Department
for Work &
Pensions

Statistics on individuals in drug or alcohol treatment in receipt of working-age benefits

Figures for 2011/12, England

31st July 2015

Contents

Overview

This publication presents analysis using an anonymous data matching project between the Department for Work and Pensions (DWP) benefits data and Public Health England (PHE) information on clients in structured drug and alcohol treatment programmes. It shows:

- The estimated number of drug or alcohol treatment clients in England in receipt of DWP working-age benefits

- The median duration of these claims

- Of those who have successfully completed drug or alcohol treatment in 2011/12, the proportion in receipt of DWP working-age benefits

These figures are available at a Local Authority level in the tables published alongside this report.

This information is intended to support the substance misuse component of the local Joint Strategic Needs Assessments. Other users may also find these statistics of interest.

Results Summary

There were 134,090 individuals in structured drug treatment on the 31st March 2012 according to the National Drug Treatment Monitoring System[1] (NDTMS). Of these individuals, 104,350 were successfully matched to DWP records and 82,350 were recorded as being on benefits on the 31st March 2012.

The NDTMS also shows there were 42,000 individuals in structured alcohol treatment on the 31st March 2012. 29,730 individuals matched to DWP datasets and 22,630 were on benefits on the 31st March 2012. An individual may be undergoing both drugs and alcohol treatment and would appear in both figures, therefore to avoid double counting these individuals, totals can not be summed across drugs and alcohol treatment.

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[1] https://www.ndtms.net/default.aspx

Methodology

Data matching

PHE holds information about clients who are receiving structured treatment for drug and alcohol dependency in England in the NDTMS. Structured treatment is defined in Annex A. Although detailed individual-level information is not collected by PHE, some information, such as date of birth, is. This has enabled PHE to match DWP administrative data on working-age benefits to the information they hold about clients receiving structured treatment for drug or alcohol dependency. At no times were individuals identifiable during this analysis.

Records were matched across PHE and DWP datasets using the following variables:

- Date of birth
- Gender
- First name initial
- Last name initial
- Local Authority area

Only those records that matched on all five fields were included in the final matched dataset. As well as capturing information about the latest local authority where a claimant lives, DWP records included details of previous local authority areas. When matching records, if the most recent local authority did not result in a match with NDTMS records, then earlier local authorities were considered (in reverse date order) to see whether they produced a match against NDTMS clients.

When more than one DWP record matched a single NDTMS client, or where more than one NDTMS client was matched to the same DWP record, none were retained in the final matched dataset.

Table 1 shows how the number of individuals in treatment and on benefits on 31st March 2012 was obtained. Caution needs to be taken when interpreting the number of people in treatment that are on benefits as some individuals will not match DWP records for one of two reasons, either they have not had contact with DWP since 1st April 2006, or an exclusive match could not be made between individuals. This means that the total number on working-age benefits is likely to be an underestimation. Some of the reasons that an exclusive match may not have occurred are:

- Multiple NDTMS records match a single DWP record and therefore all these records are removed from the final dataset. This could occur due to multiple people in treatment sharing all of the characteristics that are used to match the data.
- A single NDTMS record matching to multiple DWP records. Again, the records are removed as we cannot be sure which the correct match is. This could

occur if multiple people in the DWP benefits database share all of the characteristics that are used in the data match.
- Changes to personal details have occurred.
- Erroneous data entry into the DWP benefit database or the NDTMS

Table 1: The number of people at varying stages of the matching process with a summary of the matching stage. Note that numbers may not sum due to rounding.

