

This report presents the findings of a study commissioned by the Department for Work and Pensions (DWP) to examine the issues surrounding employment and 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, drug use and 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 depth interviews with 75 drug users and ten professionals who work with drug users to explore specific issues in detail. The research was carried out in 2009 by a team from the Centre for Drug Misuse Research at the University of Glasgow and the Centre for the Analysis of Social Policy at the University of Bath.

Literature review

PDUs form a marginalised group, many of whom (although not all) have experienced disadvantage from an early age. UK and European literature suggests that most PDUs are male and in their 20s and 30s. Problems with housing and homelessness are common as are low levels of educational attainment. Mental and physical health problems affect a significant proportion of PDUs.

PDUs are estimated to 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 have been identified for this group, such as the need for more intensive, personalised assistance than most welfare workers are able to give, and the fear of being stigmatised.

Users of 'hard' drugs such as heroin and crack cocaine are significantly less likely to be in employment than other adults of working age, and PDUs face many barriers to employment, including: lack of education and skills; health problems; social disadvantage; lack of support services; problems engaging with employers and support professionals; and dealing with stigma. Mental health problems and involvement in crime are also significant issues, with employers often being unwilling to take on individuals with a criminal record.

Drug user interview findings

Client characteristics

The majority of respondents were in early middle age, however, in other respects the sample was quite diverse. Some respondents had no caring responsibilities and limited family connections, whilst 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

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found themselves experimenting with drugs for recreational purposes.

Respondents' school experiences tended to be fairly negative, and accounts of bullying, dealing with dyslexia, truancy and expulsion were common. Most left school with few qualifications, and, although some later gained vocational qualifications, most remained lacking in many of the skills sought by employers.

It was uncommon for respondents to be in paid legal employment at the time of interviewing. Many, however, were involved in volunteering, often in drug and alcohol treatment services. Respondents viewed volunteering as very beneficial, recognising the opportunities it offers as part of their recovery and to help them move back into employment. 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.

Many of the interviewees had a long history of drug misuse 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.

Respondents commonly admitted involvement in shoplifting, burglary, drug-dealing and fraud as a means of obtaining money for drugs. As a result of such crimes, many 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, and some having worked in prostitution.

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 Employment and Support Allowance (ESA)) due to poor mental or physical health, but others were receiving Jobseekers' Allowance (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 more problematic experiences, particularly with medical examinations and capability assessments. Furthermore, some interviewees provided examples of administrative mistakes and delays and highlighted how these had affected their lives and undermined their efforts to make the transition from benefits to work.

Barriers to benefit uptake

A number of barriers to claiming benefits were highlighted during the interviews, including a lack of knowledge regarding benefit entitlement and a lack of easily available advice on the issue; difficulties filling out application forms and attending appointments; and problems with the facilities used by Jobcentre Plus to handle client enquiries and consultations. A further barrier was the feeling of being stigmatised by Jobcentre Plus workers.

Looking for employment through Jobcentre Plus

Some respondents encountered problems in matching their employment expectations to the type of jobs advertised through Jobcentre Plus, and felt that the jobs lacked prospects or relevance to their particular skills. Others expressed negative views about Jobcentre Plus staff's understanding of how their circumstances impact on their ability to work, with particular reference to methadone prescriptions. Respondents felt that Jobcentre Plus could do more to help customers like them find employment, such as 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, mental and physical health problems, lack of education, training and skills, ongoing drug use, receipt of treatment whilst working and stigmatisation by employers. 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 do so. However, other barriers, such as the reported reluctance on the part of employers to take on individuals with a history of drug misuse or criminal convictions, are rooted in social attitudes and therefore more difficult to tackle.

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 to 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 stresses involved in working life and feared relapse as a result of these. Interviewees generally saw voluntary work, often with drug treatment services, as a first step towards paid employment.

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.

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. Various barriers to claiming benefits were mentioned. Some of these were the same as those identified by 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 PDUs and Jobcentre Plus staff's expectations of them. 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 person's 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 PDUs going through treatment multiple times. They felt that whilst returning to work could only be a long-term aim for many 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, 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

This study highlights some of the challenges PDUs face in their everyday lives, the complex needs they have and the barriers they need to overcome before they can move back into employment. Greater integration is needed between drug treatment services, the benefit system, employment services and employers. This, combined with wider availability of support for PDUs, will help to improve outcomes for this group.

The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 84712 729 7. Research Report 640. June 2010).

You can download the full report free from: <u>http://research.dwp.gov.uk/asd/asd5/rrs-index.asp</u>

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