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Population estimates of problematic drug users in England who access DWP benefits: A feasibility study

Gordon Hay and Linda Bauld

A report of research carried out by the University of Glasgow and the University of Bath on behalf of the Department for Work and Pensions

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Abbreviations

CTB	Council Tax Benefit
DAT	Drug Action Team
DLA	Disability Living Allowance
DTORS	Drug Treatment Outcomes Research Study
DWP	Department for Work and Pensions
HB	Housing Benefit
HMRC	Her Majesty's Revenue & Customs
IB	Incapacity Benefit
IS	Income Support
JSA	Jobseeker's Allowance
LAD	Local Authority District
MB	A grouping of benefits (for the purpose of this study) that is referred to as main benefits
NBD	National Benefits Database
PDU	Problem Drug Users
SDA	Severe Disablement Allowance
WPLS	Work and Pensions Longitudinal Study

Summary

This feasibility study aimed to estimate the number of problem drug users (PDUs) accessing DWP benefits. Although an original aim was to examine the feasibility of using a statistical technique called capture-recapture to provide main estimates, it was found to be more appropriate to combine capture-recapture estimates of the number of PDUs from a Home Office study with information on the uptake of benefits from a representative sample of drug users accessing drug treatment.

The main results of the study are the number of opiate and/or crack cocaine users accessing DWP benefits and these estimates are for 2006. Only current opiate and/or crack cocaine users are included in the definition of problem drug use.

Estimates were derived for each of the following benefits, which are known as 'main benefits' throughout the report:

- Disability Living Allowance (DLA);
- Incapacity Benefit (IB);
- Income Support (IS);
- Jobseeker's Allowance (JSA).

A combined 'main benefits' group was also constructed which referred to individuals in receipt of one (or more) of these benefits or Severe Disablement Allowance (SDA). Estimates were also derived by gender or age group. Although the primary results are the national estimates for England, local estimates were also obtained at both the Government Office Region level and the Drug Action Team (DAT) area level.

In total it was estimated that there were approximately 267,000 PDUs accessing the main DWP benefits in England, in 2006. This corresponds to 6.6 per cent of the total number of working age individuals accessing those benefits and 7.4 per cent of those aged under 25 accessing those benefits. In terms of individual benefits, it was estimated that there were approximately 66,000 PDUs accessing JSA (8.2 per cent of the total accessing that benefit), approximately 146,000 PDUs accessing IS (8.1 per cent of the total accessing that benefit), approximately 87,000 PDUs accessing IB (4.4 per cent of the total accessing that benefit) and approximately

25,000 PDUs accessing DLA (1.9 per cent of the total accessing that benefit). As a comparison, only 1.1 per cent of the total working age population of England is estimated to be PDUs. The majority of those PDUs accessing benefits are male (76 per cent) and regional differences were found.

The national analysis assumes that the uptake of DWP benefits by PDUs who seek treatment for their drug use, is similar to that of PDUs not in treatment. This assumption cannot be tested; however, there is no available evidence to suggest that it is incorrect. The analyses from which the regional or local estimates are derived assume that there are no regional differences in the levels of benefit uptake. This assumption may not always be valid as there may, for example, be local differences in the availability of employment.

Notwithstanding the above caveats, it is likely that there are over a quarter of a million individuals in England who are in receipt of DWP benefits and use drugs such as heroin or crack cocaine.

1 Introduction

This report outlines findings from a DWP-funded feasibility study to estimate the size of the drug using population accessing DWP benefits. The research was conducted by Dr Gordon Hay of the Centre for Drug Misuse Research at the University of Glasgow and Dr Linda Bauld from the University of Bath.

The original aim of the study was to investigate the feasibility of using a statistical method, known as capture-recapture, to estimate the number of PDUs who access DWP benefits. Although its roots are mainly in biology, the capture-recapture method has been used to estimate the size of hard to count or covert human populations such as sex workers, homeless people or PDUs. It is being used to estimate the prevalence of problem drug use in various settings across the UK and Europe and in particular, within a Home Office funded study to estimate the number of opiate and/or crack cocaine users at the local and national level in England.

Within the current feasibility study it was quickly established that the capture-recapture method, on its own, would not be appropriate for establishing the number of PDUs who are accessing DWP benefits. This was because personal identifier data from three or more data sources specific to drug users on benefits would have been required to carry out that type of analysis. However, it was possible to combine the results of the Home Office national problem drug use prevalence studies with information from a large scale quantitative study of PDUs to provide the required estimates.

The amended aims of the study, therefore, were to:

- provide a national estimate of the number of PDUs accessing a combination of DWP benefits;
- provide national estimates of the number of PDUs accessing DWP benefits separately;
- where appropriate, provide local estimates of the number of PDUs accessing the main DWP benefits (and specific benefits); and
- to provide estimates stratified by gender and estimates stratified by age group.

2 Data and methods

2.1 Data sources

There were three main data sources used to carry out this work:

- Home Office Problem drug use prevalence estimates;
- Drug Treatment Outcomes Research Study (DTORS) (Home Office);
- Work and Pensions Longitudinal Study (WPLS) (DWP).

2.1.1 Problem drug use prevalence estimates

Estimates of the number of PDUs in England were taken from a Home Office-funded study currently being carried out by the Centre for Drug Misuse Research at the University of Glasgow in conjunction with the National Drug Evidence Centre at the University of Manchester. The estimates provide the most accurate available figures on the extent of problem drug use in England and have been cited in the 2008 UK drugs strategy[1]. Full details of the Home Office study are available[2]; and a summary of the main points of the study is outlined below.

