Scrounger narratives and dependent drug users: welfare, workfare and warfare

Since 2008 political and media attention has focused on the allegedly problematic behaviour of drug users who 'choose' to pursue their 'habit' at the expense of the hard-working taxpayer. This forms part of the 'new welfare commonsense', which censures welfare dependency and stigmatises drug users as 'undeserving' claimants, entrenching the 'war on drug user' discourse. The article makes a significant contribution to recognising that stigma is a substantial barrier to recovery. It identifies ways of challenging the 'scrounger' narrative as applied to drug users through more informed media reporting and less coercive approaches to address drug and welfare dependency.

Over the past decade, drug policy has become more closely aligned to welfare policy. Welfare in this context refers to the provision of financial support - subject to eligibility criteria - to working age individuals who are not in employment. Whilst there are earlier examples of using the welfare state to address the 'problem' of drug use; for example, the introduction of voluntary drug treatment referral schemes in the UK, for the most part drug users have not been singled out as a group for specific interventions. Furthermore, in the majority of countries, with the exception of Australia, dependent drug use has not recognised as a cause of impairment relevant to benefit entitlement. Instead dependent drug use is only viewed as a reason for non-engagement in the labour market if there are co-existing physical and mental health problems (Harris, 2008). In recent years, neo-liberal welfare regimes across the globe, and most controversially in the US, have targeted drug users in their programmes of welfare reform. In particular, drug testing of benefit claimants has been introduced in a number of US states and New Zealand, and actively considered in the UK and Australia (Wincup, 2014). For the most part, welfare reforms targeted at drug users seek to steer, and some might argue coerce, drug users into addressing their drug use and worklessness through the threat of financial sanctions. These controversial measures have been suggested in a period characterised by far-reaching welfare reform with a strong emphasis on active labour market policies., sometimes referred to as workfare. Worklessness has become inherently problematic and those in receipt of benefit payments are frequently labelled 'scroungers (Hills, 2015; Patrick, 2014). Negative media coverage of this group, particularly in the tabloid press and the seemingly never-ending list of TV programmes dubbed 'poverty porn', fuels this stigmatising rhetoric (Jensen, 2014). Our concern here is with its impact on dependent drug users. The most recent reliable data on drug dependency was collected in 2005/6 for the Department of Work and Pensions. It was estimated that 267,000 problematic drug users – defined as users of opiates and/or crack cocaine - access the four main welfare benefits (Disability Living Allowance, Incapacity Benefit, Income Support, Jobseeker's Allowance) available at the time in England. At the time this equated to approximately seven per cent of all claimants and four-fifths of the estimated population of problem drug users (Hay and Bauld, 2008).

Our article is not based upon empirical research, although undoubtedly exploring how out-of-work drug users negotiate and experience the benefit system would be enlightening. At present, there is only one study (Bauld *et al.*, 2010) which was published prior to the recent tranche of welfare reforms. Instead, as a precursor to embarking on data collection we bring together studies of drug use and stigma with the rapidly expanding literature on poverty and shame stemming from a resurgence of attention on benefit stigma (see Baumberg, 2016). We are able to draw upon theoretical contributions, qualitative and quantitative research studies of public attitudes, and analysis of media discourse and political rhetoric which has been influential in (re)creating a 'folk

devil'; namely, the 'scrounger'. This group has been the subject of ongoing vilification (Golding and Middleton, 1983), but this seems to have gathered apace in in current times. We focus principally on England. The multi-level system of government in the UK has resulted in a complex picture with respect to both drug and social security policy but it is important to note here that the devolved administrations have developed their own drug policies and actively opted out of proposals to increased conditionality for drug-using benefit claimants when initially proposed in 2008.

The article is structured as follows. First, we look briefly at the interweaving of drug and welfare policy. Our focus is less on the detail of the policies proposed rather the strategies used to garner public support for them and reflect upon the potential impact of these tactics upon dependent drug users. We note that there is a tendency to pitch the public – depicted as the hard-working taxpayer – against dependent drug users to justify enhanced levels of conditionality for this latter group. There are multiple problems with this strategy, but it is worth noting here the two main ones. First, it underplays levels of drug use, or at least short-lived experimentation, in the general population. The 2014-15 Crime Survey for England and Wales found that just over one-third of adults aged 16-59 had taken drugs at some point in their lifetime and that proportions who had done so in the last year and last month were nine per cent and five percent respectively (Gromyko, 2015). Second, it fails to recognise high levels of state financial support received by taxpayers, especially those on low incomes; for example, in the form of tax credits or child benefit. As Mann (2009) argues, if we draw upon Titmuss' work on the social divisions of welfare and recognise that welfare exists in many forms (public, fiscal and occupational), we can appreciate that everyone is dependent upon some form of state largesse. Nonetheless, different assumptions are made about recipients of each form with those in receipt of social security more likely to be subject to negative stereotypes.

