

In its first *Access* newsletter, the Drugs Prevention Advisory Service profiled government drug-related criminal justice initiatives **opposite**.<sup>1</sup> Under “Employment Service”, it advised that the New Deal could “provide training/employment placements and guidance”, while in Employment Zones “innovative schemes to improve employability may be funded”. But employment schemes could make a valuable contribution under any of the diagram’s ten headings. Potential links and benefits are multiplied if the criminal justice hub is replaced with, for example, health, education, citizenship, or, of course, employment.

Given the centrality of work in our society, employment’s ‘therapeutic’ potential is

To explore the evidence for such initiatives, we reviewed studies of rehabilitation and treatment schemes offering education, training employment, or volunteering placements for drug users, building on our earlier work in this area.<sup>8-9</sup> Though relevant citations date back at least to the 1960s, the themes could not be more contemporary: social inclusion;<sup>10</sup> developing the social capital of individuals and communities; and strategic use of the evidence-base in formulating policy.<sup>11</sup> Here we focus (with a few significant exceptions) on sources published since 1980. Predictably, these are overwhelmingly from the USA.

Beyond the scientific literature, we also document the mini-upsurge of British projects related to employment and training. A few years ago our fieldwork uncovered a variety of initiatives in England.<sup>12</sup>

alternative identity, sense of purpose and income generated by a drug-based lifestyle can fill the void.<sup>18</sup> However, unemployment is unlikely on its own to be a major determinant of the onset of drug problems.<sup>19,20</sup> But employment is a major factor in preventing relapse.<sup>21-22,23,24,25</sup> So whether or not it *causes* addiction, unemployment can *prolong* it.

Things can also happen in reverse – drug use can increase the risk of being unemployed.<sup>26</sup> US studies have found that drug use contributes to high job turnover and unemployment in late adolescence and early adulthood.<sup>27,28</sup> A possible mechanism is that daily drug use aggravates early psychological problems, which in turn impact on health and employment.<sup>29</sup> Also, the effects of regular drug use (on manual abilities, mood, and so on) could reduce fitness for work or job performance.<sup>30</sup> Addiction to illegal drugs is often an all-embracing lifestyle which leaves little room for conventional development.

# Idle

by  
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# hands

*One feature of Britain’s drug treatment clients is so familiar that it goes unremarked: the vast majority are **unemployed**. Could work promote their recovery?*

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inherent in international definitions of rehabilitation as a process of restoring function and reintegration into society.<sup>2,3,4</sup> Work provides a sense of responsibility, personal value, independence, security, dignity, and a stake in society.<sup>5</sup> Most treatment clients have for some time been without this support.<sup>6</sup> However, enhancing the employability of drug users has not been a priority for treatment or rehabilitation services.

Since the mid-1970s, rising unemployment (particularly among young adults) has meant that job prospects after treatment have been poor. Understandably (but questionably), priority has been given to clinical goals such as abstinence or stability and maintenance. Now unemployment is down again to levels where the ‘hard to help’ (including drug misusers) are centre-stage in welfare-to-work policies, and awareness is growing that drug treatment and rehabilitation can provide real opportunities for developing skills and promoting re-entry into work.<sup>7</sup>

Now there are many more, riding on the back of the UK government’s priorities of combating social exclusion and turning unemployed benefit recipients into tax-paying wage-earners.

## Which causes which?

Both ways, the statistical link between unemployment and problem drug use seems clear: problem drug users tend more often to be unemployed, and unemployed people tend more often to be problem drug users.<sup>13</sup> The few studies of why this link exists have polarised between suggestions that unemployment is a major contributor to drug use, and that drug use leads to unemployment. Often the data is insufficient to establish the which (if either) is the case. For example, samples of addict in or out of treatment exhibit a lower rate of employment than non-addicts,<sup>14</sup> but whether this is because unemployment leads to drug addiction, or because addiction causes addicts to lose their jobs, is usually unclear; certainly some become addicted only after being in work.<sup>15</sup>

One review of the impact of youth unemployment concluded that it did increase the risk of illicit drug use and heavy drinking.<sup>16,17</sup> When economic conditions block growth in to a work-based identity, the al-

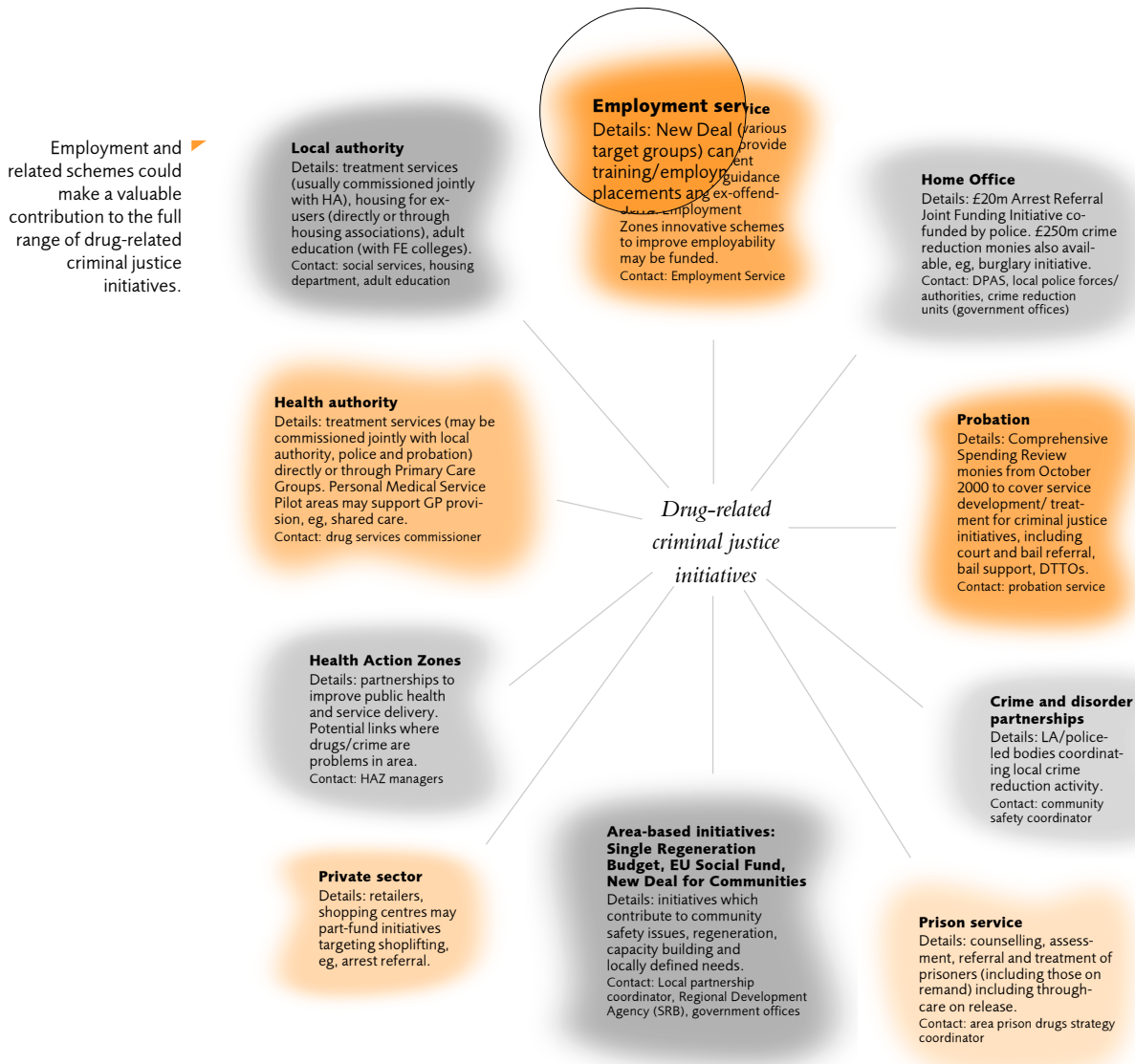
In small-scale research in Essex, we found that when they became dependent, drug users invariably dropped out of employment.<sup>31</sup> ‘Lost years’ invested in drugtaking rather than in preparation for work or engagement with non-drug activities and networks leave addicts behind in the competition for employment.<sup>32</sup> Some treatments – notably residential rehabilitation and other programmes requiring daily attendance – make employment impossible or very difficult.

