

Working paper

# Population estimates of alcohol misusers who access DWP benefits

by Gordon Hay and Linda Bauld

Department for Work and Pensions

Working Paper No 94

# **Population estimates of alcohol misusers who access DWP benefits**

Gordon Hay and Linda Bauld

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

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The research was also based on the Work and Pensions Longitudinal Survey, produced by the DWP. These data are Crown copyright.

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# Abbreviations

APMS	Adult Psychiatric Morbidity Survey
AUDIT	Alcohol Use Disorders Identification Test
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
GLF	General Lifestyle Survey
GOR	Government Office Region
IB	Incapacity Benefit
IS	Income Support
JSA	Jobseeker's Allowance
LAD	Local Authority District
MB	Main Benefits
NATMS	National Alcohol Treatment Monitoring System
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NTA	National Treatment Agency for Substance Misuse
PDU	Problem Drug User
SDA	Severe Disablement Allowance
WPLS	Work and Pensions Longitudinal Study

# Glossary

Disability Living Allowance (DLA)	Children or adults may be eligible for DLA if they have a physical or mental disability severe enough to require someone to help care for them, someone to supervise them, or to cause walking difficulties. Individuals can claim DLA if they fulfil these criteria whether or not they are in work.
Employment and Support Allowance (ESA)	ESA was introduced in October 2008 to replace Income Support, Incapacity Benefit and Severe Disablement Allowance for new claimants. Individuals who cannot work because of illness or disability and are under State Pension Age may be eligible for ESA. Drug or alcohol dependency does not of itself confer entitlement – to qualify, claimants have to undertake a medical assessment of incapacity for work called the Work Capability Assessment. This assesses the effects of a person's condition on their ability to carry out a number of everyday activities relevant to work. People with a recorded diagnosis of alcohol or drug dependency may have other diagnoses, for example mental illness, which result in their incapacity for work.
Incapacity Benefit (IB)	This benefit is payable to individuals who cannot work due to illness or disability and are of working age. It was replaced for new claimants in 2008 by ESA. As with ESA, individuals are not awarded the benefit on the basis of a particular condition, but on the basis of the effects that the condition has on the individual's ability to carry out a range of everyday tasks relevant to work. These effects are assessed in a medical assessment called the Personal Capability Assessment.
Income Support (IS)	IS is a benefit for people on a low income who work less than 16 hours a week, but don't have to sign on as unemployed, and are between 16 and the age at which they can access pension credit. Lone parents may also be eligible for IS. It was replaced for new claimants in 2008 by ESA.
Jobseeker's Allowance (JSA)	This is the main benefit for people of working age who are out of work but available for, capable of and actively seeking work, or for those who work less than 16 hours a week on average. In order to keep receiving the benefit, JSA recipients are required to attend regular, usually fortnightly, jobsearch reviews at their Jobcentre to demonstrate that they are actively looking for work.
Main Benefits (MB)	A grouping of benefits (for the purpose of this study) that includes DLA, IB, IS and JSA.

Severe Disablement Allowance (SDA)	Individuals of working age who were unable to work for at least 28 weeks in a row as a result of illness or disability prior to April 2001 may be eligible for SDA. It was replaced for new claimants in 2008 by ESA.
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# Summary

## Introduction

This study aimed to estimate the number of people who are accessing Department for Work and Pensions (DWP) benefits and who have a problematic relationship with alcohol. It follows a similar study, also commissioned by DWP, which estimated the number of Problem Drug Users (PDUs) who access DWP benefits. This study combines the most accurate, relevant and up-to-date data on the number of dependent drinkers with a score of 20 or more in the Alcohol Use Disorders Identification Test (AUDIT)<sup>1</sup>, derived from survey data<sup>2</sup>, with benefit uptake data to produce estimates for 2008.

Alcohol dependence is defined as ‘a cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated alcohol use [typically including...] a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences [such as liver disease or depression caused by drinking], a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance, and a physical withdrawal reaction when alcohol use is discontinued’<sup>3</sup>.

The AUDIT 20+ group was selected for these estimates as it is believed to contain those individuals who are most likely to require treatment before they can overcome their alcohol misuse issues, and those for whom alcohol misuse is most likely to represent a barrier to employment<sup>4</sup>. A separate report contains the findings from a literature review and qualitative study with problem drinkers accessing treatment, and professionals who work with them, to illuminate these individuals’ experiences of employment and the benefit system<sup>5</sup>.

The Coalition Government has stated that it is committed to tackling drug and alcohol addiction, which is one of the most damaging root causes of poverty. The Government has also stated that it advocates an approach to addressing addiction that is firmly rooted in the concept of recovery and reintegration; a process through which an individual is enabled to overcome the symptoms and causes of their dependency and reintegrate back into society. DWP have responsibility for the ‘recovery and reintegration’ strand of the 2010 Drug Strategy. This strand acknowledges that recovery does not begin or end with treatment, but encompasses employment, education and

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<sup>1</sup> The AUDIT is a clinical assessment tool designed to identify people who may be dependent drinkers. A diagnosis of dependence is made by a clinician following further tests. Dependent drinkers with an AUDIT score of 20+ are very likely to be experiencing physical and social problems (including, possibly, problems maintaining employment) due to their excessive alcohol consumption, or storing up such problems for themselves in the future.

<sup>2</sup> The 2007 Adult Psychiatric Morbidity Survey (APMS) was used to derive estimates of the numbers of AUDIT 20+ drinkers in England. Benefit estimates were derived from the 2008 Work and Pensions Longitudinal study.

<sup>3</sup> World Health Organization. *The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic criteria for research*, World Health Organization, Geneva, 1993.

<sup>4</sup> For information and comparison, estimates of the numbers of benefit recipients with an AUDIT score of 16 or more, and of those who are higher risk and increasing risk drinkers, are included in the Appendix.

<sup>5</sup> Bauld, L., Carroll, C., Hay, G., McKell, J., Novak, C. Silver, K. and Templeton, L. (2010). *Alcohol misusers’ experiences of employment and the benefit system*, DWP Research Report no. 718.

skills, family support, probation and wider health services around treatment in a holistic fashion to support sustained recovery. The population estimates contained here will inform the development of this strand of the strategy by providing information on the estimated number of individuals who may need additional help for their addiction, and related problems, before they are able to move off benefits and into employment.

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)<sup>6</sup>.
- Income Support (IS).
- Jobseeker’s Allowance (JSA).

A combined ‘main benefits’ group was constructed to estimate the number of individuals in receipt of one or more of these benefits. The number of people within the main benefits group will be smaller than the sum of those in receipt of each individual benefit as individuals can be in receipt of more than one type of benefit at the same time. Estimates for the main benefits group were also derived by gender, age group, and Government Office Region (GOR).

Please note that alcohol (or drug) dependency does not of itself confer entitlement to disability-related benefits including IB. To qualify for these benefits, claimants have to undertake a medical assessment of incapacity which assesses the effects of their condition on their ability to carry out a number of everyday activities relevant to work. People with alcohol or drug dependency may have other diagnoses, for example mental illness, which result in their incapacity for work.

## Results

For England only in 2008, it was estimated that there were 630,000 working age<sup>7</sup> individuals who were dependent drinkers with an AUDIT score of 20 or more.

Table 1 contains the headline results of this study: the estimates of the number of dependent drinkers with an AUDIT score of 20+ in England who are in receipt of each of the four main DWP benefits, and one or more of those benefits.

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<sup>6</sup> Employment and Support Allowance (ESA) was introduced in October 2008 to replace IB, IS and Severe Disablement Allowance (SDA) for new claimants. However, it is not included in these estimates as they were derived from 2007 and 2008 survey data, and so predate the introduction of ESA.

<sup>7</sup> Please note, this refers to the old working age population (i.e. women aged 18-59 and men aged 18-64). The State Pension age for women born on or after 6 April 1950 is increasing to 65 between 2010 and 2020.

**Table 1** Estimates of the number of DWP benefit claimants of working age who are AUDIT 20+ dependent drinkers in England

Benefit	Severely dependent drinkers
DLA	29,400
IB	99,200
IS	93,200
JSA	26,500
<b>Main benefits<sup>1</sup></b>	<b>159,900</b>

<sup>1</sup> Includes individuals in receipt of one or more of the main DWP benefits.

Approximately 160,000 individuals in receipt of one or more 'main benefits' are estimated to fall into the AUDIT 20+ dependent drinker group. Around 100,000 of this group are in receipt of IB, around 90,000 in receipt of IS, and just under 30,000 in receipt of DLA. Approximately 25,000 receive JSA.

## Discussion and conclusion

### Comparison with the working age population

It can be inferred from the findings that individuals in receipt of benefits are almost twice as likely to be AUDIT 20+ dependent drinkers as those who are not on benefits (see Tables 4.1 and 4.6) although this difference has not been tested for statistical significance. It is not surprising that AUDIT 20+ drinkers are more prevalent in the benefit population given the symptoms and behaviour surrounding dependency which may make it difficult to achieve and sustain employment. However, it should be noted that only a quarter (25 per cent) of individuals who are AUDIT 20+ dependent drinkers are in receipt of benefits, meaning that the majority are managing to sustain employment or support themselves in other ways.

### Problem drug use and AUDIT 20+ dependent drinking estimates

It can be seen by comparing Tables 5.1 and 5.2 that the estimated number of AUDIT 20+ dependent drinkers in receipt of the four main benefits is around 100,000 smaller than the estimated number of PDUs who are in receipt of the main benefits (160,000 compared with 270,000). It appears that dependent drinkers in receipt of benefits are almost twice as likely to be on IB and DLA as PDUs in receipt of benefits, but less likely to be on JSA. The proportions claiming IS are roughly similar. However, again these differences have not been tested for significance.

