Victorian Alcohol and Drug Association
211 Victoria Parade, Collingwood 3066
p. 03 9412 5600 f. 03 9416 2085
vaada@vaada.org.au
www.vaada.org.au
ABN 19 039 293 679

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

Dear Secretary,

Social Services Legislation Amendment (Welfare Reform) Bill 2017

We are writing to draw your attention to number of concerns we have regarding the 'substance misuse' measures outlined in the above Bill. These concerns relate to a range of issues, including the impact of these measures on 'at risk' members of our community and that the mutual obligation elements makes a number of assumptions regarding the concept of substance dependence, which do not accord with the evidence around substance dependence and may create harm.

The Victorian Alcohol and Drug Association (VAADA) is a non-government peak organisation representing publicly funded Victorian Alcohol and other Drug (AOD) services. VAADA aims to support and promote strategies that prevent and reduce the harms associated with AOD use across the Victorian community. VAADA's purpose is to ensure that the issues for people experiencing harms associated with substance use and the organisations who support them are well represented in policy, program development and public discussion.

VAADA's membership comprises agencies working in the AOD field in Victoria, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation or research that minimises the harms caused by AOD.

As peak body for the AOD sector, we find that elements of this Bill will impact upon both AOD treatment service providers and service users; our comments will reflect on those impacts.

This Bill is likely to have an impact upon the already overburdened AOD treatment sector by unnecessarily increasing demand in order to meet a bureaucratic expectation which may not accord with clinical best practice. The Bill is also likely to generate and reinforce pre-existing stigma associated with substance dependence resulting in greater harm. We maintain concerns regarding elements of this Bill and how it will impact upon the broader community.

Our comments reflect on the broader issues pertaining to the pilot drug testing of welfare recipients within three regions in Australia, mutual obligations and the role of treatment agencies; we will categorise our feedback along the lines of stigma, employment, AOD treatment and harms.

Stigma and discrimination

This Bill is likely to increase and stigma and discrimination towards substance using and substance dependent populations throughout the community which will impact upon the help seeking behaviours of those experiencing substance dependency. This is due to the specificity relating to substance use provisions and mutual obligation, which is premised on notions contrary to the reality of substance dependence, implying a sense of choice and assuming that individuals experiencing substance dependence are ready for

treatment and simply need the application of an incentive to engage in treatment services. Individuals experiencing substance dependence are not always in the right state of mind to engage in treatment and corralling them into an already overburdened sector with the risk of diminished welfare support may result in further marginalisation, a greater aversion to treatment among other adverse outcomes.

Many individuals experiencing substance dependence, who already experience stigma, will have that experience compounded by these policies. Many will already be experiencing mental illness with up to 75 percent of AOD service users having had a prior psychiatric illness in the past year (Drugscope n.d) as well as a high prevalence of prior involvement with the justice system (for instance, 85 percent of female prisoners have substance use related issues [Abbott et al 2017]), increasing the stigma and the associated harms. This policy promotes the notion that an individual has failed in their mutual obligations due substance dependence and enhances the existing sense of condemnation within the community for a health issue of which an individual has limited choice that, for many, is often exacerbated by entrenched disadvantage.

Individuals experiencing substance dependence often have a range of morbidities and co-occurring issues highlighting the point that substance dependence does not occur in isolation of the broader indicators of disadvantage. This policy fails to acknowledge this fact, focussing solely on the substance use issues with a view to using dependence as a benchmark for eligibility for support.

The expectation of employment

International evidence indicates that there are challenges for AOD dependent individuals in finding employment in part due to broader related morbidities. This has been recognised at a system design level; for instance, the Payment by Results model utilised in the UK did not list employment (Findings 2017) as a measure of a successful treatment outcome, partly due to the difficulties in achieving this among a highly vulnerable cohort. Despite this, there is evidence of a number of interventions generating modest increases in employment, such as the Victorian Drug Court (VAADA 2013). Due to the chronic relapsing nature of AOD dependency, long term retention in employment may be difficult and provision should be made to ensure that the challenges associated with a relapse, which may result in unemployment, are not compounded with the addition of financial stress. This could lead to issues such as homelessness and greater social and economic harms.

The treatment sector

The AOD treatment sector is overburdened and underfunded, providing treatment to approximately 115,000 individuals in Australia during 2014/15 (AIHW 2017) with many of these individuals experiencing extensive wait times of up to six months for some treatment types. Ritter et al (2014) reveal that between 200,000 to 500,000 individuals in Australia experience AOD dependency but do not engage in treatment. In light of this unmet demand and in the context of stretched capacity, any process which draws potentially unnecessary demand into the sector will further extend waiting times for those in need, create additional barriers those in need of treatment. This will result in a greater burden across the acute health and justice sectors due to increasing harms among vulnerable cohorts in requiring treatment who cannot access the system manifesting in some cases in offending behaviour or overdose. These policies may also draw demand from individuals who do not need AOD treatment yet who seek to ‘park’ on AOD treatment, with a view to avoiding responsibilities associated with welfare payments, further limiting access to those in need.

In Victoria there is a specific process for intake and assessment with the necessary tools applied in administering that process – these policies will engender additional demand on to the various intake and assessment processes; conversely, if the Commonwealth provides for a separate assessment, this will impair the fidelity in the assessment process.

Additional resourcing should be provided to the AOD sector to account for the increased demand which will be generated from this policy.

Increasing risk

This policy clearly alienates illicit substance use from the broader range of accepted adverse social determinants which contribute to disadvantage. It diminishes the concept of substance dependence within legislative and social milieus and demonstrates a lack of understanding on how to address issues relating to illicit substance use. It fails to account for the myriad factors which can contribute to long term unemployment and effectively punishes welfare recipients for being disadvantaged. It erroneously assumes that individuals should be ready for AOD treatment when the system deems it necessary therefore contesting the long standing notion of person centre care, replacing it a system driven intervention. There has been significant advances within the broader human services sector with the realisation that it is ineffective and unfair to assume that service users with complex issues will accommodate a service design which is built around the priorities of the system, rather than the needs of the consumers. This Bill details policy amendments which are not person centred, lack evidence and inadvertently promote stigma.

These policies are likely to produce mixed results, with the real risk that those experiencing significant complexity in their lives end up disengaging with services and losing necessary supports. It may, however, have some impact on low risk welfare recipients with regard to compliance but will not necessarily lead to new employment. While the intention to transition at risk individuals to treatment, coercive processes such as these have the potential to result in additional harms.

References

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