In the end, we are almost certainly talking about an interaction between unemployment and drug problems, with the causal balance shifting in the same person at different times, across different people, and in different social and economic contexts. What we can be sure of is that unemployment is not good news for addiction, and addiction is not good news for employment. These simple truths underlie studies of the roles of vocational provision in treatment services, and of how employment can support treatment and rehabilitation. It is to this literature that we now turn.

## Work as part of a treatment regime

Though broader social reintegration is considered by the UN to be essential to treatment,<sup>33</sup> until recently<sup>34,35</sup> few studies have

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evaluated treatments which incorporate employment training and education. Conversely, few evaluations of employment or training programmes have examined delivery to special populations such as drug misusers, though this too is changing.<sup>36</sup>

The tardiness of these developments is surprising because the literature supports the view that meaningful employment has therapeutic value, protects against social exclusion, and furthers reintegration.<sup>37,38,39</sup> Among recent studies was one of an innovative US programme for ex-servicemen addicts and alcoholics which required them to reside in group housing and to work in the programme's workshops under contract to the private sector. Though far cheaper than other forms of residential care (rent was deducted from wages), and even though previous treatments had failed most of the severely addicted participants, follow-up results were impressive.<sup>40</sup> Similarly, in the context of a US residential therapeutic community, a carwash service designed and run by residents was seen by staff as central to re-integration and rehabilitation. Former residents rated it as the most helpful programme component, affording them social and financial standing within the wider com-

munity. Among the components it out-rated were recreation and group living.<sup>41</sup>

But relevant initiatives remain few; not surprisingly, fewer still are designed to meet the specific needs of women<sup>42,43,44</sup> and British literature does not seem to report any tailored for ethnic minority drug users.

### Opening routes into employment

Instead of (or as well as) providing employment and education as part of treatment, projects have tried to improve the client's own ability to find work.<sup>45</sup> Research has shown that these 'vocational rehabilitation' interventions can make a difference: as a whole, addicts are neither unemployable nor are the obstacles so formidable that employment is unrealistic. For example, key findings from a US study published in the mid 1980s were that young substance abusers who completed a vocational training programme were far more likely to be in work up to five years later, and that trainees who were in work had lower substance abuse than the other groups in the study.<sup>46</sup>

'Employability skills' – such as finding

suitable openings and presenting oneself to employers – are a key component of vocational rehabilitation. Training in doing the work may also be needed.<sup>47</sup> Clients see these skills as a major need unmet by treatment services.<sup>48,49</sup> Studies in the 1980s found that most US programmes had not prioritised vocational rehabilitation within their own services, and that they under-utilised external vocational resources.<sup>50,51</sup> The situation is unlikely to be much different today in either the UK or the USA. However, in the UK there have recently been moves to rectify this deficit, a few of which have been evaluated [Evaluated UK projects](#), page 27.

Methadone maintenance replaces the time-consuming pursuit of heroin with a daily procedure which can be completed in minutes. Stabilised patients are prime candidates for fulfilling ways to occupy their time. Studies suggest that vocational assistance creates substantial improvements in rates of employment.<sup>52,53</sup> For example, US

research published 20 years ago found that a job seekers' workshop increased by almost a third the number of patients who found vocational placements, and particularly increased the number employed.<sup>54 55</sup> Later a pilot study randomly allocated methadone maintenance clients to standard treatment versus treatment supplemented by vocational services. It uncovered widespread demand for such services among the patients<sup>56</sup> and found that providing them greatly increased engagement in education, training, and job-seeking. The project involved the employment of an on-site vocational counsellor. At one of the sites they appear to have halved the unemployment rate among the clinic's clients.<sup>57</sup> Earlier a similar intervention had reversed the trend to decreased employment or training engagement among methadone clients in New York, largely due to its impact on clients who at least had a history of employment to draw on.<sup>58</sup>