It is interesting to note that whilst 80 per cent of PDUs of working age in England are estimated to be in receipt of benefit, only a quarter (25 per cent) of AUDIT 20+ dependent drinkers are estimated to be claiming benefit. This suggests that dependent drinkers are more able to sustain employment, or support themselves in other ways, than PDUs.

It should be remembered that the alcohol and drug using groups are not mutually exclusive. An indication of the extent of this overlap is given by 2008/09 National Drug Treatment Monitoring System (NDTMS) data established by the National Treatment Agency for Substance Misuse (NTA), which shows that 16.5 per cent of problem drug users presenting for treatment also have alcohol misuse problems<sup>8</sup>.

<sup>8</sup> <http://www.nta.nhs.uk/ndtms.aspx>

### Treatment uptake figures

Data from the NTA shows that, in 2008/09, around 100,000 people accessed treatment for alcohol misuse problems<sup>9</sup>. It is not known what proportion of the 100,000 in structured treatment were in receipt of DWP benefits. However, we do know from the NATMS data that around 75% of those individuals of working age who entered treatment for an alcohol misuse problem in 2008/9 had not undertaken any work in the month prior to entering treatment. It is therefore reasonable to assume that those who seek treatment are significantly more likely to find that their alcohol misuse represents a barrier to employment than those dependent drinkers who do not access treatment, and (based on this) are more likely to be in receipt of benefits.

We can also conclude that a substantial number of the 160,000 AUDIT 20+ dependent drinkers in receipt of one or more of the four main benefits in England are not receiving structured treatment for their alcohol problems (although they may be receiving other interventions).

### Benefit uptake administrative data

This study has estimated that there are around 100,000 AUDIT 20+ dependent drinkers in receipt of IB, however only approximately 40,000 individuals cited alcohol misuse as the main reason for claiming that benefit<sup>10</sup>. This may be because many IB claimants who fall into the AUDIT 20+ group have other conditions, for example mental illness, which result in their incapacity for work.

This study has demonstrated that a substantial number of individuals who are in receipt of the main DWP benefits have a problematic relationship with alcohol.

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<sup>9</sup> Department of Health and National Treatment Agency for Substance Misuse (2010) *Statistics from the National Alcohol Treatment Monitoring System (NATMS) 1st April 2008 – 31st March 2009* Annual Statistical Report.

<sup>10</sup> As reported in the Local Alcohol Profiles for England:  
<http://www.nwph.net/alcohol/lape/download.htm>



# 1 Introduction

## 1.1 Summary and background

This report outlines findings from one element of a DWP commissioned study that aims to examine the uptake of DWP benefits by people who misuse alcohol. It contains findings from the quantitative element of the research, and provides estimates of the number of dependent drinkers with an AUDIT score of 20 or more who access one or more main benefits<sup>11</sup>. A separate report commissioned by DWP and undertaken by researchers at the Universities of Bath and Glasgow contains the findings from a literature review and qualitative study with problem drinkers accessing treatment, and professionals who work with them, to illuminate these individuals' experiences of employment and the benefit system<sup>12</sup>.

The aims of this element of the study, therefore, were to provide:

- a national estimate of the number of AUDIT 20+ dependent drinkers accessing a combination of main DWP benefits;
- national estimates of the number of AUDIT 20+ dependent drinkers accessing each of the main DWP benefits separately; and
- estimates stratified, where possible, by gender, age group, and Government Office Region (GOR – in England).

The Coalition Government has stated that it is committed to tackling drug and alcohol addiction, which is one of the most damaging root causes of poverty. The Government has also stated that it advocates an approach to addressing addiction that is firmly rooted in the concept of recovery and reintegration; a process through which an individual is enabled to overcome the symptoms and causes of their dependency, and reintegrate back into society. DWP have responsibility for the 'recovery and reintegration' strand of the 2010 Drug Strategy. This strand acknowledges that recovery does not begin or end with treatment, but encompasses employment, education and skills, family support, probation and wider health services around treatment in a holistic fashion to support sustained recovery. The population estimates contained here will inform the development of this strand of the strategy by providing information on the estimated number of individuals who may need additional help for their addiction, and related problems, before they are able to move off benefits and into employment.

## 1.2 AUDIT 20+ dependent drinking

Alcohol dependence is defined as 'a cluster of behavioural, cognitive, and physiological phenomena that may develop after repeated alcohol use. Typically, these phenomena include a strong desire to

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<sup>11</sup> Estimates of the numbers of benefit recipients with an AUDIT score of 16 or more, and of those who are higher risk and increasing risk drinkers, are included in the appendices for information.

<sup>12</sup> Bauld, L., Carroll, C., Hay, G., McKell, J., Novak, C. Silver, K. and Templeton, L. (2010). *Alcohol Misusers' experiences of employment and the benefit system*, DWP Research Report no. 718.

consume alcohol, impaired control over its use, persistent drinking despite harmful consequences (such as liver disease or depression caused by drinking), a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance, and a physical withdrawal reaction when alcohol use is discontinued<sup>13</sup>. Alcohol dependence is also associated with ‘increased criminal activity and domestic violence, and an increased rate of significant mental and physical disorders’<sup>14</sup>.

Whilst alcohol dependence does not necessarily mean that an individual will experience problems maintaining employment, it is likely that in a proportion of cases individuals with such a condition will struggle to prioritise the responsibilities involved in employment over drinking, or that the mental and physical health problems which they experience as a result of their alcohol use will restrict their ability to work.

A diagnosis of alcohol dependence involves an assessment by a clinician on the basis of the symptoms and consequences of alcohol misuse listed above, and the use of a diagnostic test such as the Severity of Alcohol Dependence Questionnaire (SADQ) to determine whether the dependence is mild, moderate or severe. Different treatment interventions are required depending on the level of severity of the dependence. The AUDIT, however, can be used as an initial aid to the clinical assessment to identify individuals who warrant referral to a clinician and additional diagnostic tests for alcohol dependence. This set of standard questions is known to possess a high degree of sensitivity and specificity when used as a dependence screen in the general population. The care pathway for the identification and diagnosis of alcohol misuse in adults contained in draft National Institute for Clinical Excellence (NICE) guidelines<sup>15</sup> (due to be finalised in February 2011) suggests that individuals with an AUDIT score of 20+ have probable alcohol dependence, and should be referred to specialist assessment. It also suggests that they are then likely to need either Tier 3 or Tier 4 treatment for their dependence. Tier 3 treatment includes structured day programmes and care-planned day care, a range of prescribing interventions such as community-based medically assisted alcohol withdrawal, and psychosocial therapies and support within a care plan. These treatments are normally delivered in specialised alcohol treatment services with their own premises in the community, or through outreach (including outreach in generic services or other agencies, or home visits). Tier 4 treatment includes a similar set of interventions, but is usually delivered in specialised services with inpatient facilities, including hospitals and residential rehabilitation units<sup>16</sup>.

Other definitions of problem alcohol use also exist. These definitions are broader than the AUDIT 20+ group, and include individuals who are drinking more than the recommended amounts and may be causing themselves harm as a result, or at risk of causing themselves harm. The AUDIT 20+ dependent drinker group was chosen for these estimates as it contains those individuals who we believe are most likely to require specialist help to overcome their addiction and reach a place where they are able to achieve sustained employment. However, for information and comparison estimates were also produced using three other definitions of problem drinking. These estimates can be found in the Appendix.

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<sup>13</sup> World Health Organization. *The ICD-10 Classification of Mental and Behavioural Disorders: Diagnostic criteria for research*, World Health Organization, Geneva, 1993.

<sup>14</sup> National Institute for Clinical Excellence (2010). *Alcohol use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence*, Draft clinical guidelines for consultation.

<sup>15</sup> National Institute for Clinical Excellence (2010). *Alcohol use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence*, Draft clinical guidelines for consultation.

<sup>16</sup> The four tier model of service provision for alcohol misuse:  
<http://www.drugsprevention.net/content/four-tier-model-service-provision-alcohol-misuse>

## 1.3 Datasets used

This report uses the 2007 Adult Psychiatric Morbidity Survey (APMS) to derive estimates of the numbers of AUDIT 20+ dependent drinkers in England. This survey contains the most up-to-date and comprehensive source of information on dependent drinking in the general population of England. There are no other large-scale surveys that look at levels of excessive regular alcohol use, apart from the General Lifestyle Survey (GLF). Findings from the 2008 GLF were used to derive estimates of the numbers of increasing and higher risk drinkers in the UK. See the Appendix for further details. In contrast with problem drug use, there has not been a national problem alcohol use study in Great Britain using methods that can be used to estimate the size of covert or hidden populations, such as the capture-recapture method.

Benefit estimates were derived from the 2008 Work and Pensions Longitudinal study (WPLS). Details of the methodology used to derive these estimates, and the limitations of the data, can be found in Chapter 2.

The estimates contained within this report represent the most up-to-date and accurate assessment of the levels of alcohol use amongst DWP benefits claimants.

## 2 Data

### 2.1 Data sources

Two main data sources were used to carry out this work the:

- Work and Pensions Longitudinal Study (WPLS) held by the DWP, data from November 2008;
- 2007 APMS.

In addition, the 2008 GLF was used instead of the APMS to calculate the increasing and higher risk drinking estimates contained in the Appendix.