The national prevalence study provides three successive yearly estimates of the number of PDUs, defined as individuals who are using opiates (such as heroin) and/or crack cocaine, in the financial years 2004/05, 2005/06 and 2006/07. This case definition of problem drug use, therefore, does not include the use of drugs such as powder cocaine. This is, in part, due to the study design proposed by the commissioners of the study (the Home Office) and in part, due to the available methods which are not appropriate for measuring the prevalence of powder cocaine use. The estimates also only refer to 'current' drug use within those three years and do not attempt to quantify the number of people who could be considered as ex-drug users. The opiate and/or crack cocaine use estimates are broken down into opiate use estimates, crack cocaine use estimates and drug

1 http://drugs.homeoffice.gov.uk/drug-strategy/overview/ See page 50.

2 http://www.homeoffice.gov.uk/rds/pdfs07/rdsolr2107.pdf and http://www.homeoffice.gov.uk/rds/pdfs06/rdsolr1606.pdf

injecting estimates, although for the purpose of the current feasibility study only the estimates of the prevalence of opiate and/or crack cocaine use were used.

The capture-recapture method involves cross-referencing data from three or more data sources on problem drug use to establish the overlap between data sources. Once this overlap pattern has been found, it can be used within a statistical model to provide an estimate of the number of individuals who use drugs but do not appear in any of the contributing data sources. This estimated size of the hidden population is added to the known or visible population (used to obtain the overlap pattern) to give an estimate of the size of the total problem drug use population. Four data sources were used in the Home Office prevalence study; PDUs in structured treatment, PDUs identified from the probation service, drug users identified from within prison settings and those found in possession of opiates or crack cocaine use (collated by the Police).

The capture-recapture analyses were carried out at the DAT area level. There are 149 DAT areas in England and they are either coterminous with Unitary Authorities (e.g. Sheffield), Counties (e.g. Cumbria) or London Boroughs (e.g. Camden). The capture-recapture analysis was not successful in some DAT areas so in those areas a different method, known as the multiple indicator method was used to estimate problem drug use prevalence. The multiple indicator method, is essentially a linear regression model that assumes that problem drug use prevalence is correlated with readily available data (known as indicator data) such as published numbers in treatment or published data on drug-related crime. In total, 110 out of the 149 DAT areas received an estimate based on the capture-recapture method and the remaining 39 DAT areas received an estimate derived from the multiple indicator method. For the purposes of this study there is no difference between problem drug use prevalence estimates derived using the capture-recapture method and the estimates derived from the multiple indicator method.

The national prevalence estimate is obtained by summing the 149 DAT area estimates. The prevalence estimates are specific to the 15 to 64 years of age group and are available stratified by gender and by age group (15 to 24 years of age, 25 to 34 years of age and 35 to 64 years of age). The estimates used in the current feasibility study are for the financial year 2005/06.

2.1.2 Drug Treatment Outcomes Research Study

The DTORS is a longitudinal study, funded by the Home Office and being carried out by the National Drug Evidence Centre at the University of Manchester (in conjunction with the National Centre for Social Research), looking at the effectiveness of drug treatment. Its baseline sample comprised 1,796 individuals recruited from 342 treatment facilities across 94 DAT areas. All of the treatment facilities were what are known as Tier 3 or Tier 4 treatment agencies in that they provide structured treatment, such as prescribing, structured day programmes, structured psychosocial interventions or residential treatment to their clients. Tier 2 services, such as needle exchanges, were not used for recruitment into the study.

The DTORS instrument included a question on the benefits received by each participant. This question was asked of adults presenting for a new episode of drug treatment within DATs in the study. Participants were asked to identify the benefits that they receive from a card listing all available benefits. The question was asked at an interview conducted as soon as possible after assessment for treatment, within a limit of four weeks. The fieldwork was carried out in different stages, all within the calendar year 2006.

DTORS data covers the full range of benefits, but uptake data on Housing Benefit (HB) and Council Tax Benefit (CTB) was not available in the same form from another key data source for this study, the WPLS (see Section 2.1.3). There is likely to be considerable overlap between HB and CTB receipt and the main benefits included in this study – ie those on IS will be receiving CTB, for example. DTORS also has information about the uptake of Child Benefit but as this benefit is given to all parents (whether or not they use drugs), it was not included in the analysis. It would be possible to include the uptake of Child Benefit in any future analysis.

The baseline sample of DTORS[3] is broadly representative of drug users entering treatment in England. Of the total sample, 27 per cent were female, 20 per cent were under the age of 25 and 89 per cent were white. In the four weeks preceding the interview, 62 per cent had used heroin and 44 per cent had used crack cocaine. It is not known whether the DTORS sample would be representative of drug users in treatment in terms of their uptake of benefits, however, there is no reason to suspect otherwise. In total the national prevalence study identified that there were 151,666 opiate and/or crack cocaine users in treatment in 2005/06. The actual number of opiate and/or crack cocaine users in treatment would differ slightly due to different methods of analysing data from treatment services within the prevalence study. Thus, the results of the national prevalence study suggest that 46 per cent of opiate and/or crack cocaine users in England are in contact with Tier 3 or Tier 4 treatment services. As drug users not in contact with treatment services are a covert, often hidden, population, little is known as to whether the DTORS sample would be representative of all opiate and/or crack cocaine users in England either in terms of their demographics or their uptake of DWP benefits. However, there is no evidence to suggest that those in treatment are in any way more, or less, likely to be in receipt of benefits.

