The Scottish Drugs Forum (SDF) is the national non-government drugs policy and information agency working in partnership with others to co-ordinate effective responses to drug use in Scotland. SDF aims to support and represent, at both local and national levels, a wide range of interests, promoting collaborative, evidence based response to drug use.

Key Points

1. Introduction

The Scottish Drugs Forum is strongly opposed to major aspects of the Welfare Reform Bill. Feedback from substance use treatment and rehabilitation services indicate that recent changes such as Employment Support and Allowance and Work Capability Assessments, and the expectation of further changes in the Welfare Reform Bill, are having an extremely detrimental impact on some of the most disadvantaged and vulnerable members of society in Scotland.

Even without the proposed reforms there are serious questions regarding the current benefit levels (such as Jobseeker’s Allowance) providing anything approximating to an acceptable standard of living for a person with limited assets and trying to (a) recover from a drug problem and past personal trauma and (b) seek a job during tough economic times and widespread employer discrimination.

We believe that the Welfare Reform Bill proposals:

- Will disregard the nature of, and highly individualised processes crucial to, sustainable recovery from problematic drug use.
- Will seriously undermine the progress made in implementing the Scottish Government’s Road to Recovery strategy
- Will increase - not reduce - damaging drug use and the wide-ranging costs of drug-related harm to families and society
- Will increase – not reduce – child, family and pensioner poverty

2. Sanctions

The Welfare Reform Bill introduces more punitive measures by requiring that claimants for jobseekers allowance agree to comply with a Claimant commitment. As Citizen Advice Scotland (2011) explain, not applying for jobs or not accepting a job or not attending required meetings will be regarded as non-compliance. A first offence will potentially result in cessation of benefit for a period of 3 months. A second offence result in 6 month cessation and third offence results in a 3 year benefit ban.
Such sanctions do not take into account that people with drug problems are disadvantaged through their life circumstances such as poverty, often combined with suffering from serious and life-diminishing mental health or physical problems; examples include long-standing depression linked to past trauma or advanced liver disease through contraction of a blood borne virus such as Hepatitis C.

It must be fully acknowledged by the UK, as it is by the Scottish Government, that relapse – and recurring relapse – is a universally recognised feature in the pathway of recovery which for some can last for a considerable period.

This is why a sanctions-based approach is unfair, unrealistic and counter-productive to aiding recovery and reducing costs to the public purse.

Thousands of drug users do of course want help to begin the often long process of moving away from harmful drug use - but may not have prompt access to the publicly-funded good quality and wide-ranging treatment, rehabilitation and support necessary to help them prepare for sustained re-integration with society or indeed integration for the first time.

Our view is that we need to recognise that a coercive sanctioning approach on welfare benefits to people with drug problems will not be successful and indeed, will be counter-productive and detrimental to individuals and in the long-term more costly to society both in terms of cost and social cohesion.

3. Employment Support and Allowance (ESA) and Work Capability Assessments

The experience of ESA and Work Capability Assessments (WCA) can be utilised to illustrate the negative impact of welfare reform on already disadvantaged groups.

A work capability assessment will often be required to assess whether an individual is unable to work and therefore receive Employment and Support Allowance. The work capability assessments are undertaken by ATOS Healthcare.

Anecdotal evidence and feedback from service users indicate that the process is unfair and detrimental to attempts at recovery from drug problems. Services and service users have reported that the uncertainty around benefits entitlement undermines stability. Perhaps more seriously services and service users we have spoken to have reported that the work capability assessment itself can be a very stressful experience and indeed a trigger to relapse.

The work capability assessment does not appear fit for purpose in relation to assessing personal trauma, mental health problems and other relevant factors associated with drug dependency. Service users have felt that their drug and
associated problems have been entirely neglected during assessments. Services and service users have reported that there appears to be a focus on physical issues such as mobility and that mental health issues are ignored. The fluctuating nature of attempts to recover from drug dependency also appear not to be taken into account during assessments.

Although not specific to substance users, Citizen Advice Scotland (2011) has reported a high rate of successful WCA appeals. This means there may be many people, including substance users, who are suffering the consequences of incorrect decisions. The major concern for stigmatised groups such as those with drug problems is that many may not have the personal resources to seek advice or sustain an appeals process.

As Citizens Advice Scotland (2011) point out, many sickness benefit claimants will be forced to accept JSA and may then be unable to meet the requirements of JSA sanctions approach described above. This may leave many vulnerable and disadvantaged people with drug problems without any income.

4. Housing

Citizens Advice Scotland (2011) report that from April 2012 substantial numbers of people may have to find shared accommodation as they will be unable to rent their own homes. Individuals up to 35 years old will not receive sufficient amount to rent a home; their housing allowance will only pay for shared accommodation, it will not be enough to rent a home. CAS (2011) also report that housing benefit payments will reduce annually by £38million in Scotland. This will have “a significant impact on local authorities and housing associations in terms of rent arrears, provision of housing, homelessness services, and temporary accommodation.” (CAS, 2011).

Scottish Drugs Forum recently undertook focus group with substance users on housing issues. There was a consensus among participants that difficulties with accommodation could directly contribute to relapsing or reducing motivation to make the effort to recover. Participants made the point that a person needs to feel that they are living in a stable and secure setting when making attempt at recovery.

5. Substance use treatment and rehabilitation staff

Services are also reporting that worker time is increasingly being taken up with necessary welfare rights issues, particularly in relation to ESA and WCA. This detracts from time which should be focussed on therapeutic interventions. The Welfare Reform proposals are likely to increase this trend and again this will undermine Scotland’s Road to Recovery strategy.
6. Conclusion

SDF is deeply concerned about the Welfare Reform Bill.

The Welfare Reform Bill will:

- increase the potential for chaotic drug use, increased drug deaths and harm to families - including children
- leave people with drug problems on reduced or no benefit income - thus increasing knock-on hardship for people with drug problems and their families, including children and pensioners
- lead to increases in acquisitive and other crimes to compensate for income deficiency
- increase pressure on and costs for public services to deal with the fall-out from all the above
- directly undermine the Scottish Government’s Road to Recovery strategy.

Scottish Drugs Forum
17 November 2011

References

1. Submission from Citizens Advice Scotland to the Health and Sport Committee Scrutiny of the UK Welfare Reform Bill Legislative consent Motion (October 2011)