Divisive political strategies have the potential to stigmatise further this already excluded group by fuelling adverse public attitudes. These attitudes are complex, as we will explore in the second section, yet are largely negative in tone. As Lloyd (2011) summarises in a review of the literature, 'the general public perceives problem drug users to be dangerous, deceitful, unreliable, unpredictable, hard to talk with and to blame for their predicament'. Dependent drug users are subject to these attitudes, alongside the stigmatising views of others including health and criminal justice professionals, landlords and employers (see Lloyd, 2011). Negative attitudes can have real consequences for those who are subject to this devaluing process and this is explored in more detail in the third section of the article where we examine how the 'scrounger' narrative might impede the recovery process, particularly if it leads to non-engagement with the social security system. The process of claiming benefits provides an opportunity to direct dependent drug users to sources of support, both to address their drug dependency and to enhance their employability. There is some consensus that work and related activities; for example, volunteering, can promote the recovery of dependent drug users but this is accompanied by compelling evidence that this group also face considerable barriers to securing some opportunities due to a range of factors including lack of qualifications, poor work histories, criminal convictions and discrimination by employers. Consequently, it is important to reflect upon how best to challenge stigmatising attitudes and practices which might impede the recovery of dependent drug users and how best to encourage a more compassionate response. Collectively such measures could support drug users in their struggle for social (re)integration which if not achieved is often a major cause of relapse (Buchanan, 2004). This is the focus of the concluding section.

Background: policy content and context

Over the past eight years successive UK governments have attempted to address high levels of worklessness among dependent drug users. The direction of travel has not been consistent; in part due to changes of government in 2010 and 2015 but also because of the controversial nature of the proposals which has exposed them to challenge from a number of quarters. In broad terms we can distinguish between three policy-making phases, which are outlined below, although we recognise the limitations of this approach which runs the risk of emphasising points of disjuncture rather than continuity. Consequently, before we consider them, we reflect upon the welfare reform agenda in which specific measures targeted at drug users have been proposed. We find evidence here of a cross-party 'welfare settlement' (Deacon and Patrick, 2011) with three significant features. All have earlier origins but have become more salient in recent times.

The first is a 'deepening' and 'widening' of the obligation to work through various workfare policies(Department for Work and Pensions, 2008). Drug users, alongside other groups such as young people and lone parents, have felt the effects on policies which have sought to activate 'inactive' labour to tackle both worklessness and welfare dependency (Wiggan, 2012). The second is the ubiquity of conditionality (Dwyer and Wright, 2014). There now appears to be a shared view across the political spectrum that social security provision should be conditional upon individuals fulfilling certain obligations – which typically relate to behaviour - with the threat of financial sanctions to promote compliance. Increasingly the welfare state is viewed as a vehicle for changing behaviour. This is linked to the third feature which is the pursuit of moral welfare. Increasingly we can see evidence of a 'new' behaviourism in social policy (Harrison with Hemingway, 2014). There has been an intensification of social control, interweaving support with disciplinary strategies to secure changes to the behaviour of those deemed to be 'irresponsible' citizens.

In the context of the welfare state, this means that access to social security benefits are based upon judgements about the acceptability of a claimant's behaviour rather than assessments made solely upon financial need. In a climate in which paid work is valorised, an ever-shrinking minority are 'excused' from the obligation to seek paid work (Patrick, 2012). Drug users – unless they are participating in residential treatment – are not automatically categorised as illegible for work unless they have other valid reasons; for example due to caring commitments, disability or ill-health. With an emphasis on personal responsibility, expectations of what individuals should do to secure paid work are laid out in contractual terms with financial consequences for those who do not fulfil their obligations. These contracts have both instrumental and ideological functions setting out the work-related activities (broadly defined) which individuals must engage in to enhance their employability. Arguably they are unfair contracts because they place the onus predominantly on benefit claimants to overcome barriers to employability as specified in their contracts rather than encouraging the state to address barriers to employability, including discriminatory attitudes held by employers. Withdrawing state support – in full or in part – from those who do not comply, not only punishes the individual but fuels the view that this group are 'irresponsible' citizens who are to blame for their worklessness. This glosses over the socio-structural causes of worklessness and other social problems, including drug use.

In the first phase, we see the strongest commitment to tailored conditionality with a series of measures specifically targeted at the estimated 100,000 drug users or two to three per cent of drug-

using claimants who are not engaged in treatment (Hay and Bauld, 2008). In the 2008 drug strategy – published by the New Labour government – a 'new regime' was proposed: 'we do not think it is right for the taxpayer to help sustain drug habits when individuals could be getting treatment to overcome barriers to employment' (HM Government, 2008, p.32). This quotation overplays the extent to which individuals can control their drug use and underplays the difficulties of accessing appropriate treatment, but our concern here is the way in which it appeals to public concerns about fairness. Fairness is an important public value linked closely to the concepts of meritocracy and reciprocity (O'Brien, 2011) and arising from the juxtaposition of the 'deserving' (i.e. hard-working taxpayer) against the 'undeserving' benefit claimant (Pantazis, 2016). It is understood by the public as 'getting what you deserve' (O'Brien, 2011, p.1). It is expected that individuals are rewarded according to effort and ability. Consequently, conditionality within the social security system is well-received with public support reserved for the 'deserving' poor; those unable to work or who are actively taking steps to reduce their reliance on state financial assistance. Implicit in the 2008 drug strategy is the view that drug users are 'undeserving'.

