

GEAR PRESSURE

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commitments

Attaching conditions to the receipt of welfare is gaining traction within the government. But plans to coerce drug users on benefits into treatment could backfire. **Maria Ahmed** reports.

www.drugscope.org.uk/ourwork/policyandpublicaffairs/policy.htm

Coercing drug users into treatment by threatening to dock their benefits is one of the most controversial proposals among the government's latest welfare reforms. In the green paper, *No-one written off*, put out for consultation in July 2008, Gordon Brown promised "clear consequences" for drug users who failed to take up treatment.

Targeting up to 100,000 problem drug users, the government proposed using Jobcentre interviews to refer people to a drug treatment provider. Failure to comply could result in a benefit sanction, it warned.

The green paper consultation closed at the end of October 2008 and was followed by a welfare reform white paper in December, in which the government stated its intention to press ahead with the proposals, despite a clustering of opposition from drug agencies. The white paper said: "Stakeholders feared that sanctions which led to loss of benefit might drive drug users into crime and prostitution and that this would have a negative impact on families. We understand these concerns, however failure to engage in the programme without good cause will lead to a sanction."

As the Department for Work and Pensions (DWP) prepares draft legislation over the next month, how well this strategy will work in turning around the lives of problem drug users remains open to question.

In 2002, the then work and pensions secretary Alistair Darling was asked in the House of Commons what research he had commissioned into the effects of benefit sanctions. He said the policy had been effective in getting job seekers into work, adding the now familiar New Labour mantra: "It is a fundamental principle that rights are matched with corresponding responsibilities. Where appropriate sanctions are applied where people choose not to meet their responsibilities."

When asked by *Druglink* whether there was any evidence to support the effectiveness of benefit sanctions for drug users, the current welfare secretary James Purnell said it existed, and that he was confident of the tactic's success. He also reiterated Darling's message about rights and responsibilities. But a closer look shows that Purnell only gave half an answer. While the policy has been used in the UK for other client groups, it has not yet been applied to

drug users. And therein, for many people, lies the problem.

To accompany the proposals, a government review of the role sanctions have and will play in motivating individuals was published in December. Professor Paul Gregg's report on conditionality and support, 'Realising potential: A vision for personalised conditionality and support' set out his vision where virtually everyone claiming benefits and not in work should be looking for or engaging in activity to help them move towards employment. Although it acknowledged the need for 'sanctioned' drug users to get the right support, it contained no evidence on the effectiveness of benefit sanctions for drug users.

The existing evidence of the effectiveness of conditionality was contained in a background research and discussion paper published by the DWP alongside the consultation on the reforms in July. The 23-page document, *More support, higher expectations*, did not mention drug users, but looked broadly at the role of conditionality in improving employment outcomes. According to DWP research cited in the paper, the policy of threatening benefit sanctions has had a "positive" impact for job seekers on the New Deal since it was introduced in 1998.

Over half of claimants said they were more likely to look for work because of the threat of sanctions. Most said they would not repeat the behaviour that led to them being sanctioned. Similar success was reported for use of benefit sanctions on disabled people or those with health conditions and people on the New Deal for lone parents.

MANY PROBLEM USERS ARE FOCUSED ON PROTECTING THEIR DRUG USE, NOT THEIR BENEFITS

The paper also cites international evidence, from the Workfare schemes in the US, Canada and Australia, all of which require participation in full-time work experience as a condition of receiving benefit. While some schemes were found to be effective, evidence from the US from the late 1990s showed less positive results: a policy of time-limiting benefits led to a rise in child poverty in one US state. Despite the

research on other client groups, the government's failure to present any evidence specifically applying the policy to drug users has been widely criticised. Responding to the green paper, the DWP's own social security advisory committee labelled the proposal "unconvincing and simplistic." It argued that, contrary to some research findings, schemes linking "desired behaviours to benefit receipt" had a "poor track record".

The committee added: "All the evidence points to drug rehabilitation programmes being most effective when the client actively wishes to engage in treatment. Taken together, coercion and the removing of income have the potential to make a bad situation worse." It warned the tactic "does not consider the knock-on effects" of benefit sanctions on child poverty or child welfare.

Andy Zapletal, a former heroin user and now a senior substance misuse worker with a London homeless charity, points out that while sanctions may have worked to some degree with other client groups, it will not be so simple for drug users. Reflecting on his own previous experience of drug use over more than 30 years, he describes a cycle of compulsion that is difficult to break.

He argues that for most, stopping using, whether by entering treatment or not, happens when the individual is ready, rather than when they are compelled. "Taking and putting my child in care did not stop me using. Losing a relationship did not stop me. The knowledge that I could get HIV did not stop me sharing syringes. People stop when they are ready to stop," he says.

Many problem users are focused on protecting their drug use, not their benefits, says Zapletal. He also questions whether the treatment offered to users in return for their co-operation will be appropriate, effective or of adequate quality.

Leading drugs organisations have also rejected the proposal. Three-quarters of Drugscope members said they disagreed with sanctions when consulted on the green paper earlier this year. "While 12 weeks' retention in drug treatment is used by the NTA as a minimum benchmark for treatment 'effectiveness', research has established that recovery journeys out of long-term drug dependency can take many years," stated part of DrugScope's response.

The UK Drug Policy Commission (UKDPC) added: "As drug dependence is now generally considered to be a chronic, relapsing condition, with strong evidence for significant brain changes associated with drug use, it is not as simple as drug users just deciding to 'take responsibility'."

Not only could the financial benefits to the taxpayer of a sanction regime be blunted by a rise in crime, its administration could be expensive and burdensome. The UKDPC suggests that one way forward could be to issue welfare payments in the form of vouchers or payments to third parties, rather than withdrawing benefits, to ensure that the money was spent where needed. But the commission points out that while this is being tested with problem drug users in Australia, it has not yet been evaluated.

Addaction warned that children could be affected by sanctions. The charity, which urged the government to consider a broad range of treatment options including childcare and residential rehabilitation options for women and children, says around a quarter of its 27,000 service users have dependents.

One tenancy team manager at a large housing association voices another common fear. "A lot of problem drug users resort to shoplifting or prostitution to feed their habit, which could go up if benefits are cut off," he says.

Paul Treloar, director of policy and services for the Disability Alliance, who has examined the impact of benefit sanctions for disabled people, believes the policy could be ultimately counter-productive. Problem drugs users are more likely to become further detached from potential support services rather than engage, he predicts.

"There are strong feelings from drugs agencies and support projects that this approach could have a severely detrimental effect on engagement with treatment and rehabilitation programmes and fails to recognise current best practice in the field," he says.

For now, the sector can only wait to see whether Labour's rhetoric of 'rights with responsibilities' will leave the evidence lagging behind.

■ **Maria Ahmed** is Deputy News Editor of *Community Care* magazine