



This item was submitted to Loughborough's Institutional Repository (<https://dspace.lboro.ac.uk/>) by the author and is made available under the following Creative Commons Licence conditions.



CC creative commons
COMMONS DEED

Attribution-NonCommercial-NoDerivs 2.5

You are free:

- to copy, distribute, display, and perform the work

Under the following conditions:

BY: **Attribution.** You must attribute the work in the manner specified by the author or licensor.

Noncommercial. You may not use this work for commercial purposes.

No Derivative Works. You may not alter, transform, or build upon this work.

- For any reuse or distribution, you must make clear to others the license terms of this work.
- Any of these conditions can be waived if you get permission from the copyright holder.

Your fair use and other rights are in no way affected by the above.

This is a human-readable summary of the [Legal Code \(the full license\)](#).

[Disclaimer](#) 

For the full text of this licence, please go to:
<http://creativecommons.org/licenses/by-nc-nd/2.5/>

**DRUG AND ALCOHOL USE AS
BARRIERS TO EMPLOYMENT**

A Review of the Literature

CRSP499S

**Liz Sutton
Andreas Cebulla
Claire Heaver
Noel Smith**

**Centre for Research in Social Policy
Loughborough University**

March 2004

DISCLAIMER

The views in this report are the authors' own and do not necessarily reflect those of the Department for Work and Pensions

CONTENTS

	Page
SUMMARY	
1 INTRODUCTION	1
1.1 Literature review	1
2 LITERATURE AND PROGRAMME REVIEW	3
2.1 Overview	3
2.2 Studies on substance users' barriers to work	5
2.2.1 Education/skills and work experience	5
2.2.2 Health	6
2.2.3 Social disadvantage	8
2.2.4 Service provision	9
2.2.5 Personal and presentational barriers	10
2.2.6 Inter-personal barriers	11
2.2.7 Summary	11
2.3 Employment support programmes for substance users	12
2.3.1 Programme evaluations	13
2.4 Addressing employment barriers – lessons from support programmes	20
2.4.1 Support services	20
2.4.2 Features of successful support programmes	21
2.4.3 Factors impeding effectiveness	23
5 CONCLUSION	25
REFERENCES	30

LIST OF TABLES

Table 2.1	International employment projects	18
Table 2.1	Employment projects in Great Britain	19

SUMMARY

This report contains the findings of a literature review commissioned as part of a larger research project concerned with estimating the number of drug and alcohol users in private households in Britain and with identifying their barriers to work.

The literature and programme review found few examples of employment service programmes for substance users and even fewer, which had been evaluated. All support programmes combined employment with treatment services, either through external linkages or internal provision. Successful programmes were found to have established a high level of inter-agency co-ordination, collaboration and communication, thus generating a climate of trust between support service providers as well as between providers and substance users. Employment service providers had in-depth knowledge of drug- or alcohol-related issues (health, behaviour etc.), as well as close links with the local labour market. Support for substance users involved one-to-one case management, continuity of support after placement, relapse prevention and referrals to other support services (e.g. benefits/financial; childcare; transport).

Successful support dealt with a range of personal and perceptual problems that substance users articulated, including the risk of a profound distrust between users and support workers. Support work benefited from workers skilled in developing users' social and communication skills as well as their confidence and assertiveness. Flexibility and diversity of support (e.g. financial advice) and the development of realistic short- and medium-term goals were critical to successful intervention.

Organisational and spatially integrated provision of treatment and employment services appeared to increase the effectiveness of interventions providing they improved mutual understanding and the referral of substance users between task groups. Such integration enabled greater continuity of one-to-one support and thus improved the rapport between clients and service providers.

Key Findings

- Substance users frequently experience substantial mental and physical health problems, which limit their job-readiness and slow their entry or return to work during and after recovery.
- National and international programmes to assist substance users' entry or return to work emphasised close co-operation between treatment and employment service providers and mutual awareness of providers' skills and challenges.
- Successful support programmes sought to customise services to meet individual users' needs through one-to-one support and the flexible provision of a diverse range of support services.
- Realistic goal-setting, an emphasis on developing trust between substance users and support workers and effective communication between treatment and employment support workers were critical to successful intervention.

DRUG AND ALCOHOL USE AS BARRIERS TO EMPLOYMENT

A Review of the Literature

1 INTRODUCTION

This report contains the findings of a literature review commissioned, in June 2002, as part of a larger research project concerned with estimating the number of drug and alcohol users in private households in Britain and with identifying their barriers to work. The findings of that study, including the contextualisation of the findings of the literature review and a discussion of the policy background can be found in Cebulla et al., (2004).

1.1 Literature review

The aim of the literature review was to identify national and international research, which has investigated the barriers that drug and alcohol users face in entering or re-entering the labour market. In addition, the review identified a number of national and international programmes, which assist or assisted drug and alcohol users in finding and obtaining employment. Where available, evaluations of such programmes were obtained and reviewed, and their findings will be summarised in this report.

Relevant literature was identified through internet searches and searches of indices of publications, including so-called 'grey literature', that is, unpublished but circulated reports and papers, typically provided by organisations not primarily concerned with publishing. Seventeen providers of rehabilitation and employment placement service for drug and alcohol users, and researchers with special interest in this field were contacted and asked for guidance and advice about relevant literature, programme descriptions or programme evaluations. About half of the providers and researchers who were contacted were located in Great Britain, while the remainder were based in the United States, New Zealand and countries across Europe.

The literature review specifically sought to collect existing evidence with respect to:

- the effect on jobseeking and job retention of the misuse of different types of drugs;
- the need to distinguish between different age groups;

- the relatedness of drug and alcohol abuse, and the need to distinguish between multiple forms of dependency; and
- the relationship between drug and alcohol abuse and socio-economic characteristics or forms of socio-economic disadvantage.

2 LITERATURE AND PROGRAMME REVIEW

This chapter presents the findings from the review of current evidence of the employment barriers faced by drug and alcohol users. First, the findings of national and international studies that have explored substance users' barriers to work are summarised. This is followed by a discussion of national and international programmes, which seek to address these barriers and to assist drug and alcohol users into work. Evaluations of some of these specialist employment preparation and placement services are also presented. Finally, the principal conclusions from the available evidence about the effectiveness of employment support programmes for substance users are drawn together.

2.1 Overview

It is estimated that each year over 10,000 people, who complete drug-treatment programmes fail to find employment (UKADC, 2000/01). Although substance use has been the subject of many studies, few have paid particular attention to identifying and assessing the barriers to employment that drug and alcohol users face. Existing literature can be broadly divided into two groups: studies based on independent research or gathering and integrating expert knowledge; and descriptive or evaluative studies of substance user intervention programmes in Britain, the United States and parts of Europe. However, a coherent body of evidence of substance users' barriers to employment is just developing and much of the available evidence is still piecemeal rather than comprehensive, and mainly case study-based or even anecdotal. Moreover, support programmes have rarely been subjected to robust evaluation. None of the evaluations of support programmes that do exist and which are covered in this review, for instance, employed control groups to assess the outcomes of interventions relative to alternative or no provision. Most evaluations were limited to monitoring programme throughput rather than assessing programme effectiveness.