The preliminary proposals outlined in the 2008 drug strategy were incorporated into the Welfare Reform Bill 2009. It was proposed that drug users would receive a treatment allowance, a social security benefit aimed specifically at drug users in return for 'signing up' to a range of conditions which included engaging in drug treatment. For Grover (2010) the proposed treatment allowance is a consequence of politicians' responding to the public's perceived resentment of public money being used to support drug use; a strategy which maintains a distinction between the 'deserving' and 'undeserving' poor. This controversial 'new regime' faced considerable opposition and two major concessions were made as the proposal moved from the consultative stages through the parliamentary process. The first concession was abandoning a bespoke benefit for drug users. Views on the introduction of the so-called 'treatment allowance' were mixed. Whilst some drug sector organisations welcomed the proposal on the grounds that it could act as incentive for drug users wishing to claim benefits to disclose their drug use and take advantage of opportunities to access treatment (Drugscope, 2008), others argued that it was at best unnecessary and potentially stigmatising, singling out problem drug users and limiting their access to employment and other support services (Release, 2009; UK Drug Policy Commission, 2008). The second concession was the replacement of mandatory drug treatment with a requirement to participate in a substance-related assessment and a treatment awareness programme. This followed a challenge in the House of Lords on the grounds that that mandatory drug treatment was a breach of medical ethics but it is worth noting here the lack of wholesale public support for this approach. Research commissioned by the Department of Work and Pensions as part of a consultative process prior to the 2009 Act (GfK Social Research, 2008) found that whilst there was public support for increasing access to drug treatment, participants expressed concerns about the negative consequences of withdrawing benefits from those who did not comply with this condition. In particular, they wanted reassurances that it would not lead to increased crime rates. Members of the public – which included those personally affected by drug use – also questioned whether it was realistic. A series of concerns were expressed which included practical considerations such as how drug users would be identified and monitored whilst in treatment, alongside more fundamental anxieties about whether the proposed approach would lead to positive outcomes. There was greater backing for a model which allowed drug users to *choose* whether to access a more holistic package, which included not only drug treatment but

counselling, training and work experience, help to access employment once drug free and support for families.

The second phase can be characterised as a period of ambiguity. Following the change of government in 2010, the newly-elected Conservative-Liberal Democrat coalition, quickly shelved plans to introduce the Welfare Reform Drug Recovery Pilots designed to 'test' the new provisions in 2009 Act. Officially the government was acting upon impartial advice from its Social Security Advisory Committee (2010) but it can be reasonably assumed that it needed more time to reflect upon the fit with plans to introduce a 'sweeping reform of welfare' (HM Government, 2010a: 7) centred around the introduction of Universal Credit which when fully implemented will replace six means-tested working-age benefits. Initially there was no official support for tailored conditionality for drug users. Instead, the 2010 drug strategy (HM Government, 2010b) appeared to offer drug users a 'choice' between either accessing treatment or being subject to the same conditions attached to claiming benefits as other jobseekers. However, at a local level there may be opportunities for targeted interventions, particularly in areas where Universal Credit had been introduced. This 'new' benefit represents a major expansion and intensification of personalised behavioural conditionality (Dwyer and Wright, 2014), requiring all claimants to agree to a 'claimant commitment' which specifies the work-related activities they are expected to undertake and the consequences of not doing so. Whilst this approach is broadly similar to the past, the points of departure are greater work-related requirements, a more punitive system of sanctions and fines, and the extension of conditionality to a wide range of groups including those working but on low incomes and individuals unable to work at present (due to health problems or caring commitments) but who are expected to return to the labour market in future. Whilst the official position was one of ambiguity, there were occasional announcements by senior government figures which suggested targeted conditionality was being considered. In May 2012, Iain Duncan Smith (then Minister for Work and Pensions) reintroduced – without warning – proposals to make participating in drug treatment a condition of access to social security benefits (BBC News, 2012). In February 2015, David Cameron remarked that 'it is not fair to ask hardworking taxpayers to fund the benefits of people who refuse to accept the support and treatment that could help them get back to a life of work' (Mason, 2015) and a review was announced to encourage those with long-term treatable issues to get medical help. The 2015 Conservative Party General Election Manifesto included a commitment to provide support for those with 'drug or alcohol addiction' – defined as a treatable condition – alongside the suggestion that benefits should be reduced for those who refuse recommended treatment.

We might term the current phase as 'coming full circle'. An Independent Review into the Impact on Employment Outcomes of Drug or Alcohol Addictions and Obesity is nearing completion. The Chair, Dame Black notes that she is keen to understand the 'perspective of people who experience' drug or alcohol addictions or obesity and how they experience their journey through the Health and Welfare systems (Department for Work and Pensions, 2015). At the time of writing, Dame Carol Black has yet to report on the findings of her independent review which was formally launched in July 2015, although she has intimated that she personally does not support the introduction of quasi-compulsory drug treatment (BBC Radio 4, 2016). The sudden resignation of Iain Duncan Smith as Secretary of State for Work and Pensions in March 2016, the brief replacement with Stephen Crabb (until July 2016) and subsequent appointment of Damian Green by Theresa May, provides little indication of the direction of future policy.

