

# Chapter 2

## Key issues

2.1 Throughout the course of this inquiry, submitters and witnesses expressed a range of concerns about the proposed drug testing trial.

### Evidentiary basis for the trial

2.2 Some submitters, such as 360Edge, the Public Health Association of Australia and the Kirby Institute, expressed concern that there was a lack of academic evidence to indicate that drug testing welfare recipients would assist them to address their substance abuse issues.<sup>1</sup>

2.3 These submitters pointed to a report by the Australian National Council on Drugs which, in part, concluded that:

There is no evidence that drug testing welfare beneficiaries will have any positive effects for those individuals or for society, and some evidence indicating such a practice could have high social and economic costs...<sup>2</sup>

2.4 However, the committee received some evidence to support a mandatory drug testing trial. The Kirby Institute explained that a 2002 systematic review of compulsory treatment revealed some studies that found 'superior outcomes for clients receiving compulsory treatment compared with voluntary treatment'.<sup>3</sup>

2.5 Professor Alison Ritter, Director of the Drug Policy Modelling Program at the National Drug and Alcohol Research Centre at the University of New South Wales (NDARC) explained to the committee that there had been some success in the

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- 1 360Edge, *Submission 1*, [p. 1]; Public Health Association of Australia, *Submission 2*, p. 5; Kirby Institute, *Submission 4*, [p. 2]; Australian Injecting and Illicit Drug Users League (AIVL), *Submission 6*, [p. 3]; Anglicare Australia, *Submission 7*, p. 5; Community and Public Sector Union, *Submission 9*, p. 6; Australian Federation of Aids Organisations, *Submission 10*, [p. 1]; UNSW Public Service Research Group, *Submission 14*, [p. 3]; Logan City Council, *Submission 15*, [p. 2]; Centre for Social Research in Health / Social Policy Research Centre, *Submission 17*, [p. 1]; cohealth, *Submission 19*, [p. 5]; Australian Association of Social Workers, *Submission 20*, [p. 2]; St Vincent de Paul Society National Council, *Submission 21*, p. 2; South Australian Network of Drug and Alcohol Services, *Submission 22*, [p. 3]; Queensland Council of Social Service, *Submission 24*, [p. 1]; Dr Anna Olsen, *Submission 26*, [p. 1]; Western Australian Network of Alcohol and other Drug Agencies, *Submission 29*, p. 4; Alcohol, Tobacco and other Drugs Council Tasmania Inc, *Submission 30*, [p. 4]; Jobs Australia, *Submission 32*, p. 5; Penington Institute, *Submission 39*, p. 9; St Vincent's Health Australia, *Submission 41*, p. 4; Royal Australian College of Physicians, *Submission 42*, p. 3.
  - 2 Australian National Council on Drugs, *ANCD Position Paper—Drug Testing*, August 2013, p. 2, <http://www.atoda.org.au/wp-content/uploads/DrugTesting2.pdf> (accessed 27 April 2018).
  - 3 Kirby Institute, *Submission 4*, [p. 2]; See T. Cameron Wild, Amanda B. Roberts, Erin L. Cooper, 'Compulsory substances abuse treatment: An overview of recent findings and issues', *European Addiction Research*, vol. 8, pp. 84–93. See also D. Werb et al, 'The effectiveness of compulsory drug treatment: A systematic review', *International Journal of Drug Policy*, vol. 28, pp. 1–9.

criminal justice space where individuals had been forced to make a choice between whether to undergo drug treatment or face significant consequences:

The merit program is a very good example and there are the police diversion programs. These are compulsory treatment programs. In the context of a crime having been committed and treatment being a forced choice for that person to then make, the evidence is that these programs can be cost effective where that person makes the choice to undergo treatment instead of the original sentence that the magistrate or judge has made.<sup>4</sup>

2.6 However, submitters noted that these findings were not necessarily representative of the bulk of scientific evidence in this field.<sup>5</sup>

2.7 Some submitters, such as the Australian Injecting and Illicit Drug Users League (AIVL), Anglicare Australia and the Penington Institute referred the committee to international examples where drug testing trials had been undertaken.<sup>6</sup>

2.8 Submitters expressed concern that in the United States of America and New Zealand, similar trials had been expensive and relatively few people had tested positive to illicit substances.<sup>7</sup> For example, in Missouri in 2014 there were 48 positive tests taken from 446 welfare applicants and in New Zealand in 2015 there were 22 positive tests taken from 8000 applicants.<sup>8</sup>

2.9 However, the committee also notes evidence that suggests the Australian context may be different. In his second reading speech on the Bill, the Hon. Dan Tehan MP, Minister for Social Services (Minister), explained that there was evidence from the Australian Institute of Health and Welfare to indicate that drug use is a barrier to employment:

Research shows us that substance abuse is directly impacting the ability of some jobseekers to undertake job search or other activities...The Australian Institute of Health and Welfare's 2016 National Drug Strategy Household Survey shows that those who were unemployed were three times more

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4 Professor Alison Ritter, Director, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales (NDARC), *Committee Hansard*, 23 April 2018, p. 23.