Only one US study created what the authors termed '*reference groups*' (Treatment Research Institute, 2001). It compared women substance users in receipt of welfare benefits, who were on one of a range of employment service programmes, with a general sample of female welfare recipients in the same localities and a sample of addiction treatment admissions recorded in a national database covering seven metropolitan areas across the United States.

In the end, however, the study did not use the reference groups to assess the employment outcomes of the support programme:

'since the purpose of this stage of the initiative was to inform and develop practical methods of implementing the model ... [and] ... evidence of effectiveness was only a secondary – not the primary goal of the evaluation.'

(ibid, p.18)

Other evaluations were based mainly or solely on qualitative evidence from interviews with participants and programme implementers. These were often small in number and gave rise to concerns that they failed to cover the full range of likely stakeholder views, in particular of those outside, but with involvement in, the support programmes. As in the case of quantitative evaluations without control groups, the validity of some of the qualitative evaluations' statements on programme outcomes could not always be tested or verified within each study. However, the cumulative evidence from the range of studies did offer insightful accounts of substance users' barriers to employment and the types of policy interventions most likely to yield positive results in overcoming these barriers.

In Britain, the most comprehensive review of these barriers was conducted by the Effective Interventions Unit (2001), which looked at existing evidence from local and national practice of effective ways to support recovering drug users into education, employment and training. The review also outlined the views of employers, service providers and service users. Support programmes in Scotland were the basis for a review of the main barriers that marginalized young people, including substance users, faced in seeking mainstream employment programmes, employment, training and education (NFFI, 2000). In the US, the Manpower Demonstration Research Corporation, MDRC, has produced a best-practice guide with advice based on the findings of evaluations of support programmes, which had been designed to assist 'hard to employ' groups, included substance users, in gaining employment (MDRC, 2001).

A number of studies of drug treatment and employment support programmes has also proved invaluable, but they were often small case studies and provided limited detail about the research methods they employed. Moreover, they typically recorded monitoring data rather than programme impacts, which would have required the use of control groups or before-after evaluation techniques (Purdon et al., 2001). The most valuable studies in Britain included the study by Klee et al., (2002) who examined the barriers that 70 current and recent drug users

faced in obtaining work, training and education in the North-West of England. The Scottish Drugs Forum (1998) along with the Glasgow Street Intervention Group interviewed 115 former and current drug users about their barriers to work, while the Centre for Economic and Social Inclusion (CESI, 2002) carried out 30 interviews with staff from drug treatment agencies, and a range of other local employment and government agencies in London. CESI also conducted interviews and two focus groups with clients of a London drug treatment centre.

In the US, studies by The National Center on Addiction and Substance Abuse at Columbia University (CASA), the New Jersey Department of Human Services (NJ DHS), Rutgers University and Mount Sinai School of Medicine provided a specific focus on barriers to employing substance-using women in receipt of Transitional Assistance for Needy Families (TANF), the US-equivalent of Income Support in Britain.

The literature highlights a common set of barriers to obtaining employment, which most substance users appear to share. However, substance users are not a homogeneous group and it cannot be assumed that all groups share all problems, and no group faces problems and obstacles unique to itself. Yet, the empirical literature rarely distinguishes between different user groups, such as drug or alcohol users, and typically subsumes them under a singular heading of ‘substance users’ and any differences between sub-groups are submerged and, ultimately, overlooked. As a result of this practice, much of this literature review could not distinguish between different user groups.

2.2 Studies on substance users’ barriers to work

Research literature and best-practice guides identified six key barriers to substance users’ entry into employment: low education or skills; poor physical or mental health; evidence of multiple forms of deprivation; gaps in the provision of support services; personal and presentational barriers; and inter-personal barriers. In the following sections, they will be discussed in turn.

2.2.1 Education/skills and work experience

Evidence from the UK and the US concurs that substance users frequently suffer from a chequered work history, have little work experience or few educational qualifications. An evaluation of the Scottish New Futures Fund Initiative, which targets employment services at

vulnerable and marginalized 16-34 year olds, thus established that nearly half (46.6 per cent) of substance users, who participated in the Initiative's drug and alcohol employment programme, had no educational qualifications (LDRP, 2002). In the US, Atkinson et al. (2001) explored the differences between chronic drug users' self-perceived barriers to employment and the self-perceptions of non-drug using recipients of TANF. For analysis purposes, Atkinson et al defined 'chronic' drug use as '*the use of powder cocaine, crack cocaine, heroin, amphetamines, or metamphetamines an average of one time or more per week during the last 6 months*' (2001:750). Their research sample consisted of 514 female TANF recipients, including 133 chronic drug users. The remainder did not use any drugs. Although the study found no significant differences between these two groups of benefit recipients in terms of marital status, educational achievement or race, non-users were significantly more likely to be employed at the time of the research (11.5 per cent vs 3.1 per cent).

The study also revealed that non-users had significantly higher self-perceived basic skills (reading, writing, arithmetic) and office skills (operating telephone system, typing). But substance users had a significantly higher self-perceived ability for both unskilled and skilled labour, and scored higher on two scales, which the researchers employed to measure barriers to employment and need for help. The scales captured various aspects of participants' ability to look for and apply for a job, and to prepare for a job interview, including their ability or inclination to learn how to dress for an interview and to improve personal grooming. The findings led the author to conclude that substance users and others need help and advice to correct any misperceptions, which they might hold about their barriers to employment. If this was not provided, low self-esteem could undermine their motivation, and confidence in their ability, to seek and obtain employment.

2.2.2 Health

Poor health poses one of the most frequent obstacles to substance users' ability to enter employment. Many substance users experience chronic illness as side effects of their drug-taking, including pains and fatigue, or potentially more serious and life-threatening illnesses, including hepatitis, septicaemia or AIDS (Effective Interventions Unit, 2001). In their study of current and recent drug users participating in employment, training and education schemes in the North-West of England, Klee et al., (2002) found that half reported to be suffering from hepatitis B or C. In addition, Neale (1998) found that substitute drugs used in drug

treatment, such as methadone, brought about side effects, such as a loss of concentration, dizziness, drowsiness and pain, which impeded job-search activities and reduced the ability to retain employment. Illnesses reported for dependent alcohol users have included liver cirrhosis, strokes and coronary heart disease (Alcohol Concern, 2001).

Besides physical impediments, many substance users also suffer from mental health problems, in particular anxiety and depression, and can be suicidal. In the US, Morgenstern et al. (2000) studied the characteristics of 214 substance-abusing women on welfare. They compared these to the characteristics of a group of 69 women who did not have a substance misuse problem. To be included in this study, women must have been shown to be substance-dependent, had to take part in New Jersey's welfare-to-work programme, could speak English well enough for an interview, were eligible for or receiving TANF, and were not deferred due to a medical problem. The researchers found that 45 per cent of substance-using women suffered from major depression compared to nine per cent of women, who did not use any substances. However, the two groups of women were poorly matched on a number of criteria, which might, at least in part, invalidate any conclusion that differences in mental health were significant and due to substance use alone. For instance, women who did not use drugs were considerably younger (mean age: 28) than drug-using women (36), had fewer children (mean number: 2.8; 3.3) and were better educated (high school education or higher: 57 per cent; 44 per cent).

