

Alcohol misusers' experiences of employment and the benefit system

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Introduction

This study was commissioned by the Department for Work and Pensions (DWP) to explore the experiences of adults with alcohol misuse problems in the UK in relation to employment, unemployment and benefit uptake. The report contains two main elements – a systematic literature review, and a qualitative study involving depth interviews with problem drinkers and professionals working in or with treatment agencies.

The Coalition Government has stated that it is committed to tackling drug and alcohol addiction, which is one of the most damaging root causes of poverty. The Government advocates an approach to addressing addiction that is firmly rooted in the concept of recovery and reintegration; a process through which individuals are enabled to overcome the symptoms and causes of their dependency and reintegrate into society. DWP have responsibility for the 'recovery and reintegration' strand of the 2010 Drug Strategy. The information contained in this report will inform the development of this strand.

Literature review

A systematic literature review, conducted between October and December 2009, identified 93 relevant articles and reports.¹

General prevalence of alcohol misuse

The 2007 Adult Psychiatric Morbidity Survey showed that just under a quarter (24 per cent) of the adult population in England could be classified as hazardous drinkers, and four per cent as harmful

drinkers. The survey also found that six per cent of the population aged 16-74 are dependent drinkers (McManus *et al.*, 2009). Men are more likely than women to become problem or excessive drinkers but women are more likely to suffer drink-related problems relative to their level of use (Bongers *et al.*, 1997).

Alcohol misuse and mental health

Research suggests that the prevalence of mental health problems for those dependent on alcohol is more than double that of the general population (Jane-Llopis and Matysina, 2006). However, specialist treatment for clients with dual diagnosis is not always available, and cross-referral between services is low (Menezes *et al.*, 1996; Hilarski and Wodarski, 2001).

Treatment and recovery

Those seeking treatment for alcohol misuse are more likely to have taken this step after experiencing other problems in their lives, for example, family breakdown or health problems (Proudfoot and Teeson, 2002; Hajema *et al.*, 1999). UK literature flags up the lack of availability of treatment programmes and support services, especially for those with multiple and complex needs including drug addiction or additional health issues as well as alcohol misuse (Alcohol Concern, 2009a). Studies highlight the need for alcohol users to address their co-occurring problems before attempting to (re-) enter employment (Spencer, 2008; Dean, 2003).

¹ The search was limited to studies published from 1990 onwards.

Alcohol misuse, employment and unemployment

The 2008 General Lifestyle Survey suggests that those employed in managerial and professional roles consumed the highest levels of alcohol weekly, with the lowest consumption seen in routine and manual worker households. It also suggests that the economically inactive tend to drink less than those who are working (Office for National Statistics (ONS), 2008). Another study found that fewer unemployed than employed men drank alcohol, but that there were more moderate and heavy drinkers amongst the unemployed (Lee *et al.*, 1990).

Evidence on the impact of alcohol misuse on employment is contradictory. A number of studies, including two from the UK, have identified a negative relationship between alcohol dependence and employment (MacDonald and Shields, 2004, Sutton *et al.*, 2004). Others have found that alcohol misuse and mental health problems are not always a barrier to finding work but can make it harder to sustain it (Dooley and Prause, 2002; Zabkiewicz and Schmidt, 2007). However, two US studies found that alcohol misuse had no impact on employment (Schmidt *et al.*, 2007; Feng *et al.*, 2001), and another found that moderate alcohol consumption may have benefits for some people in terms of job attainment and remuneration (MacDonald and Shields, 2001).

Significant negative health impacts can arise as a result of unemployment, both for the unemployed and their families, and this impact is exacerbated when alcohol misuse is also involved (Wilson and Walker, 1993). Studies from Europe and the US conclude that there is a negative correlation between problem drinking and unemployment, suggesting that alcohol misuse (particularly binge drinking) is more likely to start or escalate after unemployment begins (Claussen, 1999; Ettner, 1997; Catalano *et al.*, 1993; Janlert and Hammerstrom, 1992; Dee, 2001, Montgomery *et al.*, 1998).

Alcohol misuse and benefits

Literature from the USA suggests that the receipt of benefits does not encourage or increase drug or alcohol dependence (Rosen *et al.*, 2006), and recommends that alcoholism and drug addiction be considered a serious limitation on a person's ability to sustain employment (Stevenson, 2002).

Employment-related interventions

Substance abuse treatment alone can result in positive employment-related outcomes. Treatment completion and length of time in treatment are good predictors of positive outcomes (Metsch *et al.*, 2003; Zarkin *et al.*, 2002; Moos *et al.*, 1999). Employment programmes (on their own or as part of substance misuse treatment) which are intensive and offer a structured approach, but can also be flexibly adapted to meet individual need, have promise in terms of a range of outcomes. Intensive individual case management support seems to be important (Morgenstern *et al.*, 2009; Diver and Dickson, 2006; McLellan *et al.*, 2003) as does vocational rehabilitation and a focus on developing clients' 'employability skills' (Diver and Dickson, 2006; South *et al.*, 2001). Research with both substance users and service providers found that they advocate a 'step-wise' (re-)integration into the labour market, involving voluntary, part-time, and short-term work (Cebulla *et al.*, 2004). The importance of support programmes employing staff with an understanding of local labour markets and close links with employers, so that they can successfully match clients to job opportunities in their areas, was also highlighted (Sutton *et al.*, 2004).

