Community Affairs Legislation Committee
Australian Parliament
Via email: community.affairs.sen@aph.gov.au

9th April 2018

**Re: Submission to the Inquiry into the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018**

Thank you for the opportunity to comment on the **Social Services Legislation Amendment (Drug Testing Trial) Bill 2018**. We have serious concerns about the proposed amendments to establish a mandatory drug testing trial for recipients of Newstart Allowance and Youth Allowance in three regions (Canterbury-Bankstown, New South Wales; Logan, Queensland; and Mandurah, Western Australia).

There is no evidence that the proposed amendments would be effective in reducing alcohol or other drug use or its associated harms. It is our expert view that these proposed amendments are likely to increase health and social harms (including further stigmatisation, marginalisation and poverty) for an already vulnerable group of citizens.

We refer you to our previous submission (dated 3rd August 2017) to the Community Affairs Legislation Committee regarding the Inquiry into the Social Services Legislation Amendment (Welfare Reform) Bill 2017, which also detailed our concerns about the establishment of a drug testing trial. We also endorse the submissions made to this current Inquiry by our expert colleagues Associate Professor Kate Seear (Monash University), Professor Suzanne Fraser (National Drug Research Institute, Curtin University), Professor David Moore (National Drug Research Institute, Curtin University), Associate Professor kylie valentine (Social Policy Research Centre, UNSW), and Professor Alison Ritter (Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW).

There are substantial grounds for objection (as detailed in our previous submission, and reiterated here):

- There is no evidence that drug testing of welfare recipients is an effective approach. In 2013 the Commonwealth's then peak advisory body – the Australian National Council on Drugs – reviewed evidence on the impact of drug testing welfare recipients and concluded that:

  *There is no evidence that drug testing welfare beneficiaries will have any positive effects for those individuals or for society, and some evidence indicating such a practice could have high social and economic costs. In addition, there would be serious ethical and legal problems in implementing such a program in Australia. Drug testing of welfare beneficiaries ought not be considered.*[1]

- Subjecting recipients of welfare to drug testing contributes to the stigmatisation of people who use drugs. Stigma remains one of the key barriers to help- and treatment-seeking, in addition to having serious adverse physical and psychological health outcomes.[2,3]

- The international literature suggests that substance use issues among welfare recipients are less widespread than thought, and other barriers to self-sufficiency are more prominent, such as poor physical health, poor academic skills, mental health issues, transportation barriers and language barriers.[4] The removal of welfare payments for people who refuse testing would reinforce structural inequality – keeping people in poverty will not reduce alcohol or drug use, and will only serve to exacerbate the barriers and harms outlined above.

- The proposed amendments misunderstand the nature of alcohol and other drug use and dependence. Indeed, the explanatory memorandum is not consistent in its use of terminology, nor is it clear about the condition it purports to address through these measures. The terms 'substance abuse', 'drug or alcohol dependency' and 'harmful drug use' are used interchangeably, while the amendment proposes the introduction of tests which

[1] *ANCD Position paper: Drug testing* http://www.atoda.org.au/wp-content/uploads/DrugTesting2.pdf
[2] Livingston, J. D., Milne, T., Fang, M. L., & Amari, E. (2012). The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. Addiction 107, 39-50.
[3] Lancaster, K., Seear, K., & Ritter, A. (2017). *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use,* Final report submitted to the Queensland Mental Health Commission. Sydney: Drug Policy Modelling Program.
[4] Metsch, L. R., & Pollack, H. A. (2005). Welfare Reform and Substance Abuse. The Milibank Quarterly 83, 65-99.

aim to detect the mere presence of a 'testable drug'. It is not appropriate to conflate 'dependency' (or other definitions of alcohol and other drug problems) with drug 'use' per se. Drug and alcohol dependency is a chronic relapsing disorder, which is difficult to ameliorate even among those who are eligible for and who want treatment.[5] There is no evidence to suggest that people will be better able to change their behaviour in order to meet these new compliance proposals.

- There is no evidence to suggest that compulsory treatment provides greater benefit for people with drug and alcohol dependency, and some evidence suggesting that there are instead potential harms. In a systematic review of the effectiveness of compulsory drug treatment, Werb and colleagues recommended that 'Given the potential for human rights abuses within compulsory treatment settings, non-compulsory treatment modalities should be prioritized by policymakers seeking to reduce drug-related harms'. [6]

- Alcohol and other drug treatment services in Australia are already underfunded; we currently treat less half the number of people who are suitable for and who seek treatment in a given year.[7] Given that we cannot currently treat all people with drug and alcohol dependencies within the existing resources, it is not possible for all welfare recipients who have drug or alcohol dependencies to participate in drug treatment as the resources are not available. The proposal that people might "meet [their] treatment requirement by demonstrating a commitment to pursuing treatment when it is available (for example, being on a waiting list)" does nothing to address the current treatment service funding gap. Drug testing does not constitute drug treatment nor diagnosis; these tests do not distinguish between those who would benefit from treatment and those who do not require clinical intervention. In the absence of additional resources, drug testing is likely to produce increased harms. Due to the stigma associated with such testing, it is more likely to become a barrier to help- and treatment-seeking, than a pathway to treatment.

It is our position, as researchers and experts in the lived experience of people with drug and alcohol dependency, that the provisions of the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 are unfounded and would only serve to exacerbate health and social harms among what is an already marginalised population.

If you require any further information, we would be happy to assist.

Yours sincerely,

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[5] National Institute on Drug Abuse: Understanding Drug Use and Addiction. https://www.drugabuse.gov/publications/drugfacts/understanding-drug-use-addiction

[6] Werb, D. Kamarulzaman, A., Meacham, M.C., Rafful, C. Fischer, B., Strathdee, S.A., & Wood, E. (2016). The effectiveness of compulsory drug treatment: A systematic review. International Journal of Drug Policy 28, 1–9.

[7] See Chapter 8: Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K. & Gomez, M. (2014) New Horizons: The review of alcohol and other drug treatment services in Australia, Final report submitted to the Commonwealth Department of Health. Sydney: Drug Policy Modelling Program, NDARC, UNSW. Available at: http://www.health.gov.au/internet/main/publishing.nsf/content/FD5975AFBFDC7013CA258082000F5DAB/$File/The-Review-of-alcohol-and-other-drug-treatment-services-in-Australia.pdf