#### 2.1.1 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 and Customs. 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<sup>17</sup>. 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 working age. It also provides information on some of the more common benefit combinations (such as information on customers in receipt of both IB and DLA together) 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.

The November 2008 WPLS extract from the DWP Tabulation Tool was used to establish the number of individuals (of working age) who were in receipt of Disability Living Allowance (DLA), Incapacity Benefit (IB), Income Support (IS) or Jobseeker's Allowance (JSA). Estimates of the number of individuals who were in receipt of one or more main benefits were also derived from the WPLS. Estimates of the numbers of individuals in receipt of ESA were not included in this report as this benefit was only introduced towards the end of 2008.

#### 2.1.2 Adult Psychiatric Morbidity Survey (2007)

The 2007 APMS is the third in a series of surveys of psychiatric morbidity in adults living in private households. It collects a range of data on mental health among adults age 16 and over in England. Previous studies in the series have included Scotland and Wales. The Adult Psychiatric Morbidity Survey is the best source of information, used by the Government, to assess levels of alcohol dependence and to therefore formulate the policy response.

The APMS interviews were carried out face to face in two phases, with the second phase interviews carried out by clinically trained research interviewers. If a respondent indicated that they drank alcohol, then they were asked to complete a computer-assisted self-completion component of the questionnaire. It provides prevalence estimates of alcohol dependence in the adult general population. Alcohol dependence was examined with a separate self-completed AUDIT questionnaire.

The APMS was used to derive the AUDIT 20+ dependent drinking and AUDIT 16+ estimates.

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<sup>17</sup> <http://statistics.dwp.gov.uk/asd/index.php?page=tabtool>

### 2.1.3 General Lifestyle Survey (2008)

The GLF is a multi-purpose continuous survey carried out by the Office of National Statistics which collects information on a range of topics from people living in private households in Great Britain. Previously known as the General Household Survey, it regularly includes questions on alcohol use and, as such, is the Government's main source of alcohol use information in the general population. It is the source of Government publications on alcohol use, particularly levels of increasing risk and higher risk drinking and is therefore commonly used when formulating health and social policy towards alcohol use.

The 2008 GLF was used to estimate the proportions of respondents who reported increasing risk or higher risk drinking. These proportions can then be applied to population size estimates to obtain estimated numbers of increasing risk drinkers and higher risk drinkers. These estimates were obtained for the working age population, and can be split by country, GOR (within England), gender or age group.

The GLF was used to derive the increasing and higher risk drinking estimates.

## 2.2 Number of people on benefit

In November 2008, there were approximately 4.3 million individuals of working age in England in receipt of benefits, of which the four main ones were DLA, IB, IS and JSA.

Additionally, there were 520,000 working age benefit recipients in Scotland and 330,000 in Wales. In total, this means that there were over 5.1 million working age benefit recipients in Great Britain<sup>18</sup>.

Not all of these benefits are equally relevant when looking at numbers of AUDIT 20+ dependent drinkers who access DWP benefits. For example, the number of dependent drinkers who are in receipt of JSA or who are on IB will be more interesting than the numbers in receipt of Widow's Benefit.

The DWP tabulation tool can be used to look at different benefits individually and also different combinations of benefits. The different combinations of benefits are mutually exclusive, however it is not directly possible to extract out the numbers in receipt of any of the four benefits we are interested in due to an 'other combination' category which may or may not include some of those that we are interested in. The age ranges used by the DWP tabulation tool when providing information at the regional level also differed from the age ranges used in this study. To ensure comparability, we have assumed that the age distribution of those on benefits is similar across the country and we have adjusted the regional totals to correct for the differences in age ranges.

The 2007 APMS and 2008 GLF provide information on whether participants are in receipt of a range of benefits including DLA, IB, IS and JSA. Sample sizes are such that it was not possible to examine uptake of other benefits such as Severe Disablement Allowance (SDA). Additionally, although ESA has now replaced IB, IS and SDA for new claimants it is not included in these estimates as they were derived from 2007 and 2008 survey data, and so predate the introduction of ESA in October 2008.

We therefore look at the following benefits individually:

- DLA.
- IB.
- IS.
- JSA.

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<sup>18</sup> The tabulation tool does not include information on individuals living in Northern Ireland.

We provide information on the estimated number of AUDIT 20+ dependent drinkers on each benefit (as well as the number of AUDIT 16+, higher risk and increasing risk drinkers in Appendix A). We can also look at the four benefits together and provide estimates of the number of problem drinkers who are on any of those benefits. The estimate for the main benefits groups will be smaller than the sum of those in receipt of each individual benefit, as individuals can be in receipt of more than one type of benefit. Estimates were also derived by gender, age group and GOR (within England).

The WPLS shows that there were just under four million individuals in England in November 2008 who were in receipt of at least one of the four main benefits, and around 4.7 million in Great Britain.

Please note that alcohol (or drug) dependency does not of itself confer entitlement to disability-related benefits including IB. To qualify for these benefits claimants have to undertake a medical assessment of incapacity which assesses the effects of their condition on their ability to carry out a number of everyday activities relevant to work. People with alcohol or drug dependency may have other diagnoses, for example mental illness, which result in their incapacity for work.

## 2.3 Limitations of the data

It can be difficult to provide accurate information on the levels of alcohol use in the general population. The main approach to estimating levels of alcohol use in England and Great Britain is through large scale household surveys such as the APMS (for AUDIT 20+ dependent drinking) and GLF (for increasing and higher risk drinking). Although both surveys have large sample sizes, are designed to be representative of adults living in private households, and use validated questions via computer assisted self-completion interviewing to ask about alcohol use or indicators of alcohol dependence, it is known that these surveys under-estimate the true levels of alcohol use in the population.

As both the APMS and GLF are household surveys, certain sections of the population will be under-represented in them. For example, they will miss individuals who are homeless, in prison or in other institutions, and may be under-representative of those in unstable accommodation. Those drinking excessively are therefore likely to be under-represented in those surveys. Additionally, the main study report from the APMS also suggests that even those problem drinkers who do live in private households may be less available, or less willing, to participate in surveys such as this one<sup>19</sup>.

The APMS and GLF are also affected by under-reporting of alcohol use by respondents. This could be due to problems of recall, when people simply cannot remember how much alcohol they are regularly consuming, or people deliberately or unknowingly down-playing the amount of alcohol they regularly consume. While it is possible that people could actually be over-estimating their alcohol use, overall the levels of alcohol use derived from general population surveys are under estimates. Estimates of total alcohol consumption from general population surveys consistently record lower levels of consumption than would be expected from data on alcohol sales<sup>20</sup>.

In relation to benefits, neither the APMS nor the GLF were set up specifically to look at alcohol use by those in receipt of benefits. While the sample sizes of each survey are sufficient to look at these issues individually, they do not always have enough statistical power to provide accurate comparisons of benefit uptake by those excessively using alcohol, particularly when focusing on estimates by gender, age group or GOR. Some of the estimates provided in this report, particularly where the denominators are small (such as numbers in receipt of specific benefits), therefore need

<sup>19</sup> National Centre for Social Research and University of Leicester (2009). *Alcohol psychiatric morbidity in England. Results of a household survey* Research Report, NHS.

<sup>20</sup> <http://www.statistics.gov.uk/cci/nugget.asp?id=1027>

to be considered with caution. Additionally, we know that bias in reporting and underreporting of benefit receipt in surveys is common. This may be due to problems in respondents' recall of which particular benefits or combination of benefits they are in receipt of.

Despite these caveats, the 2007 APMS and 2008 GLF are the most up to date and comprehensive sources of information on alcohol use in the general population of England and Great Britain respectively. There are no other large-scale surveys that look at levels of excessive regular alcohol use. In contrast with problem drug use, there has not been a national problem alcohol use study in England/Great Britain using methods that can be used to estimate the size of covert or hidden populations, such as the capture-recapture method.

The estimates contained within this report represent the most up-to-date and accurate assessment of the levels of alcohol use amongst DWP benefits claimants.

## 2.4 Population size estimates

In Table 2.1 we set out the population size estimates used within this report as extracted from the 2008 mid-year estimates from the National Statistics website. This table summarises the available information by age group, GOR and Country.

**Table 2.1 Population size estimates, by age group, GOR and country**

Area	18-24	25-34	35-44	45-54	55-59/64	18-59/64
East of England	491,500	697,000	858,300	762,800	523,500	3,333,100
East Midlands	429,900	521,600	660,500	594,000	413,300	2,619,300
London	750,800	1,493,000	1,294,500	928,700	503,200	4,970,200
North East	260,500	298,900	362,700	360,200	240,300	1,522,600
North West	684,200	818,200	1,001,000	922,600	621,300	4,047,300
South East	736,300	1,005,200	1,263,200	1,136,500	754,300	4,895,500
South West	471,900	574,500	736,500	693,900	504,300	2,981,100
West Midlands	516,600	648,000	787,800	706,800	485,100	3,144,300
Yorkshire and the Humber	554,000	650,800	750,300	687,700	462,000	3,104,800
England	4,895,800	6,707,400	7,715,000	6,793,100	4,507,100	30,618,400
Wales	290,100	330,400	410,500	396,200	289,300	1,716,500
Scotland	486,100	634,100	765,900	742,700	477,200	3,106,000
Great Britain	5,672,000	7,671,900	8,891,400	7,932,000	5,273,600	35,440,900

Source: National Statistics 2008 population estimates.

