

Employment support for disabled people

Alcohol Change UK is the leading UK charity working to reduce alcohol harm. **We are not anti-alcohol. We are anti-alcohol harm.** Our vision is a society free from alcohol harm, delivered through five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment. We focus on evidence and compassion.

We produce research, deliver the incredible Dry January[®] challenge as part of the year-round behaviour change programme: Try Dry[®], provide leading edge training to public-facing professionals including on our award-winning Blue Light approach, provide independent information to the public, and share our expertise with Governments to help them to improve the nation's health and wealth.

We welcome the opportunity to provide a response to the Work and Pensions Committee Call for Evidence on Employment support for disabled people. Due to the nature of our work, our response focuses why the UK Government should remove the exclusion of alcohol dependence from the disability protections within the Equality Act (2010), and what support is needed for people facing issues with alcohol.

What barriers prevent disabled people who want to work, or to work more, from doing so? How do these vary for different disabilities? How do these vary across the country?

Britain's Equality Act (2010) protects people with certain characteristics, including disability, against discrimination. People with, or who have had, alcohol dependence often meet the criteria of disability set out in the Act,¹ however the Equality Act specifically excludes 'addiction to alcohol'¹ from the definition of disability. People may receive protection for disabilities which arise from their alcohol dependence, such as liver

¹ The terms 'addiction' and 'addicted' are stigmatising terms. Unless quoting directly from the legislation, we will use the term 'alcohol dependence' in our submission.

failure, cognitive impairment or cancer. However, what the Act terms 'addiction to alcohol' is specifically excluded.

Changing this is relatively straight-forward. The Equality Act does not specify that alcohol should be excluded in primary legislation, but in secondary legislation. This is effectively the operational aspects of an Act which the Government of the day can decide (for instance, the Government of the day can add or remove drugs using secondary legislation under 1971 Misuse of Drugs Act, without needing a new Act). 'Addiction to alcohol' was specifically excluded from the Act in August 2010, under the Coalition Government, after the Act itself was passed under the then Labour Government. In 2021, the Government Equalities Office justified the exclusion of alcohol dependence on the basis that it is 'self-induced'.²

We are calling on the Government to remove the following clause from the secondary legislation covering the Act:

3. (1) Subject to paragraph (2) below, addiction to alcohol, nicotine or any other substance is to be treated as not amounting to an impairment for the purposes of the Act.

People with other mental health conditions like depression and eating disorders like bulimia are included within the definition of disability and the protections of the Act. The difference in how these conditions are defined in legislation shows that while much progress has been made in tackling stigma related to mental health, alcohol dependence continues to be severely stigmatised. This exclusion from the Equality Act disability protections is a form of 'structural stigma'.³ This kind of stigma perpetuates discrimination against people with alcohol dependence, by enshrining it in law and including it in institutional guidelines, such as those for employers.⁴

Work is not an option for everyone with active alcohol dependence but some people are able to work. If the exclusion of 'addiction to alcohol' was removed from the secondary legislation covering the Equality Act, employers would have a duty to make reasonable adjustments for people with current or former alcohol dependence. Most adjustments would be simple, cost nothing or be inexpensive. They might include allowing that employee to take time off for alcohol assessment, treatment or rehabilitation, the temporary re-allocation of tasks that the employee was finding stressful or difficult or ensuring that the employee did not have to do client entertaining involving alcohol.

Legislation sends a clear message about how different groups in society should be treated.⁵ In the case of alcohol dependence, removing the exclusion of 'addiction to alcohol' from the definition of disability in the Act would help a culture shift away from blaming and stigmatising towards offering support, access to health and harm reduction. This shift would bring the Equality Act in line with the government's commitment to a public health approach to tackling harm caused by substance dependence.⁶

If the exclusion was removed from the Equality Act, health and safety would not be compromised. It is already the case that where a worker's behaviour suggests that the use of alcohol may be affecting their capacity to work safely, such as using machines,

electrical equipment or ladders, driving or operating heavy lifting equipment, the employer has a legal duty to assess the risk and take appropriate measures to eliminate or control risks, which will usually involve preventing the affected worker from continuing with work that could cause harm. This would not change. Employers could still require that employees are not intoxicated in the workplace and would still be able to carry out alcohol screening for jobs such as train drivers, pilots and some machinery operators. Employees who are living with alcohol dependence would continue to have legal responsibilities under Health and Safety Law including taking care of their own health and safety and taking reasonable care not to put other people, namely fellow employees and members of the public, at risk.

What kinds of support are most effective at supporting people with different disabilities (such as physical, mental or fluctuating conditions) to enter and stay in work?