2.1.3 Work and Pensions Longitudinal Study

The WPLS links benefit and programme information held by DWP on its customers, with employment records from Her Majesty's Revenue & Customs (HMRC). It is used for a range of statistical and research analyses and can be accessed by means of an online tabulation tool on the DWP website[4]. It includes information on a range of benefits and can be interrogated to provide information by local authority of residence, gender, age group or whether or not the individual is of

[3] http://www.homeoffice.gov.uk/rds/pdfs07/horr03c.pdf

[4] http://www.dwp.gov.uk/asd/tabtool.asp

working age. It also provides information on some of the more common benefit combinations (such as information on those in receipt of IB and DLA), although not all combinations are included. Information is also provided on the 'statistical group' each individual has been assigned to, i.e. job seeker, lone parent, carer, etc.

2.2 Numbers of people on benefit

In August 2006, there were over 17 million people in Great Britain[5] in receipt of one or more of the following benefits:

- Attendance Allowance;
- Bereavement Benefit;
- Carer's Allowance;
- DLA;
- IB/SDA;
- IS;
- JSA;
- Pension Credit;
- State Pension;
- Widow's Benefit.

Of this total, there were 13,974,910 individuals living in England in receipt of benefits, 1,544,030 living in Scotland, 967,750 living in Wales and 1,065,290 individuals living abroad.

Many of the individuals in receipt of benefits will be children or those 65 years of age or over in receipt of the State Pension. Excluding those under the age of 16 and over the age of 64, there were 5,724,290 individuals in England in receipt of one or more of the benefits listed above in August 2006. The WPLS also describes people of working age (which will account for the differences in normal retirement age for men and women and those at the younger age). Thus, there are 4,444,430 people of working age in England on one or more of the benefits previously described.

Not all of these benefits are equally relevant when looking at numbers of PDUs who access DWP benefits. For example, the number of PDUs who are in receipt of JSA or who are on IB will be more interesting than the numbers in receipt of Widow's Benefit.

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5 The tabulation tool does not include information on individuals living in Northern Ireland.

The DWP tabulation tool can be used to look at different benefits individually and also different combinations of benefits. In addition, claimants are split into different statistical groups that are mutually exclusive and hierarchical. The statistical groups are:

- job seekers;
- IB;
- lone parent;
- carer;
- others on income-related benefit;
- disabled;
- bereaved.

The groups are mutually exclusive, therefore a lone parent who was also claiming IB would only appear in the IB group.

Some combinations are more common than others, and those combinations that include the State Pension are not relevant for this study. The combinations will also vary by age group. For the youngest 16-24 age group 38 per cent are on JSA only, 26 per cent are on IS only, nine per cent are on DLA and five per cent are on IB only. When statistical groups are explored, 39 per cent are in the job seeker's group, 23 per cent are in the IB group and 23 per cent are lone parents. Many of those in receipt of IB were in receipt of other benefits, hence, they would not appear in the IB only combination.

There were fewer people aged 25 to 34 who were only claiming JSA (22 per cent) and more only claiming IS (29 per cent claiming IS only). For this age group it is perhaps more relevant to look at the statistical groups since there are many people in receipt of more than one type of benefit. The largest statistical group for 25 to 34 year olds is IBs at 36 per cent, followed by lone parents at 30 per cent and job seekers at 23 per cent. For the older age group (35 to 64) a clear picture only appears when looking at the statistical groups, where 59 per cent are in the IBs group, followed by only 11 per cent in the Job Seekers group and nine per cent in the Lone Parents Group.

The DTORS study provides information on the following benefits:

- DLA;
- IB;
- IS;
- JSA;

- Pension Credit[6];
- SDA.

Along with a number of other categories that are not included in the DWP tabulation tool.

As we are only including those of working age in the analysis, we will exclude Pension Credit and Attendance Allowance from the list of benefits that we would be interested in.

We will look at the following benefits individually:

- DLA;
- IB;
- IS;
- JSA;

and provide information on the estimated number of PDUs on each benefit. We can also look at the following five benefits together:

- DLA;
- IB;
- IS;
- JSA;
- SDA;

and provide estimates of the number of PDUs who are on any of those benefits. To make valid comparisons, we can look at the total numbers in the working age population in receipt of any of the following benefits:

- Bereavement Benefit;
- Carer's Allowance
- DLA;
- IB/SDA;
- IS;
- JSA;
- Widow's Benefit.

However. including anybody that is in receipt of any of those benefits would include individuals who may not be directly relevant to this study, i.e. those only on

6 Included within a wider Pension Credit/Minimum income guarantee/ Guarantee credit category.

Bereavement Benefit, Carer's Allowance or Widow's Benefit. We have, therefore, used the statistical group information to remove those in the carers or the bereaved statistical group (which, due to the hierarchical nature of the statistical groups, would exclude the small numbers of individuals who are disabled and carers).

Thus, there were 4,035,120 individuals in England in August 2006 who were defined, for the purposes of the current feasibility study, as being in receipt of the main benefits. There may be an argument for also taking out the 676,999 individuals who were in the lone parent group (but not job seekers or on IB) but this was not explored further in the study, in part, since it may be assumed that some PDUs would be in receipt of benefits due to them being a single parent.

2.3 Geography

Information on benefit uptake from the DWP tabulation tool is collated at the Local Authority District (LAD) level. Local government in England is organised in different ways, with London Boroughs, Unitary Authorities (including Metropolitan Districts such as Salford or Sheffield) and County Districts (such as Craven in North Yorkshire or Vale of White Horse in Oxfordshire) all collectively being LADs. There are 354 LADs in England, which (excluding the Isles of Scilly and the City of London) range in working age population size from about 15,000 in Teesdale (County Durham) to over 600,000 in Birmingham.

