

SMMGP Members' Survey



The Green Paper "*No one written off: reforming welfare to reward responsibility*" is currently open for consultation (closing on October 22nd 2008). The paper outlines a number of suggested changes to the benefits system including the proposal that everyone who signs on should have to declare whether or not they use drugs, and a requirement that those who are identified as drug users will attend an assessment with a drug treatment service in order to claim benefits. This could mean that providers (including GPs) may be required to report to the Job Centre any drug user who drops out of treatment, and that as a result they could lose entitlement to benefits. You can get a copy of the Green Paper and the consultation questions here: <http://www.dwp.gov.uk/welfarereform/noonewrittenoff/>

SMMGP would like to put forward a response to the Green Paper including the comments and views of our members. Therefore we are looking for your comments in relation to the following key questions regarding the proposal for drug users that are asked in the consultation:

1. Do you agree with the proposed approach for identifying problem drug use?

Yes No

Yes. I particularly agree with the statement in the green paper: "Expecting problem drug users on benefits to take appropriate steps – such as drug treatment or employment provision that support a return to work." Encouraging ownership, close partnership and honesty with problem drug users is, I believe, a way forward. (2)

2. How should it be implemented?

Coerced treatment should be implemented in prisons first. Currently treatments in prison are of very mixed quality and often do not yield lasting results. Only if treatment approaches with a good track record in the criminal-justice system should be rolled out to the general population.(1)

Carefully! This is contentious; this is likely to be seized upon by the gutter press who will predictably attempt to increase hostility between the facets of our society through a right-wing misrepresentation of the facts. (2)

People with drug dependency will be driven underground and will not come forward. Lapsing out of treatment is actually part of recovery. Patients should be given the responsibility to be open with both benefits agency and also with GP (4)

My only response to this is - not at all. If health workers are to be in any way involved in monitoring or reporting for such a system, the extra workload will need to be recognised and resourced. However, any such requirement risks threatening the ongoing therapeutic relationship, so that clinical outcomes could well be worse, even if more people are 'in treatment'. Will alcohol and tobacco also be part of this initiative? (5)

Anyone claiming benefit because of substance misuse should be denied benefit unless actively engaged in treatment. (7)

It shouldn't. (8)

I didn't feel I could answer the above yes or no, as the idea of people being accessed into treatment through this route is good. However, this should be done for positive reason, which I suspect is not the case, it seems this measure is more concerned with punitive measures, which I would be against. (9)

Urine results (10)

Without the imposition of penalties. Does it include alcohol? If not it should be No.1 on the list! (12)

It's very difficult to talk in absolutes – part of me wants to say yes, as there are a number of hard to reach individuals who could be engaged with services via this route, and have a positive impact in terms of harm reduction, treatment opportunities and aftercare support. However, my concern is that if this were to be implemented, hard to reach individuals would abstain from claiming benefits and turn to increased offending instead. I would also be concerned about how Benefits/Job Centre Plus staff would cope with a client disclosing this information – although I am sure training would be offered, the staff involved will not be substance misuse professionals.(13)

The proposals go against openness & honesty of declaration of drug use. It will act as a barrier to engagement in drug treatment. It will negatively affect the doctor-patient relationship which can only function properly on a basis of trust, honesty & openness. The proposals should not therefore be implemented as they stand. (14)

With a less punitive approach. (15)

I Think similar to DIP around PDU's should be targeted especially, as funding and crime and benefit fraud go hand in hand. (17)

I am not sure what they are trying to implement? It certainly should not include coercing clients into disclosing confidential personal information and GPs to breach patient confidentiality. (20)

What about confidential information sharing. (22)

Not by a thought police approach - There has however to be an element of "carrot and stick", but what it is, is beyond me - but it has to be fair.