Within a single programme, tailoring the services delivered so that patients particularly in need of employment assistance receive it has been found to improve treatment retention and vocational outcomes, including post-treatment employment.<sup>59</sup> These US patients were treated in private facilities and were already mainly in employment, but another US project attempted to turn round "indigent" addicts considered unemployable due to the severity of their addiction.<sup>60</sup> Addiction treatment was followed by an optional two to three months of assessment for employment and intensive training in finding work. Completing treatment was associated with a large increase in post-treatment earnings, but an even larger increase was associated with also receiving employment services; four years later, half the 'unemployable' clients who had received them were in work. Also in the USA, a methadone clinic had some success with a problem-solving intervention tailored to each patient's personal barriers to employment.<sup>61</sup>

Rather than improving employment services within treatment, in Norway the addiction skills and knowledge of employment specialists were enhanced through the formation of multidisciplinary teams in a vocational rehabilitation centre. The initiative succeeded in heightening the vocational engagement of its clients.<sup>62</sup>

### Do vocational services **really** help?

Against this positive evidence, the main countervailing study comes from Los Angeles where vocational services received during outpatient counselling did not seem to help resolve patients' needs for such services, nor did resolution of those needs promote treatment outcomes.<sup>63</sup> However, a vocational need was identified by whether the patient said they had a problem they wanted help with. Its resolution might have reflected rather negative outcomes such as

*"In works of labour, or of skill,  
I would be busy too;  
For Satan finds some mischief still  
For idle hands to do"*

**Isaac Watts**

*Against Idleness and Mischief*

'employment' in the illegitimate economy or becoming resigned to being out of work.

A question mark over how many clients need vocational services was also raised by a US methadone maintenance study. Stabilised but unemployed patients were given two months to find 20 hours a week of paid or volunteer work or education, and had to stick with this for at least a month. Failure resulted in intensified counselling intended to give practical assistance and to overcome "resistance" to the employment goal, and eventually in methadone withdrawal. Three-quarters secured a position and nearly half did so without having to be given extra help or face sanctions. Another five of the 27 who found work first had to receive enhanced counselling and 10 only found work after starting withdrawal. Those who found work used much less cocaine and other illegal drugs but somewhat more alcohol.<sup>64</sup> There seems no obvious reason why positive rewards such as methadone take-home doses could not have achieved similar results. Where such initiatives may fall short is in the quality of the work found by patients perhaps tempted to take anything that comes along. Nearly half the positions were unskilled labour and nearly half were unpaid.

### Employment sustains recovery

If employment is important during treatment, it is perhaps even more important after treatment, especially after discharge from residential rehabilitation. Interviews with

former addicts in England<sup>65</sup> and Scotland<sup>66</sup> revealed that satisfying employment after treatment is one way they construct and defend a positive non-addict identity, rebuild confidence and self-esteem, occupy time, and create a stake in society to which they can grasp to stop themselves sliding back. International research confirms that employment is one of several factors which help to prevent a return to problem drug use and criminality.<sup>67 68 69 70</sup> After following up hospital-treated alcoholics and drug addicts for 12 and 20 years respectively, US researchers concluded that "work provides structure to the addict's life, and structure interferes with addiction".<sup>71</sup> Employment can also provide a sense of empowerment and control, the antithesis to the loss of control felt in addiction.<sup>72</sup>

Despite this important role, relevant service provision has been minimal.<sup>73</sup> It has been argued that treatment programmes can and should do more to help young ex-addicts find jobs, such as by directly encouraging employers to offer places and providing support to help former clients settle into work.<sup>74</sup> As public assistance for the unemployed and pressure to re-enter the job market grows, employment will become even more important for formerly drug dependent individuals, as it will for other groups previously allowed to subsist on benefits.<sup>75 76</sup>

### Barriers to employment formidable

So far we have established that employment of some sort is achievable for a substantial proportion of stabilised or former addicts, and that this proportion can be increased by targeted interventions. But the barriers to employment are formidable; unemployment and vocational instability commonly remain serious problems.<sup>77</sup>

For many addicts in treatment, early drug misuse and addiction have left them unable to provide the CVs or demonstrate the ex-

## Golden Bullets

### Key practice points from this article

- ▶ Economic context and political priorities at European and national levels are supportive of projects addressing the vocational needs of drug and alcohol users.
- ▶ Addressing these needs promotes recovery from drug and alcohol dependence and encourages social inclusion through education and employment.
- ▶ Drug treatment and rehabilitation services can incorporate vocational provision within their service or by linking to external vocational services.
- ▶ Vocational services profit from staff training in addiction and by linking with drug treatment and rehabilitation services which can help overcome drug problems hindering employment.
- ▶ Barriers to employment are substantial but even among less promising drug and alcohol users these can be overcome by a substantial proportion of clients.
- ▶ Within Britain there is now an appreciable practice base from which to draw programme models and ideas, and a small but growing evidence base.

perience and proficiencies demanded by employers. Those unfamiliar with the labour market may have unfocused or naive work goals, limited interpersonal skills, and cope poorly with stress. Barriers beyond the job seeker's control include employer attitudes, legislation, and the labour market. For example, when employment for all is in short supply, projects offering a 'leg up' to needy groups may be early casualties, and employers will not be forced to consider less attractive applicants.<sup>78</sup>

By blocking access to work, these barriers may contribute to relapse, creating a further barrier. The truism that relapse is the norm is usually attributed to the psychological or biochemical grip of the drug. But interviews with treated addicts in Scotland reframe this as a function of the social and economic obstacles to lifestyle change which affect us all, and which impede breaks with the past clean and satisfying enough to prevent slippage. For addicts these changes are all the more difficult due to years when time and energy were diverted into drugtaking.<sup>79</sup> Addicts seeking work do have one advantage over other criminal groups – a reason for their criminality which they can show they have left behind along with the crime.<sup>80</sup>

Generally poor links between addiction and vocational services do little to overcome these obstacles. Treatment clients are not referred to employment services which might aid their treatment; claimants, trainees and employees are not referred to treatment for the drug problems which hinder their vocational advancement. The paucity of these links has recently been noted by the Greater London Authority<sup>81</sup> and in the Midlands by research involving New Deal advisers and providers, employment and careers staff, and drug treatment and criminal justice workers.<sup>82</sup> Their responses revealed that drug treatment services did assess the vocational needs of their clients but, despite very high rates of unemployment, little was done to address those needs unless the client asked. Even then responses were unsatisfactory and haphazard. Conversely, drug users were probably rarely identified by employment and training agencies and were not normally referred into treatment, and staff were unclear what procedures to follow. If drugs figured at all, it was in a health and safety or disciplinary context.

