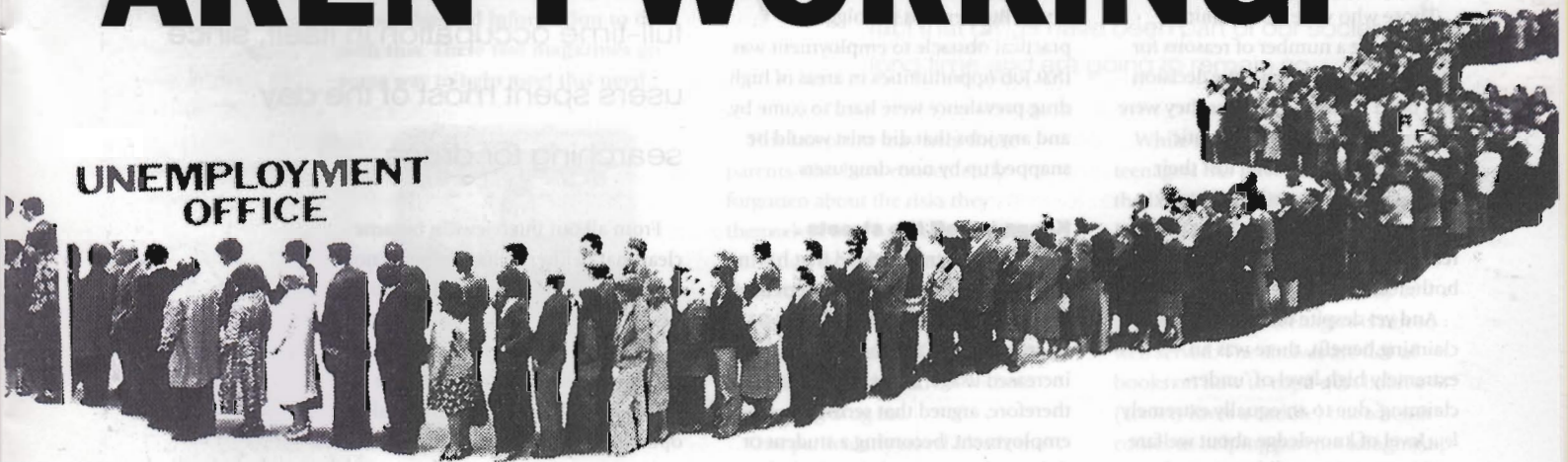


Dr Joanne Neale

DRUG USERS AREN'T WORKING.

UNEMPLOYMENT OFFICE



It's so obvious, for years it's hardly needed proof – unemployment and drug use are connected. But with the New Deal in the pipeline, we now need to take a harder look at the relationship between drugs and the dole

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Every study since time immemorial has shown that unemployment is a substantial influencing factor in drug use. The latest British Crime Survey found that while 24 per cent of 16-29 year olds had tried a drug in the last year, this figure shot up to 45 per cent if they were unemployed.¹ This relationship is even more noticeable, however, when that drug use becomes problematic. All official statistics point towards the fact that around three in four help-seeking drug users are unemployed.^{2,3}

Clearly then, there is a relationship between unemployment and drugs, and the government's New Deal is part of the general consensus that there is a link. But relatively little work has been conducted into the nature of that link. The main reason for this paucity of research is that the relationship is one of the most complicated 'chicken and egg' questions in the drug field: is drug use a response to the stress caused by unemployment, or is unemployment a direct result of drug use? What can

be said is that the research which does exist identifies unemployment among a range of other factors (such as poverty and poor housing) which are the clearest predictors of drug problems.⁴

A crucial question, and one which Keith Hellawell, the government and the Advisory Council on the Misuse of Drugs are all looking into, is whether – and to what extent – unemployed people who are addicted to drugs are responsible for their situation.