Prejudice against drug users is rampant in the community, some system that is seen to be fair and equitable to all is the way forward. (24)

QOF target (25)

I do not think that Substance Misusers should be treated any differently from any of my other patients. If they do not want to engage in treatment, they will not. If they do not receive support from the state when they are not fit to work, they will revert to criminal activity to fund their habit. (26)

It should be used to get more drug users to be assessed and hopefully into a treatment programme but the criteria for losing entitlement to benefit should not be necessarily linked to engagement-should be reviewed on an individual basis. (29)

You would require a legally tight definition of 'drug user', which could cover everything from a coffee drinker to an i/v heroin user. There are too many gradations even amongst opiate users for this to be acceptable. (31)

This encourages lying - I would not admit to drug misuse if I thought it would result in loss of benefits. It might be worth targeting people who admit to drug misuse to offer treatment but it should not be linked to penalties. This will inevitably result in further exclusion of the ones that are most excluded at present. It will also result in 'game playing' in treatment so that patients will, even more than now, try to say what they think their worker and doctor want to hear. It will also hamper prescribers ability to encourage engagement as at present they often reduce prescriptions and discharge if someone is not engaging trying to send the message that 'it is not just the script'. This will be even more difficult to do if this would result in loss of benefits as well especially for those patients who are known to be in the direst of circumstances already. (32)

Problem drug users should not be singled out; need a more just and useful approach - need to look at alcohol misuse more than drug misuse - my drug misuse patients would love to work - the system does everything possible to ensure this is very difficult to achieve; alcohol dependent patients are more likely to make no attempts to gain employment in my opinion. (33)

Via GP's , needle exchange networks, Through the benefit system. (34)

3. Do you think that everyone claiming a working-age benefit should be required to make a declaration of whether or not they use certain specified drugs?

Yes

No

Comments?

I'm not sure. I'd want to know how this would be enforced, and what would happen if a client were found to be lying (2)

POSITIVE:

Urine results. (10)

Specific drugs depends on whether it impairs employment or results in being unemployable. Given some misuses are on sickness benefit perhaps the chronic users that do not access treatment need to be targeted. (17)

Working together depends on communication: good two way communication between the players. The individual must accept some degree of personal responsibility. The question then is to create the right combination of rights, obligations. (25)

If drug use is preventing them from undertaking employment, education or training, then I agree that a care package should be implemented to address the issues. If someone denies drug use and is subsequently offered employment, then they cannot claim inability to work on the basis of drug use. Drug treatment agencies exist solely for the benefit of drug use, and workers are highly committed to helping them achieve. (27)

Not sure. I'm a GP and people lie to me all the time about how much alcohol they drink-would be the same for drugs so not reliable. (29)

NEGATIVE:

Most drug use is recreational and does not affect people's ability to work. It would be unwise for people to answer such probing questions truthfully and it would be naïve to expect truthful answers. (1)

What about alcohol? Probably has greater impact on more people, but often hard to assess degree of dependency. Other illnesses such as anxiety and depression which are common amongst drug users and also general population which cause incapacity. (4)

I do not see how this can possibly help the benefits system, and may even further entrench the belief that 'drug users' are automatically unfit for work.(5)

What's the purpose – to prevent benefit being wasted on drugs? Should everyone account for their expenditure of working-age benefit? (6)

Only if the drugs are relevant to their claiming benefits. (7)

Again this is very dependent on why we are getting them to make a declaration, is it to support them into treatment or to force someone into treatment. Also this is particularly contentious at the moment in light of the economic unstable time we are in at present, which could mean more people unemployed and fighting for less opportunities in the work place. Therefore what we could end up with is more people unemployed, less people claiming benefits and more people out of treatment. (9)

This could just result in pushing those with substance use issues further underground and further away from even contemplating treatment as they may feel that if they do not "succeed" in treatment straight away they will lose their benefits. The other scenario is that the proposed system will just produce a revolving door situation where people do become "cured" that is go through the hoops to fit the required targets but then relapse and come back into treatment. (11)

Is New Labour really a 'socialist' government? More like a National Socialist government if they want to bring something like this in. Not all drug users are unemployed. Not all drug users are criminals. Not all drug users fit into the mould that the government would place them. This is an infringement upon personal rights and freedoms. (12)

It's very difficult to talk in absolutes – part of me wants to say yes, as there are a number of hard to reach individuals who could be engaged with services via this route, and have a positive impact in terms of harm reduction, treatment opportunities and aftercare support. However, my concern is that if this were to be implemented, hard to reach individuals would abstain from claiming benefits and turn to increased offending instead. I would also be concerned about how Benefits/Job Centre Plus staff would cope with a client disclosing this information – although I am sure training would be offered, the staff involved will not be substance misuse professionals.(13)

This is discriminating against people claiming benefit.