Alcohol dependence is a health condition which can be chronic and fluctuating in nature, involving relapses. It often coexists alongside mental health problems which contribute to physical issues. As mentioned in our response to the question on barriers preventing people who want to work from doing so, the exclusion of alcohol dependence from the disability protections of the Equality Act (2010) leaves many without crucial workplace safeguards.

Discrimination against people with alcohol dependence can prevent people getting employment, even if they are the best person for a job. When working, people with current or previous alcohol dependence can face discrimination in interactions with colleagues and during promotion processes. In addition, problems with alcohol can result in dismissal, even though national workplace guidelines recommend treating substance dependence as a health issue which requires support.⁷

Educating employers and employees about alcohol is vital, due to the many misconceptions people hold about alcohol dependence. Alcohol awareness training, such as that provided by Alcohol Change UK, can go some way towards reducing stigma and improving support for people who need it and developing more inclusive workplaces. People who are dependent on alcohol are more likely to be blamed for their problems.^{8 9} These ideas about alcohol dependence underpin serious social and structural discrimination, including in the workplace.¹⁰

Individual Placement and Support (IPS) models focus on placing people in paid work quickly, with on-the-job support and coordination with treatment services. IPS models for adults in treatment for alcohol and drug dependence in England have shown promising results.¹¹ The latest report found that:

- Over half of IPS clients successfully obtained employment during a follow-up period of up to 18 months and IPS achieved positive results regardless of their primary drug use, and
- Four out of five clients who achieved employment sustained their employment for 13 weeks or more and there was a clear association between positive alcohol and drug treatment outcomes and successful employment.

Ensuring that people are provided with integrated, person-centred support is key, as it is more effective in helping people achieve employment in the open job market than

standard employment support.¹² This includes access to alcohol treatment, counselling, peer support, and occupational health input. Fragmented services fail to address the complex and overlapping needs of people with alcohol problems. Services should be trauma-informed and sensitive to the stigma experienced by people with alcohol-related conditions.

There is a variety of flexible employment support workplaces can provide for people with fluctuating conditions such as alcohol dependence, helping them enter and stay in work. This includes phased entry or returns to work, location flexibility such as hybrid or fully remote working options, and adjustments to working hours, specific tasks, or overall workload during periods of relapse, treatment, or recovery.

Whilst there is no one-size-fits-all approach, employers can put in place key measures that can make an enormous difference to a workplace's productivity, safety, and morale. A good place to start is to develop an alcohol policy. An effective policy should aim to help and support someone experiencing difficulties with alcohol rather than lead to dismissal. Alcohol Change UK is the leading expert in consultancy and training in alcohol harm, and we would be delighted to speak with the Commons Work and Pensions Committee about this.

Are there any international examples, or examples from the devolved nations, of effective disability employment support that the Government could learn from?

The Scottish Government recently published "Pathways to Employment: supporting people with lived and living experience of substance use in to work".¹³ This toolkit brings together best practice and support into one place to provide employers and employment support providers advice on how to attract, recruit and support staff with lived experience of substance use.

To what extent is the success of DWP's plans to improve disability employment contingent on improvements made to other public services, in particular, health?

In relation to alcohol, the DWP's success is highly contingent on improvements in the wider public health system, particularly identification of alcohol dependence, and inclusive, timely access to alcohol treatment and mental health services.

While investment in drug and alcohol services since the 'Harm to Hope' strategy in 2021 has begun to have a positive impact, with increasing numbers accessing treatment, there are still an estimated 78% of adults with alcohol dependence whose need for treatment is not being met.¹⁴ Currently, people are going without support due to last-minute funding, and a reduction in real terms investment. Alcohol treatment is underfunded and overstretched. The human impact of this is felt in communities and families across the country.

Cuts to local authority budgets have led to a fragmentation of substance use services. Without integrated support, people fall through the cracks – especially those facing multiple disadvantage such as poor mental health, homelessness, and previous involvement with the criminal justice system.

Alcohol Change UK is calling on the UK Government to:

1. **Invest and expand treatment services to save lives by addressing rising alcohol deaths.** Restoring the public health grant to 2015/16 levels would enable local authorities to improve people's access to high-quality, community-based alcohol treatment services. This will save lives and enable more people with alcohol-related conditions to stabilise their health, supporting efforts to remain in or return to work.
2. **Provide local authorities and treatment providers with three-year budget transparency to strengthen employment pathways.** This will encourage local authorities to prioritise alcohol treatment services as a core responsibility. Stable, sustainable funding for community alcohol treatment and support services will allow them to always be accessible, especially for people of all identities and demographics.
3. **Ensure the 20 areas receiving extra funding to cut waiting lists have strong Alcohol Care Teams (ACTs) in hospitals and Alcohol Assertive Outreach Teams (AAOTs) in the community, to prevent job loss and long-term worklessness.** ACTs support patients during hospital stays, while AAOTs provide long-term help to high-risk individuals, reducing repeat admissions. Research shows AAOTs cut hospital stays by nearly two-thirds and emergency visits by three-fifths. By reducing repeated crises, these services help people to stabilise their lives and increase their capacity to take part in employment, education or training.
4. **Include a specific focus on alcohol in Government's plans to devolve health and work powers to regions, to maximise the impact of local support.** Where health and employment powers are devolved, there is a clear opportunity to integrate alcohol support into wider "health and work" strategies. Targeted investment in alcohol treatment within devolved areas would reduce local health inequalities, boost productivity, and enable more people to participate fully in the labour market.
5. **Remove the exclusion of alcohol dependence from the Equality Act (2010), as it relates to protection from discrimination in healthcare.** People face prejudice when trying to access healthcare, while stigma acts as an unnecessary and unjust barrier to people seeking help.^{15 16}

Alcohol Change UK is currently working with the Institute for Public Policy Research (IPPR) on analysis of the benefit of action on alcohol to strengthen the economy and improve productivity. We will share a copy of the report with the Commons Work and Pensions Committee once it is published.

References

- ¹ Wadd, S. and Dutton, M. (n.d.). [Frequently asked questions about alcohol dependence and the Equality Act. Alcohol Change UK](#). [Accessed 23 July 2025]
- ² Government Equalities Office, COGEO-003979 email reply to Sarah Wadd. 2020. Cited in Wadd, S. and Dutton, M. (2021) *Equality for All? A citizen's jury on whether alcohol dependence should be included as a disability in the Equality Act*. University of Bedfordshire <https://www.beds.ac.uk/media/u3thzenz/uob-citizens-jury-final-report.pdf>
- ³ Wogen, J. and Restrepo, M.T. (2020). [Human Rights, Stigma, and Substance Use](#). *Health and Human Rights Journal*, 22(1), pp. 51-60.
- ⁴ Flacks, S. (2012). [Deviant disabilities: The exclusion of drug and alcohol addiction from the Equality Act 2010](#). *Social & Legal Studies*, 21(3), pp. 395-412.
- ⁵ Blake, V.K. and Hatzenbuehler, M.L. (2019). [Legal Remedies to Address Stigma-Based Health Inequalities in the United States: Challenges and Opportunities](#). *Milbank Quarterly*, 97(2), pp. 480-504.
- ⁶ HM Government (2021). [From harm to hope - A 10-year drugs plan to cut crime and save lives](#).
- ⁷ Health and Safety Executive (n.d.). [Managing drug and alcohol misuse at work](#). [Accessed 23 July 2025]
- ⁸ Kilian, C., Manthay, J., Carr, S., Hanschmidt, J., Rehm, J., Speerforck, S. And Schomerus, G. (2021). [Stigmatization of people with alcohol use disorders: An updated systematic review of population studies](#). *Alcoholism: Clinical and Experimental Research*, 45(5), pp. 893-1160.
- ⁹ Schomerus, G., Lucht, M., Holzinger, A., Matschinger, H., Carta, M. G. and Angermeyer, M.C. (2011). [The Stigma of Alcohol Dependence Compared with Other Mental Disorders: A Review of Population Studies](#). *Alcohol and Alcoholism*, 46(2), pp.105–112.
- ¹⁰ Roche, A., Kostadinov, V. and Pidd, K. (2019). [The Stigma of Addiction in the Workplace](#). In J. D. Avery and J. J. Avery (eds) *The Stigma of Addiction: An Essential Guide*, pp. 167-200.
- ¹¹ Office for Health Improvement and Disparities (2024). [IPS for alcohol and drug dependence: data linkage outcomes report](#).
- ¹² Office for Health Improvement and Disparities (2024). [IPS for alcohol and drug dependence: data linkage outcomes report](#).
- ¹³ Scottish Government (2025). [Pathways to Employment: supporting people with lived and living experience of substance use in to work](#).
- ¹⁴ Office for Health Improvement and Disparities (2025). [NDTMS – National Drug Treatment Monitoring System. Unmet treatment need, 2023-24, alcohol only](#).
- ¹⁵ van Boekel, L.C., Brouwers E.P.M., van Weeghel, J. and Garretsen H.F.L. (2013). [Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review](#). *Drug and Alcohol Dependence*, 131(1-2), pp. 23-35.
- ¹⁶ Vilsaint, C.L., Hoffman, L.A., and Kelly, J.F. (2020). [Perceived discrimination in addiction recovery: Assessing the prevalence, nature, and correlates using a novel measure in a U.S. National sample](#). *Drug and alcohol dependence*, 206.