



**The Salvation Army Australia Submission on the  
*Social Services Legislation Amendment  
(Drug Testing Trial) Bill 2019***

**September 2019**

For more information, please contact:

**Major Brad Halse**  
National Head of Government Relations  
The Salvation Army Australia

**Address:** 95-99 Railway Parade, Blackburn VIC 3130

## Table of Contents

Statement of Recognition.....	2
Introduction.....	3
Ineffectual way to deliver treatment .....	4
The Experience from Similar Trials .....	4
Foundations of Treatment .....	4
Inefficient allocation of resources.....	7
Assessment Process .....	7
Use and Misuse.....	7
Allocation of Funds .....	7
Stigma and Mental Health.....	8
Increased Stigmatisation .....	8
Cashless Debit Card.....	8
Conclusion.....	11
About The Salvation Army .....	12

## Statement of Recognition

The Salvation Army acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past, present and emerging, acknowledging their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.

## Introduction

The Salvation Army welcomes the opportunity to make this submission on the *Social Services Legislation Amendment (Drug Testing Trial) Bill 2019 (the Bill)*.

The Salvation Army is one of Australia's largest providers of social services and programs in Australia. We provide extensive alcohol and other drug services for the most marginalised and socially excluded individuals. We offer a range of programs including withdrawal management, residential rehabilitation, non-residential rehabilitation, community programs and harm reduction interventions.

This submission is based on our extensive experience delivering services and our belief that every human being has inherent worth and should be able to live with dignity. Our alcohol and other drug services are dedicated to creating a platform and pathways for people to build their lives in ways that are meaningful and purposeful. Harm reduction is the overarching framework of our alcohol and other drug services. Our primary purpose is to prevent and reduce harm for both individuals and the wider community and to support the reduction and cessation of use.

### **The Salvation Army recommends that the Bill does not proceed.**

The Bill proposes a two-year trial of mandatory drug testing for 5,000 new recipients of Newstart Allowance and Youth Allowance in the Canterbury-Bankstown, Logan and Mandurah regions.

The trial has the stated aim of improving recipients' capacity to find employment or participate in education or training, by identifying people with drug use issues and directing them into treatment. The Salvation Army's fundamental objection to the Bill is that it is not likely to achieve the stated aim.

This submission outlines The Salvation Army's three major concerns about the Bill and the proposed trials.

#### **1. It represents an ineffectual way to deliver treatment**

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. Evidence from similar trials suggests these trials are unlikely to be effective and the design of the trial is contradictory to what The Salvation Army has found to be best practice.

#### **2. It is an inefficient allocation of resources**

The assessment and referral process does not appear to consider whether a person is treatment ready nor adequately account for how different treatment approaches could be matched to individuals' needs. Likewise the blanket referral process does not draw a distinction between use and misuse – potentially leading to treatment places within an already under-resourced sector being allocated inappropriately.

#### **3. It is likely to lead to increased stigma and poorer mental health outcomes**

The rhetoric around this proposal as well as the design of the trial reinforces incorrect and harmful stereotypes about people experiencing substance use disorders and also people reliant on income support payments.

## Ineffectual way to deliver treatment

A key concern for The Salvation Army is that mandatory drug testing creates an environment that is not conducive to individuals recovering from their substance use disorder.

### The Experience from Similar Trials

Mandatory drug testing of welfare recipients has been trialled in several jurisdictions around the world. There is no credible evidence from these trials that it is effective as a deterrent to drug use.

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. These criteria include a failure to fulfil obligations, such as work, and continued substance use, even when it leads to problems and/or danger.<sup>1</sup> 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 the withholding of welfare payments or welfare quarantining under the Cashless Debit Card. In short, mandatory drug testing is unlikely to ever be effective as a deterrent to substance misuse because of the very nature of substance use disorders.

### Foundations of Treatment

Through The Salvation Army's extensive work delivering supports to people experiencing substance use disorders and their caring significant others, we have found fundamental principles that are critical to effective treatment. These principles are: Acceptance; Professionalism; Integrity; Hope; Compassion; and Belonging. These foundational principles ensure that our services and programs provide care that assists people to successfully overcome substance misuse disorders.