In the UK, Klee et al's (2002) study of drug users also highlighted a high incidence of mental health problems among drug users, as over a quarter of the sample were prescribed anti-depressants. For alcohol users in the UK, the support organisation Alcohol Concern reported that, during a six-month period in 2000, 21 per cent of acute psychiatric admissions to the Royal Bolton Hospital, Lancashire, were alcohol related (Alcohol Concern, 2002).

The above reviews explicitly or implicitly made the point that, impeded by physical or mental illness, many substance users were not capable of working. But even substance users, who are capable of working, can find it difficult to reconcile work with the type of daily routines, which they must maintain in order to manage their addiction successfully. The most frequent obstacle they face is employers' or colleges' reluctance to allow them time off during the day to continue with their substance rehabilitation programme or to collect prescriptions, which they require as part of their treatment (NFFI, 2000).

2.2.3 Social disadvantage

Substance users are often exposed to multiple forms of social disadvantage. Many users have a criminal record, their housing conditions are chaotic, and they experience financial debt. Individually, or in combination, these expressions of disadvantage exacerbate already poor chances of obtaining employment.

Crime

In 1998, the National Association for the Care and Resettlement of Offenders (NACRO) conducted a telephone and postal survey of Greater London employers' attitudes towards hiring ex-offenders (NACRO, 2000). Although the study suffered from a low response rate (11 per cent, or 34 employers), the responses highlighted employers' reluctance to take on ex-offenders. The type of offences that employers indicated would most likely deter them from hiring ex-offenders included supplying drugs, fraud, sexual and violent offences. Employers stressed the wish to know the type of offences that applicants had committed and the number of convictions they have had, when they decide on the suitability of candidates for employment. Substance users, in contrast, are often reluctant to disclose past prison terms to potential employers (Klee et al., 2002) and, thus, cannot provide employers with the full account of their work and life histories that employers seek. Nor do they have the extent of work experience that employers value (Effective Interventions Unit, 2001).

A recent report for the Department for Work and Pensions confirmed these findings in a survey of employers and in qualitative interviews with people with a criminal record (PwCR) in England and Wales (Metcalf et al., 2001). The study highlighted employers' concern that job applicants disclose any criminal record they might have, often in the interest of protecting customers, and the PwCRs' worry that disclosure might limit their chances of employment.

Housing and debt

The experience or perpetration of crime, in particular among drug users, is often associated with other forms of social disadvantage, such as poor housing or personal debt. The type of chaotic housing, typical of the experience of many substance users, involves frequent changes of accommodation and address, the risk of eviction, and an inability to pay rent, all of which bear the risk of temporary or long-term homelessness. Research reported by the Social Exclusion Unit has highlighted the benefits of stable accommodation, which can help to

reduce the risk of re-offending (SEU, 2002), although its effect on substance use is not reported.

A further barrier to employment is the substance users' accumulation of financial debt. A study by the Glasgow Street Intervention Group (GSIG) and the Scottish Drugs Forum, for instance, found that 57 per cent of 115 clients reported personal debt largely owed for Council Tax or for a loan (<http://www.gsig.org.uk/surveys/bte.html>). Substance users frequently can only obtain low paid employment, while the transition from benefit into work can lead to a (temporary) reduction in income, particularly among substance users who previously received higher-level sickness or disability benefits (Effective Intervention Unit, 2001). Substance users may, thus, encounter strong financial disincentives to work. The CESI (2002) have also pointed out that a barrier to undertaking full-time training is loss in earnings which can be particularly problematic for those with families to support.

Spatial concentration and isolation

The combination of criminal records, chaotic accommodation and debt can result in the concentration of substance users in 'run down' areas, where multiple social deprivation and a culture of substance misuse prevail. The Advisory Council on the Misuse of Drugs (1998) argued that, in the 1980s, the highest incidence of drug-related problems, in particular heroin use, could be found in the poorest urban neighbourhoods of Merseyside, Glasgow, Nottingham and South East London. It also cited evidence to suggest that multiple social deprivation, such as unemployment, poverty, housing decay and crime, fostered an environment of drug misuse and drug dealing which, in turn, led to further deterioration of the neighbourhood. Drug cultures or lifestyles evolved whereby drug users organised their lives around the daily routines of obtaining and distributing drugs in the area. The closer the resulting networks, the harder it can become for individuals to escape these routines.

2.2.4 Service provision

Chances to change personal life styles, to escape drug cultures and, ultimately, to obtain employment, however, can be enhanced by the availability of appropriate support services (Effective Interventions Unit, 2001), but the services must be near to substance users' homes. Although outreach services have improved in recent years, many support providers are still located in larger towns and urban centres, and their resources can often not cope with the demand (Craig et al., 2000). Meier (not dated) pointed out that Career Service staff in

Leicestershire felt that adult services were not always appropriate for young drug users and that there was a lack of specialist services devoted to young people with substance misuse problems. In addition, the lack of private transport and poor public transport impeded young people's access to support services, and this was particularly the case in rural areas.

Similar evidence has emerged from the US, where Morgenstern et al., (2000), referred to earlier, found that 69 per cent of substance using women on benefits reported difficulties in accessing transportation that would allow them to visit support organisations. The women also found the lack of childcare facilities a major obstacle to their attending treatment and related support services (Morgenstern, 2000). The Scottish New Futures Fund Initiative has also stressed the need for childcare facilities to help, in particular, women clients into work (NFFI, 2000).

2.2.5 Personal and presentational barriers

Substance users' experience of multiple forms of social disadvantage, which serve to reduce their opportunities for employment, are compounded by a range of personal and emotional barriers to finding and securing work. Substance users have been found to lack the confidence to engage in social contact and deal with public and private institutions. Personal insecurity, sometimes expressed as anger, undermines opportunities to develop inter-personal trust. In turn, this lack of trust can adversely affect relationships with workers of support organisations, including employment services, and employers (Effective Intervention Unit, 2001).

Substance users often lack basic communication skills, find it difficult to maintain eye contact during conversation and may appear incoherent to the listener. Some substance users may appear aggressive and their poor physical appearance can pose major obstacles to social interaction and, more specifically, contact with employers. The study conducted by NACRO in 1998 and referred to earlier, found that most employers felt that the general appearance of candidates was an important criteria for their selecting staff for hire; and virtually all agreed that applicants needed to demonstrate a 'positive attitude' towards work and the employer. Substance users can find this difficult to achieve. American evidence, for instance, has argued that substance users' poor time-keeping skills might make it difficult for them to retain employment (MDRC, 2001).

2.2.6 Inter-personal barriers

The construction of viable social relationships is also impeded by the stigma associated with substance use that many non-users share. Indirect evidence to this effect has emerged from a survey of 115 drug users in Glasgow, which found that 75 per cent of participants perceived Benefit Agency and Employment Service staff to show a negative attitude or rejection towards them. This included condescending attitudes and not believing that substance users were honest. Addicts said that '*they [agency staff] don't explain things fully*' (<http://www.gsig.org.uk/surveys/bte.html>). Some also felt that the agency staff had embarrassed them by making a point of talking slowly to them in the presence of others.