Can, and indeed should, they be encouraged to find paid work and what role do benefits play in assisting them in the interim? These are complex questions which require moral and philosophical – as well as political – consideration, but without reliable information, any debate is cut short. Accordingly, this brief article uses data collected in a recent qualitative study of 124 drug users to examine the interactions between illicit drug use, employment and unemployment.⁵

No claim, no gain

Most of the interviewees had previously used heroin and other depressant drugs and were currently being prescribed substitute drugs. A small number were HIV+ or had AIDS or Hepatitis. Others were physically very frail, and these health factors obviously had an impact on their ability to find (and remain in) work.

The majority were unemployed and claiming benefits (usually Income Support or Incapacity Benefit), while very few were in full-time paid work. Several had part-time or casual jobs, and a small number had no legitimate source of independent income, relying instead on family and friends or financing themselves through theft.

Those who were not claiming benefit gave a number of reasons for this decision. For some, the decision had been made for them, as they were under 18 and had no automatic entitlement, or they had lost their benefit book. Others had recently moved to the area, found that crime really did pay, or simply couldn't be bothered to claim.

And yet despite the high numbers claiming benefit, there was an extremely high level of 'under-claiming' due to an equally extremely low level of knowledge about welfare entitlement. Many did not even know what benefits they were personally receiving, and though a minority were aware of the financial and practical advantages of 'getting a book' (claiming Incapacity Benefit), others felt this would be immoral since they were not totally incapable of work.

Undisclosed income from part-time and casual employment was sometimes used to supplement benefits, but in practice the irregularity of such work meant that the sums involved were small. For some – mostly women – prostitution was a way of making money quickly, but it was usually only considered as a last resort.

Bob a job?

In the past, the interviewees had performed a variety of jobs, from labourer to lawyer. Most, however, had worked in unskilled and semi-skilled occupations. A number had also been to college or university, but the majority bemoaned their wasted educational opportunities.

They generally felt that regular drug users were incapable of full-time employment, not only because of their poor physical health, but also because of their limited concentration and general inability to function effectively and safely. In any case, sustaining a habit was seen as a full-time occupation in itself, since users spent most of the day searching for drugs. But perhaps the biggest practical obstacle to employment was that job opportunities in areas of high drug prevalence were hard to come by, and any jobs that did exist would be snapped up by non-drug users.

Keeps me off the streets . . .

Most respondents stressed that having a job and 'something to do' decreased their drug consumption, while unemployment and 'being bored' increased usage. Many individuals, therefore, argued that securing employment, becoming a student or doing voluntary work (particularly assisting other drug users) would help them to come off drugs. Other researchers have in fact suggested that the psychological search for a routine to replace that of work is an important factor in spiralling drug use among some unemployed people.⁶

Some interviewees, however, reported that income from paid work had actually facilitated and exacerbated their drug use. Others admitted that the loss of employment through redundancy had resulted in an unexpected lump sum which had been blown on a binge, causing their problem to worsen.

Substitute bench

Finally, the impact of methadone treatment on employment prospects was discussed. Although sustaining a paid job is frequently used as an indicator of successful treatment outcome, very few individuals felt that substitute drugs made paid work possible. Rather, many believed that the side effects of methadone (loss of concentration, drowsiness, dizziness and pain) actually impeded their employment prospects. Furthermore, collecting a daily prescription from a fixed pharmacy was not considered compatible with most working hours.



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From all our interviews, it became clear that neither welfare benefits nor full-time paid work were central to drug users' lives. Paradoxically, state benefits was both under- and over-claimed, while for many, full-time employment was simply not a realistic option, even if substitute drugs such as methadone were prescribed.

In fact, it was not so much 'occupation' but rather 'preoccupation' which was central to most interviewees' lives: getting drugs was the main preoccupation of those feeding an addiction, while avoiding drugs and coping with withdrawal were the preoccupations of those fighting their problem. Faced with these primary issues, work or the lack of it, paled by comparison.

That said, full-time paid employment was still viewed by the vast majority as a long-term goal to which they aspired. In the interim, however, casual and part-time arrangements were their best bets. Additionally, some were keen to occupy their time by studying or by engaging in voluntary work, and it is perhaps this last point which needs further exploration. In future, closer examination should be paid to the question of how educational and flexible job opportunities might be extended to drug users, so that they are not faced with the bleak prospect of becoming addicted to unemployment ■

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