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THE CONVERSATION

Detox or lose your benefits: new welfare proposals are based on bad evidence and worse ethics

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Ian Hamilton

Lecturer in Mental Health at University of York



Give up or lose out. from www.shutterstock.com

When is a choice not really a choice? It could be argued that the **latest proposal** from the government aimed at people who have problems with drugs and alcohol is not a choice but an ultimatum – accept help for your problem or lose your right to welfare benefits.

This proposal raises some very serious issues. Treating any condition is based on consent – the person should be willing to have the treatment. In this case, people have little choice and therefore they would probably be consenting to treatment to avoid losing money. This also passes on an ethical dilemma to treatment staff, who would need to decide if they are willing to participate in state-sponsored coercion.

The consultation on these issues, led by Carol Black, will have its supporters. The government has pledged to reduce the country's deficit. When tax-payers' money is given to people who will inevitably spend some of it on the substances they are reliant on, **many people despair**. The idea of sanctioning addicts will resonate broadly with the public who often view drug and alcohol problems as self-inflicted in the first place. But that is not the full story – and to cut through these emotionally charged arguments we need to consider the context.

The first thing to consider is how many people who have drug and alcohol problems claim welfare benefits – something that, unfortunately, we don't know. Even the government's own recently published calculations of those in treatment and claiming benefit are **three years out of date**. It is clear that the results of the consultation will inform the Treasury spending review which is due to report in November. But if we don't know how many people are claiming benefits and are not in contact with treatment services, it is difficult to see how this review will be based on anything other than guesswork. This is not the finest hour for the new era of evidence-based policy.

Compounding this missing data is the lack of proof supporting such an initiative. There is already good evidence from other parts of the world that coercive treatment does not produce the **desired benefits**. It would be naïve to assume that people only have problems with drugs and alcohol. Most will have a range of complex and interrelated issues in which their physical and mental health is also compromised. This complexity is not matched by a sophisticated **system of treatment**. Services have become increasingly specialised and resistant to accepting people who don't meet their strict criteria. Navigating such complex pathways into and around treatment would challenge the most cognitively able.

Treatment can take time and, for most people, will require more than one attempt to recover from addiction. So if drug treatment becomes compulsory, the capacity of treatment services will need attention. Particularly if funding for drug treatment continues to be cut, then the capacity of these services to accept the increasing number of referrals will be compromised. This initiative could also make it more difficult for those who are ready for treatment to access services. Increasing demand without resources to match will delay entry into treatment for many.

If the moral arguments for treatment fail to seduce politicians and taxpayers perhaps the clear economic case might be persuasive. For every £1 invested there is a conservative estimate that £9 is saved by reducing crime and other health costs.

In economically austere times, led by a government that believes it has a mandate to cut public costs, we need to be realistic about what form drug and alcohol support takes, ask whether there's evidence to justify it and think carefully about the unintended consequences.

These are challenging times for people who have problems with addiction, and those who wish to help them. We must speak up quickly and with one voice. Not only to challenge the ideology of this review but to offer some fresh views of our own.



Andy Rain/EPA



Welfare
Drug policy
Benefits