



As part of our service user consultation at *Voices for Choices*, delegates were asked what impact they thought the proposed measures in the welfare reform bill might have on them and others. **DDN** reports

WELFARE TO WORK?

'We need to consider how society views drug users... They want them back in employment, as long as it's not them employing.'

I don't think it's worth the paper it's written on,' said one service user of the Department for Work and Pensions' (DWP) welfare reform bill. 'It's all stick and no carrot,' said another. Under the bill's proposals, claimants with problematic drug use issues who do not enter treatment could see their benefits withheld, as well as face benefit fraud investigations for failure to declare heroin and crack use (*DDN*, 28 July 2008, page 4). Benefits could also be withheld for failure to attend special employment support sessions, and the proposals allow for extensive information sharing between the criminal justice system and the DWP.

However the bill does include the creation of a 'treatment allowance' for drug users who are stabilising their condition, and also aims to encourage employers to take on people with a history of problematic drug use. Many in the sector are sceptical about how effective this would be, given the likely attitudes of employers and the many barriers towards re-entering employment. Despite the DWP characterising the proposals as 'more support in return for greater responsibility' they were widely criticised in the field for being discriminatory, ill thought out, likely to increase stigmatisation and an attack on the civil liberties of service users. According to Release, they display a 'failure to understand the fundamental nature of addiction.'

Delegates were asked for their own experiences of the welfare system and how it has affected their drug treatment goals, as well as how the reforms might support – or conflict with – those goals.

In terms of their experience of the system, respondents described how being in receipt of incapacity benefit had helped them from a financial point of view – as it meant more money than Job Seeker's Allowance – but that it could potentially hinder their return to work. One described people 'using just before the reviews' in order to continue receiving benefits, and a corresponding fear of abstinence because 'suddenly you're well, and there's no concept of recovery time and all the anxiety that goes with it.'

People felt that in the system as it stood there was no incentive to earn money on a part time basis – as benefits would be reduced accordingly and prescriptions would also have to be paid for – and that the system also needed to be flexible enough to adapt to claimants doing brief periods of work, as at the moment it was 'easier not to let them know.'

More than one service user said they – or people they knew – had kept their drug use a secret when dealing with benefits agencies for fear of having their children taken away by social services, and that the proposed requirement to declare problematic drug use could mean



more and more women not accessing the treatment they need.

Many respondents thought the reforms would lead to service users being more stigmatised and marginalised, foster resentment towards services and that the requirement to declare drug use would 'promote fear and mistrust at job centres'. 'The focus seems to be on penalising people, not helping them,' said one. Others were worried about the impact of the reforms during a recession. 'It's sending the wrong message at the wrong time,' said another. 'Where's the jobs?'

People spoke of how having to be 'actively seeking work' added to the pressures they faced in trying to address the problems of their addiction, especially if they lived in an area where there were few employment opportunities, and how agencies failed to understand the psychological impact of re-entering the job market after a long period. 'Stepping out of the comfort zone' was very unnerving, said one respondent, and there were fears expressed that the added pressures could lead to more relapses, as well as around the training and competencies of the government's new JobCentre Plus co-ordinators (*DDN*, 26 January, page 4) and how well they would be able to understand the problems facing drug users.

One service user representative expressed doubts that services would be able to cope with the influx of people required to enter treatment, and another respondent thought it would lead to 'unmotivated staff herding dissatisfied punters.'

Many respondents were unaware of the proposed changes – they'd either heard nothing, or were confused by what they had heard. But, although a minority, a number of service users thought the proposed new regime a good idea, provided it was implemented thoughtfully and effectively. 'With a clean head I sort of agree' with the proposals, said one. 'The sooner it comes in the better,' commented another. 'This will get everyone off their arses,' said a third.

The majority of criticism, however, was reserved for the potential impact on crime levels, with many service users feeling that withdrawal of benefits would inevitably lead to an increase in acquisitive crime, as people unable to stop using would fund their use through illegal means. 'By taking people off sickness benefit they will have no other choice but to commit crimes,' said one. 'If someone isn't ready for treatment, they shouldn't be forced into it,' commented another. 'It could send the crime rate sky high if people lose their benefits.'

And many saw the proposals as symptomatic of attitudes to drug users as a whole. 'We need to consider how society views drug users,' one delegate commented. 'They want them back in employment, as long as it's not them employing.'

Notes from the Alliance



Don't stop now

We're in a unique position now to galvanise consultation – let's keep pushing forward, says **Daren Garratt**

Firstly, can I thank all of you who attended and contributed to this year's DDN/Alliance Voices For Choices national service user conference in Birmingham. It was fantastic to see the event filled to capacity (again), and the overall energy and levels of discussion, debate and general engagement were truly inspiring.

I felt extremely proud and privileged to be associated with such a positive advertisement for effective, targeted, proactive user involvement, and I know our friends and masters at the NTA, Department of Health and Home Office were equally impressed with both the turnout and highly articulated willingness of so many people to reflect on the real impact that drug treatment is having on their lives.

We all have a collective duty to ensure that national drug strategy moves beyond being a just a daunting set of increased (and often contradictory) targets and demands that restrict creativity in an already over-burdened workforce, but instead effectively supports an individual's recovery and reintegration by providing 'more personalised approaches to treatment services which have the flexibility to respond to individual circumstances'. And one way to do this is to directly inform the relevant government departments of the positive and negative effects that local drug treatment provision is having on the lives of the people it is intended to serve – namely, users and carers.

We hope we managed to start this process in January by using the conference as a means to gather the views and experiences of service users (and again, thank you all for your time and contribution), but this needs to be an ongoing process, and we intend to make this a key part of the Alliance's role over the coming years.

We're in a unique position in that we have a conference, internet forum, local peer-led projects, and continually expanding training courses that specifically target and engage with service users, and we need to galvanise these opportunities for consultation and establish a true picture of drug treatment in the UK, and make it our duty to keep government informed of what is – and perhaps more importantly, isn't – working.

This is why it was so important to use the conference to give a platform to exciting new initiatives that support controlled drinking, the prescribing of injectables and user and carer administered naloxone pilots, as these are exactly the types of 'new approaches to treatment' that the new drug strategy proclaims to support. Although given the apparent contempt and disregard the current government appears to have for the Advisory Council of the Misuse of Drugs' guidance and recommendations (cannabis and ecstasy reclassification anyone?), I do understand if there's a collective snort of reader cynicism out there.

But we have to keep pushing forward, and with the third National Service User Conference already being planned, and a series of nine Alliance/DDN regional roadshows awaiting confirmation from the Department of Health, we can really cement the user and carer voice in effective strategic consultation.

Thanks again folks. We couldn't do it without you.

Daren Garratt is executive director of the Alliance