### Get real, but don't get negative

In so far as these blockages stem from the attitudes and knowledge of employment staff, training could help. In Britain, after receiving basic training on identifying and managing clients with drug and alcohol problems, including when and how to refer to treatment, employment service staff felt markedly more confident about working with these clients. Enhanced confidence led to greater preparedness to act. After the

### Evaluated UK projects

Possibly the most thoroughly evaluated British vocational rehabilitation project is **Transit** (formerly Second Chance) in Liverpool. Rather than forming part of a treatment programme, Transit is a free-standing project taking referrals from treatment and other services which most students continue to attend. Students tend to be long-term unemployed with few qualifications; generally their drug use (even if continuing) has stabilised. At the time of the major evaluation the project offered a three-month vocational and personal development course ending in preparation for moving on to education or employment. Researchers interviewed 100 students on entry to the programme and later the 58 who completed it, of whom 22 were re-interviewed three months later. Though most had been in treatment for many years, there were substantial improvements in their ratings of their ability to form relationships, confidence in dealing with institutions and non-drug users, their likelihood of offending, their health, and in drug use and drug-related health risks. Particularly striking, and perhaps the main outcomes, were the students' increased optimism about their education and employment prospects. On nearly all the measures, the bulk of the changes were apparent shortly after entry to the project, suggesting that the experience of being accepted on to the course was a major boost to lives otherwise largely devoid of reasons to feel positive.<sup>104</sup>

In London **Next Steps** was an innovative college-based work preparation course for problem drinkers which also offered career advice and mentoring by volunteers with employment, education or training experience. The alcohol service leading the project continued to support the trainees. Over two years 74 clients attended the course, 48 received accreditation and 12 gained employment.<sup>105</sup>

Evaluation reports on other projects (such as those funded by the Progress initiative) should soon be available – check the sources listed in the [Keep in touch](#) panel on page 30.

course, two-thirds declared themselves more willing to intervene with respect to drug problems and over half with respect to alcohol.<sup>83</sup> Similarly in the USA, vocational rehabilitation counsellors trained in substance misuse were less negative than their untrained counterparts about the training and employment of drug using clients.<sup>84</sup>

Of course, the inadequacies of the labour market will not be rectified by links between treatment and employment services or by a few drug-specific employment and training schemes. The UK has lost many (traditionally male) full-time manual and unskilled jobs. These are being replaced by lower paid and low-skill jobs and by part-time and casual work, positions taken more by women and students.<sup>85</sup> Placements and jobs available to users and ex-users of drugs and alcohol (mainly men) will often involve low earnings, unsocial hours, and other unattractive features.

The verdict of a recent British report on employment and training for offenders may also be applied to drug users: "In certain circumstances, it may be appropriate to place ex-offenders into low-paid jobs" because they at least acquire "an up-to-date employer reference, clear evidence of employability, capacity to hold down a job, and some transferable skills acquisition."<sup>86</sup> For addicts in this situation, to hold on to the conviction that life really is better without drugs may require continued support from treatment and other services.

Being realistic does not have to mean aiming low. Portugal's Vida-Emprego (A

Life and a Job) project offers impressive support strategies to addicts and ex-prisoners, including mediation, traineeships, support for self-employment, and grants and prizes for companies which employ ex-addicts. Early results are promising.<sup>87</sup>

### Mini-upsurge in British projects

In the early 1990s a US review highlighted the need for "new and innovative demonstration studies of training and employment programs. The shortage of evaluation research is especially acute for drug abusers."<sup>88</sup> This statement remains applicable to Britain, but the dearth is about to be relieved by a flurry of initiatives encouraged by a policy climate now more supportive than ever of employment and training for problem drug and alcohol users. [Positive policy climate](#), page 28. Reports of some of these and of some longer established projects have recently begun to emerge.<sup>89 90 91 92</sup> Whilst our literature review focused on drugs other than alcohol, projects often span both.

We identified 28 local projects operating at the intersection of substance problems and employment/training, but there are probably many more. [Keep in touch](#), page 30. As befits this experimental phase, initiatives are diverse with no discernable blueprint yet to emerge. The few we mention are selected to illustrate themes and the range of activities rather than as more promising or more effective approaches – at this stage, such judgements would be premature.

Some projects are associated with residential drug and alcohol services, building

on the tradition in therapeutic communities that rehabilitation entails taking responsibility for managing and performing the work needed to maintain the community and the property. At Milton House in London, all residents attend the project's 16-week personal development programme at its skills training centre, and the programme is also available to non-residents. Accreditation by the London Open College Network gives students the chance to gain a recognised qualification via a flexible curriculum suited to their educational needs and to the time available for study.<sup>93</sup> Similarly, the Working Recovery project of



Clouds House is open to anyone recovering from alcohol or drug addiction, though they must have been drug free for at least a month. The emphasis is on practical skills such as carpentry, while personal and family support help maintain recovery from addiction.

Such provision is also a natural offshoot of structured day programmes for drug and alcohol users which commonly provide creative and practical activities. At the CASA alcohol service in London, an employment specialist takes this further by developing the personal and practical skills needed in the labour market and by helping clients find employment and training. Kaleidoscope in Kingston has residential and day provision including a long-standing educational unit providing courses and vocational guidance. With Progress funding, the project now aims to develop what will become a self-financing internet web site production and management company.

Often projects result from complex partnerships of drug and alcohol services, local authorities, colleges, probation services, health authorities, and other welfare, regeneration or employment agencies. Commonly the drug or alcohol service is at the hub and probably provided the impetus. Cranstoun's The Base project is an example, a three-month day programme run with local authorities and probation. While addressing issues related to substance misuse, individual care plans incorporate job-seeking workshops and training to achieve nationally recognised qualifications.

Sometimes non-drug agencies take the lead. An INTEGRA-funded project at the School of Educational Studies at the University of Surrey targeted former drug and alcohol treatment clients now considering a return to the labour market. As well as providing vocational services, the project worked with employers to create employment opportunities.

In its last year 25 long-term unemployed addicts received a sustained programme of in-

dividual guidance. Nine went on to paid or voluntary work or education/training and just two were known to have relapsed.<sup>95</sup> An Employment Unit established by The Big Step, the charitable arm of The Big Issue in the North, helps homeless drug users move on from selling *The Big Issue* magazine and into stable housing and employment. Plymouth's Training and Employment Service has taken the lead in providing education, training and employment opportunities for recovering drug misusers in partnership with local drug and alcohol services.