Women were particularly likely to be concerned about the effect of public and individual perceptions for their drug addictions. Scottish evidence has suggested that many women who use drugs or alcohol fear that, by attending drug treatment programmes, they risk having their children taken away from them and into care (NFFI, 2000; Effective Interventions Unit, 2001). Substance users' fear of being perceived to be a 'bad parent' and concerns about the possibility of losing custody of their children has also been reported in the United States (MDRC, 2001). Becker and Duffy (2002) have noted that fear of stigmatisation deters many former substance-using sex-workers from seeking the help of support agencies (see also Effective Interventions Unit, 2001).

Finally, UK and US studies have highlighted the distinct support needs of women who have suffered domestic violence (Klee et al., 2002; MDRC, 2001; Fleischer et al., 2000), including violent partners who employ physical means to stop women from obtaining or returning to work (Danziger et al., 2000).

2.2.7 Summary

Evidence about the impact of substance use on the employment chances and the employability of substance users is only beginning to be systematically collected. A range of sources has highlighted the physical, material, psychological and social obstacles that users face or might face in the labour market. Most studies have emphasised the interconnectedness and coincidence of these obstacles, and a small number of intervention programmes has emerged that seek to address these. They will be presented in the following sections.

2.3 Employment support programmes for substance users

Table 2.1 summarises the key features of the 16 international employment placement programmes targeted at substance users only, or vulnerable groups which included substance users. Most of the programmes provided in-house employment services, while most treatment services were provided externally. Internal treatment services tended to be provided only in residential projects. Besides in-house or contracted employment services, nine schemes also offered education and training courses, which extended beyond the more basic training of job-search and job preparation skills. Only six of the programmes have been evaluated.

Projects based in Britain, of which there were seven, also mainly provided in-house employment and external treatment services, although two programmes offered treatment services in-house and three contracted external employment services (Table 2.2). Four projects offered education and training courses as well as employment and treatment services. None of the British projects were based in a residential setting. Three British projects have been evaluated.

In the following section, the key features and placement effects of the evaluated employment service programmes are summarised. Most programme information was very cursory, often consisting in little more than two- or three-page statements. Programme details and evaluation or monitoring data were, therefore, sketchy and can only provide a general overview of the types of activities of programmes and their achievements.

More detailed descriptions were, however, available for three of the larger and most effective, evaluated programmes and are provided in Boxes 1 to 3. Later sections draw out some of the key lessons about effective intervention that these and other relevant studies yield.

Once again, it must be stressed that the quality of programme evaluations typically did not meet current stringent standards of policy evaluation, and most studies consisted of little more than throughput counts. Although, where available, these throughput counts are reported below, they cannot be read as evidence of the effectiveness or otherwise of programmes, because in no instance were they substantiated by matching information from control or reference groups.

2.3.1 Programme evaluations

The project evaluations assessed the effectiveness of interventions that targeted both drug and alcohol users, using different methodologies to assess the programmes, focussing on process, output or outcome information. None of the evaluations provided robust impact estimates, either by employing control groups or before-after evaluation methods. Although most evaluations reported the destinations of programme participants after completion, they paid equal, if not greater, attention to the programmes' ability to retain participants in different stages of the support programmes. Each stage represented a small, but for most programmes essential, step towards the (re-)integration of participants into the labour market via the acquisition of life (management) skills, training or re-training, and job-readiness exercises.

International programmes

CASAWORKS for Families, USA (Treatment Research Institute, 2001)

In 1998, the National Center on Substance Abuse and Addiction (CASA) launched a pilot programme to assist substance misusing women in receipt of TANF with rehabilitation and re-employment in eleven sites in nine U.S. states (see Box 2). The programme not only offered traditional treatment and employment services, but also comprehensive legal and health/mental health counselling and advice, and childcare facilities for mothers. Programme providers emphasised that an integrated, concurrent service package was required to ensure successful rehabilitation and labour market integration of (former) substance users. Participants initially joined for 12 months.

The evaluation tracked the progress made by 366 women who had enrolled on the programme. After one year, about half (46 per cent) of participants had stopped taking drugs or alcohol. Eighty one per cent of those enrolled were still in the intervention at the one month point, 61 per cent at three months, 51 per cent at six months and 38 per cent at nine months. At 12 months, of those still on the programme, almost half (46 per cent) reported being completely abstinent from all substances over the previous six months.

The proportion of those employed at least half-time, rose from 21 per cent at six months to 41 per cent at 12 months. However, there was no significant change in those gaining a high school degree after 12 months, and no significant difference in those gaining a skill or trade.

Jobs for Oregon's Future, USA (Kirby et al., 1999)

Jobs for Oregon's Future (JOBS) is a welfare-to-work programme for recipients of Transitional Assistance for Needy Families (TANF) in the US state of Oregon. Under the JOBS programme, substance use services are contracted in to help to screen substance using welfare recipients, provide one-to-one counselling, crisis intervention and home visits, and co-ordinate activities with other relevant partners in the locality (personal communication).

This evaluation looked at the processes of integrating treatment and employment services within Oregon's welfare-to-work programme in the US (key lessons are reported in section 3.4). It does not report client outcomes, although for the district of Portland it notes that over a 12 month period, 15 per cent of all TANF clients were referred for drug/alcohol assessment. Less than half (42 per cent) of referred clients kept their assessment appointment and less than a fifth (18 per cent) finally completed treatment.

Conduit Intensive Support Programme, New Zealand (Centre for Operational Research and Evaluation [CORE], June 2000)

This small-scale local project was targeted at the long-term unemployed, including alcohol and substance users. Managed by Work and Income New Zealand and The Golden Bay WorkTrust Centre, the programme utilised drug and alcohol specialist agencies in the local community to provide treatment services, while they, themselves, offered help with finding employment. The programme was voluntary and operated in the Golden Bay area from February 1999 to February 2000.

Only ten individuals took part in the programme, two of whom subsequently started full-time employment, two took up part-time work, while one person became self-employed and another entered work-based training.

The Contact Programme, New Zealand (CORE, July, 2000)

Contact is a programme for youth at risk of long-term unemployment and, in particular, focuses on Maori youth with barriers to employment, including drugs and alcohol problems. For this programme, Work and Income New Zealand contracts neighbourhood youth workers to help young people to address their barriers to employment. The young people attend weekly 3-hour group sessions, during which barriers to employment are identified and action plans designed to overcome these barriers are drawn up. External drug treatment personnel

give advice on drugs and alcohol issues. The programme was rolled-out across the region of Waikato in late 1999.

By early 2000, 235 young people with multiple barriers to employment, including drug or alcohol problems, had been referred to the programme, but only 118 did, in fact, attend one or more of the group sessions. After three months, five participants had entered full-time training and one was in employment. In contrast, 84 participants were still registered unemployed. A breakdown of the destinations of young drug or alcohol users is not available.

Drogenabhängige in Arbeit (Drug Users into Work), Germany (Drogenberatung e.V. Bielefeld, 2001)

‘Drogenabhängige in Arbeit’ was part of the EU-supported transnational project ‘drug addicts – back to the future’, which aimed to assist the re-integration of people with drug addictions into the labour market. The programme, which was launched in November 1998 and based in the city of Bielefeld, offered a flexible range of support and training services, including brief qualification orientation and sampling phase (lasting two months), which was followed by 3- or 6-month placements in training workshops. A new orientation, support and training brokering programme (OSTB), lasting three months, was introduced in November 1999. It sought to integrate more closely orientation and support services, with a view to providing personalised support to overcome training and employment barriers.

