

Working towards recovery

Getting problem drug users into jobs

Summary

This is a summary of the main findings from a review looking at getting problem drug users (defined as those with problems associated with using heroin or crack cocaine) into employment in the UK¹. The full report and the background research we commissioned from the University of Manchester are available on the accompanying DVD along with some illustrative case studies. They can also be found at www.ukdpc.org.uk/reports.shtml. The background research is presented in two parts. Part One examines social security and relevant aspects of employment law and policy, and Part Two uses desk research, qualitative interviews and a survey of employers to focus on barriers to employment and on effective support structures and mechanisms.

THE NATURE OF THE CHALLENGE AND CURRENT STRATEGIES

Studies have shown that up to 80% of problem drug users (PDUs) are unemployed, yet work has been shown to be an important component of rehabilitation and reintegration into society, reducing the likelihood of relapse. More PDUs in work should mean more people successfully achieving recovery and exiting treatment, and a reduction in crime. PDUs on welfare benefits also cost the UK many tens of millions of pounds. Perhaps more importantly, most unemployed PDUs want to work and recognise its significance for building a 'normal' life. Once in work, recovering PDUs have been found to be good employees.

While all four UK government drug strategies place a strong emphasis on employment, and a major welfare reform proposal from the Department for Work and Pensions specifically targets PDUs, there are no robust evaluations of national initiatives, such as *progress2work*, funded through Jobcentre Plus. At present, PDUs are largely 'invisible' within the benefits system and practice to deal with

¹ Where our conclusions highlight implications for English-based agencies, they will also be relevant to appropriate bodies in the other parts of the UK.

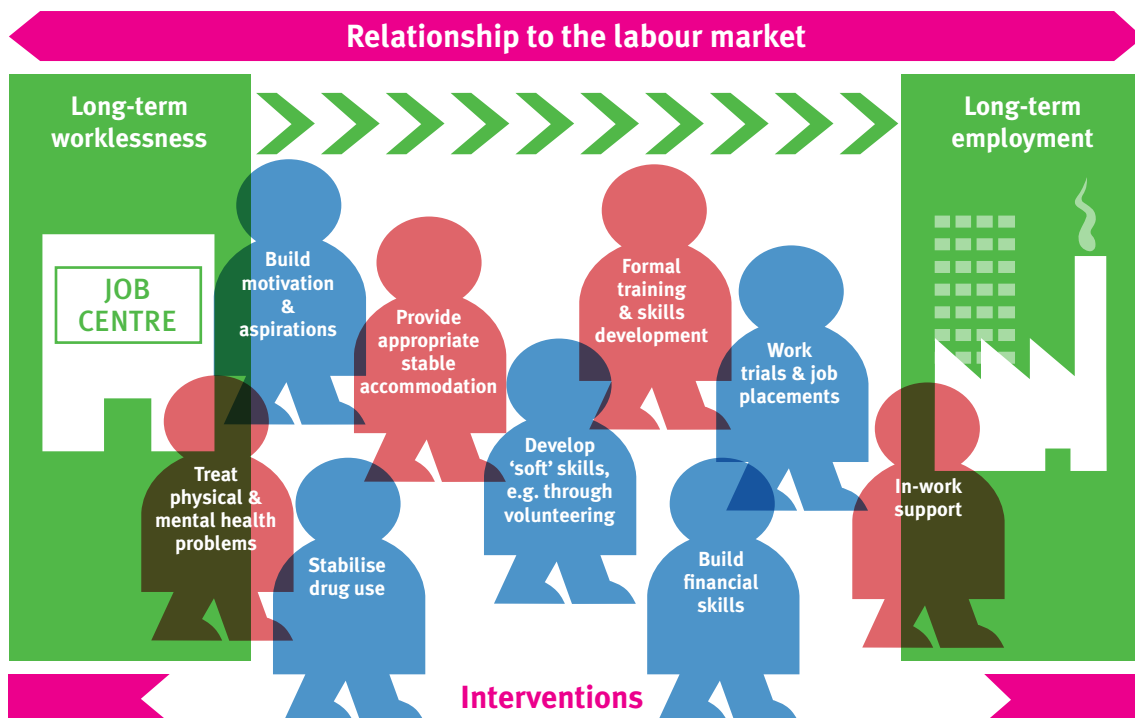


them appears very variable. We reach the following conclusions:

1. Programmes aimed at getting PDUs to work should be properly evaluated in order to: provide robust evidence of effectiveness (including cost-effectiveness), identify and spread good practice, and prevent potential unintended negative consequences.
2. The Cabinet Office should review the extent to which the needs of PDUs have been identified in local responses to the Socially Excluded Adults Public Service Agreement (PSA 16), particularly the need for better access to stable accommodation and employment opportunities.
3. Identifying how drug misuse should be dealt with under the benefits system and then providing clear pathways for accessing additional support may encourage voluntary disclosure of problem drug use and increased participation in treatment and employment services and allow improved monitoring of numbers in the system and outcomes.