It should be noted that these population size estimates only refer to the working age population, which for the purposes of the study is defined as 18 to 64 for males and 18 to 59 for females<sup>21</sup>. These population size estimates can also be split by gender, although such a table is not presented in this report.

<sup>21</sup> Please note, this refers to the old working age population. The State Pension age for women born on or after 6 April 1950 is increasing to 65 between 2010 and 2020.

## 2.5 Time period

The prevalence estimates relate to 2008. The data on benefit uptake from the DWP Tabulation Tool were for November 2008. The numbers derived from the 2007 APMS and 2008 GLF surveys can be considered as period prevalence estimates covering the whole year in which they were conducted. The benefits data, however, would be a point prevalence measure, in that it only includes people on benefit at a specific point in November 2008. There may be seasonal differences in the uptake of benefits by the working age population or by those with alcohol problems, however little is known about this issue. Thus, the current study takes period prevalence estimates for 2007 and 2008 and uses it in combination with point estimates, which relate to November 2008, to derive a period prevalence of the number of problem drinkers who were accessing DWP benefits in 2008.

## 2.6 Rounding and other errors

The current study collates and combines data and estimates from three distinct sources, two of which are estimates that are subject to sampling and measurement 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.

The results of this 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. A confidence interval is commonly used to indicate the reliability of an estimate. The alcohol use estimates have confidence intervals associated with them in the research reports generated from those studies. Although not straightforward, it would be possible to combine the confidence intervals in the prevalence estimates 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 study of this kind. The estimates depend heavily on the validity of the assumptions employed by the study. Also, as discussed above, the prevalence estimates are subject to measurement error as well as sampling error.

Finally, in reading the results of this study which follow, it is important to point out that the estimates of the number of problem drinkers in England/Great Britain, and the estimates for the number of problem drinkers in receipt of benefits in England/Great Britain, have been rounded to the nearest one hundred in the tables, and the nearest ten thousand in the text.



# 3 Methods

The method used to estimate the number of problem drinkers who access DWP benefits is relatively straightforward; however difficulty arises in manipulating and combining datasets that are collated differently at the GOR level, or (in the case of the increasing and higher risk drinker estimates in the Appendix) country level. As an example of the methods used, we can describe the approach taken to estimate that, in England, there are 55,900 25 to 34 year olds in receipt of one or more of the main benefits who are AUDIT 20+ dependent drinkers.

The DWP tabulation tool indicates that, from the November 2008 WPLS, there are 891,310 individuals aged 25 to 34 in receipt of one or more of the main benefits. The 2007 APMS suggested that 7.50 per cent of those who were in receipt of any main benefit in that age group were classed as AUDIT 20+ dependent drinkers. Applying that proportion to the known number on any main benefit provides us with an estimate of the number of individuals of that age group on any main benefit that may be estimated to be dependent drinkers. Thus, there would be 55,900 individuals aged 25 to 34 who are in receipt of one or more of the main benefits who are classed as AUDIT 20+ dependent drinkers. This approach is taken initially at the GOR level, by gender or by age group (under 25, 25 to 34 and over 34). To get estimates for England we applied the England level proportion (from the APMS) to the number of individuals on the particular benefit within England (from the WPLS). The sample weights used within the 2007 APMS dataset were used within these analyses.

Alternatively, we could have used the number of AUDIT 20+ dependent drinkers estimated from the APMS and then applied the proportion of AUDIT 20+ drinkers who were estimated to be in receipt of any main benefit. That approach would have given different estimates, but this approach was not taken as it would have used estimated numbers on benefits (from the APMS) which are open to reporting error, rather than the more robust known numbers derived directly from the WPLS.

To take another example relating to the higher risk drinking estimates in the Appendix, the DWP tabulation tool indicates that, from the November 2008 WPLS, there are 252,860 individuals aged 25 to 34 in receipt of JSA. The GLF suggested that 10.47 per cent of those who were in receipt of JSA in that age group were classed as higher risk drinkers. Applying that proportion to the known number on JSA provides us with an estimate of the number of individuals of that age group on JSA that may be estimated to be higher risk drinkers. Thus, there would be 26,480 individuals aged 25 to 34 who are in receipt of Jobseeker's Allowance who are classed as higher risk drinkers. This approach is taken initially at the GOR level, by gender or by age group (under 25, 25 to 34 and over 34) and by type of benefit. To get estimates for England we applied the England level proportion (from the GLF) to the number of individuals on the particular benefit within England (from the WPLS). Similarly, the Great Britain level analyses were carried out using data at that area level. As data on benefit uptake are not readily available for Northern Ireland it has not been possible to provide estimates at the United Kingdom level. The sample weights used within the 2008 GLF were used within these analyses.

## 4 Results

The results from the study are presented in a series of tables that provide different estimates derived from three data sources at the Country and GOR level; followed by tables that provide the national estimates stratified by gender and age group. We begin, mainly for information and to set the scene, by examining levels of AUDIT 20+ dependent drinking in the working age population as derived from the 2007 APMS.

### 4.1 AUDIT 20+ dependent drinking prevalence estimates

Estimates of the numbers of AUDIT 20+ dependent drinkers in the working age population in England were derived by combining the prevalence rates found within the 2007 APMS and the population size estimates. This was done by GOR level, gender and age. These estimates are shown in Tables 4.1, 4.2 and 4.3.

**Table 4.1 Estimates of the proportion and number of individuals of working age in England who are AUDIT 20+ dependent drinkers, by GOR**

Government Office Region	% who are AUDIT 20+ dependent drinkers	Estimated number of AUDIT 20+ dependent drinkers
East of England	1.65	54,900
East Midlands	0.87	22,800
London	1.85	92,100
North East	1.83	27,900
North West	2.65	107,100
South East	1.92	94,100
South West	1.32	39,400
West Midlands	3.44	108,200
Yorkshire and the Humber	2.80	86,900
England	2.06	630,000

Sources: 2007 APMS and National Statistics 2008 population estimates.

**Table 4.2 Estimates of the proportion and number of individuals of working age in England who are AUDIT 20+ dependent drinkers, by gender**

Gender	% who are AUDIT 20+ dependent drinkers	Estimated number of AUDIT 20+ dependent drinkers
Male	3.14	505,100
Female	0.88	128,100
Total	2.06	630,000

Sources: 2007 APMS and National Statistics 2008 population estimates.

**Table 4.3** Estimates of the proportion and number of individuals of working age in England who are AUDIT 20+ dependent drinkers, by age group

Age group	% who are severely dependent drinkers	Estimated number of severely dependent drinkers
18-24	2.71	132,500
25-34	3.77	252,700
35-44	2.24	172,800
45-54	0.67	45,600
55-59/64	0.61	27,400
Total	2.06	630,000

Sources: 2007 APMS and National Statistics 2008 population estimates.

As Table 4.1 shows, it is estimated that there are 630,000 AUDIT 20+ dependent drinkers of working age in England. Regional differences exist, although formal comparisons looking for statistically significant differences have not been carried out within this study. The West Midlands is the area which has the highest level of alcohol dependence, followed by Yorkshire and the Humber. A higher proportion of males are dependent on alcohol than females (see Table 4.2), and the highest level of dependence is found in the 25-34 age group, followed by the youngest age group (see Table 4.3).

## 4.2 Number of individuals in receipt of DWP benefits

In this section we summarise the information from the WPLS as extracted using the DWP Tabulation Tool giving data for November 2008. We provide this information for those on DLA, IB, IS and JSA. We can also consider the combined 'main benefits' group who are in receipt of any of these four main benefits. As previously noted, individuals may be in receipt of more than one benefit therefore the individual columns cannot be summed to get the main benefit column.

**Table 4.4** Number of individuals of working age in receipt of four main DWP benefits in England, November 2008, by GOR

Area	DLA	IB	IS	JSA	Main Benefit*
East of England	117,720	158,630	142,660	76,620	343,500
East Midlands	121,790	158,110	129,890	73,900	328,771
London	181,060	281,400	357,440	148,630	653,040
North East	90,180	138,300	110,490	62,320	272,064
North West	247,670	355,560	295,620	138,410	673,555
South East	164,050	210,890	195,660	96,450	457,517
South West	128,240	171,350	138,900	60,160	329,896
West Midlands	156,750	212,800	193,160	122,200	472,138
Yorkshire and the Humber	154,690	206,440	177,200	105,710	436,498
England	1,362,150	1,893,480	1,741,020	884,400	3,966,979

\* Includes all individuals who were in receipt of at least one of the four main benefits (DLA, IB, IS and JSA).

Source: 2008 WPLS.

These data are also available by gender and age group (18-24, 25-34, 35-44, 45-54, 55-59/64).

**Table 4.5** Number of individuals of working age in receipt of four main DWP benefits in England, November 2008, by gender or age group

Group	DLA	IB	IS	JSA	MB
Male	736,180	1,113,940	623,980	659,000	2,117,708
Female	625,970	779,540	1,117,040	225,400	1,849,271
18-24	108,000	124,640	234,910	263,270	581,586
25-34	159,270	232,130	421,350	216,560	753,142
35-44	292,520	407,610	502,020	183,370	901,953
45-54	400,630	546,890	400,730	151,380	893,833
55-59/64	401,730	582,210	182,010	69,820	836,465
Total	1,362,150	1,893,480	1,741,020	884,400	3,966,979

Source: 2008 WPLS.

