

Drug and alcohol addiction, and obesity: effects on employment outcomes (independent review)

Adfam Consultation response - September 2015

Adfam is the national umbrella organisation working specifically with and for families affected by drugs and alcohol. We work directly to champion the needs of families affected by substance misuse to ensure they have a strong voice in the issues that affect them. We build the confidence, capacity and capability of practitioners to ensure support is effective and appropriate. We engage key national and local decision makers to ensure they have the best possible understanding of the issues families face in the reality of our communities.

As our work is focused on improving support for family members; we do not provide employment support or treatment for drug or alcohol addiction, and are not in direct everyday contact with people who use these services. Our response is therefore limited to the three questions below that we are best placed to address.

3. What other physical and mental health conditions are these groups likely to face?

People with drug and alcohol problems are a marginalised group, many of whom have longstanding social problems and significant disadvantages that date back to their early lives. They are as a group disproportionately likely to:

- Have been in care
- Have experienced physical and sexual abuse
- Have been involved in prostitution
- Have been a victim and/or a perpetrator of crime
- Have a criminal record
- Have both physical health problems including but not limited to blood borne viruses such as hepatitis C, HIV/AIDS and liver disease
- Have mental health problems including but not limited to depression, anxiety, and PTSD
- Be homeless or in poor quality housing
- Have limited previous experience of employment
- Have a lack of education, training and skills¹

For many people these problems predate serious drug or alcohol problems and indeed may play a role in their development. They can increase the risk of worklessness in its own right as well as exacerbating substance use, which in turn further reduces the chance of gaining employment.

¹ Department of Work and Pensions, Problem drug users' experiences of employment and the benefit system, 2010

What additional support or interventions might be required to help people overcome these barriers to employment?

Families can, and do, play a vital role in supporting loved ones with drug or alcohol problems and, in some cases, helping to facilitate their recovery. Adfam believes more can be done to engage and support the families of those in recovery both to utilise their unique position as vital recovery capital, but also to support the families in their own right.

The families of people with substance use problems provide support to their loved ones which would otherwise cost the state £750m per year². Their dedication and love can be better harnessed to ensure that they continue to provide this level of support. One way this can happen is through an increased involvement in treatment. There is a large amount of anecdotal evidence to back this up, and acknowledgement from a national level, as appears in the Department for Health's 'Orange Book' of drug treatment guidelines - "The families and other carers of drug-misusing patients are a valuable resource in drug treatment and can be involved wherever possible and agreed by the patient³."

Too often, though, "family members frequently feel excluded and struggle to obtain any information on the treatment that their relative may be receiving."⁴ Adfam suggests that an increased involvement of families and carers in treatment would be advantageous in supporting people with a history of substance use through their journey of recovery and towards the job market.

In order to do this, though, they must first receive the support that they need to cope with the difficulties of having a loved one with a substance use problem and the skills that they need to help influence their behaviour. Family members value hugely the provision of family support services, whether in the form of standalone community groups, as services integrated into treatment services or in generic carers' services. In conclusion, then, any associated measures which can be taken to encourage effective family support, through increased funding, longer commissioning cycles, and an increased recognition in policy should be taken, to provide those struggling with substance use issues with the support they need to move away from worklessness.

² United Kingdom Drug Policy Commission, Supporting the Supporters: Families of Drug Misusers, 2009

³ Department of Health, Drug Misuse and Dependence: UK Guidelines on Clinical Management, 2007

⁴ United Kingdom Drug Policy Commission, Supporting the Supporters: Families of Drug Misusers, 2009

7. What are the legal, ethical and other implications of linking benefit entitlements to take up of appropriate treatment or support?

It is enshrined in the NHS Constitution that any treatment must be entered into voluntarily and without coercion, and this could be violated if people know that refusing treatment will lead to financial penalties. Providing coerced treatment could also put treatment providers in a difficult position and damage the level of trust that is essential for substance use treatment, especially psychosocial interventions, to be effective.

Previous Department for Work and Pensions research has identified that similar benefit conditions in the USA lead to an increase in drug-related crime as those sanctioned for not attending treatment committed acquisitive crimes to fund their drug use⁵. Problem drug users are already thought to be responsible for up to half of all acquisitive crime⁶, and amongst the worst affected by any increase in crime will be their family members – the children of substance users may be negatively affected by their parents' involvement in the criminal justice system and other relatives may be left providing care for the children.

A focus on improving employment outcomes for people with drug or alcohol problems is very welcome, but thus far the political conversations have been focused on benefit sanctions for those who do not accept treatment. Whilst there is treatment available for drug and alcohol addictions, they nonetheless remain chronic relapsing conditions and even for those who are successful in their treatment the process can take many years and many attempts. Substance use treatment itself can also only play a limited role in addressing the many wider barriers to employment experienced by many with a history of addiction already discussed. 'Addressing' these, therefore, is not a straightforward matter.

⁵ Department for Work and Pensions, Problem drug users' experiences of employment and the benefit system, 2010

⁶ National Treatment Agency, Treat addiction, cut crime, 2012

8. How are children and families affected?

1.4 million adults were significantly affected, as of 2008, by a relative's drug use, including about 140,000 adult relatives of people in drug treatment⁷, and it is estimated that there are between 200,000 and 300,000 children in England and Wales where one or both parents have serious drug problems⁸. 79,291 babies under one year old in England live with a parent who is a problem drinker⁹.

The large number of families detailed above experience significant adverse effects as a result of their loved one's substance use across a number of domains. They frequently experience worsened physical and mental health outcomes, social isolation, and stress and worry on a daily basis.

In financial terms some may have loved ones borrowing, demanding or stealing money in order to support their drug use. This financial pressure can put families under great strain and some in Adfam's networks have shared experiences of incurring very large debts, often from unregulated lenders, and even re-mortgaging homes, to pay for drug debts or fund private residential rehabilitation. Sanctioning people with drug or alcohol addictions may lead to an increase in the already significant financial demands placed on family members through no fault of their own. The wellbeing of these children and families will in many cases be closely tied to the substance use, employment status, access to welfare benefits, finances and housing of their loved one. An improvement in employment outcomes for substance users will be of great benefit for their families, but the possibility of imposing benefit sanctions on people who do not accept treatment also carries with it significant risks of worsening families' wellbeing. It is essential that the impact on families is closely monitored and that more is done to improve support for family members in their own right.

⁷ UK Drug Policy Commission, The Forgotten Carers, 2012

⁸ Advisory Council on the Misuse of Drugs, Hidden Harm, 2011

⁹ Cuthbert et al., All babies count, 2011