GETTING PROBLEM DRUG USERS 'FIT FOR THE JOB'

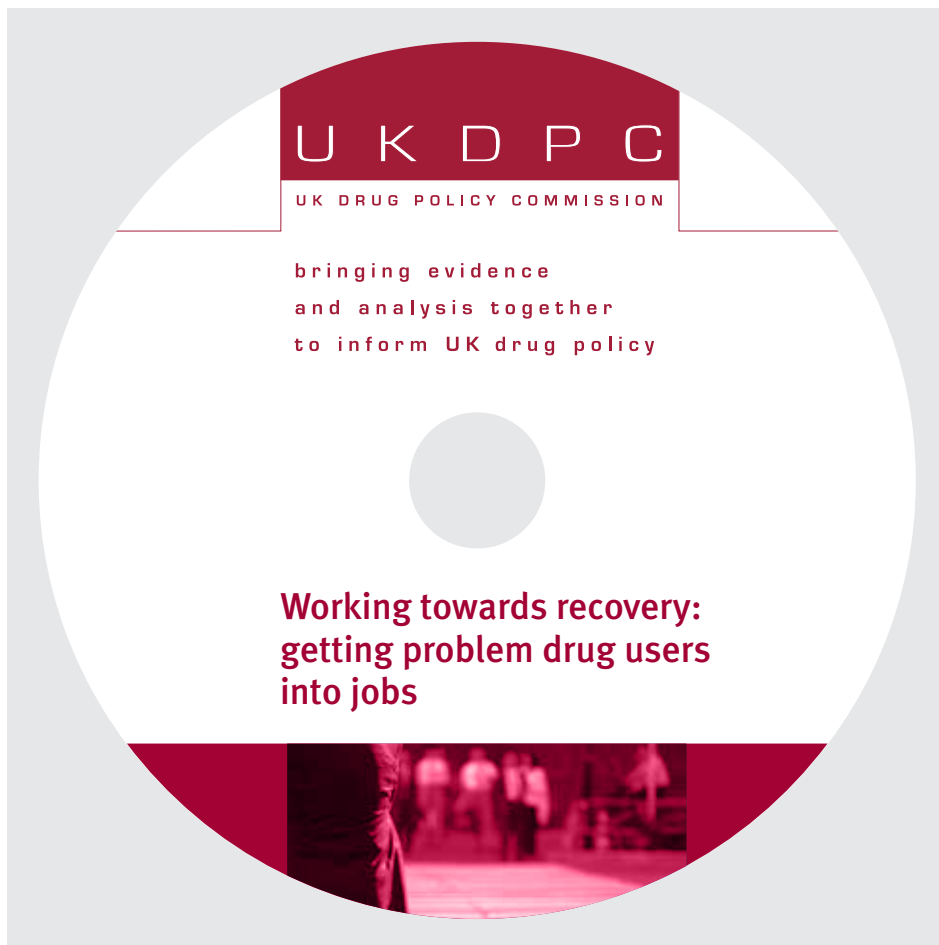
PDUs are among the most disadvantaged groups in society, frequently having physical and mental health problems as well as offending histories, often coupled with limited skills or employment experience. Distance from the labour market will vary across the group, but on top of their drug problems many will have a range of 'primary needs', such as poor physical and mental health and unsuitable accommodation, which need to be addressed at an early stage. It can be a significant and long-term challenge to get some PDUs 'fit for the job' and services



Adapted from: Booth et al (2007)

need to be designed appropriately. We reach the following conclusions:

4. It is important to be realistic about the time required before many PDUs will be in a position to participate in the formal job market. This will have implications for benefit regime procedures and other support mechanisms. Guidance on these matters should be prepared jointly by the Department for Work and Pensions, the Ministry of Justice and the National Treatment Agency in collaboration with employers and treatment provider bodies.
5. There is a need for improved provision of a range of suitable accommodation to facilitate recovery and rehabilitation.
6. Housing agencies need to be more closely involved in local drug-related partnerships and there is a need for identification and sharing of good practice in provision.
7. Governments should review how improved accommodation outcomes for this group can be secured through local drug partnerships, housing plans and the relevant commissioning and contracting mechanisms.
8. The physical and mental health problems experienced by PDUs may impact on their ability to achieve and sustain employment. It is important these are recognised and adequately addressed.



PLAY THIS DVD

This DVD includes a short film that brings to life some of the issues identified in the review, as told by employers, service providers and recovering drug users.

The disc also contains pdf files of the full report and the two background research papers which can be viewed on a computer using Windows Explorer.

