Catholic Social Services Australia

CATHOLIC HEALTH Australia

4 August 2017

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir/Madam,

Thank you for the opportunity to make a submission to the Inquiry into the ***Social Services Legislation Amendment (Welfare Reform) Bill 2017 (*****the Bill*****).***

This is a joint submission from Catholic Social Services Australia (CSSA) and Catholic Health Australia (CHA). Our comments are made in association with the detailed submission of St Vincent's Health Australia, the forefront hospital and health provider in the treatment of drug addiction, and a member of CHA.

Both CSSA and CHA are strongly opposed to compulsory drug testing in trial sites (Schedule 12) and measures that target people with drug and alcohol addiction (Schedule 13 and 14). We also oppose the punitive measures proposed under the targeted compliance framework (Schedule 15).

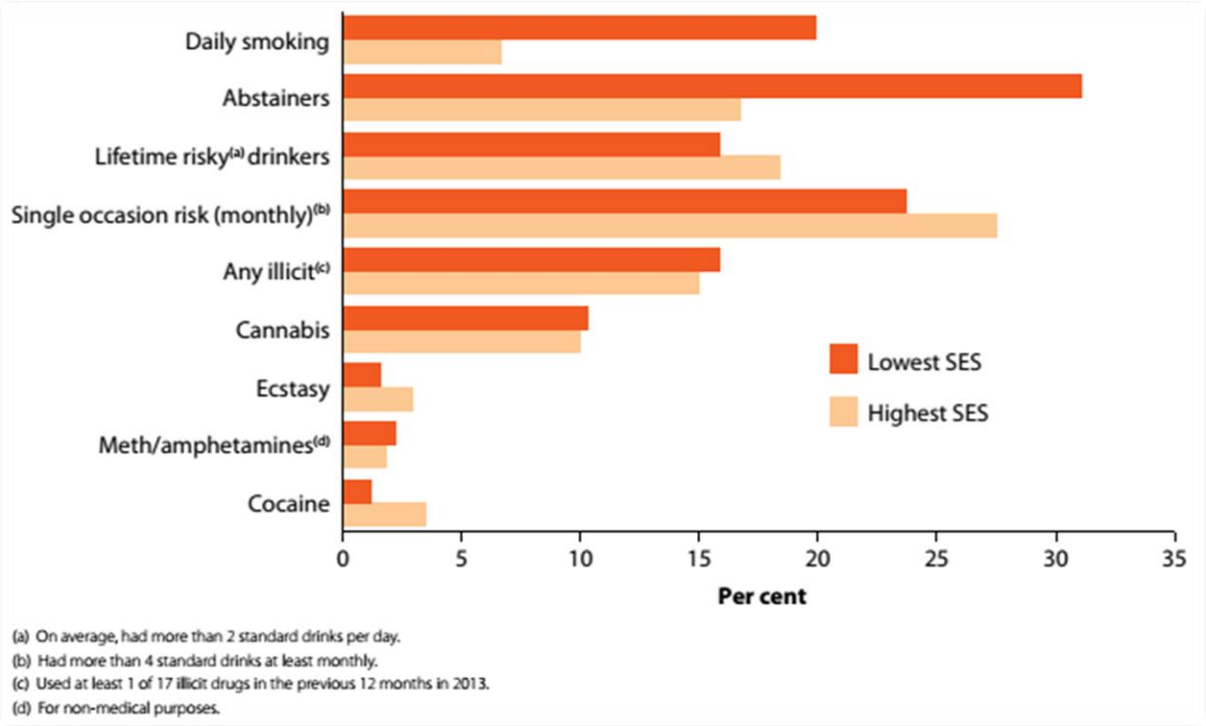
Catholic Social Services Australia is the Catholic Church's peak national body for social services. Our vision is for a fairer, more inclusive Australian society that reflects and supports the dignity, equality and participation of all people. Our 52 member agencies are the frontline service providers caring for and directly assisting some 450 000 people across 650 sites nationally.

Catholic Health Australia is Australia's largest non-government grouping of health, community, and aged care services accounting for around 10% of hospital based healthcare in Australia. Our members also provide around 30% of private hospital care, 5% of public hospital care, 12% of aged care facilities, and 20% of home care and support for the elderly. Catholic providers have a long upstanding history in administering services to vulnerable groups that adhere to the principles of catholic social teaching and achieving social justice through the provision of care, advocacy and research.

We oppose **Schedule12** of the Bill because mandatory drug test regimes are a failed policy solution, based on international experience. Mandatory regimes which are proven failures also fail to respect the dignity of people afflicted with drug addiction. This measure will stigmatize drug users and in particular punish drug users by compulsory testing and changing the way their welfare payments are managed. We oppose drug testing of entire categories of recipients without obtaining their consent or without considering their individual circumstances. We also oppose any welfare payment schedules that discriminate, or have the potential to discriminate, against Indigenous people.

Catholic Social Teaching calls on us to respect the dignity of all people and support them to lead a meaningful life and contribute to society. Compulsory drug testing does not respect the dignity of the person nor does it help build individual capabilities or strengthen families and communities. It is a heavy handed and punitive approach to dealing with drug addiction for one group of people in the community. Drug and alcohol addiction is not just confined to those on the lowest socio-economic levels as shown in Figure 1 below. In fact 33% of people on the lowest incomes abstain from any drug or alcohol use compared to just 17% of people on the highest incomes.