Between November 1998 and December 2000, 74 current and former drug addicts took part in the programme. Forty one eventually undertook retraining courses, while 26 individuals took part in the OSTB programme. Seven training course participants completed their courses, of whom two moved into employment. Five participants of the OSTB programme subsequently obtained paid work, while another two went on to undertake further retraining measures.

From Residential Drug Treatment To Employment, Ireland (Lawless et al., 2000)

Funded by the EU as part of the employment INTEGRA project and based in Dublin, this project sought to help former drug users to overcome difficulties in reintegrating into society and, in particular, to gain opportunities in employment and education. The project was in

operation from 1998-2000, offering one-year workshop-based rehabilitation and employment preparation services (see Box 3).

In 1998, 22 clients were admitted to the project, of whom 16 completed the programme. In 1999, the number of participants increased to 49, of whom 38 completed the programme. Over the two years, of those that completed the programme, 19 entered full-time employment, one entered part-time work, and three entered education.

Programmes in Britain

Coventry & Warwickshire Substance Misuse Initiative Employment Support Project¹ (Hughes et al., 2001)

Under this programme, funded by the Single Regeneration Budget, two employment placement workers were located within community drugs team offices in two areas in Coventry and Warwickshire. Their role was to help former substance users, who were referred to them by the community drugs teams, to look for and obtain work. The support provided included help with writing CVs and job applications, and preparing for job interviews.

In the two drug team areas, 161 individuals took advantage of the employment services, 30 of whom subsequently moved into part-time or full-time work and 24 into education. The destinations of others were not known.

Employment Project for the Rehabilitation of Alcoholics and Other Addicts (EPRA), Guildford (Lygo-Baker, 2000)

EPRA was a pilot project based on a similar programme, which originated in the United States. The programme consisted of a 12-week course run for 16 participants during the summer of 2000 at the Guildford Institute University of Surrey. It followed a therapeutic approach and aimed at assisting individuals recovering from drug or alcohol addictions to return to '*meaningful work*' and to maintain long-term abstinence.

¹ Referred to hereafter as the Coventry & Warwickshire programme.

The evaluation involved interviews with the four programme organisers, who gave a positive account of the course's achievements. Course participants were also interviewed. No outcomes for course participants were recorded.

Kickstart, Glasgow (Organisational Development & Support Ltd., 2002)

This project aimed to help ex-drug users in the Drumchapel area of Glasgow to gain and sustain work through supported employment. It ran as a pilot in partnership with local agencies and employers, between July 2001 and April 2002, and operated a rolling programme, organised in three blocks. Block 1 aimed to familiarise clients with goal setting and provided initial advice. Block 2 offered numeracy, literacy, personal development, group work, Information Technology, and visits to employers. Block 3 concentrated on preparing and searching for work.

During its lifetime, the project supported nineteen people, of whom two were known subsequently to have moved into full-time, and one into part-time employment. Another participant entered further education. The evaluators note the project's failure to attract employers to the programme.

Table 2.1 International employment projects

Project Name	Target Group	Country	Residential	In-house Treatment Services	External Treatment Services	In-house Employment Services	External Employment Services	Work Based Training	Education/ Training Courses	Evaluated
CASAWORKS for Families	Mothers in receipt of TANF	USA	✓	✓	✓	✓				✓
Jobs for Oregon's Future	Long-term unemployed welfare recipients	USA			✓	✓		✓	✓	✓
Avery House	Recovering mothers	USA	✓		✓	✓			✓	
The Village The Families in Transition Programme	Women	USA	✓	✓		✓	✓		✓	
Steps to Success (Oregon)	Substance users on welfare	USA			✓		✓		✓	
New Directions for Families	Women with mental health problems	USA	✓	✓	✓	✓				
Wright Centre	Homeless	USA	✓	✓		1 ✓				
EPRA	Substance users	USA			✓	✓		✓	✓	
Kaltuicatjara Substance Abuse Project	Young people	Australia			✓		✓	✓		
Harm Reduction Program	Young men	Australia			✓		✓	✓		
Conduit Intensive Support Programme	Long-term unemployed	New Zealand			✓	✓		✓		✓
Contact Programme	Long-term unemployed and Maori	New Zealand			✓	✓		✓	✓	✓
Back to the Future	Substance users	Finland			✓				✓	
Drogenberatung Bielefeld e.V.	Substance users	Germany			✓	✓	✓		✓	✓
From Residential Drug Treatment to Employment (RDTE)	Former Drug users	Ireland		✓		✓		✓		✓
'Back to the Future'	Substance users	The Netherlands			✓			✓	✓	

Table 2.2 Employment projects in Great Britain

Project	Target Group	Residential	In-house Treatment Services	External Treatment Services	In-house Employment Services	External Employment Services	Work Based Training	Education/training Courses	Evaluated
Coventry & Warwickshire Substance Misuse Initiative - Employment Support Project	Homeless & substance users		✓		✓			✓	✓
‘Back to the Future’ - The Links project, Bristol	Long-term unemployed, offenders, low basic skills, substance users		✓			✓			
Chemical dependency, recovery and Labour Market Access, Guildford	Long-term unemployed Substance users			✓	✓				
EPRA UK, Guildford	Substance users			✓	✓		✓	✓	✓
Kickstart – Drumchapel Opportunities Glasgow	Substance users			✓	✓	✓		✓	✓
Dependency2Work, London	Offenders substance misuse related			✓		✓			
Double Impact, Nottingham	Stabilised/drug free Substance users			✓	✓			✓	

2.4 Addressing employment barriers – lessons from support programmes

The employment, training and education programmes have sought to connect, if not integrate, drug or alcohol rehabilitation and employment services, either by providing services in-house or working with external service providers. In the following sections, the main services provided by these programmes are summarised. The main focus, however, is on factors that, in evaluations and other, more descriptive material, have been identified as promoting or impeding the effective implementation of employment services for substance users and the latter's successful (re-)integration into the labour market.

2.4.1 Support services

The range and depth of support services provided by the employment programmes for substance users varied widely. All programmes provided basic help with writing CVs or job applications and speculative letters to employers; and interview skills and job-search training. Some programmes provided help with finding job placements or employment (Kickstart), while others pro-actively arranged placements for clients (Residential Drug Treatment to Employment, Coventry & Warwickshire programme) or voluntary work experience (Steps to Success, US).

Most employment service programmes combined conventional support, such as interviewing practice, with specialist services designed to address the specific problems faced by substance users. Confidence building programmes and programmes designed to improve the personal presentation of substance users, formed the core of these activities (Coventry & Warwickshire Programme, CASAWORKS). Other specialist services included support for drug or alcohol addicted women suffering from victimization by providing them with legal advice, help with childcare needs and addressing custody issues (New Directions for Families and CASAWORKS; see Box 1), mental health issues (New Directions for Families), and offering housing advice and emergency accommodation (Double Impact).