Why not ask the same question of everyone returning an income tax form? (15)

This smacks too much of coercion and this is not a way of motivating people to make positive changes. (18)

Do people have to disclose if they drink alcohol? (20)

It would be a waste of time to coerce people into drug services, clients are aware of local services which can be accessed if they are ready to under go treatments currently available. (21)

What about alcohol use? Should heavy drinkers have to declare? (24)

I think this is discriminating against my patients. (26)

Many people use a variety of drugs recreationally which has no impact on their ability to work. (28)

It will cloud the issues and make it harder rather than easier for people to access treatment. They will be afraid to declare it in case they don't get their benefits. Making people attend treatment doesn't work. They have to be ready to change within themselves. (30)

Again, the term 'use' will need to be legally defined - is it daily, weekly, monthly, last year, etc., and just how many drugs would they have to specify? Even taking a confidential therapeutic drug history can be very complicated. It's hard enough persuading clients to provide the data for TOPS, but to expect to get an honest reply when their income is directly threatened is optimism of a high degree. (31)

How would it be if everyone was supposed to declare how much they were drinking and have benefits (or wages) reduced in response to non-engagement with treatment services if they were above proscribed limits. (32)

Let's screen the (previously) affluent banking community??!! (33)

This will breed staff being judgmental towards service users. (35)

4. What elements should an integrated system of drug treatment and employment support include?

Reintegration in society needs to be broken down in small steps: Training, Voluntary work, supported work, part-time work (while retaining some benefits) all before full-time employment. The biggest problem of the present system is that services and patients primarily focus on coming off substitution treatment and rehabilitation is only considered after detoxification. More logical would be for people to rebuild their social structures ('rehab') well before discontinuing substitution treatments (1)

A multidisciplinary team approach, perhaps using practice based commissioning, with particular emphasis on partnership with the client. (2)

Should be support and encouragement rather than enforcement and punitive persuasion (4)

Safety net level of benefit, in the same way that applies to any other individual. Maybe an incentive type of benefit, in terms of free training/courses for those actively engaged in drug treatment. A robust way of ensuring that current and ex-drug users are not discriminated against when applying for work (the reason that many of the patients I see do not apply for jobs whilst in treatment) Resources such as appropriate housing and work/education opportunities made available for all those on working-age benefits.

A system that looks at the needs of an individual and is committed to addressing those needs with a view to moving the person towards employment/education – this may even include a greater level of, for example, dental cosmetic procedures for those who need this to raise their confidence and 'employability' (5)

Drug treatment should work alongside employment providing treatment around employment and not presenting obstacles. This should include easier access of treatments outside work time. (6)

Close integration between sick note accepters and treatment services. (7)

More provision of aftercare services within non-stat and stat drug agencies including opportunities into education, employment and volunteering. All research seems to point towards changes being made at an individuals own pace that leads to successful outcomes rather than this stick and stick approach being suggested. (8)

It should firstly be based on a supportive ethos, which integrates into other elements of the welfare system in a supportive way ensuring people get the right support which enables them to function better in their communities. It should also offer opportunity and choice. (9)

More specialist help in returning to work/training especially for long term drug users. (10)

This should be along the lines of a voluntary scheme for those who have become stabilised and "are in the right place" to actually benefit from such a scheme rather than it being forced on people who are in "no fit state" to gain from it. (11)

One of support and encouragement. Ok, I have to agree that for those who have committed acquisitive crime, there should be a degree of supervision in treatment and help as is offered in the DIP teams, (DRR/ROBs etc) in order to help the criminal element sort their lives out, (& it works quite successfully). But for your non criminal substance misuser why on earth should they be made to disclose sensitive information to a governmental body? This is a breach of human rights, surely? If it is going to work, it should be entirely voluntary. (12)