The nature of the trial being proposed is incompatible with these foundational principles because:

**1. This trial will increase stigma associated with drug use**

People experiencing substance use disorders regularly experience unfair judgment, misunderstanding and stigmatisation. This trial, especially due to the rhetoric used in its discussion, risks reinforcing common views that substance use disorders are untreatable or that they should be viewed as a moral issue, rather than a public health problem.

**2. This trial will diminish personal agency in recovery**

The mandatory nature of this trial is contrary to enabling and empowering individuals to make decisions based on their needs and life circumstances.

**3. This trial risks disconnecting people from their communities**

The Salvation Army has significant concerns about the impact of the Cashless Debit Card in terms of a person's ability to participate fully in their community. We also recognise that increased stigma creates a barrier to engagement. Community support can be a powerful component of effective treatment of substance use disorders.

---

<sup>1</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, American Psychiatric Association, Arlington, 2013.

The reality of effective treatment pathways is nuanced and often complicated but can lead to extraordinarily uplifting outcomes.

### Carol's story\*

Carol is a 27 year old woman who was assessed while in prison and entered a Salvation Army alcohol and other drugs (AOD) program in March 2019. The assessment highlighted a level of complexity and entrenched levels of dysfunction.

Carol said that when she was young there was a lot of alcohol and drug use within her family. Carol never knew her father and had very limited contact with her mother until she was much older. Carol got introduced to alcohol and methamphetamine when she was 16 and used methamphetamine intravenously. Carol had two children in foster care who were aged three and five. Carol ideally wanted to have an opportunity for reunification with her children, but was aware it was likely an order would be sought for the two children before they were 18. Carol had also been diagnosed with anxiety and depression and had a long history of self-harming, which was evident with significant scarring, and one suicide attempt. Carol also had some physical health issues including chronic pain from some nasty assaults, diabetes and asthma.

Carol had been incarcerated on multiple occasions for a variety of offences such as break and enter, theft, assault, weapon possession, failing to comply with bail agreement and driving under influence. Carol appeared at assessment to be motivated to make changes and break the cycles she had been in.

Carol entered the AOD program whilst on home detention and although initially she seemed a little suspicious of staff, she established a really positive rapport with not only her counsellor/caseworker, but all staff on site. After some time, Carol spoke openly about her capacity to gain some insights, her appreciation of being in an environment where she felt she could be honest, and also her experience of not being treated in a punitive way. Carol expressed that she had always felt judged and carried a level of shame that was significant, in relation to both her drug use and past legal history.

As a result of the complexities mentioned above there was a lot of coordination and communication between the prison, an Aboriginal Transition Worker from a local university, the state government department for child protection and the public housing agency. Carol's caseworker from The Salvation Army had some existing relationships with these services, but was also required to establish some new connections to ensure that they were all working together in the best interests of Carol and also her two young children.

Carol had clear goals around being abstinent from methamphetamine and only consuming alcohol occasionally. Carol also wanted to consistently have access visits with her two young children and perhaps prevent a longstanding order being granted, with an eventual reunification goal.

*Continued over page*

Carol felt that there were some things that would assist her not only during her time in the program but beyond that. She wanted to reengage with art which she had walked away from years earlier. She also recognised that her capacity to get angry and reactive had caused her lots of ongoing issues, so her caseworker assisted her with learning better emotional regulation, which included the use of meditation, relaxation and breathing techniques. These things assisted Carol greatly in her overall well-being and self-esteem, and allowed her to remain calm in some meetings with the state department for child protection.

Carol's caseworker had to ensure that whilst she was supporting Carol, the best interests of the children were paramount, which meant at times being honest with Carol about her readiness to undertake the care of her children. Carol came to recognise that this was a longer term goal as opposed to an immediate goal.