By necessity, short-duration programmes, such as EPRA (UK), provided more limited services, emphasising mainly group counselling for people in recovery from drug or alcohol addictions. In contrast, programmes of longer duration, such as the Drogenberatung (drug advice) project in Germany, offered a step-by-step programme, which sought gradually to steer clients towards employment via training and short-term work placements. It also offered volunteers various entry points into the programme, which allowed them to choose

between ‘taster’ sessions and more intensive retraining courses, into which all participants could eventually graduate, provided they had shown the required determination and motivation for completing the final stages of the programme.

‘Service-readiness’ (as opposed to ‘work-readiness’) was an important entry condition for most programmes. In order to be accepted onto employment service programmes, all schemes expected substance users to have stopped taking drugs or alcohol altogether or to be undergoing substitute treatment. The Irish ‘From Treatment to Rehabilitation’ project, for instance, required clients to have been drug-free for at least two months prior to entering the programme. CASAWORKS required participants to have been substance-free for at least six months.

Although debt and financial difficulties have been identified as a potential barrier to employment and training in the research literature (see Section 3.2.3), only two of the 16 programmes clearly identified the teaching of budgeting skills and welfare advice as one of their activities (RDTE, Dublin and Contact, New Zealand).

2.4.2 Features of successful support programmes

Quantitative programme evaluations provided only limited insight into the effectiveness of employment programmes for substance users. Evaluation methods often lacked rigour, while monitoring data often gave the, perhaps, misleading impression that programmes had little effect on the employment chances and employability of participants. In comparison to conventional employment placement or welfare-to-work projects, placement rates, indeed, appeared low. Such comparisons, however, do not compare like with like and overlook the added difficulties that programme providers face in placing former substance-users (see 3.2).

Some descriptive studies and qualitative assessments of the employment programmes, in contrast, indicate some programme features that appear to enhance, or impede, the effectiveness of these programmes. These studies and assessments have focussed on delivery processes and, in particular, the effective linking of employment and treatment services, and of employment services and the labour market.

A critical feature of projects judged to be successful was their emphasis on the need for comprehensively training project staff. In Oregon, USA, employment service staff received

training sessions that introduced them to the activities of, and issues addressed by, drug and alcohol treatment providers. Locating treatment service staff in benefit offices introduced this group to the activities of the employment service providers and raised their awareness and understanding of local labour markets (see Box 1, Jobs for Oregon's Future). Effective two-way communication enhanced mutual understanding and respect of the challenges faced by each type of service provider.

Similarly, the Coventry & Warwickshire programme introduced specialist employment placement workers to community drug teams, as also happened in the Conduit Intensive support project in New Zealand. In both instances, the placement workers' in-depth knowledge of the local labour market was seen to have improved the projects' ability to match clients to vacant jobs in the locality. At the same time, employment service providers were made aware of the adjustment problems of substance users, as they (re)entered the labour market, faced and of the need for providing secondary support services, such as help with childcare or transport (CASAWORKS; Box 2).

Close links with local employers were essential for generating placement or training opportunities for project clients. Dublin's 'From Residential Drug Treatment to Employment' project (RDTE; Box 3) sponsored 'employer evenings', during which local employers could visit the support project and obtain information about employing former drug users. The events provided employers the forum for airing their concerns about the risks involved in employing substance users. Project staff, on the other hand, saw them as opportunities to convey a more favourable image of substance users, while encouraging employers to explain their training and skill needs and to discuss with them means of meeting these needs.

Specialist providers of employment and treatment services for substance users in the United States also helped train employment workers in local benefit offices in Oregon. The programme provided intensive staff training in specific types of drugs and their effects on users. This enabled office staff to feel confident in dealing with substance-using clients, as they became more aware of the behavioural and physical signs of substance misuse. They, thus, learned to pinpoint situations when alcohol or drug use was interfering in job-seeking or job retention, and when clients needed referring to the specialist services for further help. To facilitate referrals, pro-active providers also emphasised the need for effective collaboration

with local welfare departments, and health and social services. Referrals appeared to be highest when treatment and employment services were integrated on the same premises.

Fully integrated employment and treatment services, which provide intensive one-to-one support, appeared to improve the rapport between clients and providers and the formers' chances of becoming 'work-ready' (Coventry & Warwickshire programme, see also Kellard et al., 2002). Six projects, EPRA in the United States, Conduit Intensive Support in New Zealand, From Residential Drug Treatment to Employment in Ireland, CASAWORKS in the United States, and Double Impact and Kickstart, both in Great Britain, maintained this support even after clients had been placed in training or employment. The support offered could range from providing a contact person through to pro-actively arranging follow-up meetings to review progress in employment.

In summary, the evaluations suggested that successful employment service projects for substance users offered most, or all, of the following:

- a climate of trust between service providers;
- high levels of inter-agency co-ordination, collaboration and communication;
- in-depth expertise about substance misuse issues;
- close links with local labour markets;
- intensive one-to-one support;
- continuous support and relapse prevention; and
- the provision of and access to other support services.

2.4.3 Factors impeding effectiveness

Not all employment service projects were considered successful, and not all successful projects were considered successful in every aspect. The evaluations highlighted a number of conditions that limited the success of a project or programme. The partial or complete failure of some projects (KickStart; Contact Programme) was, typically, traced back to their failure to involve quintessential external agencies, in particular, local employers or rehabilitation service providers, and the lack of appropriately skilled staff. Staff retention was also reported to have been a problem encountered by the Contact Programme in New Zealand, whose staff left the programme, because the programme could not attract a sufficient number of clients

which, in turn, undermined the programme's viability. Junior staff criticised the lack of specialist training and poor communications between them and case managers.

At an inter-agency level, employment service projects were weakened by inadequate referrals from drug treatment centres or other agencies concerned with the welfare of substance users (Contact, CASAWORKS). This was due to two principal reasons. Frequently, organisations were not aware of each other's activities, failed to network and to pool information between them. Even staff in different organisations, who knew of each other's work, might not have trusted each other. In Oregon, treatment agencies, in particular, were initially concerned that employment service providers would emphasise job-placement to the detriment of treatment.

Other less successful or failing projects had underestimated the time and resources that were required to help substance users with a range of barriers to employment, or had failed to inform their clients of the effort it would take to find employment and fully re-integrate into the labour market. Staff at the Contact programme in New Zealand, for example, underestimated the amount of time required to identify and tackle substance users' problems. They also felt unable to see clients frequently and long enough. As a result, clients ceased to attend the programme, disillusioned with the lack of project impact and personal progress.

Labour market conditions and employer involvement in projects also appeared to make a difference to projects' effectiveness. In Glasgow, the Kickstart programme failed to attract enough employers to provide placements for clients and was, therefore, only able to help a small number of substance users. The Irish project (RDTE), in contrast, actively engaged employers through direct approaches and running information events, while a buoyant labour market facilitated substance users' rapid take-up of employment in the primary labour market.

3 CONCLUSION

The review of research and programme studies highlighted a range of personal, perceptual and organisational problems that made it difficult for substance users to obtain employment and for employment service providers to place their clients. Time and resource constraints, and inflated expectations of how quickly substance users can be successfully re-integrated into the labour market, can undermine the effectiveness of employment services for this group of clients.