DATs are the main decision-making bodies delivering the Government's Drug Strategy at the local level. DAT areas are coterminous with London Boroughs, Unitary Authorities (including Metropolitan Districts) or Counties. Thus, for many areas, LADs and DAT areas are coterminous. Within a County DAT area, such as Lancashire or Kent, there can be up to 12 LADs within the DAT area. However, it is relatively straightforward to sum the benefits information at the LAD level to produce DAT area level information and it is at this level of aggregation the analyses were carried out.

The estimates in this report are presented at the Government Office Regional level. There are nine Government Office Regions in England, and the DAT area level information can be summed to give these regional estimates.

This study focuses on England only, despite DWP data being available at the Great Britain level. Comparable information on the prevalence of problem drug use is available for Scotland, however, such information is not currently available for Wales. To enable a Great Britain level estimate of the number of PDUs it would need to be assumed that the PDU prevalence rate in Wales is similar to either that found in England or that found in the combined area of England and Scotland. Neither assumption can be rigorously tested at this stage. Moreover, the DTORS study only sampled from treatment services in England and although there is no obvious reason why PDUs in Scotland or in Wales would be more or less likely to be in receipt of DWP benefits, this is another assumption that could not be tested within the current feasibility study.

2.4 Time period

The drug misuse prevalence estimates used in the current feasibility study related to the financial year 2005/06 and for the purposes of the current feasibility study it is assumed that these prevalence estimates are also relevant for the calendar year 2006 (an assumption that may be valid as the national prevalence estimate in 2005/06 did not significantly differ from the estimate for 2004/05). The data on benefit uptake from the DWP tabulation tool were for August 2006, whereas the baseline interviews for the DTORS study were carried across 2006. The drug misuse prevalence estimates can be considered as period prevalence estimates, in that they relate to individuals using heroin and/or crack cocaine at any time across the financial year 2005/06. The benefits data, however, would be a point prevalence measure, in that it only includes people on benefit at a specific point in August 2006. The DTORS data will, strictly speaking, be neither a point prevalence measure nor a period prevalence measure as respondents were interviewed at different points in the year 2006 (although it would refer only to the benefits the respondent is on at the time of interview and thus, be similar to a point estimate). There may be seasonal differences in the uptake of benefits by the wider working age population or PDUs specifically, however, little is known about this. Thus, the current feasibility study takes a period prevalence estimate for 2006 and uses it in combination with two point estimates, both of which relate to 2006, to derive a period prevalence of the number of PDUs who were accessing DWP benefits in 2006.

2.5 Analysis

The method used to estimate the number of PDUs who access DWP benefits is relatively straightforward, however, the difficulty arises in manipulating and combining datasets that are collated differently at the Government Office Region, DAT, or LAD. As an example of the methods used, we can describe the approach taken to estimate that, in England, 16 per cent of 25 to 34 year olds in receipt of JSA are PDUs.

From the Home Office-funded National Prevalence Study, it was estimated that there were 143,608 individuals in England using opiates (such as heroin) or crack cocaine in the financial year 2005/06. The Home Office-funded DTORS, which is a national representative study of PDUs (mainly opiate or crack cocaine users) in contact with treatment services, found that 21.49 per cent of respondents aged 25 to 34 were in receipt of JSA. We, therefore, assume that 21.49 per cent of all 143,608 opiate/crack cocaine users aged between 25 and 34 were in receipt of JSA; this amounts to 30,859 individuals. As we know that there were 188,860 individuals aged between 25 and 34 in receipt of JSA in England in August 2006, we can express the estimated number of individuals in receipt of JSA who are PDUs as a percentage of the total number in receipt of that benefit, which would be 16.34 per cent.

This approach is taken initially at the DAT area level and, within DAT area, by gender or by age group (under 25, 25 to 34 and over 34) and by type of benefit. The results by DAT area are then summed to get national and Government Office Region estimates. As described previously, a 'main benefits' group was constructed to give a total number of people on the benefits that were considered to be relevant to this study and the methodological approach was also applied to the data for that group.

2.6 Rounding and other errors

The current feasibility study collates and combines data and estimates from three distinct sources, two of which are estimates that are subject to sampling error and one of which (the DWP tabulation tool) has been rounded to the nearest ten individuals. When summing the rounded benefits data, rounding errors may be introduced. As the methodological approach outlined above was carried out separately within DAT area by gender, by age group and then at the unstratified DAT area level, the total estimate (at the DAT, Government Office Region or national level) would not be the sum of the gender or age-group stratified estimates. This is due to the sampling strategy of the DTORS study that aimed to be representative of the gender or age group break down of PDUs accessing treatment, rather than the general working age population.

The results of the current feasibility study are estimates, and it is common for estimates to be accompanied by measures of the statistical error, such as 95 per cent confidence intervals. The drug misuse prevalence estimates do have confidence intervals and it would be possible to derive confidence intervals for the DTORS information. Although not straightforward, it would be possible to combine the confidence intervals in the prevalence estimates and the DTORS study with the data from the DWP tabulation tool. This has not been done, as it would have perhaps given the estimates some kind of artificial accuracy not appropriate for a feasibility study of this kind. The estimates depend heavily on the validity of the assumptions outlined above, some of which cannot be rigorously tested. For example, it would be perhaps misleading to state that there were 266,798 PDUs in England in receipt of the main benefits with a 95 per cent confidence interval of 255,000 to 280,000, as that estimate (and confidence interval) is only valid if the uptake of benefits by drug users in treatment is similar to those who were not in treatment.

