

2010 Drug strategy: Consultation Paper – a response by the Social Security Advisory Committee

1. Introduction

1.1 The Social Security Advisory Committee (SSAC) is pleased to have the opportunity to submit a response to the Home Office's 2010 Drug Strategy Consultation Paper.

1.2 SSAC is an Independent Statutory Body funded by the Department for Work and Pensions (DWP). It is the main UK advisory body on social security and related matters. The Committee provides advice to the Secretary of State for Work and Pensions (and to the Department for Social Development in Northern Ireland) and performs a mandatory scrutiny of most proposals for secondary legislation that is the responsibility of DWP. The Committee responds to most of the Department's public consultation exercises and is also consulted separately by Ministers seeking views on specific issues. The Committee may, of its own volition, select issues to research and report upon, and it publishes the resulting 'Occasional Papers' on its website.¹

1.3 The Committee is independent of both Government and sectional interests. Members come from a variety of backgrounds, but collectively they have a considerable depth of knowledge of, and expertise in, both the specifics of policy and law and the wider social policy agenda.

1.4 Although a response to the Drugs Strategy is not directly within SSAC's statutory remit, the committee is offering up its views as an interested party with a wide range of expertise on matters of social policy and the welfare system. In the response we focus on the questions for which DWP takes the lead (Support recovery to break the cycle of drug addiction). The response summarises the committee's initial response to the drugs strategy. We intend to submit a more detailed response to the SoS (DWP) in due course.

2. An integrated approach (E1-E4)

2.1 Overall, we are struck by the ambitious and costly nature of the strategy, but fully support the Government's commitment to a holistic, integrated approach to the treatment of substance misuse. The vast majority of individuals with substance misuse problems are already in contact with at least one aspect of the welfare/social security system and there is a wealth of evidence to suggest that an integrated approach which meets the multiple needs of those with substance misuse problems supports positive and sustained outcomes for treatment.² The evidence recommends greater integration between drug treatment services, the social security system, employment services and employers and highlights the challenges of effective multi-agency working.

¹ www.ssac.org.uk

² <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep640.pdf>;
http://www.dtors.org.uk/reports/DTORS_Key_Summary.pdf

2.2 The consultation paper highlights a number of key strategy and policy areas for integration, including prisons, housing, mental health, and skills and training. Although we do not intend to address each of these issues in detail here, it is essential that the drug strategy takes into consideration wider changes impacting on these issues, such as the proposed changes to Housing Benefit. These may, for example, impact on the availability of some supported hostel accommodation and upon continuity of treatment for substance misusers who are required to move from local areas where they are already accessing support, including treatment and health services.

2.3 Integrated support for substance misusers in prison should start well before release and should include advice from Jobcentre Plus about work opportunities and benefits, advice about housing, and advice and support for prisoners' families. Currently, too many substance misusers leave prison without the necessary support needed to stay off drugs, including lack of support to find employment. Evidence, including from the progress2work programme, illustrates the kind of intensive support which is necessary to support positive outcomes.³

3. Localism

3.1 We note that the strategy aims to develop a localised approach to commissioning and delivering services. This approach is supported by the fact that substance misuse varies by location and it is therefore likely that the range of services required will vary on a local basis.⁴ It is important to consider how the strategy will be implemented in the devolved administrations. It is also pertinent to note that the Scottish Government and both the Welsh and Northern Ireland Assemblies have separate drugs strategies already in place.⁵

4. The welfare system – help and support (E5-E8)

4.1 We welcome support for DWP claimants with substance misuse problems within the context of the benefits regime. Evidence suggests that a personalised approach to support will be most effective, which fits with the Government's wider personalisation agenda.⁶

4.2 We note that the strategy document proposes that claimants are offered a choice between a punitive ('stick') and supportive ('carrot') approach. Of course, these approaches are not mutually exclusive in the current benefit system, where sanctions underlie the conditionality regime.

³ <http://research.dwp.gov.uk/asd/asd5/rports2007-2008/rrep509.pdf>

⁴ <http://rds.homeoffice.gov.uk/rds/pdfs09/hosb1209.pdf>

⁵ <http://www.scotland.gov.uk/Resource/Doc/224480/0060586.pdf>

<http://wales.gov.uk/topics/housingandcommunity/safety/publications/strategy0818/?lang=en>

<http://www.dhsspsni.gov.uk/nsdad-finalversion-may06.pdf>

⁶ Palmer, H. and Kendall, S. (2009) Targeted Youth Support Pathfinders Evaluation: Final Report. DCSF-RR078; Leadbetter, C. and Lounsbrough, H. (2005) Personalisation and Participation: the future of social care in Scotland. DEMOS