9. Ongoing care and support, which may come from families, peers or services, is essential to achieving and sustaining recovery and rehabilitation. This needs to be recognised and promoted in individual treatment and rehabilitation plans.
10. Commissioners of drug treatment should ensure that there is adequate provision of family and carer support services by including this in service specifications.
11. Commissioners of drug treatment, offender and employment services should consider the need for adequate training, volunteering and job placement provision within their commissioning plans for this client group.
12. The National Audit Office, in its current review of drug treatment commissioning and planning at the local level in England, should look closely at the provision of employment services for PDUs.
13. Each individual should have a single rehabilitation/recovery plan (incorporating the treatment care plan), which should be developed to encourage a coordinated, multi-agency approach.
14. The National Treatment Agency along with the Ministry of Justice and the Home Office should review how the current commissioning and contracting arrangements for drug treatment services can be realigned with a view to promoting and incentivising improved employment and recovery outcomes.
15. Employment services' contractual arrangements need to provide adequate resources and incentives for providers to deliver successful outcomes for those groups, including PDUs, who are among the hardest to place. Employment services must also be fully evaluated and monitored to ensure that 'creaming' and 'parking' do not occur.

ADDRESSING EMPLOYERS' CONCERNS

Many employers are extremely reluctant to recruit PDUs; particularly those who admit to current use, but also those who have a history of drug problems (and offending). Employers understandably insist that new recruits should be 'fit for the job', but even if potential recruits have the competencies for the job, concerns about managing risk remain. The three main types of risk perceived by employers are:

- **risk associated with the management of drug use;**
- **risk to the reputation of the business; and**
- **risk to other employees or customers.**

There are opportunities to increase employment opportunities for PDUs by managing these risks, particularly through schemes that bridge the gap between PDUs and employers and provide ongoing support to both parties. Stability is a fundamental requirement for employers and some expect PDUs to have been





free from all drugs, including substitute medication such as methadone (used to treat heroin dependency), for at least two years. However, this is an arbitrary time period which creates a significant barrier to rehabilitation for PDUs who are stable, on substitute medication or otherwise, before reaching that time limit. Many employers appear to hold negative, stereotypical perceptions of PDUs. However, many employers in our research studies who knowingly hired recovering drug users reported positively on their experiences. We reach the following conclusions:

16. Effective formal risk assessment procedures to match PDUs to job opportunities need to be identified and then adopted by employers and all employment service providers.
17. Clear information and guidance on the employment of people on substitute medication needs to be developed and disseminated to employers and treatment and employment services by the Department for Work and Pensions, the Department of Health/National Treatment Agency and the Health and Safety Executive.
18. If PDUs are to receive treatment and support while in employment there needs to be flexibility on the part of both employers and treatment providers. In particular, treatment services need to consider improving access outside of normal working hours.
19. A wider range of volunteering and work placement opportunities need to be made available to help PDUs achieve and demonstrate stability and 'soft' skills, such as timekeeping and interacting with people in the workplace.
20. Treatment and employment services need to ensure that rehabilitation/ recovery plans (and associated guidance) explicitly incorporate a period of volunteering and/or workplace experience when appropriate.
21. The Department for Work and Pensions should review benefit rules and guidance concerning volunteering to ensure they do not inhibit rehabilitation of PDUs, and should examine ways in which the benefit regime can be more flexible through schemes such as work trials.
22. Local Drug Action Teams, drug and employment services and Local Employment Partnerships should look to initiate jointly a programme of local volunteering and work placements.
23. Local Employer Partnerships should be resourced to deliver a local volunteering/work placement programme for chronically excluded adults, including PDUs.
24. Public sector bodies should take the lead with the recruitment and employment of chronically excluded adults (including PDUs) and should be annually monitored on progress.
25. The Office of Government Commerce should review the use of standard contract terms that may unnecessarily militate against the employment of people with criminal records and/or drug use.

26. A programme of research and development to consider the benefits of developing mentoring and coaching support for PDUs should be undertaken by the Department for Work and Pensions.
27. Mechanisms for providing ongoing support for employers and employees, particularly in small and medium-sized enterprises, need to be developed and properly evaluated, and examples of good practice identified and disseminated.
28. There is a need to reduce the stigma attached to PDUs. More positive messages and success stories need to be disseminated. The Government needs to set an example in the language used in public pronouncements and the way PDUs are characterised within its publications.
29. The Government should consider the feasibility of initiating and funding a major anti-prejudice information campaign at both national and local levels to help reintegrate recovering PDUs.
30. The Department for Work and Pensions should develop local employer engagement strategies, perhaps based on Local Employment Partnerships and involving treatment providers, incorporating better information to improve knowledge and understanding of problem drug use among employers and employment service providers.
31. A high-level task group should be established to bring together employer groups, treatment and employment service providers and others to sustain momentum on improving employment opportunities for PDUs.

GOING FURTHER? LEGAL PROTECTION AND INCENTIVES

We recognise that the barriers to employment for many PDUs are such that, even with additional support for employers and better engagement strategies, more might be needed to increase the employability of this group. We make the following conclusions:

32. The Government should commission an independent review of the pros and cons of using various financial incentives to encourage employers to recruit the very marginalised, with a view to introducing properly evaluated trials.
33. The Government should revisit and implement the recommendations of the 2002 review of the Rehabilitation of Offenders Act in order to minimise any barriers that may stand in the way of drug-related offenders' rehabilitation.
34. The Government and the Equality and Human Rights Commission should consider whether impairment due to substance dependence should be included within the proposed single equalities legislation, including if necessary more explicit recognition of this condition within the Disability Discrimination Act.