



**The Salvation Army Australia**

**Submission to**

**Community Affairs Legislation Committee:  
Inquiry into the Social Services Legislation  
Amendment (Welfare Reform) Bill 2017**

**July 2017**



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## **Introduction**

The Salvation Army welcomes the opportunity to make this submission to the Community Affairs Legislation Committee regarding its Inquiry into the Social Services Legislation Amendment (Welfare Reform) Bill 2017. The submission aims to provide a constructive contribution to the consideration of changes to the legislation and related practices. The Salvation Army applauds the committee for consulting widely on the issues relating to this Bill.

## **About Us**

The Salvation Army is an international Christian movement with a presence in more than 130 countries worldwide. As one of the largest providers of social services and programs in Australia, we interact with people from all walks of life, including the most marginalised and excluded in society. We share our community's belief in a 'fair go' for all, which grounds our commitment to social justice and a particular interest in the health and wellbeing of people who are the most vulnerable members of our society.

The Salvation Army in Australia provides a diversity of services including aged care, family support, out of home care, accommodation and homeless services, disability services, emergency disaster responses, employment services as well as financial assistance and counselling. Managing more than \$50m worth of Alcohol and Other Drugs (AOD) services and programs across Australia, The Salvation Army has extensive experience with people who misuse or have become addicted to a range of substances and an in depth understanding of related issues. Services and programs include residential treatment, home based, community and residential withdrawal management (detox) facilities, counselling, aftercare, outreach services, sober up facilities, needle syringe programs, AOD supported accommodation services and primary health services. We also provided services to treat those experiencing problematic gambling.

The Salvation Army has similarly in depth experience working with welfare recipients and others experiencing poverty. In 2016, The Salvation Army provided more than 486,000 occasions of support for people seeking assistance from our services across Australia. This support was provided to more than 200,000 individual Australians; 26,500 within housing and homelessness services and more than 144,000 in our emergency relief services (The Salvation Army, 2017). Beyond meeting the immediate needs of those seeking support, The Salvation Army has developed holistic capacity building responses. For example, the Doorways program in emergency relief, which provides case management support and referral to financial counselling and a range of wraparound services, depending on the presenting needs.

## **Scope of this Submission**

In response to the Committee's invitation to address issues relevant to The Salvation Army, this submission addresses 'Schedule 12 – Establishment of a drug testing trial' of the amendment, 'A Bill for an Act to amend the law relating to family assistance, social security, paid parental leave and student assistance, and for related purposes'. The Salvation Army believes that this measure will have profound impact on some of the most vulnerable Australians, including those we see in our addiction and poverty related services.

## **Background**

The Salvation Army consistently advocates for evidence-informed approaches to addressing substance misuse issues in Australia. We are passionate about easy and seamless access to addiction treatment services for all who need them, particularly those who experience additional marginalisation through multiple co-occurring issues such as homelessness, mental health, physical health, family violence and a variety of poverty related problems. We strive to support individuals, families and communities to achieve a fulfilling life free of harmful substance misuse. We also believe that ready access to quality treatment should exist alongside other measures aimed at improving quality of life regardless of people's current substance use status. These include access to housing, employment, health and welfare services. The Salvation Army's experience suggests that decreasing a person's quality of life does not assist in reducing drug use and that improving quality of life can assist with recovery from addiction. Similarly, we are of the belief that punitive measures do not drive behavioural change. (Miller, 2009)

## **Key Concerns**

The Salvation Army holds a number of concerns in relation to the mandatory drug testing of welfare recipients. These concerns are briefly outlined below.

### **Lack of evidence**

Mandatory drug testing of welfare recipients has been trialled in several jurisdictions around the world with poor results. In many cases, testing costs more than it saves monetarily, for example, a four month trial occurred in Florida in 2011, the cost of this trial outweighed the savings in welfare payments. (Bloom, 2012)

The Diagnostic and Statistical Manual of Mental Disorders outlines diagnostic criteria for Substance Use Disorders relating to a number of substances, including those which will be subject to testing under the trial. Common to the criteria for Substance Use Disorders between given substances are; failure to fulfil obligations such as work, and continued substance misuse despite problems arising out of it. (American Psychiatric Association, 2013) This suggests that those most likely to be impeded from working due to substance use are also unlikely to cease use due to adversity resulting from measures such as cashless debit cards or withholding of welfare payments.

### **Increased poverty**

As mentioned in the above section, 'lack of evidence', adverse effects of substance use are unlikely to deter those with substance use disorders from problematic substance use. Sanctions however may increase the level of poverty experienced and The Salvation Army sees this as being at odds with the concept of harm reduction as adopted by the National Drug Strategy. (Department of Health, 2017)

### **Increased stigmatisation**

The Salvation Army is concerned at the potential to further stigmatise through the design of this trial. Beyond stigmatisation of those subject to sanctions and their families, individuals selected for testing via a 'profiling tool' (Arthur, 2017) may also experience stigmatisation regardless of their drug use status. Further, entire communities may experience

stigmatisation based on their selection for trial using means such as waste water analysis (Arthur, 2017).