4.3 The Committee has long taken an interest in the use of sanctions-based conditionality within the benefits system.⁷ There is convincing evidence which points to the negative impacts of sanctions on individuals, including material hardship and emotional problems.⁸ Conversely, there is a *lack* of evidence to support assertions that sanctions have a significant influence on the behaviour of more vulnerable claimants.⁹ Evidence also suggests that particular groups of claimants are disproportionately affected by sanctions, including younger claimants and those with learning difficulties.¹⁰

4.4 We therefore have substantial concerns about proposals to implement an enhanced sanctions regime for substance misuse claimants. SSAC have previously discussed this issue in a report to the Secretary of State (DWP) on the proposed Social Security (Welfare Reform Drugs Recovery Pilot Scheme) Regulations 2010.¹¹ The SoS subsequently decided not to lay the regulations and DWP has been reconsidering its approach to the treatment of claimants with substance misuse problems in light of the wider social justice agenda and proposals for a more holistic approach to treatment generally.

4.5 We are concerned about the apparent contradiction in introducing further sanctions for substance misuse claimants. Claimants with substance misuse problems are already sanctioned disproportionately as a result of the often chaotic nature of their lives. We do not believe that the introduction of an enhanced benefit sanction regime would support behaviour change. There is little, if any, evidence that strong mandation will support the treatment of substance misuse claimants or encourage them to move closer towards the labour market. It may, in fact, move people further from the labour market as they drop out of the benefits system and turn to other sources of income such as crime and prostitution.

4.6 We would therefore support proposals to remove the current JSA/ESA job search/work focused conditionality for claimants engaged in treatment for substance misuse and would welcome the introduction of a Treatment Allowance for such claimants. Conditionality should be replaced with a more appropriate, flexible set of conditions based around claimants' rehabilitation and employment support needs, taking a more holistic view into account. This approach would enable claimants to focus both on their treatment and related barriers. However, the balance between rights and responsibilities needs to be carefully considered. For example, positive support offered under the conditions of the Treatment Allowance should not be offset by the imposition of sanctions for non-compliance. It is essential that the system does not

⁷ Social Security Advisory Committee (2006) *Sanctions in the benefit system: Evidence review of JSA, IS and IB sanctions*, Occasional Paper No. 1

http://www.ssac.org.uk/pdf/occasional/Sanctions_Occasional_Paper_1.pdf

⁸ <http://statistics.dwp.gov.uk/asd/asd5/rports2005-2006/rrep313.pdf>

⁹ Goodwin, V. (2008) *The effects of benefit sanctions on lone parents' employment decisions and moves into employment*, DWP Research Report No 511 -

<http://research.dwp.gov.uk/asd/asd5/rports2007-2008/rrep511.pdf>;

<http://research.dwp.gov.uk/asd/asd5/rports2003-2004/rrep198.pdf>

¹⁰ <http://research.dwp.gov.uk/asd/asd5/rports2005-2006/rrep313.pdf>

¹¹ <http://www.ssac.org.uk/pdf/SSAC-drugs-pilot-report.pdf>

provide too many opportunities for substance misuse claimants to 'fail' to meet their responsibilities.

4.7 Evidence clearly illustrates the impact of personal motivation on substance misuse treatment. The Drug Treatment Outcomes Research Study found that, regardless of treatment provision and delivery, personal motivation was crucial to successful treatment.¹² The issue of motivation therefore needs to be taken into consideration by any system which aims to support substance misuse claimants.

4.8 Treatment approaches implemented by Jobcentre Plus also need to appreciate that substance misuse clients often follow a long and complex path to recovery, which may involve multiple attempts at treatment. Evidence suggests that access to training and voluntary work can be effective in supporting such claimants on the journey to work.

4.9 Adviser skills should be considered further – we would support greater use of specialist advisers and enhanced links between Jobcentre Plus and treatment agencies. Partnership working can be increased for example through training and secondment opportunities, and co-location at outreach venues. DWP should seriously consider involving service users in the training programme for PAs and in peer reviewing the suitability of leaflets and other communication literature produced for claimants with regard to substance misuse.

4.10 Barriers to employment for substance misuse claimants are well documented in the literature and mirror the barriers to successful treatment, therefore reinforcing the need for the successful integration of services. Barriers may include mental health problems, involvement in criminal activity, employer attitudes, lack of education and skills and homelessness. It is important to appreciate that the route into employment for claimants with multiple barriers will be long and slow. DWP has piloted approaches to supporting more disadvantaged claimants, including through the Adults Facing Chronic Exclusion (ACE) Pilots.¹³ The ACE Pilots relied heavily on intensive one-to-one support from key workers. A key aim of the pilots was to stabilise the circumstances of the clients with whom they worked, for example through addressing issues such as homelessness and substance abuse, which was seen as a necessary prerequisite to improved employability. The research recommends a keyworker approach to negotiate access to services, in which one practitioner takes responsibility for personalised casework, supported by enhanced integration of support services.