5 Dr Kym Jenkins, President, Royal Australian and New Zealand College of Psychiatrists, *Committee Hansard*, 23 April 2018, p. 26; Mr Chris Twomey, Leader, Policy Development and Research, WA Council of Social Service, *Committee Hansard*, 23 April 2018, p. 41.

6 AIVL, *Submission 6*, [p. 3]; Anglicare Australia, *Submission 7*, p. 5; Penington Institute, *Submission 39*, p. 10.

7 Dr Alex Wodak, President, Australian Drug Law Reform Foundation, *Committee Hansard*, 23 April 2018, p. 37; Ms Imogen Ebsworth, Director of Policy and Research, Anglicare Australia, *Committee Hansard*, 24 April 2018, p. 45; Community and Public Sector Union, *Submission 9*, p. 6; Salvation Army, *Submission 11*, p. 1; Ted Noffs Foundation, *Submission 31*, p. 2; Penington Institute, *Submission 39*, p. 10; Royal Australian College of Physicians, *Submission 42*, p. 5.

8 Royal Australian College of Physicians, *Submission 42*, p. 5; Anglicare Australia, *Submission 7*, p. 5; Ted Noffs Foundation, *Submission 31*, p. 2.

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likely to have recently used drugs such as ice and other amphetamines than those who were employed.<sup>9</sup>

2.10 The Department of Social Services (Department) indicated to the committee that the drug testing trial would be used to assess whether drug use in the welfare context is inhibiting people from moving into employment:

The underlying policy rationale is to identify in a trial whether people are using illicit substances. To the extent that that is the case, it is clearly one of the things that can be a barrier to employment. Those who have that barrier to employment could then be, after a second test, referred to assessment as to whether or not they would benefit from treatment options or other interventions designed to address that substance misuse and to improve their capacity for and likelihood of addressing that barrier and returning to work.<sup>10</sup>

### ***Committee view***

2.11 The committee understands that submitters have raised concerns about whether the drug testing trial will be beneficial for participants. The committee notes that some of the compulsory treatment trials that have occurred internationally have observed positive results and that some Australian drug testing approaches have seen positive results when participants are forced to make a choice between treatment and a less attractive alternative.

2.12 The committee understands that the trials from the criminal justice setting are different to the welfare context, but the committee considers that a limited methodologically appropriate Australian drug testing trial should be conducted in the welfare context to test whether substance abuse issues are causing a barrier to employment for trial participants.

### **Methodology of the trial**

2.13 A number of drug and alcohol researchers raised concerns about the scientific method being proposed for the trial.

2.14 In its submission, NDARC commented that it considered that the current research framework was inadequate:

Were this truly to be a 'trial', then it must conform to the usual standards of evidence generation (including Australian codes of responsible research conduct).<sup>11</sup>

2.15 The NDARC observed that proper research design would clearly identify a target population, primary and secondary research outcomes, definition of

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9 The Hon. Dan Tehan MP, Minister for Social Services (Minister), *House of Representatives Hansard*, 28 February 2018, p. 2198.

10 Ms Serena Wilson, Deputy Secretary, Social Security, Department of Social Services (Department), *Committee Hansard*, 31 May 2017, p. 94.

11 NDARC, *Submission 18*, p. 1.

effectiveness, ethics approval, an independent research team and adequate trial monitoring.<sup>12</sup>

2.16 Similar statements were made by other researchers in the area such as Dr Anna Olsen and Dr Alex Wodak.<sup>13</sup> Dr Wodak, President of the Australian Drug Law Reform Foundation emphasised that medical research must be both scientifically and ethically sound.<sup>14</sup>

2.17 The Explanatory Memorandum states that the trial will be conducted in accordance with the Drug Test Rules. The Explanatory Memorandum also notes that the Drug Test Rules will be finalised after advice and feedback from stakeholders.<sup>15</sup> The committee notes that it is intended that the contractor will need to conduct drug testing in accordance with the Australian Standards for specimen collection and the detection and quantitation of drugs.<sup>16</sup> All tests will be carried out by accredited laboratories.<sup>17</sup>