Rapid access to treatment and support services. The ability to respond to the specialist physical and psychological needs of the client group. Pre-arranged links with potential education, training and employers who would work with the client group – otherwise we are in danger of setting people up to fail. Keep the relapse stencil currently in operation with Progress2Work clients, who when suffering a relapse have the time out, without sanctions on benefits, to seek A interventions to support them dealing with this. A clear pathway between

employment and drug treatment services. An unequivocal commitment from employment agencies to participate in all training and advice from substance misuse specific services in regard to clients care. (13)

Good & effective contingency management / back to work support schemes. Not by a system of potentially penalising the most vulnerable & socially excluded within our communities. (14)

I feel more reliance should be placed on a person's wish for help; I am not sure how far I agree with an "integrated" approach where information can be exchanged between different governmental organisations. (15)

Partnership working between treatment services and employment/education and training providers as part of Community Integration Care Planning. (16)

I feel it should go down around compulsory harm reduction and treatment info delivered like perhaps condition cautioning initially perhaps tiered depending on Class or problem severity. (17)

Collaborative working based on the individuals needs. (18)

Referral to treatment systems if clients wishes it as an option, supportive rather than coercive and nannying. (20)

People in drug treatment services should have specific employment support worker or access specific services to re establish good regular work patterns, this could be remunerated or voluntary work. (21)

Focus on rehabilitation into the work place and protected jobs for retraining of clients. (22)

Attitudes; develop contacts and lines of communication; co-ordinating person. Targeted information, timing of communication, provide evidence based clinical guidelines. Constraints time, takes too much time to organise, therefore provide assistance. Workflow simplification and sequencing of practical steps. Need to remember easy to forget, need reminders standardise and simplify forms. (25)

Support for Substance Misusers to get back into work, which can be an important element of their rehabilitation back to normal life. (26)

Substitute prescribing, psycho-social interventions, access to housing provision, debt counselling, psychological and physiological medical care, mental health assessment, sexual health advice, screening for blood-borne viruses, basic skills training, access to employment, education and training. (27)

- A non-judgemental supportive patient centred treatment agency.
- Support to learn basic living skills.
- Support to increase self confidence.
- Support in further education and training
- Support in how to deal with prejudices and likely barriers to employment
- Support with Cvs, interview techniques (28)

Employment support is already an element of drug rehabilitation and it is important that the goal of employment is not pushed too early in the rehab process but once there is significant stability in the individual's physical and mental health. (29)

I don't believe they should be integrated. It will produce a climate of fear and people will be reluctant to access treatment. It will work against the services. I certainly do not agree with letting Social Security know when people drop out – it is against our confidentiality policy and would interfere with the therapeutic nature of our service. (30)

Opportunities for training and for graduated return to work without losing out financially - bribery (contingency payments) works better than threats. A two-way dialogue between the case-workers and benefit agency to assess the client's stage of recovery. (31)

I think it should be more like the move towards trying to encourage people to move through the system of substance misuse treatment. At present we tend to relax once people are on a script – we don't have to worry so much about them. This takes our eye off the ball of what the goal of treatment is. The new push from the NTA and the media to try and keep momentum going by focussing on goal setting and step wise achievement of those goals could well be used in the benefits system.

However, this requires a committed and focussed workforce to deliver this which is easier said than done. However, moving to this more draconian method (comply or lose money) will only save up grief for the future when we'll have to address the working practices situation anyway but the problem will be worse than we have at the moment. (32)

Don't presume that treating drug misuse in this system-centred way will make a difference. An all-day service will have to be provided – from drug service to pharmacist. Then it will suddenly be realised that the drug problem was not the reason for the unemployment? (33)

Support with housing & other social care issues, social work support & key worker. (34)

A good housing support system. (35)

5. Do you agree that a rehabilitation plan would help recovering drug users to manage their condition and move towards employment?