For programmes to meet multiple needs, a strong degree of inter-agency communication and collaboration is necessary between alcohol treatment and employment services (Sutton *et al.*, 2004; South *et al.*, 2001; Gossop and Birkin, 1994). However, overall there is a lack of robust research in the area of employment-related interventions and little evaluation of programmes in the UK (South *et al.*, 2001; Sutton *et al.*, 2004; Cebulla *et al.*, 2004). More evidence is therefore needed in this area.

Qualitative research

Depth interviews with 53 alcohol misusers and 12 professionals from the treatment services field in five study areas in England, Scotland and Wales were interviewed between November 2009 and March 2010.

Views of alcohol misusers

Childhood and education

Participants reported mixed experiences in terms of childhood, family life and education, but problems during childhood, for example family break-up or bereavement, parental alcohol problems, bullying, truancy or other problems at school were common characteristics across the sample. Many discussed gaining multiple qualifications at school but others reported leaving with none. On leaving school, most participants went on to either further education, employment or an apprenticeship, although not all interviewees were able to sustain these long-term.

Employment

Although all but one interviewee was unemployed at the time of the study, their previous work experience was extensive and varied. The types of jobs undertaken ranged from unskilled to semi-skilled and very highly skilled occupations. Few interviewees had little or no work experience. The most common reason cited by participants for leaving previous employment was problems with alcohol, though some had also lost jobs due to ill health or becoming redundant. Most participants conveyed a positive work ethic, although many reported that ongoing physical and mental health problems prevented them from seeking work at the time of interview.

Alcohol use

Two broad groups emerged: for the first group, alcohol problems developed during their younger years, sometimes as a result of exposure to parental drinking problems or workplace alcohol culture. For the other group, alcohol problems developed

over longer periods of time, or in response to a particular trigger such as bereavement, redundancy or unemployment, or mental health problems. Interviewees talked about the breakdown of significant relationships, often related to their alcohol misuse and other problems. As a result, many of the study participants were single and lived alone, often in rented or supported accommodation.

Most of the sample were abstinent at the time of their interview; some had been abstinent for a while whilst others had very recently entered alcohol treatment. Almost all interviewees said that they had experienced at least one, and usually several, relapses in their attempts to stop drinking.

Benefits

Interviewees were in receipt of, or in the process of applying for, a number of benefits, including Incapacity Benefit (IB), Disability Living Allowance (DLA), Income Support (IS), Employment and Support Allowance (ESA) and Jobseeker's Allowance (JSA) at the time of the interview. Some interviewees had only become unemployed for the first time recently because of their alcohol misuse. Others had a long benefit history, with only sporadic periods of employment. A number of clients were claiming benefits as a result of co-existing mental health issues or other health problems, and only in some cases was alcohol the primary reason for claiming.² Advice on benefits came from a variety of sources. Staff in alcohol treatment and other support services were a valued source of help in relation to benefits, particularly with form-filling and other forms of practical help.

² Alcohol (or drug) dependency does not of itself confer entitlement to disability-related benefits including IB and ESA. To qualify for these benefits claimants have to undertake a medical assessment of incapacity which assesses the effects of their condition on their ability to carry out a number of everyday activities relevant to work. People with alcohol or drug dependency may have other diagnoses, for example mental illness, which result in their incapacity for work.

Experiences of the benefit system generally were mixed, with some clients reporting very positive interactions with staff, and others expressing frustration with staff and systems. These included having to deal with more than one adviser and repeat the same, often sensitive, information about their situation each time they saw someone different. A number of clients described negative, even distressing, experiences of medical assessment and subsequent appeals. To many the process seemed opaque and the outcomes arbitrary, and several felt that their assessments focused on their physical rather than mental health issues.

Facilitators and barriers to work

Many respondents were personally motivated to return to work and could identify the benefits of being in employment. However, they were also keen to highlight that they saw this as something that needed to be a gradual process. Others were fearful of returning to work, worrying that going back too quickly or taking the wrong kind of job might jeopardise their recovery. Generally, interviewees wanted to take their time to consider what returning to work meant for them. Many wished to try and engage with 'meaningful' employment rather than returning to the types of job they had had in the past. Some respondents felt that they lacked the necessary skills and qualifications to regain employment. Training and education opportunities, along with voluntary work, were seen as important stepping stones to returning to work.

Individual barriers to returning to work included wanting more time to deal with alcohol problems, and fear of the stigma that may be faced as a result of alcohol or mental health problems. Significantly, many respondents believed that they would be worse off financially if they returned to work. Some, particularly those in supported accommodation, were concerned that they would be unable to earn sufficient money in a low paid job to cover all their living costs if they were no longer eligible for financial support with housing costs and council tax.