Finally, in reading the results of this study which follow, it is important to point out that, although in tables the estimates are given with no rounding, they have been rounded to the nearest thousand in the text.

3 Results

The results from the study are presented in a series of tables that provide the estimates at the Government Office Region level (including totals for England); followed by tables that provide the national estimates stratified by gender and age group. Estimates at the DAT area level can also be provided on request. It should, however, be noted that DAT areas are often much smaller than Government Office Regions and the prevalence estimates for DAT levels would be subject to more error and thus, have wider confidence intervals. In addition, the DAT area level estimates could be more affected by violation of assumptions, particularly the assumption that the benefit uptake estimates from the national DTORS study holds for all DAT areas.

Table 3.1 presents the estimates of the number of opiate and/or crack cocaine users in England in 2005/06 at the Government Office Region level, stratified by gender. The estimates are also given by age group in Table 3.2.

Table 3.1 Estimated numbers of PDUs by Government Office Region and gender, England 2006

	All	Female	Male
East of England	19,174	4,773	14,401
East Midlands	24,845	5,507	19,338
London	78,984	16,697	62,287
North East	15,735	3,777	11,958
North West	54,953	12,919	42,034
South East	30,533	7,585	22,948
South West	29,491	8,102	21,389
West Midlands	37,311	8,065	29,246
Yorkshire and the Humber	41,064	9,948	31,116
England	**332,090**	**77,373**	**254,717**

Source: Home Office Prevalence Estimates.

Table 3.2 Estimated numbers of PDUs by Government Office Region and age group, England 2006

	All ages	15 – 24	25 – 34	35 - 64
East of England	19,174	3,459	8,278	7,435
East Midlands	24,845	6,633	11,103	7,109
London	78,984	11,750	29,383	37,855
North East	15,735	4,127	7,994	3,612
North West	54,953	7,575	24,134	23,245
South East	30,533	7,131	12,560	10,843
South West	29,491	5,318	12,805	11,365
West Midlands	37,311	9,336	17,383	10,591
Yorkshire and the Humber	41,064	10,832	19,967	10,268
England	**332,090**	**66,161**	**143,608**	**122,323**

Source: Home Office Prevalence Estimates.

In total it was estimated that there were 332,090 individuals using opiates (such as heroin) and/or crack cocaine. Tables 3.3 and 3.4 present this information as prevalence rates, with the working age population (16 to 64 years of age for males, 16 to 59 for females) as the baseline population. The working age population as of August 2006 (from the DWP website) was 31,059,200, which is slightly smaller than the total population aged 15 to 64 (33,311,400) as used within the national prevalence study.

Table 3.3 Estimated percentage of working age people in England who use opiate and/or crack cocaine, 2006

	All	Female	Male
East of England	0.57	0.30	0.83
East Midlands	0.94	0.44	1.40
London	1.59	0.70	2.43
North East	1.00	0.50	1.48
North West	1.31	0.64	1.94
South East	0.61	0.32	0.89
South West	0.98	0.56	1.36
West Midlands	1.15	0.52	1.72
Yorkshire and the Humber	1.32	0.67	1.93
England	**1.07**	**0.52**	**1.58**

Table 3.4 Estimated percentage of working age people in England who use opiate and/or crack cocaine 2006

	All	15 – 24	25 – 34	35 – 64
East of England	0.57	0.60	1.19	0.36
East Midlands	0.94	1.33	2.11	0.44
London	1.59	1.30	2.02	1.46
North East	1.00	1.33	2.66	0.38
North West	1.31	0.93	2.83	0.92
South East	0.61	0.80	1.23	0.35
South West	0.98	0.98	2.21	0.60
West Midlands	1.15	1.50	2.59	0.54
Yorkshire and the Humber	1.32	1.75	3.19	0.55
England	**1.07**	**1.14**	**2.13**	**0.66**

As Tables 3.3 and 3.4 shows, approximately one per cent of the population of England aged 15 to 64 use opiates or crack cocaine. It should be noted that the prevalence estimates in Tables 3.3 and 3.4 are slightly different from the published Home Office prevalence estimates as the current feasibility study relates to people of working age, rather than all people aged 15 to 64 years of age.

As can been seen from Table 3.3, the prevalence of problem drug use varies across England, with the highest prevalence in the London Government Office Region. The prevalence also varies by gender, with more males using drugs such as heroin or crack cocaine than females. From Table 3.4 it is estimated that approximately 1.59 per cent of people of working age are PDUs, with the highest prevalence in the 25 to 34 age group.

Table 3.5 presents the results from the relevant questions within the DTORS survey, stratified by benefit and gender. In total, 80 per cent of those sampled were on one or more of the main benefits of interest. Slightly more females were on benefit.

Table 3.5 Estimated proportion of the DTORS sample on main benefits, by benefit and gender, England 2006

	All	Female	Male
JSA	19.8	11.2	22.9
IS	43.8	60.0	37.9
DLA	7.5	7.8	7.3
IB	26.2	24.0	26.9
Main benefits	**80.3**	**82.1**	**79.7**

Source: DTORS, 2007.

This information is stratified by age group in Table 3.6, which shows that in general, the older age groups are more likely to be on benefits. This trend differs for JSA where the younger age groups are more likely to be in receipt of this benefit.