5. Family support and interventions (E9-E12)

5.1 We welcome the proposed development of new approaches to supporting families with multiple problems. The often chaotic lifestyle of substance misusers can have a devastating impact on family life. Parents of teenagers

¹² http://www.dtors.org.uk/reports/DTORS_Key_Summary.pdf

¹³ <http://statistics.dwp.gov.uk/asd/asd5/rports2009-2010/rrep605.pdf>

who take drugs frequently find themselves facing financial hardship as a result of having to support young people who are not in education, employment or training (NEET), and continuing strain caused when young people live on the fringes of criminality and engage in antisocial behaviour. Whole families can be labelled as deviant and can experience social exclusion in their community.

5.2 The negative impacts on family life are perhaps most striking, however, when adults with substance misuse problems are themselves parents. Children in these families often experience poor parenting, a chaotic home life and the very real risk of being taken into care. Persistent substance misuse and related offences can result in parents being imprisoned, thereby severely reducing the life chances of their children. Many of these children and young people find themselves living in relative poverty with little parental or family support. The evidence suggests that a mother's addiction to drugs can lead to children being hungry, having no clothes to wear to go to school and the family being evicted from their home when bills are unpaid because the household income is used to support substance misuse.¹⁴

5.3 Traditionally, very little support has been available for these families. Although parents often express the intention to 'kick the habit' and provide adequate care for their children, they frequently fall back into substance misuse as a way of life when they face acute barriers to securing employment, chronic health problems, social exclusion and extreme instability in their everyday lives. While services for drug takers primarily focus their efforts on supporting their clients, they have not always taken account of the needs of families. Grandparents and other family members often have to provide support and maintain family ties while a parent is receiving treatment or serving a prison sentence. Community support is often lacking and families can be ostracised by their association with the substance misuser and feel a sense of extreme shame.

5.4 Families need support to deal with practical issues, ensure adequate housing, and to address the substance misuse behaviour and its causes and repercussions. When help has been available it has often been provided by different agencies addressing different problems, with little integration. A holistic approach via multi-agency working is essential. Some recent initiatives which have attempted to provide intensive interventions to families facing multiple disadvantage, including those in which substance misuse is a serious issue, have been held to be successful in improving outcomes.

5.5 The Intensive Family Support Projects (IFSP) set out to prevent repeated cycles of homelessness, promote social inclusion, health, education and well-being, and address unmet support needs.¹⁵ They found that improvements and changes in behaviour are not a linear process, and that individuals and

¹⁴ Walker, J. and McCarthy, P. (2005) Parents in Prison: the impact on children, in *At Greatest Risk: the children most likely to be poor*. Child Poverty Action Group

¹⁵ Nixon, J., Parr, S. and Hunter, C. (2008) The longer term outcomes associated with families who had worked with Intensive Family Support Projects. Communities and Local Govt and DCSF

families experienced repeated setbacks and crises while struggling to get back on track. By leveraging support from a range of agencies, parents have been helped to control drug use, improve their parenting skills and financial management (with less reliance on benefits), and to develop routines which improved their children's school attendance. Pathways to positive outcomes involved early referral to prevent problems escalating, self-motivation to change, building relationships of trust with professionals, intensive and sustained support from a dedicated keyworker with a limited caseload, well-integrated multi-agency inputs, and carefully managed exit routes from interventions.

5.6 Family Intervention Projects (FIPs) which have been established across England have had similar objectives and early evaluations have suggested that they too have achieved successful outcomes with families with high levels of disadvantage and problems, including drug misuse.¹⁶ While it may be too soon to claim that the positive outcomes are sustained over time, there is evidence to suggest that more can be done to support families and children when drug taking is a key problem. The FIPs sought to combine intensive support with enforcement through the use of sanctions but this proved to be a challenge for keyworkers, however, and many were reluctant to implement sanctions. Nevertheless, a whole family approach is felt to be pivotal to the success of the programme.

5.7 Family group conferencing can also harness resources in the family to deal with substance misuse, but agencies need to play their part in providing support, also, otherwise families simply fail to cope with the challenges. In order for practitioners to work holistically with substance misusers and their families, it is essential for those concerned to recognise the implications of their substance misuse behaviour and have a desire to change that behaviour, even though that may take time.

5.8 We strongly recommend that the government considers the wealth of published evidence about 'what works' in supporting substance misusers when designing a more holistic service.

6. Evidence base

6.1 The NAO report on tackling problem drug use noted that the previous government's drug strategy lacked an overarching evaluation and recommended that future programmes to help problem drug users into work should be evidence based and able to demonstrate value for money.¹⁷ We fully support this recommendation.

¹⁶ White, C., Warrener, M., Reeves, A. and La Valle, I. (2008) Family Intervention Projects: An evaluation of their design, set-up and early outcomes. Research Report DCSF- RW047

¹⁷ http://www.nao.org.uk/publications/0910/problem_drug_use.aspx