### 4.3 AUDIT 20+ dependent drinking prevalence amongst benefit recipients

In this section we present estimates of the numbers of individuals in receipt of benefits who can be classed as AUDIT 20+ dependent drinkers. Responses from the 2007 APMS about benefit uptake were cross-tabulated with a derived variable that indicates dependent drinking to produce estimated proportions of DWP benefit claimants who are alcohol dependent. Those proportions were then applied to the number of benefit claimants to get estimated numbers of benefit claimants who are AUDIT 20+ dependent drinkers.

These are presented in the tables below by country, GOR, gender and age group. Again these are for the working age population. It should be noted that the estimates in the tables will not add up to the totals due to the way the estimates are obtained. The sample sizes from the 2007 APMS were not sufficient to allow us to estimate the proportions (and hence numbers) of AUDIT 20+ dependent drinkers in receipt of the individual benefits by GOR, age and gender breaks. However, estimates by each break of the number of AUDIT 20+ dependent drinkers in receipt of one or more of the main benefits have been produced.

An estimated 160,000 individuals in receipt of any of the four main benefits in England are considered to be AUDIT 20+ drinkers.

**Table 4.6** Estimates of the proportion of DWP benefit claimants of working age in England who are AUDIT 20+ dependent drinkers

Country	DLA (%)	IB (%)	IS (%)	JSA (%)	MB (%)
England	2.16	5.24	5.35	3.00	4.03

**Table 4.7** Estimates of the number of DWP benefit claimants of working age in England who are AUDIT 20+ dependent drinkers

Country	DLA	IB	IS	JSA	MB
England	29,400	99,200	93,200	26,500	159,900

**Table 4.8** Estimates of the proportion of DWP benefit claimants of working age in England who are AUDIT 20+ dependent drinkers, by GOR

Area	MB
East of England	3.92
East Midlands	1.79
London	4.00
North East	5.13
North West	4.72
South East	1.22
South West	7.02
West Midlands	6.90
Yorkshire and the Humber	1.49
England	4.03

**Table 4.9** Estimates of the numbers of DWP benefit claimants of working age in England who are AUDIT 20+ dependent drinkers, by GOR

Area	MB
East of England	13,500
East Midlands	5,900
London	26,100
North East	14,000
North West	31,800
South East	5,600
South West	23,200
West Midlands	32,600
Yorkshire and the Humber	6,500
England	159,900

**Table 4.10** Estimates of the proportion of DWP claimants of working age in England who are AUDIT 20+ dependent drinkers, by age group

Age range	MB
18-24	2.11
25-34	7.50
35-44	6.02
45-54	2.10
55-59/64	1.38
All ages	4.03

**Table 4.11** Estimates of the number of DWP claimants of working age in England who are AUDIT 20+ dependent drinkers, by age group

Age range	MB
18 -24	12,000
25 -34	55,900
35 -44	54,000
45 -54	18,900
55 - 59/64	11,700
All ages	159,900

**Table 4.12** Estimates of the proportion of DWP claimants of working age in England who are AUDIT 20+ dependent drinkers, by gender

Gender	MB
Male	7.12
Female	1.39
All persons	4.03

**Table 4.13** Estimates of the number of DWP claimants of working age in England who are AUDIT 20+ dependent drinkers, by gender

Gender	MB
Male	151,300
Female	25,500
All persons	159,900

# 5 Discussion and conclusion

This study combined estimates of the prevalence of AUDIT 20+ alcohol dependence in England from a large-scale, representative household survey with information on benefit uptake from the WPLS. The analysis was carried out by gender and age group and at the national and Government Office Region level. Although there are some caveats to be borne in mind when using these estimates (see Section 2.3), they are derived from the most accurate, relevant and up-to-date data and are therefore the most robust estimates of the numbers of AUDIT 20+ dependent drinkers who are in receipt of DWP benefits that could be produced.

In summary, it is estimated that, within the working age population of England, there are approximately:

- 30,000 AUDIT 20+ dependent drinkers in receipt of DLA.
- 100,000 AUDIT 20+ dependent drinkers in receipt of IB.
- 90,000 AUDIT 20+ dependent drinkers in receipt of IS.
- 30,000 AUDIT 20+ dependent drinkers in receipt of JSA.
- 160,000 AUDIT 20+ dependent drinkers in receipt of one or more of these four main benefits.

As individuals can be in receipt of more than one benefit, the estimates for the main benefits group cannot be obtained by summing the estimates for the individual benefits.

## 5.1 Comparison with the working age population

It has been estimated that 4.03 per cent of DWP benefit claimants in England are AUDIT 20+ dependent drinkers. The 2007 APMS suggests that 2.06 per cent of the total working age population are AUDIT 20+ dependent drinkers. Therefore, it can be inferred that individuals in receipt of benefits are almost twice as likely to be AUDIT 20+ dependent drinkers as those who are not on benefits (although this difference has not been tested for statistical significance). It is not surprising that AUDIT 20+ drinkers are more prevalent in the benefit population given the symptoms and behaviour surrounding dependency which may make it difficult to achieve and sustain employment. However, it should be noted that only a quarter (25 per cent) of individuals who are AUDIT 20+ dependent drinkers are in receipt of benefits, meaning that the majority are managing to sustain employment or support themselves in other ways.

The benefits with the greatest proportion of recipients estimated to be AUDIT 20+ drinkers are IB and IS (5.24 per cent and 5.35 per cent respectively – see Table 4.6).

## 5.2 Comparison with other studies

In this section, we compare the results of this study with other relevant data sources or studies.

### 5.2.1 Problem drug use and AUDIT 20+ dependent drinking estimates

We begin by contrasting the results of this study with a previous study that provided estimates of the number of problem drug users (PDUs – defined as those using opiates and/or crack cocaine) who were in receipt of DWP benefit. It should be noted that the estimates of the number of problem drug users on benefits refer to 2006. Changes in the total number of benefit claimants will affect the estimated percentage of benefit claimants who are problem drug users.

Table 5.1 presents the estimated number of PDUs who claim each benefit, and the proportion of PDUs on benefits who are in receipt of each individual benefit. In total there were estimated to be approximately 270,000 PDUs in receipt of one or more of the main DWP benefits. They were most commonly claiming IS (54.57 per cent) and IB (32.56 per cent) and least commonly claiming DLA (9.28 per cent).

**Table 5.1 Estimated number of people in receipt of DWP benefits who are PDUs by benefit type, and proportion of PDUs on benefits who are in receipt of each benefit, England 2006<sup>22</sup>**

Benefit	Estimated number of PDUs in receipt of benefit	Estimated % of benefit claiming PDUs who are in receipt of each benefit
DLA	24,766	9.28
IB	86,869	32.56
IS	145,594	54.57
JSA	65,668	24.61
MB	266,798	100

Source: Hay, G. and Bauld, L. 2008.

Table 5.2 presents the estimated number of AUDIT 20+ dependent drinkers who claim each benefit, and the proportion of AUDIT 20+ drinkers on benefits who are in receipt of each individual benefit.

**Table 5.2 Estimated number of people in receipt of DWP benefits who are AUDIT 20+ dependent drinkers, by benefit type, and proportion of AUDIT 20+ dependent drinkers on benefits who are in receipt of each benefit, England 2008**

Benefit	Estimated number of AUDIT 20+ dependent drinkers in receipt of benefit	Estimated % of benefit claiming AUDIT 20+ dependent drinkers who are in receipt of each benefit
DLA	29,400	18.39
IB	99,200	62.04
IS	93,200	58.28
JSA	26,500	16.60
MB	159,900	100

It can be seen by comparing Tables 5.1 and 5.2 that the number of AUDIT 20+ dependent drinkers in receipt of the four main DWP benefits is around 100,000 smaller than the number of PDUs who are in receipt of the main benefits. When individual benefits are considered interesting differences between AUDIT 20+ dependent drinkers and PDUs appear. This study has not tested whether the differences between proportions are statistically significant. However, bearing this in mind it appears that dependent drinkers in receipt of benefits are almost twice as likely to be on IB as PDUs in receipt of benefits (62.04 per cent compared with 32.56 per cent) and similarly almost twice as likely to be on DLA (18.39 per cent compared with 9.28 per cent). Conversely, a smaller proportion of dependent drinkers on benefits are in receipt of JSA than PDUs on benefits (16.60 per cent compared with 24.61

<sup>22</sup> Hay, G. and Bauld, L. (2008). *Population estimates of problematic drug users who access DWP benefits a feasibility study*, DWP Working Paper No. 46.



per cent). The proportions claiming IS are roughly similar (58.28 per cent of AUDIT 20+ dependent drinkers on benefits and 54.57 per cent of PDUs on benefits).

It is interesting to note that whilst 80 per cent of PDUs of working age in England are estimated to be in receipt of benefit, only a quarter (25 per cent) of AUDIT 20+ dependent drinkers are estimated to be claiming benefit. This suggests that dependent drinkers are more able to sustain employment, or support themselves in other ways, than PDUs.

When comparing the estimates of the number of PDUs in receipt of benefits with the number of AUDIT 20+ dependent drinkers it should be remembered that the alcohol and drug using groups are not mutually exclusive. It would be wrong to add the estimated numbers of PDUs on benefits to the number of dependent drinkers on benefits to attempt to get an estimate of the number of problem drug or alcohol users accessing benefits, as it is likely that many of those estimated to be a PDU will also be dependent on alcohol. An indication of the extent of this overlap is given by 2008/09 NDTMS data established by the NTA, which shows that 16.5 per cent of problem drug users presenting for treatment also have alcohol misuse problems<sup>23</sup>.