Good-practice examples, although still few in numbers, suggest that interventions are most successful where they connect closely with local referral services, and ensure good co-ordination of activities internally and externally. Programmes that offer intensive one-to-one support, both while the client is looking for work and after obtaining employment, proved most successful, although the programme accounts and evaluations did not detail the type, intensity and duration of support that ought to be provided. Employer involvement also appears critical to programme success.

However, employment services can also benefit from taking on some of the services more frequently associated with treatment, and a closely integrated approach to rehabilitation and (re-)employment could most likely prove effective. Substance users face a series of personal, health-related, inter-personal and social disadvantages, ranging from low educational or occupational skills, and behavioural problems and social isolation, to criminal records, homelessness or financial debt. Most national and international employment programmes have sought to give all or most of these problems individual attention.

Effective interventions, thus, appeared to have focussed on slowly but deliberately rebuilding the confidence and self-esteem of drug and alcohol users; improving their life skills; training them in basic, but essential job-search skills to help them prepare for the routines of regular employment; and carefully introducing substance users to employers. Their aim has been to encourage clients to achieve *realistic* goals, backed by the provision of a diversity of support services to address individual needs.

All programmes emphasised the need, first of all, to help clients to rebuild social and personal communication and life-planning skills before moving them on to active job-search

and job preparation courses. Substantial effort was made to build clients' confidence and assertiveness, improve self-presentation and, occasionally, help with stress management. The emphasis on education or job training varied and most likely reflected differential 'institutionalised' attitudes towards these activities in the various states, in which these programmes were implemented. In some cases, including CASAWORK, there appeared to be considerable overlap between the activities promoted and undertaken by the employment service provider and the treatment service providers, who initiated the referral, which served to highlight the need for continuity of treatment throughout the transition into work. While treatment services aim to improve general life skills, the employment service providers sought to integrate life skills learning with job preparation, as real-life learning exercises. At the same time, while working with their clients, employment services also worked intensively in their localities to attract employers' attention and interest in their programmes.

Box 1 - Jobs for Oregon's Future – USA

A programme that integrates drug and alcohol treatment programmes into state and welfare departments.

Key features:

- local welfare offices in all districts in the state have certified alcohol and drug treatment professionals on site for some scheduled time each week;
- alcohol and drug professionals train welfare case managers and caseworkers to identify situations where alcohol/drug problems could contribute to a clients inability to find or keep a job.

Training the welfare case managers and workers

The Office of Alcohol and Drug Abuse Programs (OADAP) (now the Office of Mental Health and Addiction Services), was contracted to the Adult and Family Services Division (AFS), part of the Oregon Department of Human Services, to conduct a three-day training on alcohol and drug abuse for its state and local staff. The training programme '*Understanding, Recognising and Intervening with the Alcohol or Drug-Affected client*' outlines:

- key behavioural and physical indicators of a drug/alcohol problem;
- describes how to refer clients to a provider; and
- suggests how to intervene with clients in denial.

The training also details the chemical composition of drugs and how they interact with the nervous system. Trainees also participate in role-playing exercises concerned with demonstrating an assessment strategy.

AFS has also incorporated drug and alcohol abuse sessions into all JOBS workshops. These workshops are conducted on a quarterly basis and reach the majority of local staff. In addition AFS has also contracted the OADAP to provide in-depth one day training sessions on selected drugs.

These cover:

- the effect of the drug;
- symptoms of abuse; and
- case planning with clients abusing this drug.

Services

All able-bodied clients are required to participate in work-related activities alongside treatment for alcohol and drug addictions. Treatment is therefore considered to be one component of the client's self-sufficiency plan. Clients and case managers draw up Employment Development Plans and each plan addresses the best way for clients to get from A to B. The mix of activities in the EDP will vary depending on:

- the clients level of treatment;
 - the treatment schedule; and
 - the client's skills and abilities
- The focus at the beginning is on treating the client and, as he/she progresses, various work activities are then included. Outpatient services are the primary treatment method and once clients treatment plans are drawn up AFS schedules other services around them (e.g. work experience placements). The advantages of outpatient services are that sessions are available at weekends and in evening hours so that other work related activities are possible.

Other features

Oregon does not require mandatory alcohol/drug screens for welfare recipients. Local offices are free to decide whether, when and how to screen clients for substance problems, as well as who should conduct them. In most districts, the alcohol and drug professional administers the screens.

Assessment is conducted by professionals using criteria established by the American Society of Addiction Medicine. Some local offices use drug tests for clients who deny a problem and refuse a referral for treatment. Employment Services are provided through local employment and training service providers who have a contract with the district welfare office. Drug treatment is offered through a managed care provider who has contracted with the state. Clients' participation and progress through the treatment is monitored by the welfare office through the provider's reports. Other services, such as psychological counselling, family planning counselling and training in parenting skills are provided as needed.

Box 2 – CASAWORKS for Families – USA

Through ten local lead agencies, the National Center on Substance Abuse and Addiction (CASA) provided support services in nine U.S. states. The lead agency provided intensive case management for women with substance abuse problems with the aim to place them in employment. One project offered help with housing. Two projects were residential, while the other eight were primarily or exclusively for outpatients. Participation was voluntary.

Target Group

The intervention targeted adult TANF recipients who had not been working in the previous month, had shown evidence of a substance abuse problem in the previous 6 months and were willing to participate. Screening was carried out by the lead agencies using a variety of methods. Screening was problematic at some sites where state law denied ex-offenders, including those convicted for substance use, access to TANF. In those instances, systematic screening did not take place and lead agency personnel referred clients to programmes because they thought, but did not know for certain, that clients had substance use problems. Each site aimed to enrol at least 100 clients, who:

- were at least 18 years of age;
- were already on TANF (or had applied for TANF and was eligible);
- had been employed for the past 30 days; and
- had used illegal drugs or had drunk heavily (at least three drinks per sitting – at least three times per week) in the last 6 months.

The CASAWORKS for Families model requires collaboration between local welfare departments, employers/organisations providing substance abuse treatment, mental health and social services, literacy and job training, work experience and placement services.

Referrals to the programmes are administered by welfare offices, other state agencies and community organisations. The client and the case manager develop goals and plan for economic self-sufficiency. The client begins working for at least 20 hours a week towards these goals by participating in substance abuse treatment, literacy and job training, parenting programmes and other services depending on the clients own needs. After 3 months, the case manager reviews, assesses and adjusts the plan with the client. The programme lasts for about one year.

Key features:

- individual plan for recovery and employment;
- case manager to monitor progress in recovery and employment;
- job-seeking, job retention and job promotion activities including orientation to work, on-the-job experiences, job clubs, a work portfolio and job development; and
- life skills development including time, stress and money management, communication, appearance and grooming.

Evaluation findings

- case management sessions primarily focused on clients' substance abuse and government entitlements/assistance. Work-readiness, in comparison, was addressed in only about 25 per cent of the clients at each follow up and job-search/placement was addressed in less than 20 per cent of the clients;
- at least one-third of CWF clients received no employment-related services even though this was thought to be the most essential component along with treatment services of the programme; and
- case management was a factor in the success of the programme in retaining clients. Clients had frequent contact with case managers once per week or more throughout the intervention and they covered a wide range of topics.