### **Lack of clarity around assessment process**

The Salvation Army is concerned about the lack of clarity regarding the assessment process for people who test positive to illicit substances during the trial. While the Bill sets out a requirement that recipients returning 2 positive tests undergo a medical, psychiatric or psychological examination, no standardised testing mechanism is stipulated. The 2016 National Drug Strategy Household Survey revealed that 12.6% of Australians over the age of 14 had used non pharmaceutical, illicit drugs in the preceding 12 months. The Salvation Army is concerned that people who use illicit drugs but who are not indicated for addiction treatment may be inappropriately referred into a service system which is already under resourced. This 'treatment net widening' has the potential both to be detrimental to the service system and to 'set people up' for treatment failure.

### **Increased burden on AOD treatment services and Emergency Relief agencies**

The drug testing trial does not appear to be accompanied by resourcing for an increased demand on AOD Treatment Services and Emergency Relief Outlets. The Salvation Army are concerned that increased demand on these services will impact accessibility of services more broadly. Further, trial participants may not be able to access treatment required in a timely manner due to strain on the treatment system.

### **Potential shift in consumption patterns**

The Salvation Army shares the concern of others in the AOD sector that drug testing may serve to shift the drug consumption patterns of some away from substances being tested and toward prescription/licit substances or less easily detectible new and emerging psychoactive substances. Such shifts in consumption patterns can prove challenging for both treatment services and medical facilities such as emergency departments (Victorian Alcohol and Drug Association, 2017).

## **Way Forward**

The Salvation Army supports the newly released National Drug Strategy as the overall approach to tackling the health, social and economic harms of drug use in Australia. We advocate prioritisation of evidence-based, and practice-informed approaches to harm minimisation as outlined in the strategy over approaches that target individuals in receipt of welfare support. We also advocate that measures aimed at reducing substance misuse are applied across all substances, including alcohol and tobacco which together account for 83.5% (\$46.8 billion) of the cost to Australian society of drug use as compared to illegal drugs which accounts for just 14.6% (\$8.2 billion).<sup>1</sup>

While The Salvation Army supports the National Drug Strategy in its entirety, we particularly advocate that priority be considered for the following as alternatives to the proposed drug testing trial.

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<sup>1</sup> National Drug Strategy, page 13

### **Improved access to treatment pathways<sup>2</sup>**

The Salvation Army believes that expenditure on the proposed mandatory drug testing program would be better utilised increasing the capacity of AOD treatment services. Diverse options should be readily available to those seeking treatment and their families. Options need to include withdrawal management, residential, non-residential and day rehabilitation programs as well as after care and services for families. The building of capacity within current primary health providers to identify and respond to drug misuse is vital and these pathways into treatment options, including the use of medications (opioid and nicotine replacement therapies, medications which assist to manage craving etc) need to be resourced and strengthened.

All treatment pathways should be developed in a manner which facilitates ease of access, particularly for population groups who endure disproportionate drug related harms. The Salvation Army strongly advocates that services be established which particularly target these groups at increased risk of experiencing drug related harm. Service planning needs to be conducted across all levels of government.

### **Improved prevention measures – including delay of first use and reduction of use<sup>3</sup>**

The Salvation Army supports measures aimed at increasing knowledge regarding alcohol and other drugs both within the general population and within specific at risk groups. Together with coordinated, evidence based pricing mechanisms we know that this can be an effective early intervention measure. We advocate that prevention and early intervention measures, particularly aimed at delaying (or preventing) first use and reducing use be prioritised.

### **Decreasing availability<sup>4</sup>**

The Salvation Army is concerned that the drug testing trial is aimed solely at users of illicit drugs when the evidence is clear that the use of alcohol is far more debilitating in Australia, including in terms of lost productivity, and that the non-medical use of pharmaceuticals also causes great harm.<sup>5</sup>

Fortunately we know that there are many evidence based approaches which address availability of licit and illicit substances. The Salvation Army advocates that all levels of government prioritise these approaches including point of supply/border control intervention, price and taxation measures in relation to alcohol and taxation (we particularly promote volumetric taxation on wine). Of great importance is the development of responses to new supply modes such as via the internet. We believe that all of this should be developed across all levels of government within a collaborative environment.

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<sup>2</sup> National Drug Strategy, page 19

<sup>3</sup> National Drug Strategy, page 21

<sup>4</sup> National Drug Strategy, page 24

<sup>5</sup> National Drug Strategy, page 13, 33

## **Conclusion**

The Salvation Army believe that there are far more effective measures of decreasing the level of drug related harm among welfare recipients and promoting community (including employment) participation for this cohort and beyond than through the Social Services Legislation Amendment (Welfare Reform) Bill 2017. As such we urge the Community Affairs Legislation Committee to recommend against the progression of this Bill and to note the validity of priorities within the National Drug Strategy.

Should the Social Services Legislation Amendment (Welfare Reform) Bill 2017 be adopted The Salvation Army strongly encourages the government to consider including a clause that provides a moratorium period for people likely to be sanctioned that will allow them the opportunity to deal with their drug use and thereby avoid a sanction and its associated hardships.

The Salvation Army would welcome the opportunity to discuss the content of this submission should any further information be of assistance.



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