We have offered a brief overview of how three different governments have sought to use welfare reform as a mechanism for tackling drug use and associated behaviours such as worklessness. Whilst it is important not to underplay the differences both between, and arguably within, government positions over the past three terms, it is reasonable to conclude that there is a 'framing consensus' (Deacon and Patrick, 2011) that views dependency – both on drugs and on benefits – as unacceptable. During this period, welfare reform has been constructed discursively as both economic and moral necessity as the UK sought to reduce public spending in a period of recession (Wiggan, 2012: 399). Whilst government rhetoric is more subtle than the 'scrounger' narrative which permeates media coverage of this group it is often moral in tone, appealing to the public to condemn dependency in all its forms and to support the use of 'carrots' and 'sticks' to provide promote behavioural change. We compare this to public attitudes in the next section.

Public perceptions of drug users and social security claimants

In this section, we explore public attitudes to both drug users and social security claimants. Literature on the former is relatively limited and largely confined to research conducted as part of the UK Drug Policy's Commission's work on the nature, extent and consequences of stigma, conceptualised as a 'hidden' barrier obstructing the pathway to recovery for dependent drug users. We draw in particular on Singleton's (2010) survey of approximately 3,000 individuals living in private households in the UK. In contrast, there is a burgeoning literature on public perceptions of benefit claimants, with theoretical and qualitative contributions, and to a lesser extent, quantitative evidence (Baumberg, 2016). There are a number of overlapping themes within these two bodies of literature which we will focus on as part of our attempt to elucidate the specific experience of drug-using benefit claimants. There has been little exploration of public attitudes to drug users who access social security benefits with the exception of Golding and Middleton's (1982) which found that drug users were one of a number of groups – which also included the unemployed – judged to be 'undeserving' of state financial support.

Drawing upon data from the British Social Attitudes Survey, Taylor and Taylor-Gooby (2014) observe that there has been a hardening of attitudes towards working-age benefits over the past two decades. Whilst the British Social Attitudes Survey does not ask directly about drug users, it does make a distinction between different kinds of benefits, and by default, different type of recipients. In general terms, as Taylor and Taylor-Gooby (2014) note, there is broad support for the kinds of benefits that most people will receive at some point over the life course outside of the category of 'working age' such as the state pension and child benefits. In contrast, however, the public seem less well inclined to increase spending on 'more targeted benefits' for people of working age, such as unemployment benefits and benefits for single parents. These shifts in public perception need to be contextualised in terms of how successive UK governments have implemented austerity measures with significant public spending cuts in order to manage the impact on the longest recession in living memory. This has allowed the distinction of the 'deserving' and 'undeserving' welfare claimant to come to the fore. These distinctions are not new, but as Patrick (2016) argues these distinctions have been 'reinvigorated and recast' so as to position 'strivers' against 'shirkers'. Research on benefit stigma suggests that claimants are primarily stigmatised when they are seen as undeserving or fail to reciprocate a gift (Baumberg *et al*., 2012). In order to be categorised as 'deserving', individuals need to demonstrate need and also that they are not responsible for their own situation.

Similar themes to those discussed above can be found in public attitudes towards drug users. Whilst largely negative in tone, attitudes are far more complex than appreciated when politicians' call to the 'taxpayer' to condone drug use as a strategy for seeking support for enhanced conditionality. Singleton's (2010) research findings question the notion of a monolithic public view of dependent drug users and emphasises how attitudes are shaped by both socio-demographic factors and personal experience. Singleton's study also points to the paradoxical nature of public attitudes which veer between censuring drug users and supporting their recovery.

Like some categories of social security claimants, drug users are often blamed for their drug dependence. Singleton (2010) found that over half of respondents suggested that lack of self-discipline was a cause of drug dependence and almost half felt that people dependent on drugs could stop using them if they really wanted to. Dependent drug users are held accountable with little consideration of drug use as a chronic and relapsing condition that cannot be 'cured' with ease. They are judged not only for their dependency on illicit substances but on the welfare state also. For many members of the public, drug users are located firmly within the 'scrounger' category: almost half of participants (47%) in Singleton's (2010) survey agreed that people with a history of drug dependence were a burden on society. It is not helpful to view dependent drug users in this way but high levels of worklessness among this group are undeniable. Unemployment levels among this group are very high and there are well-documented multiple barriers to employment both individual (for example, poor health, limited and/or disrupted work histories) and systemic (for example, negative stereotypes, requirement to disclose criminal histories) (see Spencer *et al*., 2008 for a review of the literature). Despite these considerable barriers, there is a strong desire among dependent drug users to gain employment but with considerable variation in terms of its positioning on the journey to recovery (Monaghan and Wincup, 2013). For some, it will be an important step towards improving their quality of life whilst others may feel it is more appropriate to prioritise other aspects; for example, becoming drug-free, re-establishing relationships or undertaking voluntary work.

Upon closer examination we find a more nuanced understanding of drug users. Singleton's (2010) survey found that over one-half (56 per cent) of participants felt that drug dependence is often caused by traumatic experiences such as abuse, poverty and bereavement and a similar proportion (59 per cent) stated they felt drug dependence is an illness akin to other chronic conditions. At the same time, they were less supportive of providing care for this group when compared to other experiencing chronic conditions: almost one-quarter went as far as to suggest that spending money on services for this group was a waste of money. Overall survey participants supported efforts to provide drug treatment and to help drug users access employment and to become part of the community they lived in, although there was some evidence of a desire to keep drug users at arms-length. This is not unique to the UK: results of the European Values Survey reveal that 'drug addicts' are the least favourite neighbours (Halman *et al.,* 2011).