Views of professionals

Engagement, recovery and relapse

Most clients seen by these professionals had long-standing problems with alcohol. Some were in employment, or had been until a recent crisis or escalation in their drinking, others had a limited work history. Some were also drug users and most were socially isolated. Female clients often had particular issues including childcare needs and fear of losing their children.

Professionals identified financial instability as a major barrier to engaging with support and treatment services. Other barriers cited included: the fear of losing benefits; chaotic lifestyles and mental health issues; difficulties with social interaction; pride or stigma; and simply not knowing that help is available.

The professionals viewed feeling positive, self-motivated and wanting to change as essential for recovery; a negative state of mind was seen as a significant barrier and coercion to take up treatment was seen as counterproductive. All the professionals stressed that recovery can take a long time, up to three years or more for those with more complex needs. Some felt that clients would benefit from continuity of support from a treatment professional during this period. In addition to treatment needs clients had a wide range of economic, social and practical support needs. Professionals stressed the importance of dealing with these complex 'life issues' as part of recovery before attempting a return to employment.

Relapse is common but not inevitable. Potential triggers include: the threat of or actual loss of benefits; financial and housing issues; stress around returning to work too soon; bereavement; family problems; the availability of alcohol; and the lack of an (alcohol-free) social life.

Interaction with the benefits system

Professionals helped clients with benefit forms but did not feel knowledgeable about benefits, and usually referred clients on to specialist advice services. Most described positive experiences of Jobcentre Plus services although some acknowledged that clients' experiences were less positive. They reported clients' misconceptions of the benefit system and entitlements, and difficulties caused by their alcohol problems, stress and anxiety. Some benefit requirements (e.g. job-search activities for JSA recipients) were seen to potentially hinder recovery and return to work. Some negative experiences of the ESA medical assessment were reported, particularly for clients with mental health issues and chaotic lifestyles.

Withdrawal of benefits was seen as particularly problematic for those with alcohol misuse problems, as the loss of benefits could lead to health problems, disengagement from treatment, and relapse. In addition, the payment of backdated benefits in a lump sum was identified as an issue for some recipients for whom it may trigger episodes of binge drinking.

Employment

Most professionals felt it was important for clients to 'do something' with their time and to be socialised back into a work environment, even if the employment was not initially paid. However, they felt it was unlikely that some clients would return to work as their problems were too complex, or their mental health issues too great. Facilitators to a return to work included a positive state of mind, social support, access to appropriate support services, retraining, and a staged return to the workplace, including 'bridging' services and voluntary work. Barriers to employment described by professionals included a lack of financial stability, confidence, motivation, and social support, as well as time out of the labour market, lack of appropriate work experience and skills, concerns over a criminal record, a 'culture' of not-working within the family or locality, and alcohol misuse itself.

For some clients being on benefits can be a motivator to return to employment, but for others it can be a barrier. This is particularly the case for older clients, or in areas where employment opportunities are limited or inappropriate and where the alternative to being on benefits may be seen as significantly worse. It was felt that being 'pushed' into returning to work too soon was likely to be counterproductive, with a high chance of relapse.

Gaps and issues in service provision

Most professionals were generally positive about integrated working with other services, the voluntary sector, benefit agencies and jobcentres. Some felt that more targeted provision of benefits advice would be helpful. Concerns were expressed about the perceived lack of services for adults with alcohol misuse problems. Specific gaps identified included: outreach; aftercare; out of hours services; family therapy; and services targeted at binge drinkers and young people. Most argued for a wider view of treatment, to include social support and help with living an alcohol-free life.

Recommendations

Recommendations for policy were suggested to provide some potential practical solutions to issues identified within the report. However, the current cost reductions within the public services are likely to have an affect upon what can be implemented.

Treatment, recovery and employment – An allowance involving a relaxation of benefit conditionality that could be accessed by those who are undertaking, or have recently completed, drug or alcohol treatment would assist individuals in focusing on recovery and moving forward towards the labour market with more confidence and less fear of financial hardship. A step-wise approach starting with voluntary work, part-time work or work experience to provide a gradual re-integration to the workplace, as well as ensuring that individuals are better off in work than on benefits, would also help this group make the transition to employment.

Additional support from Jobcentre Plus staff –

Alcohol misusers would benefit from improved access to those with specialist knowledge of the benefit system. A caseloading system in which these customers would see the same Jobcentre Plus adviser every time they visited may help to improve their experience by removing the need to repeat often sensitive and difficult personal information about their circumstances to different advisers.

Mandation to treatment – The literature suggests that the receipt of benefits does not encourage or increase alcohol dependency. There is inadequate evidence to suggest that making treatment a condition of benefit receipt would improve treatment or employment outcomes for substance misusers.

Interagency working – Interagency working can result in better support for adults with alcohol misuse issues and better access to training and employment opportunities. One model to consider for increasing interagency working would be to deliver Jobcentre Plus outreach sessions in treatment provider premises.

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