### 5.2.2 Treatment uptake figures

We can compare the estimates of the number of AUDIT 20+ dependent drinkers who are in receipt of DWP benefits with information on the number of individuals accessing structured treatment for alcohol use in England, by GOR (see Table 5.3). These data come from the 2008/09 National Alcohol Treatment Monitoring System (NATMS) established by the NTA. It is important to note that this data is not restricted to the working age population.

**Table 5.3** Number of individuals accessing structured treatment for alcohol use in England, by GOR, 2008/09<sup>24</sup>

Area	Number of individuals
East of England	9,853
East Midlands	6,195
London	13,957
North East	7,352
North West	19,681
South East	11,977
South West	11,781
West Midlands	7,889
Yorkshire and the Humber	11,413
<b>England</b>	<b>100,098</b>

Source: 2008/09 NATMS.

<sup>23</sup> <http://www.nta.nhs.uk/ndtms.aspx>

<sup>24</sup> Department of Health and National Treatment Agency for Substance Misuse (2010). *Statistics from the National Alcohol Treatment Monitoring System (NATMS) 1st April 2008 – 31st March 2009*, Annual Statistical Report, ONS.

It is not known what proportion of the 100,000 in structured treatment were in receipt of DWP benefits. However, we do know from the NATMS data that around 75% of those individuals of working age who entered treatment for an alcohol misuse problem in 2008/9 had not undertaken any work in the month prior to entering treatment. This proportion rose to 84% for those who had been in treatment for 12-18 months. It is therefore reasonable to assume that those who seek treatment are significantly more likely to find that their alcohol misuse represents a barrier to employment than those dependent drinkers who do not access treatment, and (based on this) are more likely to be in receipt of benefits.

We can also conclude that that a substantial number of the 160,000 AUDIT 20+ dependent drinkers in receipt of one or more of the four main benefits in England are not receiving structured treatment for their alcohol problems. It should be noted, however, that some of those not in structured treatment will receive other interventions (eg brief advice from their GP) to support them to reduce their alcohol consumption.

### 5.2.3 Benefit uptake administrative data

We can also look at the number of individuals who cite alcohol use as the main reason why they are claiming IB. It should be noted that eligibility for IB is not conferred on the basis of a medical condition, but instead on the basis of the effects that the condition has on an individual's ability to carry out a range of everyday tasks and therefore their ability to work.

**Table 5.4 IB claimants citing alcohol use in England, by GOR, November 2008<sup>25</sup>**

Area	Number
East of England	2,620
East Midlands	2,830
London	6,920
North East	2,830
North West	9,230
South East	5,060
South West	4,500
West Midlands	3,900
Yorkshire and the Humber	4,110
<b>England</b>	<b>42,000</b>

Source: LAPE.

It can be seen that only a small proportion of those in receipt of IB cited alcohol use as the main reason why they require that benefit. This study has estimated that there are around 100,000 AUDIT 20+ dependent drinkers in receipt of IB, however only approximately 40,000 individuals cited alcohol use as the main reason for claiming that benefit. This may be because many IB claimants who fall into the AUDIT 20+ group have other conditions, for example mental illness, which result in their incapacity for work.

<sup>25</sup> As reported in the Local Alcohol Profiles for England:  
<http://www.nwph.net/alcohol/lape/download.htm>

### 5.3 Conclusion

This study has, for the first time, provided estimates of the number of AUDIT 20+ dependent drinkers who are in receipt of a range of DWP benefits in England, stratified (where possible) by GOR, gender and age group. It has demonstrated that a substantial number of individuals who are in receipt of the main DWP benefits have a problematic relationship with alcohol.

The findings within this report should be considered alongside complimentary research which used qualitative methods to explore the experiences of alcohol misusers in relation to employment, unemployment and the benefit system<sup>26</sup>.

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<sup>26</sup> Bauld, L., Carroll, C., Hay, G., McKell, J., Novak, C. Silver, K. and Templeton, L. (2010). *Alcohol Misusers' experiences of employment and the benefit system*, DWP Research Report No. 718, Department for Work and Pensions.

# Appendix

## AUDIT 16+, increasing risk and higher risk drinking estimates

As discussed in Section 1.2, for information and comparison with the AUDIT 20+ dependent drinking estimates, estimates were also produced using three other definitions of problem drinking. The three alternative definitions used are as follows:

- **AUDIT 16+ drinking** – Drinking significantly above recognised lower risk levels and experiencing some harm as a result. NICE's draft guidelines<sup>27</sup> suggest that individuals with an AUDIT score of 16-19 should receive an extended brief intervention followed by a review of progress, and referral to a specialist and possibly tier 3 treatment if no improvement is seen. This category includes AUDIT 20+ drinkers. Estimates are derived using the 2007 APMS dataset and are for England only.
- **Higher risk drinking** – Drinking roughly double the amount of lower risk drinkers. This equates to over 50 units per week for men and over 35 units per week for women. Higher risk drinkers have a high risk of alcohol related illness. This category is likely to include AUDIT 16+ and 20+ drinkers. Estimates are derived using the 2008 GLF dataset and have been produced for both England and Great Britain.
- **Increasing risk drinking** – Drinking above the amount of lower risk drinkers. This equates to over 21 units per week for men and 14 units per week for women. Increasing risk drinkers have an increasing risk of alcohol related illness. This category includes drinkers in the higher risk drinking, AUDIT 16+ and AUDIT 20+ groups. Estimates are derived using the 2008 GLF and have been produced for both England and Great Britain.

Please note that lower risk drinking (which puts individuals at a low risk of alcohol-related illness) is defined as regularly drinking no more than three to four units per day for men and no more than two to three units per day for women.

### AUDIT 16+ drinking

#### **AUDIT 16+ drinking prevalence estimates**

Estimates of the numbers of AUDIT 16+ drinkers in the working age population in England were derived by combining the prevalence rates found within the 2007 APMS and the population size estimates. This was done by GOR level, gender and age. These estimates are shown in Tables A.1, A.2 and A.3.

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<sup>27</sup> National Institute for Clinical Excellence (2010). *Alcohol use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence*, Draft NICE guideline for consultation.

**Table A.1** Estimates of the proportion and number of individuals who are AUDIT 16+ drinkers of working age in England, by GOR

GOR	% who are AUDIT 16+ drinkers	Estimated number of AUDIT 16+ drinkers
East of England	4.19	139,600
East Midlands	3.72	97,400
London	3.94	195,800
North East	7.75	118,000
North West	5.30	214,500
South East	4.54	222,300
South West	4.35	129,600
West Midlands	4.65	146,100
Yorkshire and the Humber	5.59	173,500
England	4.69	1,435,500

Sources: 2007 APMS and National Statistics 2008 population estimates.

**Table A.2** Estimates of the proportion and number of individuals who are AUDIT 16+ drinkers of working age in England, by gender

Gender	% who are AUDIT 16+ drinkers	Estimated number of AUDIT 16+ drinkers
Male	6.82	1,096,600
Female	2.37	345,500
Total	4.69	1,435,500

Sources: 2007 APMS and National Statistics 2008 population estimates.

**Table A.3** Estimates of the proportion and number of individuals who are AUDIT 16+ drinkers of working age in England, by age group

Age group	% who are AUDIT 16+ drinkers	Estimated number of AUDIT 16+ drinkers
18-24	7.59	371,800
25-34	6.57	440,600
35-44	4.76	367,400
45-54	2.60	176,700
55-59/64	2.07	93,100
Total	4.69	1,435,500

Sources: 2007 APMS and National Statistics 2008 population estimates.

As Table A.1 shows, it is estimated that there are around 1.4 million AUDIT 16+ drinkers of working age in England. Regional differences exist, although formal comparisons looking for statistically significant differences have not been carried out within this study. The North East is the area which has the highest level of AUDIT 16+ drinking, followed by Yorkshire and the Humber and the North West. A higher proportion of males are AUDIT 16+ drinkers than females (see Table A.2), and the highest level of AUDIT 16+ drinking is found in the youngest age group (see Table A.3).

## Number of individuals in receipt of DWP benefits

Please see Section 4.2 and Tables 4.4 and 4.5 for the numbers of individuals in receipt of DLA, IB, IS, JSA and any main benefit in November 2008, from the WPLS as extracted using the DWP Tabulation Tool.

## AUDIT 16+ dependent drinking prevalence amongst benefit recipients

In this section, we present estimates of the numbers of individuals in receipt of benefits who can be classed AUDIT 16+ drinkers. Responses from the 2007 APMS about benefit uptake were cross-tabulated with a derived variable that indicates AUDIT 16+ drinking to produce estimated proportions of DWP benefit claimants who are AUDIT 16+ drinkers. Those proportions were then applied to the number of benefit claimants to get estimated numbers of benefit claimants who are AUDIT 16+ drinkers in England.

These are presented in the tables below by country, GOR, gender and age group. Again these are for the working age population. It should be noted that the estimates in the tables will not add up to the totals due to the way the estimates are obtained. The sample sizes from the 2007 APMS were not sufficient to allow us to estimate the proportions (and hence numbers) of those on the individual benefits by GOR, for the 18-24 age group, and for females on JSA, although those groups were included in the total estimates.

An estimated 260,000 individuals in receipt of any of the four main benefits in England are considered to be AUDIT 16+ drinkers.