Carol did remarkably well for over 4 months at which time her ex-partner and mother were released from prison. She then began to spend a bit more unplanned time out of the unit and missed some counselling sessions with her caseworker. There were indicators that a few things were starting to slip for Carol.

The counselling process allowed Carol and her caseworker to talk through concerns, look ahead and intervene earlier, which helped to prevent Carol from returning back to her cycle. Whilst Carol did lapse a few times on methamphetamine and alcohol, and engaged in some poor decision making around who she spent time with, there was an opportunity to get back on the right path and not allow Carol's progress to be undone. Carol was grateful for this support at the time and revisited some of her foundational work.

Carol graduated from the program at the end of October in a very positive place. Carol had learnt some new ways of coping with situations and had worked through some issues providing her with some healing. It is hoped that she can build on that as she moves forward for her own sake and that of her children. Carol was very open and honest in the counselling process, which facilitated her growth and healing. There are countless traumas in Carol's past that have not been outlined, which mean that she still has lots of things to work through to feel more at peace. It is evident that Carol has a lot of resilience given everything she had been through and this resilience should be a trait that will help her going forward.

The people who worked with Carol, and have extensive experience in this space, noted that:



*It was critical that Carol was able to remain engaged in the program and not have any negative consequences or breaches as a direct result of a positive drug test at the times of her lapses with methamphetamines. Carol had clearly expressed the benefits she felt in not being judged or punished as a natural consequence to mistakes or learning opportunities, and this was further reinforced when she did experience some lapses. Carol was not further stigmatised for a lapse with drugs and there were no Centrelink benefit implications for Carol. Importantly, Carol was able to remain engaged with her children as she navigated the recovery journey. Carol and many other clients like Carol have huge levels of complexity, and adding drug testing for welfare benefits in to the mix for individual's raises lots of question and concerns. It is known that stigma is a significant barrier to people seeking treatment, and drug testing does increase stigma to some already marginalised groups of people.*

## Inefficient allocation of resources

The Salvation Army's keen interest is in ensuring that those who need support overcoming a substance use disorder do not receive just any type of support, but the support that is most likely to lead to success. Our view is that the Bill does not support that outcome.

### Assessment Process

While the Bill would require recipients who have returned two positive tests to undergo a medical, psychiatric or psychological examination, no standardised testing mechanism is stipulated. It is important to note that a drug screen is in no way indicative of a person's need for treatment – a more comprehensive, evidence-based AOD assessment would be needed to indicate whether a person was really ready for, or in need of, treatment.

It is also important to note that different treatment methods are more or less effective for different disorders and circumstances. It is unclear how this nuance would be accommodated and it is critical that this is resolved. Referring a person to an ineffectual treatment could set a person up for failure and affect their self-confidence and the efficacy of future treatments. It also undermines the Bill's stated aim.

### Use and Misuse

Related to the assessment process is the issue that the proposed trial does not allow for a distinction between using a substance and the presence of a substance use disorder. A person testing positive to a drug test does not, in and of itself, mean that they are ready for, or in need of, treatment. The 2016 National Drug Strategy Household Survey revealed that 16% of Australians over the age of 14 (3.1 million people) had used illicit non pharmaceutical drugs in the preceding 12 months.

The Salvation Army is concerned that people who use illicit drugs but who are not in need of addiction treatment may be inappropriately referred into a service system that is already under resourced. This widening of the 'treatment net' has the potential both to be detrimental to the service system and to result in inappropriate treatment matches.

### Allocation of Funds

Many of the international trials similar to the one proposed in the Bill have incurred significant costs.<sup>2</sup> The Salvation Army accepts the government's reassurance that this is not intended to be a cost saving measure, however we also accept that government must make difficult decisions around funding programs. Funding for this program, which we believe will be ineffectual, would mean reduced funding available elsewhere.

Likewise, in an under resourced system, allocating a treatment place to a person who is not treatment-ready solely because of a mandatory drug test could taking this treatment place from another who is treatment-ready and more likely to benefit from the service.