2.18 In his second reading speech the Minister said:

There will be a comprehensive evaluation of the trial to determine which aspects have been successful in addressing welfare recipients' substance abuse and barriers to employment.<sup>18</sup>

2.19 The Department advised the committee that the evaluation was still in its early stages and that a consultancy firm would be hired to conduct the evaluation.<sup>19</sup>

2.20 The Department noted that the evaluation criteria would be developed in conjunction with the consultant who would evaluate the trial.<sup>20</sup> The Department also highlighted that evaluation design workshops would be held in each of the trial sites to inform the design of the evaluation.<sup>21</sup>

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12 NDARC, *Submission 18*, pp. 2–3.

13 Dr Wodak, *Committee Hansard*, 23 April 2018, p. 36; Dr Anna Olsen, *Submission 26*, [p. 2].

14 Dr Wodak, *Committee Hansard*, 23 April 2018, p. 36.

15 Explanatory Memorandum, p. 9.

16 Explanatory Memorandum, p. 10. See Standards Australia, *Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine* (AS/NZ 4308:2008); Standards Australia, *Procedures for specimen collection and the detection and quantitation of drugs of abuse in oral fluid* (AS4760:2006).

17 Explanatory Memorandum, p. 10.

18 Minister, *House of Representatives Hansard*, 28 February 2018, p. 2200.

19 Mr Shane Bennett, Group Manager, Payments Policy Group, Department, *Committee Hansard*, 24 April 2018, p. 58.

20 Mr Bennett, *Committee Hansard*, 24 April 2018, p. 58.

21 Ms Emma Kate McGuirk, Branch Manager, Work and Study Payments, Payments Policy Group, Department, *Committee Hansard*, 24 April 2018, p. 58.

2.21 The Department informed the committee that \$980 000 has been allocated to conduct the evaluation.<sup>22</sup>

### ***Committee view***

2.22 The committee acknowledges the concerns raised by researchers about the design of the drug testing trial.

2.23 The committee considers that a rigorous methodology is required if the trial is to be comprehensively assessed to determine which aspects of the trial assist participants with substance issues.

2.24 The committee welcomes the commitment to conduct evaluation design workshops in the trial sites, but the committee is concerned that the trial may not be properly conducted and evaluated if the methodology and metrics that will be used to assess the trial are not clearly established at the commencement of the trial. The committee considers that these should be established and published before the trial commences.

### **Recommendation 1**

**2.25 The committee recommends that the Department of Social Services should establish and publish the evaluation strategy of the drug testing trial prior to the commencement of the trial.**

### **Recommendation 2**

**2.26 The committee recommends that the Department of Social Services publish the outcomes of the drug testing trial after it has been completed.**

### **Increased demand on services in the trial sites**

2.27 A number of submitters raised concerns that the drug testing trial would increase the demand for drug treatment services in the trial areas because mandatory drug treatment may be ordered by a medical professional if a trial participant returns more than one positive drug test.

2.28 Some submitters raised concerns that there are insufficient services to treat people who are currently seeking treatment voluntarily.<sup>23</sup> Professor Ritter estimated that, across Australia, between 250 000 and 400 000 people were unable to access drug and alcohol treatment for their addictions.<sup>24</sup> Submitters raised concerns that the

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22 Mr Bennett, *Committee Hansard*, 24 April 2018, p. 59.

23 Kirby Institute, *Submission 4*, [pp. 1–2]; Victorian Alcohol and Drug Association, *Submission 5*, [p. 2]; AIVL, *Submission 6*, [p. 2]; UnitingCare Australia, *Submission 16*, p. 3; St Vincent de Paul Society National Council, *Submission 21*, p. 4; South Australian Network of Drug and Alcohol Services, *Submission 22*, [p. 6]; Mission Australia, *Submission 23*, [p. 1]; Network of Alcohol and other Drug Agencies, *Submission 27*, p. 4; Western Australian Network of Alcohol and other Drug Agencies, *Submission 29*, p. 4; Ted Noffs Foundation, *Submission 31*, p. 2; Brisbane South Primary Health Network, *Submission 40*, p. 3.

24 Professor Ritter, *Committee Hansard*, 23 April 2018, p. 22.

increase in demand for treatment services by requiring mandatory drug treatment may displace people who are seeking treatment voluntarily.<sup>25</sup>

2.29 At a recent Senate Estimates hearing, the Department advised the committee that it expected that the number of people that would need to receive treatment as a result of the trial would be relatively small.