**Table A.4 Estimates of the proportions of DWP benefit claimants of working age in England who are AUDIT 16+ drinkers**

Country	DLA (%)	IB (%)	IS (%)	JSA (%)	MB (%)
England	4.32	7.58	8.05	8.00	6.43

**Table A.5 Estimates of the number of DWP benefit claimants of working age in England who are AUDIT 16+ drinkers**

Country	DLA	IB	IS	JSA	MB
England	58,800	143,600	140,200	70,800	255,000

**Table A.6 Estimates of the proportion of DWP benefit claimants of working age in England who are AUDIT 16+ drinkers, by GOR**

Area	MB
East of England	3.92
East Midlands	3.64
London	4.80
North East	12.50
North West	6.67
South East	6.17
South West	10.53
West Midlands	8.05
Yorkshire and the Humber	5.97
England	6.43

**Table A.7** Estimates of the numbers of DWP benefit claimants of working age who are AUDIT 16+ drinkers in England, by GOR

Area	MB
East of England	13,500
East Midlands	12,000
London	31,300
North East	34,000
North West	44,900
South East	28,200
South West	34,700
West Midlands	38,000
Yorkshire and the Humber	26,000
England	255,000

**Table A.8** Estimates of the proportion of DWP claimants of working age in England who are AUDIT 16+ drinkers, by age group

Age range	DLA	IB	IS	JSA	MB
18 -24 <sup>1</sup>					2.13
25 -34	3.33	10.00	8.00	18.52	10.74
35 -44	11.76	23.68	12.09	11.11	10.84
45 -54	2.63	3.08	5.77	8.33	3.47
55 – 59/64	2.33	3.85	8.82	10.00	3.45
All ages	4.32	7.58	8.05	8.00	6.43

<sup>1</sup> Insufficient sample size to estimate prevalence for this group.

**Table A.9** Estimates of the number of DWP claimants of working age in England who are AUDIT 16+ drinkers, by age group

Age range	DLA	IB	IS	JSA	MB
18 -24 <sup>1</sup>					12,200
25 -34	5,300	23,200	33,700	40,100	80,100
35 -44	34,400	96,500	60,700	20,400	97,100
45 -54	10,500	16,800	23,100	12,600	31,300
55 – 59/64	9,300	22,400	16,100	7,000	29,300
All ages	58,800	143,600	140,200	70,800	255,000

<sup>1</sup> Insufficient sample size to estimate prevalence for this group.

**Table A.10 Estimates of the proportion of DWP claimants of working age in England who are AUDIT 16+ drinkers, by gender**

Gender	DLA	IB	IS	JSA	MB
Male	3.97	9.16	14.29	13.33	9.74
Female <sup>1</sup>	4.61	5.00	5.00		3.60
All persons	4.32	7.58	8.05	8.00	6.43

<sup>1</sup> Insufficient sample size to estimate prevalence for this cell.

**Table A.11 Estimates of the number of DWP claimants of working age in England who are AUDIT 16+ drinkers, by gender**

Gender	DLA	IB	IS	JSA	MB
Male	29,200	102,000	89,100	87,900	207,000
Female <sup>1</sup>	28,800	39,000	55,900		66,300
All persons	58,800	143,600	140,216	70,752	255,000

<sup>1</sup> Insufficient sample size to estimate prevalence for this cell.

## Increasing and higher risk drinking

### Increasing and higher risk drinking prevalence estimates

Estimates of the numbers of increasing and higher risk drinkers in the working age population in Great Britain were derived by combining the prevalence rates found within the 2008 GLF and the population size estimates. This was done by Country, GOR level within England, gender and age. These estimates are shown in Tables A.12, A.13, A.14 and A.15.

**Table A.12 Estimates of the proportion and number of increasing risk and higher risk drinkers of working age in GB, by country**

Country	% who are increasing risk drinkers	% who are higher risk drinkers	Estimated number of increasing risk drinkers	Estimated number of higher risk drinkers
England	26.02	6.51	7,966,000	1,992,300
Wales	24.55	7.73	421,500	122,200
Scotland	19.98	4.99	620,700	155,100
GB	25.41	6.41	9,007,300	2,270,400

Sources: 2008 GLF and National Statistics 2008 population estimates.



**Table A.13 Estimates of the proportion and number of increasing risk and higher risk drinkers of working age in England, by GOR**

<b>GOR</b>	<b>% who are increasing risk drinkers</b>	<b>% who are higher risk drinkers</b>	<b>Estimated number of increasing risk drinkers</b>	<b>Estimated number of higher risk drinkers</b>
East of England	22.26	3.95	742,000	131,700
East Midlands	23.47	4.71	614,700	123,400
London	22.04	6.58	1,095,300	327,200
North East	32.07	9.60	488,400	146,200
North West	29.96	6.73	1,212,600	272,400
South East	24.75	6.34	1,211,800	310,500
South West	29.35	6.31	874,900	188,200
West Midlands	22.34	5.25	702,500	165,100
Yorkshire and the Humber	31.74	10.57	985,400	328,100
<b>England</b>	<b>26.02</b>	<b>6.51</b>	<b>7,966,000</b>	<b>1,992,300</b>

Sources: 2008 GLF and National Statistics 2008 population estimates.

**Table A.14 Estimates of the proportion and number of increasing risk and higher risk drinkers of working age in GB, by gender**

<b>Gender</b>	<b>% who are increasing risk drinkers</b>	<b>% who are higher risk drinkers</b>	<b>Estimated number of increasing risk drinkers</b>	<b>Estimated number of higher risk drinkers</b>
Male	28.83	7.53	5,354,100	1,398,700
Female	22.02	5.29	3,714,500	892,600
<b>Total</b>	<b>25.41</b>	<b>6.41</b>	<b>9,007,300</b>	<b>2,270,400</b>

Sources: 2008 GLF and National Statistics 2008 population estimates.

**Table A.15 Estimates of the proportion and number of increasing risk and higher risk drinkers of working age in GB, by age group**

<b>Age group</b>	<b>% who are increasing risk drinkers</b>	<b>% who are higher risk drinkers</b>	<b>Estimated number of increasing risk drinkers</b>	<b>Estimated number of higher risk drinkers</b>
18-24	26.40	7.81	1,497,500	442,900
25-34	21.58	5.04	1,655,900	386,900
35-44	25.63	6.03	2,279,000	535,700
45-54	26.90	6.91	2,133,500	548,100
55-59/64	26.77	6.88	1,411,900	363,000
<b>Total</b>	<b>25.41</b>	<b>6.41</b>	<b>9,007,300</b>	<b>2,270,400</b>

Sources: 2008 GLF and National Statistics 2008 population estimates.

As Table A.12 shows, it is estimated that there are just over nine million increasing risk drinkers in Great Britain, of whom approximately two million are higher risk drinkers. England appears to have higher proportions of increasing risk drinkers than Scotland or Wales, although Wales have slightly higher levels of higher risk drinking than the other two countries. Regional differences within England exist, although formal comparisons looking for statistically significant differences have not been carried out within this study. There appear to be relatively high levels of increasing risk drinkers in the North East, the North West, the South West and Yorkshire and the Humber GORs, and high levels of higher risk drinking specifically in Yorkshire and the Humber (see Table A.13).

As Table A.14 shows, more males are involved in increasing risk and higher risk drinking than females while levels of such drinking appear relatively uniform across the age groups (see Table A.15). However, it is concerning that the youngest age group (18-24 years) contains the highest proportion of higher risk drinkers.

### Number of individuals in receipt of DWP benefits

Tables A.16 and A.17 contain the numbers of individuals in receipt of DLA, IB, IS, JSA and any main benefit in Great Britain in November 2008, from the WPLS as extracted using the DWP Tabulation Tool.

**Table A.16 Number of individuals of working age in receipt of four main DWP benefits in GB, November 2008, by GOR and country**

Area	DLA	IB	IS	JSA	MB
East of England	117,720	158,630	142,660	76,620	343,500
East Midlands	121,790	158,110	129,890	73,900	328,771
London	181,060	281,400	357,440	148,630	653,040
North East	90,180	138,300	110,490	62,320	272,064
North West	247,670	355,560	295,620	138,410	673,555
South East	164,050	210,890	195,660	96,450	457,517
South West	128,240	171,350	138,900	60,160	329,896
West Midlands	156,750	212,800	193,160	122,200	472,138
Yorkshire and the Humber	154,690	206,440	177,200	105,710	436,498
England	1,362,150	1,893,480	1,741,020	884,400	3,966,979
Wales	120,990	171,850	119,730	55,180	302,431
Scotland	187,740	261,130	207,780	90,310	473,510
Great Britain	1,670,880	2,326,460	2,068,530	1,029,890	4,742,920

Source: 2008 WPLS.

These data are also available by gender and age group (18-24, 25-34, 35-44, 45-54, 55-59/64).

**Table A.17 Number of individuals of working age in receipt of four main DWP benefits in GB, November 2008, by gender or age group**

Group	DLA	IB	IS	JSA	MB
Male	901,400	1,362,850	750,560	770,990	2,540,360
Female	769,480	963,610	1,317,970	258,900	2,202,560
18 – 24	128,500	150,840	276,200	309,250	686,920
25 – 34	191,590	282,780	496,820	252,860	891,310
35 – 44	356,440	496,560	593,010	212,470	1,070,910
45 – 54	494,450	673,670	481,880	174,640	1,077,710
55 – 59/64	499,900	722,610	220,620	80,670	1,016,070
Total	1,670,880	2,326,460	2,068,530	1,029,890	4,742,920

Source: 2008 WPLS.