In many respects drug users and social security claimants are subject to a process of 'othering'. The findings of several studies of social security claimants add a layer of complexity to understanding of public attitudes, pointing to the use of 'othering' as a strategy by those claiming benefits in order to assert themselves as a 'deserving' claimant whilst decrying 'others' as 'undeserving'. Drug users are among a number of groups subject to further censure (see Patrick, 2016). They are perceived as the undeserving 'them' who are to 'blame' for their situation and therefore different from the deserving 'us'. In the same way, studies of drug users have found that drug users themselves distinguish

between different categories of drug users in a bid to resist the 'junkie' identity, which is reserved for the most chaotic drug users (Buchanan and Young, 2000; Radcliffe and Stevens, 2007).

We can understand these 'othering' processes as an example of the emergence of vindictiveness in late modern society. Grover (2010) argues that social security policy is increasingly framed by vindictiveness. He draws upon the work of Jock Young (2003) who explores how feelings of relative deprivation typically involve a gaze downwards towards those who are considered deviant and morally deficient. Those subject to this downward gaze are viewed as 'undeserving' and lacking in self-discipline, facilitating their lifestyles at the expense of the 'taxpayer'. Consequently, calls are made for policies which seek to change irresponsible behaviour, using punitive sanctions for those unwilling to do so. Evidence of vindictiveness can be found in media coverage of social security claimants. The genre of television typically referred to as 'poverty porn' has created new forms of neoliberal commonsense around welfare, generating an image of the 'skiver'; a figure of social disgust who is seen as morally lax, greedy, and sometimes criminal (Jensen, 2014). Drug use and (allegedly) drug-related behaviours feature frequently. This adds to the demonisation of drug users. This has been documented in a review of representations of drug use(rs) in the British Press (Loughborough Centre for Communications Research, 2010) which found that drug users were more likely to be condemned than empathised with. The public show some awareness of such negative reporting: Singleton (2010) found that almost two-thirds of her sample (64 per cent) felt that the media demonised drugs users.

Derogatory media images coupled with divisive political narrative segregating 'strivers' and 'scroungers' have a profound influence on public attitudes and create what Pemberton *et al.*, (2015: 30) refer to as a 'perfect storm'. Their research with 62 people living in poverty in England and Scotland examined the impact of these stigmatising narratives and their 'adaptive responses' (p. 23). Their accounts are ones of resistance, rejecting the narrative that they were to blame for their circumstances. Nonetheless it was evident that behavioural explanations were internalised, manifesting themselves in self-loathing but also attempts to distance themselves from 'others' experiencing similar difficulties. Drug-using social security claimants may find it particular difficult to respond in this way with significant negative implications. We explore the possible impacts of this stigmatising narrative below.

Examining the effects of stigma

It is increasingly recognised that stigma is multi-faceted. We cannot do justice to the theoretical work on stigma here but can distinguish between different forms of stigma which have been identified in the literature. Goffman (1959) makes the distinction between the discredited and the discreditable in terms of stigma. The former is when a particular character trait has been revealed and labelled as stigmatising. Buchanan and Young (2000:420) cite the 'first-hand' experience of writer and drug researcher Peter McDermott: 'I can personally assure you that no matter how stable you are, or how useful your activism is, once you are 'outed', you will experience serious discrimination that will be very difficult to overcome'. The latter is when agents seek ways of avoiding potential stigmatisation through techniques of 'information control'; for example, withholding details about a criminal conviction to a potential employer or physically covering up the visible signs of drug use. Another useful typology is offered by Baumberg (2012) who distinguishes between personal stigma, social stigma and institutional stigma. The first refers to an individual's

own feeling that their behaviour (for example, claiming benefits, using drugs) is shameful whilst the second reflects the feeling that other people are judging those who behave in particular ways as shameful, and thus conferring on them a lower social status. The final level at which stigma can operate refers to stigmatising processes within institutions. For drug-using social security claimants this might include Jobcentre Plus and contracted providers. Baumberg (2016a) refers to this as 'claims stigma', noting that it emerges in qualitative research as the most strongly felt stigma. Collectively these stigmatising experiences threaten to undermine drug users' journeys to recovery.

Recovery has become the term of choice in recent years to describe the process of an individual embarking upon the journey to address their drug use. This particular nomenclature was enshrined in the Coalition Government drug policy but has a longer history. Whilst not exclusively associated with becoming drug-free, political discourse has associated recovery with abstinence (McKeganey, 2014). The work of Cloud and Granfield (2009) has been particular influential in developing a theoretical understanding of the recovery process. They draw attention to the fact that the recovery process is neither confined solely to addressing problematic drug use nor making tangible changes to individual lifestyles such as finding employment or securing appropriate housing (physical capital). It also involves developing positive relationships (social capital). Stigma is, therefore, an important consideration because it influences whether recovering drug users can develop physical capital and also their ability to integrate into social networks. Additionally, for Cloud and Granfield (2009) recovery also involves establishing human and cultural capital. The latter is of particular relevance given our concern with stigma because it refers to values, belief and attitudes that link to social conformity. Former drug users struggle to shed the negative connotations associated with their drug use, including being labelled as a scrounger. Reflecting upon this we can see that how drug users feel they are judged (social stigma) by non-drug users is important. If drug users feel they are subject to censure they may exclude themselves further from society. This has been an important theme in studies of drug users dating back to the work of Becker (1963). In the context of drug-using social security claimants, it may mean they 'choose' not to access this support, missing out on financial assistance but also access to additional support and resources to address their drug use and enhance their employability.