Table 3.6 Estimated proportion of the DTORS sample on main benefits, by benefit and age group, England 2006

	All	< 25	25 – 34	> 34
JSA	19.8	26.7	21.5	14.7
IS	43.8	34.6	44.3	46.9
DLA	7.5	2.3	5.6	11.7
IB	26.2	13.8	21.4	36.9
Main benefits	**80.3**	**68.2**	**79.8**	**85.3**

Source: DTORS, 2007.

Table 3.7 presents the total numbers of individuals of working age who, for the purposes of this study, were in the main benefits group (i.e. in receipt of JSA, IS, IB, DLA or SDA). Tables 3.8 and 3.9 present these numbers on benefits by gender and by age group.

Table 3.7 Numbers of people on main benefits, by Government Region and benefit, England 2006

	JSA	IS	DLA	IB	MB
East of England	66,260	143,540	116,330	156,800	338,100
East Midlands	63,520	129,720	118,750	160,020	325,570
London	165,620	376,090	173,920	291,830	703,880
North East	50,920	116,150	88,220	154,890	279,510
North West	118,200	308,330	246,280	381,640	694,170
South East	82,580	196,100	152,910	210,120	450,000
South West	49,250	140,820	121,100	173,730	327,020
West Midlands	112,010	195,630	153,660	220,170	476,870
Yorkshire and the Humber	90,160	183,550	154,290	217,630	439,750
England	**798,520**	**1,789,930**	**1,325,460**	**1,966,830**	**4,034,870**

Source: DWP WPLS.

Table 3.8 Numbers of people on main benefits, by gender, England 2006

	All	Female	Male
JSA	798,520	224,520	574,000
IS	1,789,930	1,154,920	635,130
DLA	1,325,460	608,110	717,260
IB	1,966,830	795,230	1,171,600
Main benefits	**4,034,870**	**1,951,850**	**2,083,020**

Source: DWP WPLS.

From Table 3.8 it can be seen that, out of the total 4,034,870 people in the main benefits group, just over 48 per cent were female.

Table 3.9 Numbers of people on main benefits, by age group, England 2006

	All Ages	< 25	25 – 34	> 34
JSA	798,520	243,990	188,860	363,250
IS	1,789,930	244,920	452,930	1,091,950
DLA	1,325,460	124,810	151,670	1,048,600
IB	1,966,830	136,580	237,070	1,593,100
Main benefits	**4,034,870**	**607,450**	**761,300**	**2,666,950**

Source: DWP WPLS.

The estimates of the number of PDUs from Tables 3.1 and 3.2 were combined with information from the Home Office-funded DTORS study (Tables 3.5 and 3.6) to obtain the estimates given in Tables 3.10, 3.11 and 3.12.

Table 3.10 Estimated numbers of people on main benefits who are PDUs, by Government Office Region and benefit, England 2006

	JSA	IS	DLA	IB	MB
East of England	3,791	8,406	1,430	5,016	15,404
East Midlands	4,913	10,892	1,853	6,499	19,960
London	15,618	34,628	5,890	20,661	63,455
North East	3,111	6,899	1,173	4,116	12,641
North West	10,866	24,092	4,098	14,375	44,149
South East	6,038	13,386	2,277	7,987	24,530
South West	5,832	12,929	2,199	7,714	23,693
West Midlands	7,378	16,358	2,783	9,760	29,975
Yorkshire and the Humber	8,120	18,003	3,062	10,742	32,990
England	**65,668**	**145,594**	**24,766**	**86,869**	**266,798**

Table 3.11 Estimated numbers of people on main benefits who are PDUs, by benefit and gender, England 2006

	All	Female	Male
JSA	65,668	8,633	58,418
IS	145,594	46,424	96,576
DLA	24,766	6,027	18,686
IB	86,869	18,569	68,646
Main benefits	**266,798**	**63,527**	**202,987**

Table 3.12 Estimated numbers of people on main benefits who are PDUs, by benefit and age group, England 2006

	All	< 25	25 – 34	> 34
JSA	65,668	17,684	30,859	17,967
IS	145,594	22,867	63,615	57,350
DLA	24,766	1,524	8,103	14,338
IB	86,869	9,147	30,687	45,191
Main benefits	**266,798**	**45,124**	**114,645**	**104,356**

Thus, it is estimated that there are approximately 267,000 individuals accessing main benefits in England who are PDUs, i.e. currently using drugs such as heroin or crack cocaine. Approximately 24 per cent of this total are female.

Tables 3.13, 3.14 and 3.15 present the information on PDUs on benefit, expressed as a percentage of the total number of people on that benefit. Table 3.13 presents the information by Government Office Region, Table 3.14 presents the information by gender and Table 3.15 by age group.

Table 3.13 Estimated percentages of people on main benefits who are PDUs, by Government Office Region and benefit, England 2006

	JSA	IS	DLA	IB	MB
East of England	5.72	5.86	1.23	3.20	4.56
East Midlands	7.73	8.40	1.56	4.06	6.13
London	9.43	9.21	3.39	7.08	9.02
North East	6.11	5.94	1.33	2.66	4.52
North West	9.19	7.81	1.66	3.77	6.36
South East	7.31	6.83	1.49	3.80	5.45
South West	11.84	9.18	1.82	4.44	7.25
West Midlands	6.59	8.36	1.81	4.43	6.29
Yorkshire and the Humber	9.01	9.81	1.98	4.94	7.50
England	**8.22**	**8.13**	**1.87**	**4.42**	**6.61**

Table 3.14 Estimated percentages of people on main benefits who are PDUs, by benefit and gender, England 2006