Several projects aim to provide the relapse protection afforded by stable housing and employment after discharge from rehabilitation. Broadreach House's Resettlement Service performs this function for the service's former residents. Elsewhere projects accept referrals from any drug rehabilitation service within their area. In North Hertfordshire the project leader is based at a Job Centre and aims to help people nearing the end of rehabilitation access mainstream training and work opportunities via the Employment Service. Into Work in Glasgow recruits rehabilitation graduates from across the city into temporary 'intermediate' jobs which act as a stepping stone into the labour market. Placements combine work experience with training and personal development. Project leavers receive continued support and help with finding jobs.

By creating their own workplaces, other projects provide a similar experience – a form of 'sheltered employment' where work experience and confidence can be gained while the client receives the kind of support unavailable in normal employment. Clouds provides one example; another is the Back on the Road project run by Scotland Against Drugs, which provided six months' experience renovating classic buses.



Bridging the transition from prison to the community is no less important than bridging that from rehabilitation. Proliferation of prison treatment programmes increasingly means the two overlap. With Single Regeneration Budget funding, across the 12 inner London boroughs Dependency to Work aims to help offenders with drug, alcohol or mental health problems access education, training and employment services commissioned by the project. Each offender is allocated a volunteer mentor. The project is based at SOVA, which involves local volunteers in promoting social inclusion and reducing crime. Criminal justice agencies such as probation, prison CARAT teams, and arrest referral schemes are the



main referral sources.

Transit in Liverpool run by the Liverpool Social Partnership charity is one of the few projects to have been evaluated *Evaluated UK projects*, page 27. Rather than rehabilitation or treatment leavers, most students (the term was chosen to demonstrate respect for the participants and to build their confidence<sup>96</sup>) are maintained on methadone and many are still using illegal drugs.<sup>97</sup> Local prescribing services are a major referral source. Students are encouraged to take the lead in planning their own programme and to participate in running the project through a students' forum and a seat on the board. Structured feedback obtained quarterly from students informs the project's development.<sup>98</sup> Volunteer mentors support each student. The project's largest funder is the European Social Fund. It is also supported by the Basic Skills Agency, New Deal services, probation, the local Employment Zone agency and other bodies.<sup>99</sup> The range of options for students is impressive, including courses lasting from 17 weeks to a year and work trials with local employers.



With INTEGRA funding and matching funding from UK agencies including local authorities and grant-giving charities, the Alcohol Counselling and Prevention Services piloted the Next Steps work preparation project for adult drinkers. This too has been evaluated *Evaluated UK projects*, page

### Positive policy climate

In 1998 Britain's anti-drug strategy *Tackling Drugs to Build a Better Britain* asked drug action teams to "increase the take-up rate of further education and employment for former addicted criminals through Welfare to Work, New Deal, and other means".<sup>106</sup> The **New Deal** programme provides an appropriate philosophical base as well as financial support for this new momentum, promoting an "active labour market policy" to increase equality and opportunity and, via the Gateway stage, aiming "to support participants in gaining the self-confidence, experience and skills which will increase their employability".<sup>107</sup> Guidance on how the Employment Service and local partners could help ensure that the New Deal for 18–24-year-olds addressed the needs of drug misusers was distributed to all Employment Service district managers, personal advisers and drug action teams by the UK Anti-Drugs Co-ordinator in March 1998.

The **2001 budget** promised to refocus the New Deal on the hardest to help and the most disadvantaged areas, including low employment inner city neighbourhoods where addiction is most concentrated. Designating these as Employment Zones should encourage and



27) and featured volunteer mentors. At its core was a partnership between the alcohol service which recruited and supported clients, the college which ran the course, a careers guidance unit which helped students develop an individual action plan, and the local benefits service which provided financial support.<sup>100</sup> At the end of the two-year pilot the project was extended to problem drug users and embedded in mainstream provision with the support of the local authority, the London Skills Development Fund, and a major grant-giving charity.<sup>101</sup> Over 8 in 10 of the new project's referrals had been unemployed for at least two years.



In the first year, 60 of the 77 clients who attended a course completed it and 54 achieved a nationally recognised qualification. While (as in other projects) immediate paid employment is relatively rare, most clients progressed into work, training or education.<sup>102</sup>

### Right time for change

We have the evidence, the funding (though not enough of either) and the political climate to substantially progress the employment agenda within drug treatment and rehabilitation – as long as services recognise that rehabilitation involves providing the non-clinical as well as the clinical means to achieve and maintain recovery from addic-

### CUTS

Best practice and evidence-based **treatment guides** are available free of charge from US government web sites.

► **Treatment Improvement Protocols** (TIPs) are consensus guidelines from the Substance Abuse and Mental Health Service Administration covering alcohol and illegal drugs. Visit [www.health.org](http://www.health.org).

► **Therapy manuals** from the National Institute on Drug Abuse (NIDA) are derived from approaches found effective in NIDA-supported research. Three available so far cover treating cocaine addiction using cognitive-behavioral therapy, community reinforcement, or individual counselling. Download from [www.nida.nih.gov/DrugPages/Treatment.html](http://www.nida.nih.gov/DrugPages/Treatment.html).

tion. Vocational rehabilitation (broadly defined) provides clients with an opportunity to attain a sense of worth and a stake in society, enabling them to reintegrate and claw back a measure of earned respect. Stable, meaningful and worthwhile activities (rather than preparation for 'dead-end' or 'entry-level' occupations<sup>103</sup>) act as an anchor preventing relapse.

Treatment clients frequently have a diverse range of needs but few resources. Socially excluded in other ways, their treatment service may be one of the few mainstream contacts they have which could and arguably should consider their socio-economic

as well as behavioural and psychological problems, and incorporate these as legitimate priorities in intervention packages. Rather than as an exit strategy or optional extra, drug treatment and rehabilitation should be linked *from the beginning* to the wider goal of social re-integration. Our criteria for what counts as successful treatment should be adjusted to include the amelioration of social as well as physical dependence.