2.30 The Department explained to the committee that a trial participant would be referred to a medical professional to consider appropriate treatment options if the participant returned more than one positive drug test result.<sup>26</sup>

2.31 During Senate Estimates, the Department estimated, based on internal analysis, the number of trial participants who would be likely to return multiple positive drugs tests:

Over the trial, the first tests will be conducted in the first 12 months of the trial. In Mandurah, maybe 50 or 60 positive first tests. Then, when we look at the number of positive second tests, Canterbury Bankstown perhaps around 20 or 25, Logan around 50 or 60, and Mandurah 10 or 15.<sup>27</sup>

2.32 The Department confirmed during this inquiry that its expectations had not changed.<sup>28</sup>

### ***Treatment fund***

2.33 In his second reading speech, the Minister announced that there would be a dedicated \$10 million drug treatment fund to support the trial across the three trial sites.<sup>29</sup>

2.34 Some submitters raised concerns that the government's commitment of \$10 million may not be sufficient to cover the costs of the additional services required.<sup>30</sup> Mr Matthew Noffs, Chief Executive Officer of the Ted Noffs Foundation told the committee that the amount was 'a drop in the ocean'.<sup>31</sup> However, other witnesses thought that the amount could be sufficient depending on how the money was spent.

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25 Ms Melanie Walker, Chief Executive Officer, AIVL, *Committee Hansard*, 23 April 2018, p. 50; Ms Kathryn Wright, Territorial Alcohol and other Drugs Unit Director, Salvation Army in Australia, *Committee Hansard*, 23 April 2018, p. 8; Network of Alcohol and other Drug Agencies, *Submission 27*, p. 4; Australian Medical Association, *Submission 37*, p. 1.

26 Ms Wilson, *Committee Hansard*, 25 October 2017, p. 101.

27 Ms McGuirk, *Committee Hansard*, 25 October 2017, p. 103.

28 Ms McGuirk, *Committee Hansard*, 24 April 2018, p. 58.

29 Minister, *House of Representatives Hansard*, 28 February 2018, p. 2199.

30 AIVL, *Submission 6*, [p. 2]; Network of Alcohol and other Drug Agencies, *Submission 27*, p. 4; Australian Medical Association, *Submission 37*, p. 2; Logan City Council, *Submission 15*, [pp. 2–3]; Western Australian Network of Alcohol and other Drug Agencies, *Submission 29*, pp. 7, 9; Brisbane South Primary Health Network, *Submission 40*, p. 3.

31 Mr Matthew Noffs, Chief Executive Officer, Ted Noffs Foundation, *Committee Hansard*, 23 April 2018, p. 54.

2.35 Dr Mary Harrod, Chief Executive Officer of the New South Wales Users and AIDS Association told the committee that it could be enough:

I would suggest that it could be enough, but it depends. You'd need to establish a cannabis clinic, for example, of which there are very few in New South Wales, and I don't think there's one in this area. Even with the injection of ice funds, given the number of people and the demand for ice, there are not that many specialist services. I think it would be a helpful amount of money for the local government area, but there is no sustained commitment to provide that funding either, which has workforce implications as well. It's difficult to answer that question.<sup>32</sup>

2.36 The Mayor of the City of Mandurah, Councillor Rhys Williams told the committee that whether the drug treatment fund was adequate would depend on the increase in demand that was placed on service providers:

I think one of the really difficult things here is that we don't really have a grasp of what the impacts will be. Out of this testing, what's the number likely to be? If it's going to be hundreds, then, absolutely, \$10 million across three sites over two years is completely inadequate. But, if it's going to be a handful and the organisations aren't going to see that great an increase in demand, perhaps it is adequate.<sup>33</sup>

2.37 AIVL told the committee that the current level of unmet need in the community may determine whether the additional funding would be sufficient.<sup>34</sup>

2.38 The Department advised the committee that it had obtained advice from the Department of Health to determine the amount required for the drug treatment fund:

It is a top-up; it needs to be borne in mind. We are aware of the current Commonwealth provision of services, Commonwealth-funded services, in each of the trial sites. Looking at the numbers that we anticipate will likely require an intervention, not all of those who test positive the second time will necessarily require an intervention. That is something that a medical professional will have to assess. The advice that we have taken, as I understand it, is that [it is] an appropriate top-up to the current service provision.<sup>35</sup>

2.39 On notice, the Department advised the committee that the \$10 million drug treatment fund was a decision of government after considering the advice from the Department and the Department of Health.<sup>36</sup>

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32 Dr Mary Ellen Harrod, Chief Executive Officer, New South Wales Users and AIDS Association, *Committee Hansard*, 23 April 2018, p. 50.