	All	Female	Male
JSA	8.22	3.85	10.18
IS	8.13	4.02	15.21
DLA	1.87	0.99	2.61
IB	4.42	2.34	5.86
Main benefits	**6.61**	**3.25**	**9.74**

Table 3.15 Estimated percentages of people on main benefits who are PDUs, by benefit and age group, England 2006

	All	< 25	25 – 34	> 34
JSA	8.22	7.25	16.34	4.95
IS	8.13	9.34	14.05	5.25
DLA	1.87	1.22	5.34	1.37
IB	4.42	6.70	12.94	2.84
Main benefits	**6.61**	**7.43**	**15.06**	**3.91**

Nationally, it was estimated that just over 6.6 per cent of those accessing main benefits were PDUs. Approximately ten per cent of males accessing main benefits were PDUs; the corresponding figure for females was just over three per cent. London was the Government Office Region with the highest percentage estimates, with approximately nine per cent of those accessing main benefits estimated to be PDUs. However, for JSA, the South West Government Office Region had the highest proportion of claimants estimated to be PDUs, at 11.84. The 25 to 34 age group saw the highest percentages, with around 15 per cent of main benefit claimants in that age group estimated to be PDUs. Some suggestions for these differences are included in Chapter 4.

3.1 Comparison with IB statistics

The study team were also supplied information from the National Benefits Database (NBD) specific to the uptake of IB and in particular, the numbers of people citing drug misuse as the main reason why they were not able to work. This information has been summarised at the Government Office Region level in Table 3.16 (by gender) and Table 3.17 (by age group), which show that there were 10,438 individuals in the period April 2006 to March 2007 who cited drug use as the main reason they were in receipt of that benefit. Twenty per cent were female.

Table 3.16 Number of people in receipt of IB citing drug use as the reason they are not able to work, by Government Office Region and gender, England 2006

	All	Female	Male
East of England	682	142	540
East Midlands	801	195	606
London	1,670	335	1,335
North East	648	110	538
North West	1,233	251	982
South East	1,375	268	1,107
South West	1,792	340	1,452
West Midlands	1,082	216	866
Yorkshire and the Humber	1,155	250	905
England	**10,438**	**2,107**	**8,331**

Source: DWP NBD.

Table 3.17 Number of people in receipt of IB citing drug use as the reason they are not able to work, by Government Office Region and age group, England 2006

	All	< 25	25 – 34	> 34
East of England	682	141	337	204
East Midlands	801	223	387	191
London	1,670	230	681	759
North East	648	221	324	103
North West	1,233	197	593	443
South East	1,375	299	644	432
South West	1,792	386	895	511
West Midlands	1,082	306	542	234
Yorkshire and the Humber	1,155	232	660	263
England	**10,438**	**2,235**	**5,063**	**3,140**

Source: DWP NBD.

Comparing the information in Tables 3.16 and 3.17 with the estimates of the number of PDUs in receipt of IB (from the relevant columns of Tables 3.10, 3.11 and 3.12) shows quite a significant disparity, with the 10,438 individuals citing drug misuse as the main reason they are on IB amounting to only about 12 per cent of the total estimated number of PDUs on this benefit (as presented in Table 3.18). This disparity may arise as the NBD is probably undercounting PDUs. This is because it only lists the primary reason for claiming benefits, so if someone has another medical condition and the use of opiates and/or crack cocaine is a secondary factor, then drug use would not be recorded within the NBD. It should, however, be noted that the NBD will also include people who are on IB because of their admitted use of drugs other than opiates or crack cocaine (for example, amphetamines, cannabis, prescription drugs or over-the-counter drugs) or their previous use of drugs. Thus, it will be including individuals who do not fall within the problem drug use definition used within this feasibility study.

Table 3.18 Numbers of those in receipt of IB citing drug use as the reason they are not able to work from the NBD, expressed as a proportion of the estimated number of PDUs in receipt of IB, by gender and age group

	Proportion
East of England	13.6
East Midlands	12.3
London	8.1
North East	15.7
North West	8.6
South East	17.2
South West	23.2
West Midlands	11.1
Yorkshire and the Humber	10.8
Female	11.3
Male	12.1
< 25	24.4
25-34	16.5
> 34	6.9
Total (England)	**12.0**

From Table 3.18, there appears to be no differences by gender, suggesting that male and female PDUs on IB are equally likely to cite drug misuse as the reason they are applying for that benefit. There did, however, appear to be regional differences and differences by age group.

4 Discussion and conclusion

This current feasibility study set out to examine the number of PDUs in England who were accessing DWP benefits. It combined the most accurate and up to date estimates of the prevalence of problem drug use (defined as opiate and/or crack cocaine use) with information on benefit uptake from the largest representative study of PDUs accessing treatment in England. The resulting estimates were set against the relevant information from DWP to provide information on the proportion of benefit claimants who were estimated to be PDUs. The analysis was carried out by gender and age group and at the national, local and DAT level. The most robust estimates are those at the national level, as confidence intervals widen the smaller the area of analysis. DAT level estimates have not been presented in this report but are available on request.

Table 4.1 summarises the number of PDUs estimated to be in receipt of DWP benefits, along with the total number of people of working age in England who were in receipt of that benefit as of August 2006 and the proportion of the benefit claimants who are estimated to be PDUs.