---

<sup>2</sup> D. Cunha, 'Why Drug Testing Welfare Recipients is a Waste of Taxpayer Money', *Time Magazine*, 15 August 2014, <<https://time.com/3117361/welfare-recipients-drug-testing>>, accessed 24 September 2019.



## Stigma and Mental Health

The Salvation Army believes that every single human being has inherent worth and every person should be able to live with dignity. A major consideration for any social policy proposition is the impact it will have on the mental health and social inclusion of welfare recipients. This is critical both because welfare should provide a safety net from harm but also because poor mental health outcomes and social isolation are major barriers to moving from welfare to work.

### Increased Stigmatisation

The Salvation Army is concerned that this trial will further stigmatise Australians already experiencing disadvantage. This stigma will not only affect those who are expected to participate in the trial, but also anyone experiencing a substance use disorder and anyone who is reliant on income support payments more generally.

As discussed above, stigmatisation represents a barrier to effective treatment for the individuals who experience it. It is reasonable to believe, given the community and media discussion that has accompanied this proposal, that a person subjected to mandatory testing will feel stigma, shame and associated feelings. A trial that engenders these feelings will not lead to effective treatment pathways and are at odds with best practice and incongruent with the harm reduction principles that have been adopted by the National Drug Strategy.<sup>3</sup>

Given the widespread commentary on this measure, The Salvation Army is concerned that passage of the Bill will lead to stigmatisation for people experiencing substance use disorders generally – whether or not they live in the proposed trial sites or are reliant on welfare.

It is also not unreasonable to expect that these feelings of stigma and shame will be felt by anyone who is subject to the testing whether or not they in fact use drugs. The underlying assumptions that led to this policy contribute to the feelings of isolation and dehumanisation experienced by those reliant on welfare. The Salvation Army recently conducted a survey of people who access our Doorways program and who also identified Newstart as their primary source of income as part of preparing a submission to the Senate Community Affairs References Committee's Inquiry into the adequacy of Newstart and related payments and alternative mechanisms to determine the level of income support payments in Australia. An overwhelming theme of the responses we received was that people felt that they were being punished for being unable to find a job, despite their best efforts to find employment.

### Cashless Debit Card

The Salvation Army has serious reservations about the use of the Cashless Debit Card and would object to it being applied in a mandatory fashion. Any aspect of the current welfare system that dehumanises, diminishes the personal agency of, or negatively affects the sense of community connection of a recipient is a cause for concern. We consider that the Cashless Debit Card, especially given the rhetoric that has built around its use, would exacerbate the negative effect of welfare on recipients' mental health and community connection.

---

<sup>3</sup> Commonwealth of Australia (Department of Health), *National Drug Strategy 2017-2026*, 2017, p. 13.

### Jodie's Story\*

Jodie is a 38 year old woman who has been homeless for 14 months. She has a diagnosis of schizoaffective disorder, with ongoing illicit substance use that includes methamphetamines, marijuana and alcohol. She also has Borderline Personality traits and a history of multiple suicide attempts. She can experience paranoia with psychotic symptoms including feeling that she is being followed and watched, hearing of voices and believing that people can hear her thoughts. Jodie has an extensive history with mental health services, going back to 2000, including Community Treatment Orders. She is adamant that she does not have a mental illness and any mention of mental health is often met with some resistance and, at times, some hostility.

Previous accommodation, organised by homelessness services, had not been successful due to some of Jodie's behaviours and her inability to get along with other people. She is distrustful of everyone at times and is unwilling to share personal information, sometimes demonstrating some paranoia. Jodie frequently puts herself in situations that are a risk to her personal safety. She is a frequent user of the overnight service, presenting most nights. She has no contact with her family and her teenage son lives with his father. She is socially isolated. Jodie is on bail for theft and failing to meet her bail conditions. She has a history of violent domestic relationships and of not engaging with services. At the time of engagement with her case manager, Jodie stated that she felt that her circumstances were deteriorating and she was having thoughts of self-harm.