### Increasing and higher risk drinking prevalence amongst benefit recipients

In this section we present estimates of the numbers of individuals in receipt of benefits who can be classed as increasing and higher risk drinkers. Responses from the 2008 GLF about benefit uptake were cross-tabulated with a derived variable that indicates increasing and higher risk drinking to produce estimated proportions of DWP benefit claimants who are increasing and higher risk drinkers. Those proportions were then applied to the number of benefit claimants to get estimated numbers of benefit claimants who are increasing and higher risk drinkers in Great Britain.

The tables below present these findings for the four different benefits, first for increasing risk drinkers and then for higher risk drinkers. These are by country, GOR (within England), gender and age group. Again these are for the working age population. It should be noted that the estimates in the tables will not add up to the totals due to the way the estimates are obtained.

An estimated 760,000 individuals in receipt of any of the four main benefits in GB are considered to be increasing risk drinkers, an estimated 260,000 of whom are higher risk drinkers.

### Increasing risk drinking

Estimates for increasing risk drinkers are shown in Tables A.18 to A.23. The sample sizes from the 2008 GLF were not sufficient to allow us to estimate the proportions (and hence numbers) of those on JSA for the East of England region, and on IB and IS for the 18-24 age group, although those groups were included in the total estimates.

**Table A.18 Estimates of the proportion of DWP benefit claimants of working age in GB who are increasing risk drinkers, by country**

Country	DLA (%)	IB (%)	IS (%)	JSA (%)	MB (%)
England	15.75	16.54	14.25	19.77	16.74
Wales	16.85	7.24	5.73	48.68	16.24
Scotland	10.76	12.30	7.26	7.32	10.10
Great Britain	15.37	15.39	12.95	19.89	16.09

**Table A.19 Estimates of the number of DWP benefit claimants of working age in GB who are increasing risk drinkers, by country**

Country	DLA	IB	IS	JSA	MB
England	214,600	313,100	248,000	174,900	664,100
Wales	20,400	12,400	6,900	26,900	49,100
Scotland	20,200	32,100	15,100	6,600	47,800
Great Britain	256,800	358,000	267,900	204,900	763,200

**Table A.20 Estimates of the proportion of DWP benefit claimants of working age in England who are increasing risk drinkers, by GOR**

GOR	DLA (%)	IB (%)	IS (%)	JSA (%)	MB (%)
East of England <sup>1</sup>	7.38	8.35	4.04		7.21
East Midlands	10.48	10.05	2.78	15.60	11.25
London	8.14	10.29	11.80	17.68	13.71
North East	21.26	25.46	28.42	18.09	24.71
North West	22.12	20.31	25.59	36.35	23.24
South East	15.47	7.87	10.18	43.00	15.13
South West	26.07	31.61	13.53	9.39	23.15
West Midlands	15.25	24.05	13.06	9.94	16.46
Yorkshire and the Humber	14.21	8.84	14.07	19.43	15.74
England	15.75	16.54	14.25	19.77	16.74

<sup>1</sup> Insufficient sample size to estimate prevalence for this cell.

**Table A.21 Estimates of the number of DWP benefit claimants of working age in England who are increasing risk drinkers, by GOR**

GOR	DLA	IB	IS	JSA	MB
East of England <sup>1</sup>	8,700	13,200	5,800		24,800
East Midlands	12,800	15,900	3,600	11,500	37,000
London	14,700	29,000	42,200	26,300	89,600
North East	19,200	35,200	31,400	11,300	67,200
North West	54,800	72,200	75,600	50,300	156,500
South East	25,400	16,600	19,900	41,500	69,200
South West	33,400	54,200	18,800	5,600	76,400
West Midlands	23,900	51,200	25,200	12,100	77,700
Yorkshire and the Humber	22,000	18,300	24,900	20,500	68,700
England	214,600	313,100	248,000	174,900	664,100

<sup>1</sup> Insufficient sample size to estimate prevalence for this cell.

**Table A.22 Estimates of the proportion of DWP benefit claimants of working age in GB who are increasing risk drinkers, by gender**

Gender	DLA (%)	IB (%)	IS (%)	JSA (%)	MB (%)
Male	16.08	16.77	13.14	17.06	16.89
Female	14.75	13.35	12.86	27.62	15.38
Total	15.37	15.39	12.95	19.89	16.09

**Table A.23 Estimates of the number of DWP benefit claimants of working age in GB who are increasing risk drinkers, by gender**

Gender	DLA	IB	IS	JSA	MB
Male	145,000	228,600	98,700	131,600	429,000
Female	113,500	128,700	169,400	71,500	338,700
Total	256,800	358,000	267,900	204,900	763,200

**Table A.24 Estimates of the proportion of DWP benefit claimants of working age in GB who are increasing risk drinkers, by age group**

Age group	DLA (%)	IB (%)	IS (%)	JSA (%)	MB (%)
18-24 <sup>1</sup>	8.69			22.69	13.27
25-34	15.71	8.51	15.42	10.47	15.49
35-44	18.67	18.53	16.82	14.92	16.77
45-54	14.27	13.33	10.96	18.01	14.14
55-59/64	15.21	18.71	10.91	40.47	19.74
Total	15.37	15.39	12.95	19.89	16.09

<sup>1</sup> Insufficient sample size to estimate prevalence for this cell.

**Table A.25 Estimates of the number of DWP benefit claimants of working age in GB who are increasing risk drinkers, by age group**

Age group	DLA	IB	IS	JSA	MB
18-24 <sup>1</sup>	11,200			70,200	91,100
25-34	30,100	24,100	76,600	26,500	138,100
35-44	66,500	92,000	99,800	31,700	179,600
45-54	70,600	89,800	52,800	31,500	152,300
55-59/64	76,000	135,200	24,100	32,600	200,600
Total	256,700	358,000	267,900	204,900	763,200

<sup>1</sup> Insufficient sample size to estimate prevalence for this cell.

## Higher risk drinking

Estimates for higher risk drinkers alone are shown in Tables A.26 to A.31. The sample sizes from the 2008 GLF were not sufficient to allow us to estimate the proportions (and hence numbers) of those on specific benefits or main benefit by GOR, or for Wales and Scotland, or in the case of age-groups, for the 18 to 24 age group, or 35-44 for JSA, although those groups were included in the total estimates.

**Table A.26 Estimates of the proportion of DWP benefit claimants of working age in GB who are higher risk drinkers, by country**

Country	DLA (%)	IB (%)	IS (%)	JSA (%)	MB (%)
England	5.40	6.12	4.63	8.41	5.61
Wales <sup>1</sup>					
Scotland <sup>1</sup>					
Great Britain	4.70	5.40	4.70	8.51	5.43

<sup>1</sup> Insufficient sample size to estimate prevalence for this group.

**Table A.27 Estimates of the number of DWP benefit claimants of working age in GB who are higher risk drinkers, by country**

Country	DLA	IB	IS	JSA	MB
England <sup>1</sup>	73,600	115,900	80,700	74,400	222,400
Wales <sup>1</sup>					
Scotland					
Great Britain	78,600	125,500	97,200	87,600	257,600

<sup>1</sup> Insufficient sample size to estimate prevalence for this group.

**Table A.28 Estimates of the proportion of DWP benefit claimants of working age in GB who are higher risk drinkers, by gender**

Gender	DLA (%)	IB (%)	IS (%)	JSA (%)	MB (%)
Male	5.84	7.03	6.29	7.84	6.58
Female	3.71	2.99	14.56	3.12	4.40
Total	4.70	5.40	8.51	4.70	5.43

**Table A.29 Estimates of the number of DWP benefit claimants of working age in GB who are higher risk drinkers, by gender**

Gender	DLA	IB	IS	JSA	MB
Male	52,600	95,800	47,200	60,400	167,200
Female	28,600	28,800	191,900	8,100	96,800
Total	78,600	125,500	175,900	48,400	257,600

**Table A.30 Estimates of the proportion of DWP benefit claimants of working age in GB who are higher risk drinkers, by age group**

Age group	DLA (%)	IB (%)	IS (%)	JSA (%)	MB (%)
18-24 <sup>1</sup>					
25-34	3.30	2.22	2.24	1.96	2.59
35-44 <sup>1</sup>	6.31	10.07	7.26		5.76
45-54	5.18	3.38	5.68	8.07	5.07
55-59/64	3.39	6.08	3.27	17.50	6.50
Total	4.70	5.40	4.70	8.51	5.43

<sup>1</sup> Insufficient sample size to estimate prevalence for this age group/cell.

**Table A.31 Estimates of the number of DWP benefit claimants of working age in GB who are higher risk drinkers, by age group**

Age group	DLA	IB	IS	JSA	MB
18-24 <sup>1</sup>					
25-34	6,300	6,300	11,100	5,000	23,100
35-44 <sup>1</sup>	22,500	50,000	43,100		61,700
45-54	25,600	22,800	27,400	14,100	54,600
55-59/64	16,900	43,900	7,200	14,100	66,100
Total	78,600	125,500	97,200	87,600	257,600

<sup>1</sup> Insufficient sample size to estimate prevalence for this age group/cell.

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This paper presents the findings of a study commissioned by the Department for Work and Pensions (DWP) to develop estimates of the number of alcohol misusers who access DWP benefits. The main results of the study show the number of AUDIT 20+ dependent drinkers who accessed four main benefits in 2008. These main benefits include Disability Living Allowance, Incapacity Benefit, Income Support and Jobseeker's Allowance. The estimates contained in this paper will inform the development of DWP policy to support individuals in overcoming their addiction and moving off benefits and into employment.

The estimates were produced by researchers at the University of Glasgow and the University of Bath.

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