Whilst the majority of dependent drug users do claim benefits, Hay and Bauld (2008) found that one-fifth did not. The reasons for this are multiple; for example, some may be sanctioned; others may have alternative sources of income or struggle to negotiate their way through the bureaucractic process of making a claim. Previously felt claims stigma could be a factor. Bauld *et al*.'s (2010) elucidate the claims stigma felt by drug-using benefit claimants; sometimes as a consequence of being social security dependent for a lengthy period of time and sometimes as a consequence of their drug use. Some interviewees felt that there were being judged based upon preconceived ideas of how drug users might behave. Linked to the imagery of the 'scrounger' is the expectation that drug users would spend their benefit on illegal drugs. It is important to emphasise that their experiences of claiming benefits were varied, ranging from supporting positive relationships through to largely negative relationships characterised by a combination of delays, mistakes and experiences of stigma and discrimination.

As we noted earlier, drug users are in an ambiguous position at the moment if they make a claim for social security benefits as there is no specific provision targeted as this group. There is no obvious incentive to disclose their drug use unless they are attending residential treatment. Consequently,

drug-using claimants may feel they have more to lose from disclosing their drug use than keeping it hidden. In this way they can actively avoid discreditable stigmatisation but live with possible discrediting stigma. Non-disclosure, however, restricts access to possible sources of support and undermines the notion of 'personalised conditionality' which in government rhetoric is the cornerstone of the welfare reform agenda. Rather than the benefit system acting as a vehicle to support the recovery of drug users, drug users are forced to negotiate a system which prioritises securing paid work over other activities which may be more beneficial to recovery; for example, voluntary work or caring responsibilities (Monaghan and Wincup, 2013). There is little recognition of the incompatability of the demands of work and drug treatment, parrticuarly for those recovering drug users who need to access services regularly to access medication. When drug users' aspirations do not match with the expectation of Jobcentre Plus staff, drug users run the risk of being sanctioned, and may in some instances, decide to disengage and avoid stigmatisation.

Concluding comments

We can describe stigma as a significant yet 'hidden' barrier to recovery (Singleton, 2010), an issue which has been largely bypassed in literature in the drugs field (Lloyd, 2010). We have focused here on the stigmatising impact of the 'scrounger' narrative but dependent drug users are subject to multiple stigmas, particularly since strong connections are often made between drug use and offending and drug use (particularly intravenous drug use) and disease (Radcliffe and Stevens, 2007; Lloyd, 2010). Such practices are long-standing: drug users have always been feared (Kohn, 1992; Coomber, 2000) and the social disapproval of drug users can be found across the globe (Room, 2005). Such negative attitudes have been fuelled by drug legislation and policy which have launched a 'war on drugs' agenda which in practice constitutes a 'war on drug users' (Buchanan and Young, 2000.

More positively, there does seem to be enough 'play' in public attitudes to dependent drug users to explore the possibilities for more positive responses to supporting drug users who wish to tackle their drug dependency. This might help to address social stigma, a form of stigma which may deter drug users from reaching out to access help to address their drug dependency specifically and to support recovery more generally. Public attitudes are not wholly unsupportive of drug users but changing public attitudes is fraught with difficulty. Given our focus specifically on drug-using social security claimants a particular challenge is that the dominant 'scrounger narrative' has been internalised by those non drug-using social security claimants as part of their strategy for managing stigma through deflecting it on to others. Baumberg (2016b) has warned of the limited impact of 'mythbusting' as a strategy to challenge harsh attitudes to social security claimants. This is not to suggest we adopt a 'nothing works' pessimism and leave these potentially harmful attitudes unchallenged. Indeed, there are examples from other policy areas where attitudes towards stigmatised groups are beginning to change, most notably towards those experiencing poor mental health. At the heart of challenging the stigmatisation of dependent drug users - the majority of which are also dependent on social security – is addressing the blame laid on this group for their dependency. This does not mean we treat those dependent on drugs as passive victims but recognise instead that they are not solely culpable for their condition and cannot simply choose to abstain. For Baumberg (2016b), the key to change is tipping the balance in favour of the positive aspects of public ambivalence. In relation to drug-using social security claimants, a practical strategy here is working with media which arguably reinforces negative attitudes towards drug users. The UK

Drug Policy Commission has already begun the task of encouraging more positive media reporting. In 2012, it published a guide in conjunction with the Society of Editors designed to inform journalists about drug use so that stories about drug use can be reported accurately and objectively (Society for Editors/UK Drug Policy Commission, 2012).

