



# The Salvation Army

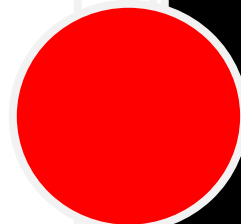
## THE SALVATION ARMY SUBMISSION TO SOCIAL SERVICES LEGISLATION AMENDMENT (DRUG TESTING TRIAL) BILL 2018

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**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

[www.salvationarmy.org.au](http://www.salvationarmy.org.au)



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### 1. INTRODUCTION

The Salvation Army welcomes the opportunity to make this submission on the Social Services Legislation Amendment (Drug Testing trial) Bill 2018.

The Salvation Army is one of Australia's largest providers of social services and programs including numerous alcohol and other drug services for the most marginalised and socially excluded individuals. This submission is informed by these experiences and The Salvation Army's collective knowledge and expertise about the causes, impacts and possible solutions to poverty and disadvantage.

### 2. THE BILL

The Bill proposes to trial a new approach to identifying job seekers with substance abuse issues by compelling the drug testing of 5,000 new recipients of Newstart Allowance and Youth Allowance in four trial sites across Australia over two years. The trial aims to improve a recipient's capacity to find employment or participate in education or training by identifying people with drug use issues and directing them into treatment. The Bill also outlines several punitive measures such as compulsory income management for people returning positive test results, and the requirement to pay for tests should more than one positive test be returned.

### 3. CONCERNS WITH THE BILL

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, poor mental and physical health, family violence and a variety of poverty-related problems. We strive to support individuals, families and communities in their struggle 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)

As such, The Salvation Army maintains 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, where 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)<sup>1</sup>

### **Increased stigmatisation**

The Salvation Army is concerned at the potential to further stigmatise disadvantaged Australians 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 would require recipients who have returned two positive tests to 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 is 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 an increased 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 dangerous to the health of users and challenging for both treatment services and medical facilities such as emergency departments. (Victorian Alcohol and Drug Association, 2017)

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

## **4. BETTER WAYS FORWARD**

The Salvation Army broadly supports the recently 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).

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

### **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 across Australia.

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 through 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

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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

government prioritise these approaches; including point of supply/border control intervention, price and taxation measures in relation to alcohol (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.

## **5. CONCLUSION**

The Salvation Army supports effective measures of decreasing the level of drug-related harm among welfare recipients and promoting community participation (including employment) for this cohort throughout the Australian community. As such, The Salvation Army does not support the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 and urges 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 (Drug Testing Trial) Bill 2018 be adopted, The Salvation Army strongly encourages the government to consider:

- i. Including a clause that provides a moratorium period for people likely to be sanctioned, to allow them the opportunity to deal with their drug use and thereby avoid a sanction and its associated hardships.
- ii. Ensure AOD services are adequately funded to meet any increased demand, while ensuring that the wider community seeking treatment voluntarily are not further delayed in their access.
- iii. Ensure emergency relief and homelessness services are adequately resourced to meet any increased demand, arising from drug trial recipients either falling further into poverty due to testing debts or other non-compliance issues.

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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