	Drugs treatment (number of individuals)	Alcohol treatment (number of individuals)	Notes
In treatment on 31st March 2012	134,090	42,000	According to the NDTMS
Matched to DWP records (since 1st April 2006)	104,350	29,730	Based on DOB, gender, local authority, first and last initials. An individual will have a DWP record if they have claimed any working-age benefit throughout their life.
Not matched to DWP records	29,740	12,270	Individuals may not match DWP records due to either not having been on a DWP working-age benefit since 1st April 2006, or an exclusive match could not be made.
In treatment and on benefits on 31st March 2012	82,350	22,630	These individuals have successfully matched between the NDTMS and DWP records, and were recorded as being on a DWP working-age benefit on the 31st March 2012.
In treatment and have matched to DWP records, but are not on benefits on 31st March 2012	22,010	7,100	These individuals have previously claimed benefits and had a successful match between the two data systems. They were not claiming a DWP working-age benefit on 31st March 2012.

Number on benefits

This analysis has been presented at both an individual and claim level. These two approaches are explained below. Care needs to be taken when interpreting the results to understand the methodology used.

The estimates presented in this section of the statistical release relate only to those clients receiving structured treatment for drug dependency in England. The latest estimate of benefit take-up amongst problematic drug users in England, irrespective of whether they are in treatment or not, was published by the Department for Work and Pensions in 2008[2].

The numbers presented here will differ from the published figures for individuals claiming ESA/IB/SDA for a primary medical condition of alcohol or drug misuse[3]. This is because this publication looks at people in structured treatment, whilst the previous publication presents data on the number of people citing drug or alcohol misuse as their primary medical condition.

a) Individuals

This approach has been used to assign one individual to one benefit, depending on the primary benefit that they are on. **This approach is appropriate for looking at the number of individuals on benefits at one point in time. It allows the number of individuals on one or more benefits to be calculated without double counting individuals.**

DWP working-age benefits have been ordered in such a way to avoid double-counting of claimants who are in receipt of two or more benefits. Any particular claim on any particular date where this is the case has been placed into the first benefit category from the list below that applies to them:

- JSA (Jobseekers' Allowance)
- ESA (Employment and Support Allowance)
- IB (Incapacity Benefit
- DLA (Disability Living Allowance)
- IS (Income support)
- Other benefits not included above (i.e. Carer's Allowance (CA), and Bereavement Benefits (BB)).

Information on the above benefits can be found at the following link: https://www.gov.uk/browse/benefits

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[2] Department for Work and Pensions, Working Paper No 46, 2008.
'Population estimates of problematic drug users in England who access DWP benefits: A feasibility study'.

[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403970/FOI_2015-105_Publishing.pdf

For example, based on the above hierarchy an individual in receipt of IB and DLA at a point in time would be categorised as an IB claimant in these statistics.

b) Claims

This approach looks at the number of claims that are open as of 31st March 2012. **This approach is appropriate for looking at the total number of DWP working-age claims open at one point in time; however, double counting of individuals would result when summing across multiple DWP working-age benefits.**

Under this methodology using the above example, an individual in receipt of IB and DLA at the same time would be categorised as claimants of both of these benefits.

Median duration on benefits

The duration of a DWP working-age benefit claim was calculated for all individuals in treatment on the 31st March 2012 who had an open claim at that point. The duration is the time spent on a current DWP working-age benefit claim and is irrespective of the amount of time a client has spent in treatment. Results are presented at the level of a claim and if an individual has two claims under the same category, for example the 'other category', the longest claim is used in analysis.

Successful treatment completions

Analysis was carried out to look at the number of PHE clients who successfully left treatment from 1st April 2011 to 31st March 2012, who were on at least one DWP working-age benefit at the point at which they left treatment. Successfully leaving treatment is defined in annex B.

The number of successful exits from structured drug treatment is one of the indicators in the Social Justice Outcomes Framework. More information on this is available here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386429/social-justice-framework-indicator-5-121214.pdf

The figures in this release will not match those in the outcomes framework. This is because only individuals who present to treatment for the first time is used in the outcomes framework, whilst it is not necessarily an individual's first treatment spell in this analysis. Also the outcomes framework indicator looks at a three year period whilst a single year is looked at here.