Jodie would frequently present at the emergency department of the inner city hospital but her paranoia would result in her fleeing before she received assistance. While she urgently wanted help, this fear of hospitals was preventing her from accessing the assistance that she required. Her case manager accompanied Jodie to the hospital on many occasions, staying with her until she was admitted and/or detained. She had multiple periods of detainment across three different hospitals. The frequency of these admissions resulted in a referral to the mental health service. It took multiple attempts, and considerable time and effort by the mental health care coordinator, for this service to engage with Jodie. Despite Jodie's objection, they successfully applied for a Level 2 Community Treatment Order.

Jodie's case manager kept all services assisting Jodie informed to ensure the coordination of care. This included liaising with community mental health, homelessness services, hospital medical staff and social workers. Her case manager attended a case conference organised by the consulting psychiatrist at the hospital and acted as a point of contact for services when they were having difficulty contacting Jodie directly. Jodie would frequently refuse to have contact with all the service workers assisting her, including her case manager, and would frequently withdraw consent for information to be shared between services.

Prior to the active and ongoing engagement by mental health services with Jodie, her case manager focused on maintaining regular contact with Jodie and liaising with services on her behalf. She ensured that Jodie had clothes and toiletries for her hospital admissions and provided transport to appointments when needed. She also always made herself available for Jodie when she wanted to engage or needed assistance. After eight months Jodie was having all her needs, including housing needs, met through a range of ongoing mental health support services.

\* name changed

The people who work with Jodie, and have extensive experience in this space, noted that:



*Jodie has some significant levels of complexity that can be clearly seen in the case study. Her levels of paranoia presented difficulties in terms of collaboration at times, with her withdrawing consent on multiple occasions. Jodie did make some incremental positive changes, but her use of substances remained but varied in terms of frequency. Jodie was someone who did not wish to be labelled and she related to the issues of stigma and discrimination strongly. In some ways, the labels did not help with her seeking treatment even for her mental health illnesses, let alone for her substance use issues.*

*The capacity of each individual to lead a full life is relative to their existing skills, skill development, protective factors, and sense of hope. If drug testing had been a requirement for Jodie in terms of her receiving benefits, there is no doubt she would have failed the drug tests and felt much further stigmatised and discriminated against. Jodie wanted, like all of us, opportunities for self-determination and personal autonomy. She lost that sense of control at times due to her mental illnesses, but the recovery focus of that model still retains as much personal autonomy as possible. Jodie was capable of making decisions about how to spend her income and, despite some significant mental illness, there had never been a thought to move Jodie over to the public trustee for management of her finances.*

*It is possible that if people lose access to their autonomy, they will seek out having disposable income or cash through other means, which can leave them to be quite vulnerable and exposed.*

## Conclusion

The Salvation Army does not support mandatory drug testing of welfare recipients, and therefore does not support the Social Services Legislation Amendment (Drug Testing Trial) Bill 2019. We urge the Senate Community Affairs Legislation Committee to recommend against the progression of the Bill.

The Salvation Army's experience suggests that decreasing a person's quality of life does not assist in reducing drug use. There are many evidence-informed ways to address substance use disorders that we would support as a way of helping people get into work. Mandatory testing is not one of them.

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

## About The Salvation Army

The Salvation Army is an international Christian movement with a presence in 128 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programs for people experiencing hardship, injustice and social exclusion.

The Salvation Army Australia has a national operating budget of over \$700 million and provides more than 1,000 social programs and activities through networks of social support services, community centres and churches across the country. Programs include:

- Financial inclusion, including emergency relief
- Homelessness services
- Youth services
- Family and domestic violence services
- Alcohol, drugs and other addictions
- Chaplaincy
- Emergency and disaster response
- Aged care
- Employment services.

As a mission driven organisation, The Salvation Army seeks to reduce social disadvantage and create a fair and harmonious society through holistic and person-centred approaches that reflect our mission to share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building health communities; and
- Working for justice.

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

### Further Information

The Salvation Army would welcome the opportunity to discuss the content of this submission should any further information be of assistance. Further information can be sought from Major Brad Halse, National Head of Government Relations,

