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Committee Secretary  
Senate Standing Committees on Community Affairs  
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Parliament House  
Canberra ACT 2600

9 April 2018

Attention Secretary

### **Social Services Legislation Amendment (Drug Testing Trial) Bill 2018**

In the capacity of peak body for the Victorian alcohol and other drug (AOD) sector, we are writing to relay a number of concerns regarding certain elements of the above Bill. While we recognise an effort from government to both increase workforce engagement among those experiencing unemployment as well as improve AOD treatment access, this Bill will likely generate a range of adverse outcomes. The Bill also intends to generate a deterrent for those considering using illicit substances who are on various payments within eligible areas. We believe that it is unlikely that this approach will deliver any enduring success in reducing substance use and unemployment.

The Bill is premised on a range of assumptions regarding substance use and implies a connection between substance use and unemployment. This connection is both overly simplistic and tenuous at best, and does not account for the range of elements contributing to entrenched unemployment, such as regional variance in opportunity, family violence and mental health issues. It implies that illicit substance use is a key driver to unemployment and it fails to acknowledge that substance use and dependence is ubiquitous across a range of demographics.

### **Adverse outcomes**

Ignoring much of the evidence about what substances create the greatest amount of community harm the Bill also discriminates between substance type, with those consuming illicit substances experiencing greater stigma in comparison with alcohol or other substances including pharmaceuticals which have a far greater and more significant impact on death and morbidity. Stigma impairs service access through reducing help seeking behaviour due to communal shame and discrimination towards those consuming illicit substances. This issue of stigma is further exacerbated by the likely permanent record of any positive result, which is likely to be evident with future Human Services workers reviewing the recipient's personal file. There is a significant risk that this may engender discrimination from Human Services workers. Additionally, the recipient may perceive a risk of future stigma, impacting upon their future dealings with Centrelink.

We also maintain concerns that this policy may engender a shift in consumption patterns to substances which are less likely to be detected, such as a range of new psychoactive substances many containing hazardous unknown compounds. This carries a risk of additional harms. Separately,

individuals may seek to procure currently regulated substances, such as pharmaceuticals. Many individuals experiencing AOD dependency are already prescribed various pharmaceuticals in response to issues such as chronic pain and anxiety as well as various mental health conditions.

### **Treatment demand**

While Victoria will not be hosting a trial site, it is likely that those hosting jurisdictions will experience an increase in demand for assessment and treatment services. Although resourcing has been allocated, there is a need to ensure that it is adequate. There is also a need to ensure that, despite the additional resourcing, individuals identified for requiring treatment under this scheme are not prioritised over those entering the system voluntarily who have been assessed as having a greater need.

There is a clear need to discern between those assessed as requiring treatment and those who are using substances recreationally. There is also a need to determine the various factors (AOD use included) that may be impacting upon attaining employment. Corraling an individual assessed as in need of treatment into a suitable program may not address additional complexities (including, for example, homelessness, anxiety and mental illness) and therefore may not engender the outcomes sought by the Bill. There is a need for a broader array of supports to be available in certain cases.

### **Collecting the sample**

Greater consideration is necessary on the process for collecting the sample. This includes ensuring that an individual has the capacity to provide the necessary sample (there are some cases where individuals cannot provide a urine sample publicly for instance). As such it would be unfair if they were penalised in cases where they were not able to provide a sample. There are also considerations on the cost in cases where it is required for an individual to pay for a second sample (in cases where they are contesting the result of the first sample) or of additional positive samples.

The need for a welfare recipient to pay for a second sample in cases where they are contesting the first result is grossly unfair. Many people may see the risk of having to pay as prohibitive and therefore may choose not to contest a positive sample; in such cases, they may feel that they have no option but to accept a result that they may feel is inaccurate. Many people on government assistance have very lean budgets and an additional impost of up to 10 percent may be highly burdensome.

This Bill highlights a discrepancy in priorities across different areas of drug testing; for instance, currently the roadside test for substances does not detect opioid use or impairment yet those subject to this Bill would be tested for opioids. This is an example of a disjuncture in priority, where impairment while operating a motor vehicle generates a greater range of immediate and serious risks of harm.

In progressing this Bill we would encourage priority given to ensuring that individuals identified are provided with wraparound support and that the AOD sector has capacity to cater for this demand without impacting upon current voluntary client demand. We would recommend the removal of any expense to the recipient and suggest that any changes in local drug markets are considered in determining policy generated changes in substance use patterns.

We maintain strong concern relating to the risk of generating further stigma towards those using substances, and that this Bill may, through enhancing stigma towards those using substances, reduce overall help seeking behaviour.

Should you have any queries, please contact the undersigned.

Sincerely,

Sam Biondo  
Executive Officer  
VAADA