In Britain we moving towards this recognition but there is a long way to go. With honourable exceptions, until recently minimal attention has been paid to *vocational* forms of rehabilitation. In recent years there has been greater emphasis on social versions of demand reduction and prevention, but this rebalancing has largely targeted 'not-yet-users' and novice users. There remains a need for greater emphasis on what can be achieved with, and for, former or stabilised drug dependent persons. ●

**1** Drugs Prevention Advisory Service. *Access, the newsletter of the UK DPAS*. 2000. **2** International Labour Office. *Vocational rehabilitation and the employment of the disabled: a glossary*. ILO, 1981. **3** Shahandeh B. *Rehabilitation approaches to drug and alcohol dependence*. International Labour Office, 1985. **4** United Nations Division of Narcotic Drugs. *International strategies and policies for drug control*. UN, 1982. **5** Phillips. C., et al. "A sense of worth: drug users as community volunteers." *Druglink*: 1992, 7(5), p. 8–10. **6** Gossop M., et al. "Substance use, health and social problems of clients at 54 drug treatment agencies: intake data from the National Treatment Outcome Research Study (NTORS)." *Brit. J. of Psychiatry*: 1998, 173, p. 166–171. **7** Dale A., et al. *Structured day programmes: new options in community care for drug users*. SCODA, 1996. **8** Phillips. C., et al, op cit. **9** Akhtar S., et al. *Drugs, unemployment and*

fund innovative and locally tailored solutions to endemic unemployment which might benefit (and perhaps target) drug and alcohol users. Extension and intensification of the New Deal nationally to those aged 25 and over will also extend it to the most relevant age groups for addicts in or leaving treatment. Most directly, the budget provided additional resources to help the 30,000 unemployed claimants whose drug problems may be an obstacle to their finding work.<sup>108</sup> For them the Chancellor said "a new three year budget of £40m will mean they can receive the mentoring and training they need, but to get on the programme they will have to get off drugs. We will fulfil our responsibility to help them; they must fulfil their responsibility to become drug-free."<sup>109</sup>

→ **The Progress** programme managed by the Centre for Economic and Social Inclusion on behalf of the Employment Service has been financed through the Confiscated Assets Fund (money seized from criminals including drug traffickers) and through funding from the Department for Education and Employment. Progress aims to reinforce the motivation of former drug misusers to live drug-free lives and to reduce the cost of drug related crime primarily by helping drug users move from reliance on ben-

efits into work.<sup>110</sup> Its strategy has been to test different employment-focused approaches by funding six demonstration projects. These became operational in September 2000, five in England and one in Scotland.

The Quality and Performance Improvement Division of the **Department for Education and Employment** lists drug users and ex-offenders among its priority groups for "non-legislative equal opportunities considerations".<sup>111</sup>

Projects aiming to assist drug or alcohol dependents into employment have been funded through bids to the **Single Regeneration Budget**. This supports local partnership initiatives in England to improve the quality of life in areas of need by reducing the gaps between deprived and other areas and between different groups. Among its specific objectives are to improve the employment prospects, education and skills of local people, to address social exclusion, enhance opportunities for the disadvantaged, and to reduce crime and drug abuse and improve community safety.<sup>112</sup> Schemes to help addicts into work could be considered under all these headings.

Scottish Enterprise's **New Futures Fund** supports projects to help young unemployed people from disadvantaged backgrounds find work. Its

target groups include people currently or formerly dependent on drugs or alcohol.<sup>113</sup> By March 2001, 109 projects for these groups had been funded and the Scottish Executive announced that a further £6.5m would be made available to help another 3000 substance abusers into work through skills development and confidence-building schemes, and by arranging financial aid to bridge the transition to work.<sup>114</sup> The fund is supporting a national project based at Scotland's coordinating body for drug services, the Scottish Drugs Forum, intended to promote the development of education and training opportunities for drug users by working closely with drug action teams.

The European Union's Social Fund also supports employment programmes. One of the four strands under this heading (the **INTEGRA** strand) targets vulnerable or disadvantaged groups who are or are at risk of being excluded from the labour market. Within this strand support has been made available for rehabilitation and employment training for alcohol and drug users in Britain and in other EU countries.<sup>115 116</sup>

*The policy climate is now more supportive than ever of employment and training for problem drug and alcohol users*

employability: possibilities for rehabilitation and training. Health and Social Services Institute, 1997. **10** Allen D. "Outside society: drugs and social exclusion." *Druglink*: 1999, 14(4), p. 16–18. **11** Greater London Authority. *Greater London authority proposals to reduce the problems of alcohol and drug use in London*. March 2001. **12** Our 1996–97 project (Akhtar S., et al, op cit) incorporated fieldwork visits to residential and community-based drugs services to gather examples of good practice, as well as interviews with current and ex-drug users (with a variety of drug-use profiles/careers), and with non-drug users. **13** Leitner M., et al. *Drug usage and drugs prevention: the views and habits of the general public*. Home Office, 1993. **14** Faupel C.E. "Heroin use, crime and employment status." *J. of Drug Issues*: 1988, 18(3), p. 467–479. **15** Calpovitz D. *The working addict*. M.E. Sharpe Inc., 1976. **16** Hammarstrom A. "Health consequences of youth unemployment – review from the gender perspective." *Social Science and Medicine*: 1994, 38(5), p. 699–709. **17** Hartnagel T.F., et al. "High school dropouts, labour market success, and criminal behaviour." *Youth and Society*: 1989, 20(4), p. 416–444. **18** Allen D., op cit. **19** Pearson G. "Social deprivation, unemployment and patterns of heroin use." In: Dorn N., et al, eds. *A land fit for heroin?* Macmillan, 1987. **20** Peck D., et al. "Unemployment and illegal drug use: concordant evidence from a prospective study and national trends." *Brit. Med. J.*: 1986, 293, p. 929–932. **21** Neale J. "Drug users aren't working." *Druglink*: 1998, 13(2), p. 21–22. **22** Capucha L. "To have a life, to have a job." In: Pompidou Group, ed. *Drug-misusing offenders in prison and after release*. Council of Europe, 2000, p. 103–115. **23** Greater London Authority, op cit. **24** Christo G. *Service users' perspectives on maintaining abstinence on return to the community following a period of residential rehabilitation*. Unpublished, July 2000. **25** McIntosh J., et al. "The recovery from dependent drug use: addicts' strategies for reducing the risk of relapse." *Drugs: Education, Prevention and Policy*: 2000, 7(2), p. 179–192. **26** Kandel D.B., et al. "Labour force experiences of a national sample of young adult men: the role of drug involvement." *Youth and Society*: 1990, 21(4), p. 411–445. **27** Kandel, D.B., et al. "Patterns of drug use from early adolescence to early adulthood - i ..." *American J. of Public Health*: 1984, 74, p. 660–666. **28** Kandel D.B., et al. "Job mobility and drug use: an event history analysis." *American J. of Sociology*: 1987, 92(4), p. 836–878. **29** Johnson R.J., et al. "Stability of psychological symptoms: drug use consequences and intervening processes." *J. of Health and Social Behaviour*: 1990, 31(3), p. 277–279. **30** Kandel D.B., et al, 1987, op cit. **31** Akhtar S., et al, op cit. **32** McIntosh J., et al, op cit. **33** United Nations Division of Narcotic Drugs, op cit. **34** Kidorf M., et al. "Increasing employment of opioid dependent outpatients: an intensive behavioural intervention." *Drug and Alcohol Dependence*: 1998, 50, p. 73–80. **35** Rosenheck R., et al. "Participation and outcome in a residential treatment and work therapy program for addictive disorders: the effects of race." *American J. of Psychiatry*: 1998, 155, 8, p. 1029–1034. **36** Hollister R.G., et al, eds. *The 'National Supported Work' demonstration*. University of Wisconsin Press, 1991. **37** Hall S.M., et al. "Increasing employment in ex-heroin addicts i: criminal justice sample." *Behaviour Therapy*: 1981 12(4), p. 443–452. **38** Hall S.M., et al. "Increasing employment in ex-heroin addicts ii: methadone maintenance sample." *Behaviour Therapy*:

1981, 12(4), p. 453–460. **39** Wolkstein E., et al. "Vocational rehabilitation." In: Dupont R.L., et al, eds. *Handbook on drug abuse*. US National Institute on Drug Abuse, 1979, p. 159–164. **40** Rosenheck R., et al. "Effectiveness of treatment elements in a residential-work therapy program for veterans with severe substance abuse." *Psychiatric Services*: 1997, 48, p. 928–935. **41** Stead P., et al. "The SHARP carwash. A community-oriented work program for substance abuse patients." *Social Work*: 1990, 35(1), p. 79–80. **42** Platt J.J. "Vocational rehabilitation of drug abusers." *Psychological Bulletin*: 1995, 117(3), p. 416–433. **43** Anglin M.D., et al. "Sex differences in addicts' careers 2: becoming addicted." *American J. of Drug and Alcohol Abuse*: 1987, 13, p. 59–71. **44** Marsh K.L., et al. "Sex differences in opioid addiction careers." *American J. of Drug and Alcohol Abuse*: 1986, 12, p. 309–329. **45** Deren M.P., et al. "The vocational rehabilitation of substance abusers." *J. of Applied Rehab. Counselling*: 1990, 21, p. 3–6. **46** Hammer T., et al. "Work is not enough: a quasi-experimental study of a vocational training program for young drug and alcohol abusers." *J. of Drug Issues*: 1985, 15(3), p. 393–403. **47** Stern H. "Employment training for disadvantaged or dependent populations." *Int. J. of the Addictions*: 1982, 17(1), p. 51–60. **48** Craddock S.G., et al. *Client characteristics, behaviors, and in-treatment outcomes*. US National Institute on Drug Abuse, 1982. **49** Kleinman P.H., et al. "The Comprehensive Vocational Enhancement Program: a research/demonstration project." In Inciardi J.A., et al, eds. *Innovative approaches in the treatment of drug abuse: program models and strategies*. Greenwood Press, 1993. **50** Brewington V., et al. "Obstacles to the utilisation of vocational services: an analysis of the literature." *Int. J. of the Addictions*: 1987, 22(11), p. 1091–1118. **51** Hubbard R., et al. *Employment related services in drug treatment programs*. Research Triangle Institute, 1981. **52** Metzger D.S., et al. "Solving vocational problems for addicts in treatment." In: Platt J.J., et al, eds. *The effectiveness of drug abuse treatment: Dutch and American perspectives*. 1990, p. 101–112. **53** Nelson J.E., et al. "Developing linkages with CETA." *Int. J. of the Addictions*: 1982, 17(7), p. 1241–1251. **54** Hall S.M., et al. "Increasing employment in ex-heroin addicts i ..." Op cit. **55** Hall, S.M., et al. "Increasing employment in ex-heroin addicts ii ..." Op cit. **56** French M.T., et al. "Training and employment programs in methadone treatment: client needs and desires." *J. of Substance Abuse Treatment*: 1992, 9, p. 293–303. **57** French M.T., et al. "Cost analysis of training and employment services in methadone treatment." *Evaluation and Program Planning*: 1994, 17(2), p. 107–120. **58** Appel P.W., et al. "Impact of a vocational counselor on employment-related outcomes among methadone patients." *Evaluation and Program Planning*: 2000, 23, p. 437–448. **59** McLellan A.T., et al. "Problem-service 'matching' in addiction treatment: a prospective study in 4 programs." *Archives of General Psychiatry*: 1997, 54, p. 730–735. **60** Luchansky B., et al. "Chemical dependency treatment and employment outcomes: results from the 'ADATSA' program in Washington state." *Drug and Alcohol Dependence*: 2000, 60, p. 151–159. **61** Platt J.J., et al. *Final report. Role of work in the rehabilitation of methadone clients*. US National Institute on Drug Abuse, 1987. **62** Duckert F. "Vocational rehabilitation of alcohol abusers and drug addicts – a social learning theory approach." In: Krasner N., et al, eds. *Alcohol related problems*. John Wiley, 1984. **63** Fiorentine R.