A further strategy is considering how best to overcome 'claims' stigma. We argue that this can be done by reflecting carefully upon both the design and delivery of social policy. In the first part of the article we explored how, to varying extents, drug-using social security claimants have become subjected to increased political attention with a series of proposals to introduce quasi-compulsory treatment for drug users. We argue that this is typically underpinned by a particular understanding of drug use(rs) which fuels the 'scrounger' narrative. It portrays drug users as 'irresponsible' citizens in need of discipline to prevent them 'choosing' to engage in drug dependency at the expense of the hard-working taxpayer. The emphasis on extended conditionality overshadows the introduction of an earlier (and now discontinued) initiative to use the social security system as means of channelling drug users into treatment in a less coercive way. This included the appointment of district drug co-ordinators which were based in Jobcentre Plus office between 2009 and 2010 with the task of encouraging referrals to drug treatment. We cannot point to unequivocal evidence of success or failure as the introduction of co-ordinators was not evaluated fully. However, monitoring data suggests that drug users can be self-determining individuals responsive to additional opportunities to address dependency without obvious coercion. We suggest here that this offers a less stigmatising approach to working with drug-using claimants which could offer a way to build upon the positive experiences of claiming benefits highlighted by some of the interviewees in Bauld *et al*.'s (2010) study. The little insight we have into public attitudes to drug-using social security claimants suggest that the public could be persuaded to support this approach as part of a broader strategy to support drug users – and their families – to address the causes and consequences of their dependency.

References

Bauld, L., Hay, G., McKell, J. and Carroll, C. (2010) Problem Drug Users' Experiences of Employment and the Benefit System, London: DWP.

Baumberg, B. (2016a) 'The stigma of claiming benefits: a quantitative study', *Journal of Social Policy*, 45(2): 181-199.

Baumberg, B. (2016b) 'Title to follow', *Journal of Poverty and Social Justice*

Baumberg, B, Bell, K. and Gaffney, D. with Deacon, R., Hood, C. and Sage, D. (2012) *Benefits Stigma in Britain*, London: Elizabeth Finn Care/Turn2us.

BBC News (2012) 'State must 'go further' to help addicts – Iain Duncan Smith', *BBC News*, 24th May 2012, http://www.bbc.co.uk/news/uk-politics-18172102 [Last accessed 19.4.16]

BBC Radio 4 (2016) 'Desert Island Discs, Professor Dame Carole Black', *BBC Radio 4*, 12th February 2015.

Becker, H. (1963) *Outsiders: Studies in the Sociology of Deviance*, New York: Free Press.

Buchanan, J. (2004) 'Tackling problem drug use: a new conceptual framework', *Social Work in Mental Health*, 2(2/3): 117-138.

Buchanan, J. and Young, L. (2000) The war on drugs – a war on drug users? *Drugs: Education, Prevention and Policy,*

Cloud, W. and Granfield, W. (2009)'Conceptualising recovery capital: expansion of a theoretical construct', *Substance Use and Misuse*, 42(12/13): 1971-1986

Coomber, R. (2010) 'Social fear, drug related beliefs and drug policy', in G. Hunt, M. Milhet and H. Bergeron (eds.) *Drugs and Culture: Understanding Use and Regulation*, Aldershot: Ashgate.

Department for Work and Pensions (2008) *No One Written Off: Reforming Welfare to Reward Responsibilit*y, London: Department for Work and Pensions

Department for Work and Pensions (2015) *An Independent Review into the Impact on Employment Outcomes of Drug or Alcohol Addiction, and Obesity*, London: Department for Work and Pensions.

Deacon, A. and Patrick, R. (2011) 'A new welfare settlement? The Coalition government and welfare-to-work', in H. Bochel (eds.) *The Conservative Party and Social Policy*, Bristol: The Policy Press.

Drugscope (2008) *No-one Written Off- Reforming Welfare to Reward Responsibility: Response from Drugscope, October 2008*, London: Drugscope.

Dwyer, P. and Wright, S. (2014) 'Universal credit, ubiquitous conditionality and its implications for social citizenship, *Journal of Poverty and Social Justice*, 22(1): 27-35.

Gfk Social Research (2008) *Green Paper Qualitative Research: No-one Written Off: Reforming Welfare to Responsibility*, London: Gfk Social Research.

Golding, P. and Middleton, S. (1982) *Images of Welfare: Press and Public Attitudes to Poverty*, Oxford: Martin Robertson.

Goffman, E. (1963) *Stigma: Notes on the Management of Spoiled Identity*, Englewood Cliffs, New Jersey: Prentice-Hall.

Gromyko, D. (2015) 'Extent and trends in illicit drug use', in D. Lader (ed.)(2nd edn.) *Drug Misuse: Findings from the 2014/15 Crime Survey for England and Wales*, London: Home Office.

Grover, C. (2010) 'Social security policy and vindictiveness', *Sociological Research Online*, 15(2)8

Halman, L., Sieben, I. and Zundert, M. (2011) *Atlas of European Values: Trends and Traditions of the Turn of the Century*, Leiden: Brill.

Harris, N. (2008) *Social Security and Problem Drug Users: Law and Policy*, London: UK Drug Policy Commission.

Harrison, M. with Hemingway, L. (2014) 'Social policy and the new behaviourism': towards a more excluding society', in M. Harrison and T. Sanders (ed.) *Social Policies and Social Control: New Perspectives on the 'Not-so-big Society'*, Bristol: The Policy Press.