Yes

No

Not sure (17)

This is something substance misuse workers have been doing for a long time. It is not anything new. (30)

POSITIVE:

Some staff at job centres currently perceive addiction treatment as a reason for patients to claim incapacity benefit even if this is not justified. This can slow some patients down in their recovery. If treatment and benefit are officially linked progress in treatment could well slow down in many people as a result. However if benefits are withdrawn in patients who fail drug treatment, their criminality is likely to increase. (1) Broadly, yes. I work as a pharmacist for a primary care trust and also as a locum pharmacist in community pharmacy. There is a particular culture amongst the sub-population of drug users on benefits. I find these patients particularly difficult to support because of the demeanour they choose to adopt, namely passive receivers (ie. You provide me with healthcare, methadone etc. I am unfortunate; my life circumstances just happened to me: I want sympathy) (2)

But would also be extremely destructive and unhelpful for many others. Supportive rehabilitation can be helpful. Enforced rehabilitation usually far from helpful (experience from C-J system where mixed outcomes. (4)

Safety net level of benefit, in the same way that applies to any other individual. Maybe an incentive type of benefit, in terms of free training/courses for those actively engaged in drug treatment. A robust way of ensuring that current and ex-drug users are not discriminated against when applying for work (the reason that many of the patients I see do not apply for jobs whilst in treatment) Resources such as appropriate housing and work/education opportunities made available for all those on working-age benefits.

A system that looks at the needs of an individual and is committed to addressing those needs with a view to moving the person towards employment/education – this may even include a greater level of, for example, dental cosmetic procedures for those who need this to raise their confidence and 'employability' (5)

This is dependent on how the plan operates. Experience to date has shown treatment plans actively discourage movement towards employment. (6)

Yes if based on the above principles (9)

A form of rehabilitation plan that is not attached to an inflexible system of "punishment for failure" would be welcomed but in reality in many places this is the type of system already in place and if targeted appropriately are successful e.g. Structured Day Programmes. (11)

Definitely the best way forward. But it needs to be done discretely and confidentially. (12)

Yes – if there was a direct correlation between benefits and rehab which reduced the barriers created by Community Care Assessments and local authority funding restrictions. However, always, this will depend on the motivation of the client and an acknowledgement from the benefits authority that rehab is not an option for everyone and should not be used as an inappropriate incentive, or threat. Progress2Work clients all have an action plan, which incorporates substance misuse specific support and a tailor made plan which supports their journey back into employment, education and training. This plan is crucial, as it set out SMART goals for each individual and is specifically designed to consider the specific needs of an individual who has a history of drug and alcohol misuse. Further, having a key worker who can support an individual in setting SMART goals, facilitating job search, contacting potential employers and advocating on behalf of an individual is crucial towards rehabilitation. (13)

Yes, I think a rehabilitation plan would be very useful, but should actually already be part of the care planning process. (16)

I really have no major problems with this Green Paper. We have far too many service users who are making ZERO contribution to society. Their lifestyle has a de-motivating effect on my fellow staff who are hard working tax-paying people who can hardly pay their mortgage let alone fund their pensions. I know I may be out-of-step with the majority of respondents here but the free-lunch has to end. (19)

If this is what the client wants for themselves, you cannot force someone to change. (20)

Work is good for people but they have to be willing participants in a drug treatment regime rather than forced into a system where benefits are dependant. (21)

Many of these clients are the hard to help. Lack of suitable jobs rehabilitation policy must be integrated with benefit incentives and disincentives. Reintegrating these people is likely to take special effort. (25)

Yes, if it addresses the needs of each individual, is formulated in conjunction with them, and delivered by skilled, committed staff over a realistic time period. (27)

Absolutely-but forcing people into employment without the necessary skills or at the wrong time could retard someone's progress enormously. Withdrawing benefits is likely to result in further impoverishment of that individual (and their children) and increasing the risk of acquisitive crime. (28)

Only if they are ready for it. It would be a waste of money and dangerous if they were coerced. (31)

A plan is useless without action and it is no good saying 'we told you we were going to take your money away'. If that was going to work then most of these people would not be on benefits anyway. They require education and support to get themselves out of the situation they find themselves in.

Again it comes to the quality of the workforce. (32)

Absolutely – we do not provide enough rehab – but do we have a programme that actually works? More research required. (33)

The funding around this would be very large & rehab only works if the person is motivated. (35)

NEGATIVE:

For people not yet ready to look at any drug dependency issue any sort of punitive measure taken in regards to their benefits is going further the stigmatism, ostracism, and demonisation that society imposes on drug users in this country. This appears to be an idea floated to appease the Daily Mail as opposed to the pragmatic, innovative thinking needed to offer people dependant on substances the support and services they might require. (8)

Yes if this is appropriate for the individual. (18)