Results

Number of individuals in treatment on DWP working-age benefits

Table 2 below shows the number of PHE clients in treatment that are in receipt of one or more DWP working-age benefits as of 31st March 2012. The majority of claimants were in receipt of a disability related benefit, or income-support, with less than a quarter of those that were on benefits being on JSA.

Table 2: Benefit claims by individuals in treatment on 31st March 2012

	Drug treatment		Alcohol treatment	
	Number of individuals	Number of claims	Number of individuals	Number of claims
JSA	19,180	19,180	3,740	3,740
ESA	28,380	28,380	10,490	10,490
IB	25,550	25,550	5,830	5,830
DLA	2,440	19,170	1,130	6,810
IS	6,010	26,320	1,160	4,930
Other	790	4,310	270	1,160
Total on benefits	**82,350**	**122,900**	**22,630**	**32,970**
Total on matched dataset	**104,350**		**29,730**	
Number in treatment	**134,090**		**42,000**	

Note that totals may not sum due to rounding.

Table 3 shows the average duration an individual in structured drug treatment on 31st March 2012 has spent on their current benefit claim. The longest average claim is incapacity benefit, with JSA being on average the shortest claim.

Table 3: Median duration of benefit claims for individuals receiving structured treatment and on benefits on 31st March 2012, by benefit type

	Individuals in drug treatment (years)	Individuals in alcohol treatment (years)
JSA	0.5	0.4
ESA[4]	0.6	0.6
IB	8.0	8.1
DLA	5.0	4.7
IS	6.5	6.1
Other	3.7	4.5

Table 4 shows the numbers of individuals that successfully left drug or alcohol treatment in 2011/12, by their benefit status at the time of leaving treatment. Just under half of all individuals who successfully exited drug or alcohol treatment were on benefits at the point they left treatment.

Table 4: the number of individuals who successfully left drug or alcohol treatment in 2011/12 and their benefit status

	Drug treatment (number of individuals)	Alcohol treatment (number of individuals)
Left treatment in 2011/12	29,860	38,030
Matched with DWP records	20,810	25,490
On DWP working-age benefits at the time of leaving treatment	14,420	17,900

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[4] When interpreting the median durations it is important to note that ESA was a new benefit from October 2008. As a result the durations shown, based on data from 31st March 2012 would be limited in length by the benefit being relatively new.

Local Authority Results

Alongside this note the above results can be found broken down by Local Authority.

Future plans

We will look to update these figures if and when a new data share between PHE and DWP becomes available.

We welcome any comments and suggestions on the methodology and presentation of these statistics.

Annex A: Structured Treatment

Structured drug and alcohol treatment consists of a comprehensive package of concurrent or sequential specialist drug and alcohol focused interventions. It addresses multiple or more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone. Structured treatment requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client. The plan sets out clear goals which include change to substance use, and how other client needs will be addressed in one or more of the following domains: physical health; psychological health; social well-being; and, when appropriate, criminal involvement and offending.

In addition to pharmacological and psychosocial interventions that are provided alongside, or integrated within, the keyworking or case management function of structured treatment, service users should be provided with the following as appropriate: harm reduction advice and information; blood borne virus screening and immunisation; advocacy; appropriate access and referral to healthcare and health monitoring; and crisis and risk management support.

Annex B: Successful Completions

Definition of successful completion:

- Treatment completed – Drug free - The client no longer requires structured drug treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine or any other illicit drug.

- Treatment completed - Occasional user (not heroin and crack) – The client no longer requires structured drug treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine. There is evidence of use of other illicit drug use but this is not judged to be problematic or to require treatment.

- Treatment completed – Alcohol free – The client no longer requires structured alcohol treatment interventions and is judged by the clinician to no longer be using alcohol.

- Treatment Completed - Occasional user – The client no longer requires structured alcohol treatment interventions. There is evidence of alcohol use but this is not judged to be problematic or to require treatment.

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