The evaluation found that less than 50 per cent of the employed women were earning more than the minimum wage level (\$8.00 per hour).

Box 3 - From Residential Drug Treatment to Employment (RDTE) – Ireland

Funded by the EU as part of the employment INTEGRA project based in Dublin this project aimed to help former drug users overcome some of their difficulties in reintegrating to mainstream society and, in particular, gain opportunities in employment and education.

Target Group`

Clients over the age of 18, who had prior experience of residential drug treatment or group work and who had been drug free for at least two months, were eligible to be referred for assessment onto the programme. Referrals came mainly from the residential drug treatment provided through the Merchant's Quay treatment centre.

Key features

The programme was divided into two six-week phases. Phase 1 focused on enabling clients to let go of the therapeutic environment and facilitated clients movements back into the community. Clients were also encouraged to take an increasing amount of responsibility and to develop external support networks. Key workshops during this phase were made available.

Workshops:

- house management, hygiene, cookery;
- social welfare, tax, setting up business;
- computer applications;
- Personal Development groups – including CV and interview skills, assertiveness, and effective communication skills;
- relapse prevention;
- support and aftercare; and
- social planning.

After completing the first phase, clients were presented to the support and after-care group which they begin attending on the seventh week of the Programme (this group runs one evening a week from 7.30-9.00).

The second phase concentrated on obtaining employment/job-placement or educational opportunities for clients. Clients on job-placements (Tues, Weds & Thurs) were required to attend workshops on the other two days when not attending placements. Clients who entered full-time educational or employment opportunities were required to continue attending one-to-one counselling and participate in the support and aftercare group.

The programme also provides training for trainers in the form of on-going courses on IT, counselling skills and drugs education. It also recruited a number of local employers, (drawn on by links with the Merchant Quay project) and held 'employer evenings', whereby they could learn more about recruiting from this client group, and gave them a forum for raising issues of concern. The project also provided local employers with an opportunity to undertake drugs awareness training if required.

Evaluation findings

The programme was successful in helping to place people in employment and education opportunities (mainly employment – due to local labour market shortages in Dublin at that time – 1999). However, there was a problem in clients sustaining employment as the nature of the positions held reflected the clients lack of formal educational attainment (low-paid manual labour).

REFERENCES

Advisory Council (1998), Drug Misuse and the Environment, A report by the Advisory Council on the Misuse of Drugs. London: The Stationery Office.

Alcohol Concern (2001), The State of the Nation. Britain's True Alcohol Bill. Downloaded from Alcohol Concern's website <http://www.alcoholconcern.org.uk/>

Alcohol Concern (2002), Your Very Good Health? Downloaded from Alcohol Concern's website <http://www.alcoholconcern.org.uk>

Atkinson, J., Lee D., Dayton-Shotts C., French C. (2001), 'Self-perceived job skills and employment barriers among non-drug using and chronic drug using welfare-to-work participants', *Journal of Drug Issues*, 31(3), 747-756.

Becker, J. and Duffy, C. (2002), Women Drug Users and Drugs Service Provision: service level responses to engagement and retention. Home Office DPAS Briefing Paper 17.

CASA (2001), CASAWORKS for Families: A Promising Approach to Welfare Reform and Substance-Abusing Women. A CASA White Paper. Columbia, USA: The National Center on Addiction and Substance Abuse (Columbia University).

Cebulla, A., Heaver, C., Smith, N. and Sutton, L. (2004) Drug and Alcohol Use as Barriers to Employment. Main Report. DWP Research Report No. W193. Sheffield: Department for Work and Pensions.

CESI (2002), Barriers to work for drug misusers. Working Brief: www.cesi.org.uk

Craig, G. and Manthorpe, J. (2000), Fresh Fields: Rural social care – research, policy and practice agendas. York: York Publishing Services.

Drogenberatung e.V. Bielefeld (2001), Drogenabhängige in Arbeit – November 1998-Dezember 2000. Bielefeld, Germany: Drogenberatung e.V.

Effective Interventions Unit (2001), Moving On: Education, training and employment for recovering drug users. Research Review downloaded from <http://www.drugmisuse.isdscotland.org/goodpractice/effectiveunit.htm>

Fleischer, W., Dressner, J., Herzog, N., Hong, A. (2000), Keeping the Door Open: a Guide for Employment Programs Serving People with Drug Problems. New York: Corporation For Supportive Housing.

Glasgow Street Intervention Group website <http://www.gsig.org.uk/surveys/bte.html>

Hughes, D. and Westwood, S. (2001), Evaluation of Coventry & Warwickshire Substance Misuse Initiative Employment Support Project Centre for Guidance Studies. Derby: University of Derby (in partnership with Careers Consortium).

Kellard, K., Adelman, L., Cebulla, A., and Heaver, C. (2002) From Job Seekers to Job Keepers: Job retention, advancement and the role of in-work support programmes,

Department for Work and Pensions Research report 170. Leeds: Corporate Document Services.

Kirby, G., Pavetti, L., Kauff, J., and Tapogna, J. (1999), Integrating Alcohol and Drug Treatment into a Work-Orientated Welfare Program: Lessons From Oregon. Princeton, NJ: Mathematica Policy Research Inc.

Klee, H., Mclean, I. and Yavorsky, C. (2002), Employing Drug Users: Individual and systemic barriers to rehabilitation. York: York Publishing Services.

Lawless, M. and Cox, G. (2000), From Residential Drug Treatment To Employment. Final Report. Dublin: The Merchant Quay Project.

LDRP Ltd. in association with Policy Research Institute and David Smart Consultancy Services (2002), New Futures Fund Initiative Evaluation of Management and Operation. Final Report Volume I. Presented to Scottish Enterprise. London: LDRP.

Meier, P., (n.d) Opportunities for Change. Barriers to the utilisation of education, training and employment provision for people with drug problems in Leicester, Leicestershire and Rutland. Manchester: Drugs Misuse Research Unit, University of Manchester.

Metcalf, H, Anderson, T., and Rolfe, H. (2001) Barriers to employment for offenders and ex-offenders. Department for Work and Pensions Research Report No. 155. Leeds: Corporate Document Services.

Morgenstern, J., Riordan, A., McCrady, B., Blanchard, K., McVeigh, K., and Irwin, T. Barriers to Employability among Women on TANF with a Substance Abuse Problem National Center on Addiction and Substance Abuse at Columbia University (CASA) In press. Sent by e-mail correspondence 19th August 2002.

Neale, J. (1998), 'Drug Users aren't Working' DrugLink, March/April, 21-22.

NFFI (2000), Barriers to Employment, Education and Training Facing NFFI Clients. New Futures Fund Initiative Summary Paper. Downloaded from <http://www.scottish-enterprise.com/skills/personal/futures/summarypaper.pdf> on 6th September 2002.

Purdon, S., Lessof, C., Woodfield K. and Bryson, C. (2001) Research Methods for Policy Evaluation. Department for Work and Pensions Research Working Paper No.2. London: Department for Work and Pensions.

SEU (2002), Reducing re-offending by ex-prisoners. London: Social Exclusion Unit. Downloaded from www.socialexclusionunit.gov.uk

Treatment Research Institute (2001), Final Evaluation Report. CASAWORKS for Families Pilot Demonstration.