



**Public Health Association**  
AUSTRALIA

# **Public Health Association of Australia submission on Social Services Legislation Amendment (Drug Testing Trial) Bill 2018**

**Contact for recipient:**

Committee Secretary

Senate Standing Committee on Community Affairs

**A:** PO Box 6100, Parliament House

Canberra ACT 2600

**E:** [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

**T:** (02) 6277 3515

**Contact for PHAA:**

Michael Moore – Chief Executive Officer

**A:** 20 Napier Close, Deakin ACT 2600

**E:** [phaa@phaa.net.au](mailto:phaa@phaa.net.au) **T:** (02) 6285 2373

**11 April 2018**

# Contents

<b>Preamble .....</b>	<b>3</b>
The Public Health Association of Australia .....	3
Vision for a healthy population .....	3
Mission for the Public Health Association of Australia .....	3
<b>Introduction.....</b>	<b>3</b>
<b>The Bill .....</b>	<b>4</b>
<b>PHAA Response to the Bill .....</b>	<b>4</b>
<b>Conclusion .....</b>	<b>5</b>
<b>References.....</b>	<b>6</b>

# Preamble

## The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

## Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

## Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

# Introduction

PHAA welcomes the opportunity to provide input to the Inquiry into the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018. The reduction of social and health inequities should be an overarching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should provide a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

## The Bill

The Bill provides for the trialling of a new approach to identifying job seekers with substance abuse issues by drug testing 5,000 new recipients of Newstart Allowance and Youth Allowance in Canterbury-Bankstown (NSW), Logan (Queensland) and Mandurah (Western Australia) over 2 years. The stated aim of the trial is to improve a recipient's capacity to find employment or participate in education or training by identifying people with drug use issues and assisting them to undertake treatment. The trial locations were chosen considering a range of factors including crime statistics, drug use statistics, social security data and health service availability, and are not located in Community Development Program areas.

## PHAA Response to the Bill

The separation of this proposal from the Social Services Legislation Amendment (Welfare Reform) Bill 2017 does not improve it. With no substantive difference in content between Schedule 12 from the previous Bill and the current bill, PHAA's position remains one of strong opposition to the drug-testing of welfare recipients, as outlined in [our submission to the Inquiry into the previous Bill](#). It is likely to be an ineffective use of taxpayer money, which exacerbates rather than eases challenges faced by jobseekers to enter or return to the workforce.

The Minister's Second Reading speech of the 2017 Bill noted that drug-testing welfare recipients is used overseas, but "there is little comparable evidence available to tell us whether this sort of intervention would be effective in the Australian welfare context". In fact, the limited available evidence suggests that it will not be effective,<sup>1</sup> and the Government's own Australian National Council on Drugs (ANCD) advised against implementation in 2013 citing evidence that it is more likely to increase than decrease harms and costs.<sup>2</sup>

Evidence shows that mandated treatment for drug and alcohol dependence does not reduce drug use or incarceration.<sup>3</sup> Factors such as motivation for treatment, self-efficacy and peer support are more likely to predict success,<sup>4</sup> but these are not factors which would be promoted and supported by the proposed bill.

This proposal may also have unforeseen negative consequences for jobseekers the Government is not specifically targeting in this intervention. The requirement to agree to undergo random drug testing is likely to be refused by some jobseekers on the basis that it is unnecessarily stigmatising them where no drug or alcohol dependence issues exist. Genuine jobseekers may be deterred from seeking the support and assistance available to them through Centrelink and therefore be unfairly disadvantaged through no fault of their own, but simply because they are actively avoiding being labelled as a potential drug user.

Despite the proposal being separated into a distinct Bill, several issues have still not been adequately addressed in the proposed legislation, which suggest that the trial will be unsuccessful. Firstly, there is no mention of additional funding to be provided for drug and alcohol treatment services. Currently in Australia, less than half of those seeking such treatment are able to access it.<sup>5</sup> This scheme is specifically designed to increase the pressure on services, by referring those who would not otherwise be in treatment, but makes no attempt to ensure those services will be available. Secondly, there are no details provided on who will be a 'contracted medical professional' jobseekers would be referred to for treatment assessment. Will these professionals have expertise in drug and alcohol treatment? Further, when recommendations for treatment are made, how specific are those recommendations as to the type and length of treatment required, and what are the obligations on Centrelink to follow those recommendations?

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

If the assessor recommends residential treatment but only weekly counselling is available, what happens? Thirdly, there are questions surrounding the testing itself. How sensitive will the testing be – will it be able to determine the difference between traces of cannabis consumed three weeks ago, and medicinal cannabis with low level THC? Finally, the bill makes no distinction between occasional and dependent drug use. Someone who records a positive test for THC from very occasional use of cannabis for example, would be referred to the assessor, wasting precious resources.

This proposal is inconsistent with the Australian National Drug Strategy's principle that drug and alcohol dependence are health issues. Penalising jobseekers with drug and alcohol dependence issues through removal of welfare payments will increase disadvantage not only to the jobseeker themselves, but also to any dependents they may be caring for. There is no mention in the Bill of how parents in this situation are supposed to maintain the basic necessities of life for their children during the 4-week period until payments may be restored. \$535.60 per fortnight (the maximum jobseeker allowance) does not leave room for savings, so any gap in payments will in reality be a gap in the availability of any money.

It is disappointing that the feedback provided on the previous Bill does not appear to have been taken into consideration in the development of the current Bill, reflecting an apparent lack of consultation with experts on drug policy.

PHAA recommends that the Bill be discontinued, and the funding for the proposed drug testing be re-allocated towards drug and alcohol treatment programs to fill the unmet need, allowing those with dependence issues a realistic chance of receiving the treatment they seek.

## Conclusion

PHAA strongly opposes this Bill. We are particularly keen that the following points are highlighted:

- Drug and alcohol dependence must be treated as a health issue, and not linked with income support
- There is no evidence that drug testing welfare recipients, and mandating treatment would be successful
- The funds required to support these measures should be re-directed towards increasing the availability of drug and alcohol treatment services in Australia.

The PHAA appreciates the opportunity to make this submission and the opportunity to comment on the proposed bill.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Michael Moore AM  
Chief Executive Officer  
Public Health Association of Australia

David Templeman  
President  
Public Health Association of Australia

11 April 2018

## References

1. Metsch LR, Pollack HA. Welfare reform and substance abuse. *The Milbank Quarterly*. 2005;83(1):65-99.
2. Australian National Council on Drugs. ANCD Position Paper: Drug Testing Canberra: ANCD; 2013 [Available from: <http://www.atoda.org.au/wp-content/uploads/DrugTesting2.pdf>.
3. Werb D, Kamarulzaman A, Meacham MC, Rafful C, Fischer B, Strathdee SA, et al. The effectiveness of compulsory drug treatment: A systematic review. *Int J Drug Policy*. 2016;28:1-9.
4. Rourke P, Howard J, Martire KA. Legal Mandates and Perceived Coercion in Residential Alcohol and Other Drug Treatment. *Psychiatry, Psychology and Law*. 2014;22(5):756-68.
5. Ritter A, Stooze M. Alcohol and other drug treatment policy in Australia. *The Medical journal of Australia*. 2016;204(4):138.