Table 4.1 Estimated number of PDUs in receipt of DWP benefits and percentage of people in receipt of benefits who are PDUs, by benefit type, England 2006

Benefit	Estimated number of PDUs in receipt of benefit	Number of working age people in receipt of benefit (from WPLS)	Estimated percentage of benefit claimants who are PDUs
JSA	65,668	798,520	8.22
IS	145,594	1,789,930	8.13
IB	86,869	1,325,460	4.42
DLA	24,766	1,966,830	1.87
Main benefits	266,798	4,034,870	6.61

There were approximately 267,000 individuals in receipt of the main benefits examined in this study. This corresponds to 6.6 per cent of the total number of people of working age in receipt of those benefits and contrasts with problem drug use prevalence in the entire working age population of just over one per cent. For JSA and IS, this percentage is higher at just over eight per cent.

There are, however, some assumptions or caveats that should be borne in mind when considering these results. These fall into three main categories:

- that drug users in treatment are representative of all problematic drug users in terms of their benefit receipt;
- the need for caution in placing too much emphasis on any individual result at sub-national level;
- the relationship between problematic drug use and uptake of particular benefits.

4.1 Representativeness of DTORS data to all PDUs

The main assumption is that the information supplied from the DTORS study on benefit uptake is representative for all the 330,000 individuals estimated to be using drugs such as heroin or crack cocaine in England in 2006. The DTORS study provides robust and representative data on PDUs in structured treatment but does not claim to be representative of all PDUs. It is, therefore, worth asking whether participating in treatment would alter a PDU's propensity to claim DWP benefits or whether those seeking treatment would be more (or less) likely to be already in receipt of benefits.

To consider this issue, a number of factors may be relevant: First, it should be noted that just under half of the estimated number of PDUs in England are in contact with structured treatment services (and others may be in contact with other services such as narcotics anonymous, drop-in services, harm reduction services, low-threshold services such as needle exchange or other services not specific to their drug use, such as generic or child/family social workers) and typically, PDUs often switch from being in structured treatment to being out of treatment. This means that drug users in treatment are probably not so different to those not in treatment. Secondly, there would, however, be the argument that an individual in employment could begin to use drugs such as heroin and as their dependency deepens, they become less employable and end up on benefits. To examine this further would be beyond the scope of the current feasibility study and would need to address questions about whether PDUs start using drugs because of their social circumstance (such as low levels of educational attainment, poor housing, family drug or alcohol problems) or whether these problems arise because of their drug use.

Thirdly, it is worth asking if participating in treatment would alter benefit uptake. Presumably a key worker at a drug treatment service would try to ensure that the

drug using client would claim all benefits that they are entitled to, although it could be argued a drug worker is probably not the first person a heroin or crack cocaine user has contact with who would advise them about benefits. There may be an issue that contact with a drug service may assist in switching someone from JSA onto IB as an appropriate professional may then certify that patient/client is unable to work due to their drug problem. Examining the transition between one type of benefit, such as JSA, to another like IB, is beyond the scope of the current feasibility study.

In addition to consideration of the issues surrounding whether DTORS data is representative of all drug users, it is also worth considering other factors that may be relevant to the findings of this study and point to the need for further research. The first of these relates to the implications of findings at sub-national (regional and DAT) level. The second relates to the relationship between problematic drug use and the uptake of particular benefits.

4.2 Sub-national differences

This current feasibility study has not sought to break down the information from the DTORS study to the Government Office Region or DAT area level to examine whether there are regional differences in benefit uptake by PDUs. This was primarily due to the fact that the DTORS sampling frame was not designed to be representative at any level below the national level for England.

It could, however, be anticipated that there would be local differences in the uptake of benefits by PDUs, which would be more apparent at the DAT area level than the Government Office Region level (which tend to average out DAT area level differences). Although beyond the scope of this study, it could be imagined that in areas where there is a more longstanding culture of people being on benefits, the uptake of benefits by PDUs may be higher. Alternatively, there could be more rural areas where heroin users are more likely to find low paid agricultural or food processing jobs. However, without further, in-depth specific studies, this would remain as conjecture. There could also be regional differences in the types of benefits that PDUs are accessing, although, again, that is perhaps not within the scope of the current feasibility study.

4.3 Uptake of particular benefits

In terms of the relationship between problematic drug use and individual benefits, most PDUs who are in receipt of main benefits are accessing IS (approximately 146,000 individuals or 55 per cent of those claiming main benefits). This benefit can be paid to people in part-time employment who are on a low income or lone parents but is not paid to people who are able to work full-time. About 66,000 heroin or crack cocaine users are regarded as job seekers. This corresponds to just fewer than 20 per cent of the total number of PDUs in England in 2006.

The DTORS study also asks respondents if they are in paid employment or in education/training. In addition, it asks the respondents who are not in paid employment or in education/training whether they are looking for employment, not looking for employment or whether they are unable to work. From the representative DTORS sample, 28 per cent say they are unemployed and looking for employment (i.e. job seekers). This compares to the fewer than 20 per cent of DTORS respondents who state that they are actually on JSA. The disparity between the number of unemployed PDUs who claim to be seeking employment and those actually on JSA may be due to many reasons, including being on other benefits such as IS or IB, however, a detailed exploration of this is not within the scope of the current feasibility study.

This study has provided some preliminary estimates of the extent of benefit uptake by problematic drug users in England. Its findings point to the need for further research in a number of areas. In particular, the results suggest the need to test some of the assumptions included in this study through a more detailed exploration of the experience of PDUs in accessing benefits. Research with drug users themselves, and professionals in drug treatment and benefit agencies who come into contact with drug users, could explore further how and why, and indeed when, different benefits are accessed. It is also worth considering whether the type of analysis outlined in this report has the potential to contribute to ongoing monitoring efforts, so that the relationship between drug use and benefit receipt, and its policy implications, can be examined in the longer-term.