Figure 1*: Daily smoking, risky alcohol consumption and illicit drug use by people with the lowest and highest socio-economic status, people aged 14 or older, 2013 (per cent)*



Source: AIHW 2013 *National Drug Strategy Household Survey* detailed report (P91)

People on Newstart and Youth Allowance payments who are the proposed target group for the drug trials, are already economically and socially marginalised through inadequate payments that according to the Business Council of Australia, may now be so low as to represent a barrier to employment.[i] Further stigmatisation through compulsory drug testing is morally wrong.

From CSSA's own research in *Dropping off the Edge 2015* we know that people on welfare payments often have a range of other issues individually, within their households or across the community that contribute to entrenching disadvantage. Dealing with the drug or alcohol addiction by itself without an understanding of the broader issues affecting the person such as mental health, housing, transport and household budget stress will not address the underlying causes and effects of the addiction. Strategies for drug and alcohol addiction are also known to be more effective in combination with other interventions so should be tailored to meet the varied needs of individuals, families, communities, and specific population groups.

Whilst we acknowledge the Government's proposed intent was to reduce drug use among welfare recipients, this proposal has not been based on peer-reviewed evidence-based practice to support applicants with addiction. The Government provides no information to the effectiveness of this approach despite its own National Drug Strategy 2017-2026[ii] calling for an evidence based approach. Compulsory drug testing does not form part of the Government's own three pillars of harm minimization, which focus actions on demand reduction, supply reduction and harm reduction.

The Government is well aware from its own data where there is high welfare dependency and drug and alcohol addiction. It is therefore incumbent on the Government to further expand programs that are known to be effective in addressing addictions[iii] rather than introducing measures which simply further stigmatise those seeking welfare support.

From international evidence, we know compulsory drug testing is a costly exercise, does not have proven results, and diverts funds away from known effective services.[iv] In addition, imposing drug testing on individuals who do not have a drug addiction wastes resources that could be directed into other, more effective, programs and services.

Our Catholic health providers have advanced programs that support medical treatment and recovery programs for drug and alcohol addiction. As a not-for-profit Catholic provider that was founded on the mission to serve the poor and disadvantaged, St. Vincent's Health Australia has been at the forefront of addiction treatment, research, and education using a harm minimisation approach. For these reasons, we support the recommendations presented in St. Vincent's submission that details concerns around the proposed legislative changes and provides alternative approaches. A harm minimisation approach that includes evidence-based practice is required to better engage with the community and improve the efficiency of services. This strategy has been strongly advocated in the recent release of the National Drug Strategy issued by the Department of Health.

For the reasons above we also do not support **Schedule 13 and Schedules 14** which seek to stigmatize people with a drug or alcohol dependence without an appreciation of individual circumstances or an understanding of unintended consequences of pausing or changing welfare payments on the individual or family.

Schedule 15 imposes a new compliance framework on job seekers. We suggest this measure is more about punishment than supporting people engage with paid employment. Employment service providers will not have discretion when applying the loss of the first three points, which then leads the person into a more intensive compliance phase. The savings from this measure are derived from ceasing income payments to people without understanding the consequences.

In summary, we do not consider elements of the Bill effective in supporting people with drug or alcohol addiction. In its current form, the Bill increases the stigma around addiction, ignores current evidence around addiction support and the poor success for similar implementation of these policies in other jurisdictions, and has the potential to create additional hardships for those already suffering from addiction.

CSSA and CHA recommend that the Senate Committee on Community Affairs oppose the following Schedules in the Bill:

12. Establishment of a drug testing trial

13. Removal of exemptions for drug or alcohol dependence

14. Changes to reasonable excuses

15. Targeted Compliance Framework

For the remaining schedules, we support the position of ACOSS as outlined in its submission to the Committee.

We would be happy to elaborate our position further with the Committee and our preference would be to attend the hearing in Melbourne on the afternoon of the 31st August 2017 together with St. Vincent's Health Australia. For ongoing matters, please contact Liz de Chastel, Director of Social Policy, CSSA on or Stephanie Panchision, Health Policy Officer, CHA on .

Sincerely,

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[i] Business Council of Australia 2012 *Submission to the Senate Inquiry into the Adequacy of the Allowance Payment System for Jobseekers and Others* http://www.bca.com.au/publications/submission-to-the-senate-inquiry-into-the-adequacy-of-the-allowance-payment-system-for-jobseekers-and-others accessed 31st July 2017

[ii] Department of Health - *National Drug Strategy 2017-2026* http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.docx accessed 31st July 2017

[iii] Department of Health - *Alcohol and other Drugs: National Programs* - http://health.gov.au/internet/drugs/publishingcp.nsf/Content/nationalprogram accessed 31st July 2017

[iv] Results from 7 states in the US that tested welfare recipients for drugs have not had the outcomes sought and have been very costly - https://thinkprogress.org/what-7-states-discovered-after-spending-more-than-1-million-drug-testing-welfare-recipients-c346e0b4305d accessed 28th July 2017