Hay, G. and Bauld, L. (2008) *Population Estimates of Problematic Drug Users in England who access DWP Benefits: A Feasibility Study, Working Paper No. 46*, London: Department for Work and Pensions.

Hills, J. (2015) *Good Times, Bad Times: The Welfare Myth of Them and Us*, Bristol: The Policy Press.

HM Government (2008) *Drugs: Protecting Families and Communities: The 2008 Drug Strategy*, London: HM Government.

HM Government (2010a) *The Coalition: Our Programme for Government*, London: HM Government,

HM Government (2010b) *Drug Strategy 2010 Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life*, London: HM Government.

Jensen, T. (2014) 'Welfare commonsense, poverty porn and doxosophy', *Sociological Research Online*, 19(3)3

Kohn, M. (1992) *Dope Girls: The Birth of the British Drug Underground,* London: Lawrence and Wishart.

Lloyd, C. (2010) *Sinning and Sinned Against: The Stigmatisation of Problem Drug Users*, London: UK Drug Policy Commission.

Loughbourough Centre for Communications Research (2010) *Representations of Drug Use and Drugs Users in the British Press: A Content Analysis of Newspaper Coverage*, London: UK Drug Policy Commission.

Mann, K. (2009) 'Remembering and rethinking the social divisions of welfare: 50 years on', *Journal of Social Policy*, 38(1): 1-18.

Mason, R. (2015) 'David Cameron calls on obese to accept help or risk losing benefits', The Guardian, 14th February 2015, http://www.theguardian.com/politics/2015/feb/14/david-cameron-obese-addicts-accept-help-risk-losing-benefits [Last accessed 19.4.16]

McKeganey, N. (2014) Clear rhetoric and blurred reality: the development of a recovery focus in UK drug treatment policy and practice', *International Journal of Drug Policy*, 25(5): 957-963.

Monaghan, M. and Wincup, E. (2013) 'Work and the journey to recovery: exploring the implications of wefare reform for methadone maintenance clients', I*nternational Journal of Drug Policy*, 24(6): 81-86.

O'Brien, N. (2011) *Just Deserts? Attitudes to Fairness, Poverty and Welfare Reform*,London: Policy Exchange.

Pantazis, C. (2016) 'Policies and discourses of poverty during a time of recession and austerity', *Critical Social Policy*, 36(1): 3-20.

Patrick, R. (2012) Work as the primary 'duty' of the responsible citizen: a critique of this work-centric approach, *People, Place and Policy,* 6 (1): 5-15

Patrick, R. (2014) 'Working on welfare: findings from a qualitative longitudinal study into the lived experiences of welfare reform in the UK', *Journal of Social Policy*, 43(4): 705-725.

Patrick, R. (2016) 'Living with and responding to the 'scrounger' narrative in the UK: Exploring everyday strategies of acceptance, resistance and deflection', *Journal of Poverty and Social Justice*

Pemberton, S. , Fahmy, E., Sutton, E. and Bell, K. (2016) 'Navigating the stigmatised identities of poverty in austere times: resisting and responding to narratives of personal failure', *Critical Social Policy*, 36(1): 21-37.

Radcliffe, P. and Stevens, A. (2008) 'Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management of stigmatised identity', *Social Science and Medicine,* 67 (7): 1065-73

Release (2009) *Welfare Reform Bill: A Briefing Paper for Members of the Lords*, London: Release.

Room, R. (2005) 'Stigma, social inequality and alcohol and drug use', *Drug and Alcohol Review*, 24(2): 143-55

Singleton, N. (2010) *Attitudes to Drug Dependence: Results from a Survey of People Living in Private Households in the UK*, London: UK Drug Policy Commission.

Social Security Advisory Committee (2010) *Report of the Social Security Advisory Committee made under Section 174(2) of the Social Security Administration Act 1992 on the Social Security (Welfare Reform Drugs Recovery Pilot Scheme) Regulations 2010,* London: Social Security Advisory Committee.

Society for Editors/UK Drug Policy Commission (2012) *Dealing with the Stigma of Drugs: A Guide for Journalists*, London: Society for Editors/UK Drug Policy Commission.

Spencer, J. , Deakin, J., Seddon, T. and Ralphs, R. with Boyle, J. (2008) *Getting Problem Drug Users (Back) into Employment Part Two*, London: UK Drug Policy Commission.

Taylor, E. and Taylor-Gooby, P. (2014) *Benefits and Welfare: Long-term Trends or Short-term Reactions: Findings from the British Social Attitudes Survey 32*, London: NatCen Social Research.

UK Drug Policy Commission (2008) *No One Written Off: A Response to the Department for Work and Pensions' Welfare Reform Green Paper*, London: UK Drug Policy Commission.

Wiggan, J. (2012) 'Telling stories of 21st century welfare: The UK Coalition government and the neo-liberal discourse of worklessness and dependency', *Critical Social Policy*, 32(3): 383-405.

Wincup, E. (2014) 'Thoroughfares, crossroads and cul-de-sacs: drug testing of welfare recipients', *International Journal of Drug Policy*, 25(5): 1013-1037.

Young, J. (2003) 'Merton with energy, Katz with structure: the sociology of vindictiveness and the criminology of transgression', *Theoretical Criminology*, 7(3): 389-414.