"Effective drug treatment: testing the distal needs hypothesis." *J. of Substance Abuse Treatment*: 1998, 15(4), p. 281–289. **64** Kidorf M.K., et al, op cit. **65** Christo G., 2000, op cit. **66** McIntosh J., et al, op cit. **67** Sackstein E. "Drugs and youth: an international perspective on vocational and social reintegration." *Bulletin on Narcotics*: 1981, 4, p. 33–45. **68** French M.T., et al., 1992, op cit. **69** Siddall J.W., et al. "Interactional variables associated with the retention and success in residential drug treatment." *Int. J. of the Addictions*: 1988, 23(12), p. 1241–1254. **70** Egan D. "Aftercare of drug addicts: the missing link in rehabilitation." *Illinois Medical J.*: 1996, 130(4), p. 500–512. **71** Vaillant G.E. "What can long term follow-up teach us about relapse prevention of relapse in addiction?" *Brit. J. of Addiction*: 1988, 83, p. 1147–1157. **72** Kleinman P.H., et al, op cit. **73** Platt J.J., 1995, op cit. **74** Alder C., et al. *The reintegration problems of drug using young offenders*. [Australian] National Campaign Against Drug Abuse, 1992. **75** Luchansky B., et al, op cit. **76** Young N., et al. *Implementing welfare reform: solutions to the substance abuse problem*. Children and Family Futures, 1997. **77** Renwick R.M., et al. "Personal and environmental factors related to about relapse: implications for substance abuse intervention." *J. of Rehabilitation*: 1992, 58(1), p. 23–28. **78** Gearing F.R., et al. "Impact of the economic recession on the employment of heroin addicts in methadone maintenance treatment." In: Schechter A., et al, eds. *Critical concerns in the field of drug abuse*. New York: Marcel Dekker, 1978. **79** McIntosh J., et al., op cit. **80** Herbert T. From addiction to employment conference. 5 September 2000, London. **81** Greater London authority, op cit. **82** Meier P. *Opportunities for change. Barriers to the utilisation of education, training and employment provision for people with drug problems in Leicester, Leicestershire and Rutland*. Drug Misuse Research Unit, University of Manchester, undated. **83** Gossop M., et al. "Training employment service staff to recognise and respond to drug using clients." *Addictive Behaviors*: 1994, 19(2), p. 127–134. **84** West S.L., et al. "Comparisons of vocational rehabilitation counselors' attitudes toward substance abusers." *J. of Applied Rehabilitation Counseling*: 1999, 30(4), p. 33–37. Cited in: Meier P., op cit. **85** Fletcher D.R., et al. *Building bridges into employment and training for ex-offenders*. Joseph Rowntree Foundation, 1998. **86** Fletcher D.R., et al, op cit. **87** Capucha L., op cit. **88** French M.T., et al, 1992, op cit. **89** Alge S., et al. "Education, education, education: development of a specialised learning centre for drug users." *Druglink*: 1999, 14(2), p. 21–23. **90** Buchanan J., et al. *The impact of the Second Chance structured day programme for recovering drug users*. Social Partnership/Transit, 1998. **91** Sarno C., et al. *Working their way out of offending: an evaluation of two probation employment schemes*. Home Office, 2000. **92** Greater London Enterprise. *Next Steps project evaluation. Final report*. Unpublished. March 2000. **93** Akhtar S., et al, op cit. **94** Alge S., et al, op cit. **95** Walters N. *Addiction, recovery and employment*. Unpublished. January 2001. **96** Buchanan J., personal communication, 10 October 1997. **97** Social Partnership. *Transit structured day programme. The vital statistics 1998/99*. **98** Social Partnership. *Transit structured day programme. Analysis of the students' evaluation of the programme March and June 1999*. **99** Social Partnership. *Transit ... 1998/99*. Op cit and personal communication from Transit, 29 August 2001. **100** Greater London Enterprise, op cit. **101** *THE NEXT STEPS Project*. [Handout] From addiction to employment conference. September 2000, London. **102** *Next Steps Project annual report 2000/2001*. **103** Black B.J., et al. "Vocational rehabilitation." In: Lowinson J.H., et al, eds. *Substance abuse and clinical problems and perspectives*. Williams and Wilkins, 1981. **104** Buchanan J., et al, op cit. **105** Greater London Enterprise, op cit. **106** President of the Council. *Tackling drugs to build a better Britain. The Government's ten-year strategy for tackling drugs misuse*. April 1998. **107** Fletcher D.R., et al, op cit. **108** HM Treasury. *Budget 2001*. Chapter 4. **109** HM Treasury. *Chancellor Of The Exchequer's Budget Statement*. 7 March 2001. **110** Mowlam M. "Mo Mowlam launches £600,000 initiative to help former drug misusers." Press Release. Cabinet Office, 2000. **111** Department for Education and Employment and TEC National Council. *Quality and Performance Improvement Division. Social inclusion: equality assurance*. 1999. Cited in: Meier P., op cit. **112** Department of the Environment, Transport and the Regions. *The Single Regeneration Budget (SRB). SRB in 2001/02*. **113** Scottish Executive. "Nicol Stephen welcomes New Futures Fund successes." News Release SE01111/2000, 18 April 2000. **114** Scottish Executive. "Breaking-down the barriers to jobs for recovering and reformed drug addicts." News Release SE0605/2001, 12 March 2001. **115** European Union. *The European Union in action against drugs*. Office of the European Communities, 1997. **116** ECOTEC Research and Consulting Ltd. *Working with ex-offenders: lessons from INTEGRA*. ECOTEC, 2000.

### Keep in touch

► The **Centre for Economic and Social Inclusion** web site at [www.cesi.org.uk](http://www.cesi.org.uk) is a key source for new developments and provides comprehensive information and links relevant to employment and training for disadvantaged groups, including drug and alcohol users. In particular follow links to drugs and employment and Progress. Contact with relevant projects and other agencies involved in the sector is available through Progress's Drugs and Employment Network, a web and e-mail based forum for the exchange of information and good practice. To join, e-mail [info@progress-csi.org](mailto:info@progress-csi.org).

► **Inclusion News**, a free e-mail newsletter from the national 'drugs and the law' charity Release, is designed to keep professionals working to provide services for vulnerable young people up to date with the latest developments in drugs, young people and social exclusion. To join e-mail [inclusion@release.org.uk](mailto:inclusion@release.org.uk).

► For the **full literature review** on which this article was based, obtain a copy of: Akhtar S., Nightingale R., South N. *Drugs, unemployment and employability: possibilities for rehabilitation and training*. Health and Social Services Institute, 1997. £10 inc. p&p from HSSI, University of Essex, Colchester CO4 3SQ.