33 Councillor Rhys Williams, Mayor, City of Mandurah, *Committee Hansard*, 23 April 2018, p. 58.

34 Ms Walker, *Committee Hansard*, 23 April 2018, p. 50.

35 Ms Wilson, *Committee Hansard*, 25 October 2017, p. 104.

36 Mr Bennett, answers to questions on notice, Question 22, 24 April 2018, [p. 6] (received 1 May 2018).

2.40 In his second reading speech, the Minister noted that the \$10 million drug treatment fund is in addition to the \$685 million the Commonwealth has already allocated to reduce the impact of drug and alcohol abuse in the community.<sup>37</sup>

### **Committee view**

2.41 The committee acknowledges that some submitters are concerned about whether the \$10 million drug treatment fund will be sufficient to cover the increase in expected demand for drug treatment services.

2.42 The committee accepts that, if the Department estimate about the number of trial participants that will return more than one positive drug test is correct, there should be a limited impact on treatment services in the trial sites.

2.43 The evidence the committee received from service providers indicates that the \$10 million drug treatment fund could be sufficient to cater for any additional demand for drug treatment services that may be generated during the trial.

### **Income management**

2.44 During both this inquiry and the previous inquiry, submitters raised a number of concerns about the use of income management as part of the trial.<sup>38</sup> While some submitters expressed general opposition to income management, others raised more specific concerns.

2.45 The Australian Human Rights Commission questioned why trial participants are automatically placed on income management for 24 months as a result of only one positive drug test.<sup>39</sup>

2.46 Instead, the Australian Human Rights Commission recommended that, if income management was to be used in the trial, that it 'be imposed for a defined period of time, proportionate to the recipients' circumstances, with 24-months being reserved for only the most severe of cases' and be subject to periodic review.<sup>40</sup>

2.47 Other submitters predicted that the drug testing trial may deter some individuals from seeking income support for fear of being drug tested.<sup>41</sup>

2.48 The Public Health Association of Australia suggested that even the perception that the jobseeker may be a labelled as a drug user could be sufficient to deter some jobseekers:

Genuine jobseekers may be deterred from seeking the support and assistance available to them through Centrelink and therefore be unfairly

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37 Minister, *House of Representatives Hansard*, 28 February 2018, p. 2199.

38 Senate Community Affairs Legislation Committee, *Social Services Legislation Amendment (Welfare Reform Bill) 2017 [Provisions]*, September 2017, p. 18.

39 Australian Human Rights Commission, *Submission 28*, p. 9.

40 Australian Human Rights Commission, *Submission 28*, p. 9.

41 Ted Noffs Foundation, *Submission 31*, p. 5; WA Primary Health Alliance, *Submission 45*, p. 3.

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disadvantaged through no fault of their own, but simply because they are actively avoiding being labelled as a potential drug user.<sup>42</sup>

2.49 The St Vincent de Paul Society also expressed concerns that the drug testing trial may add another layer of stress for young people deciding whether to seek emergency relief or seek income support:

From a young person's point of view the stigma, the trauma and the shame of being homeless, it takes quite a lot to bring them around to show them that Centrelink and other services can be a positive in their lives... the overt threat of mandatory drug testing will add another layer to that which will see our young people disengage. The flow-on effect for organisations like Vinnies that provide emergency relief will increase, because the word will be out—'Don't go and get income support because they will put you on the trial and take your money away from you.'<sup>43</sup>

2.50 In his second reading speech, the Minister explained why he considered that income management was an important part of the drug testing trial:

This is designed to restrict their access to cash and limit their ability to use their payments to fund further harmful drug use, while not reducing the amount of payment they receive.<sup>44</sup>

2.51 The Department acknowledged that there may be a misconception in the community about the drug testing trial that may make people wary of applying for income support, but representatives from the Department informed the committee that the Department was well placed to take remedial action to correct any misconceptions through its local reference groups.<sup>45</sup>

2.52 On notice, the Department confirmed to the committee that trial participants who were currently on a prescription medication, medicinal cannabis or had another extenuating circumstance would not be placed on income management.<sup>46</sup> The Department reiterated that only jobseekers who test positive for an illicit substance will be placed on income support.<sup>47</sup>

2.53 The committee also received some evidence that trial participants may welcome income management. Mrs Julie Fursey from the Logan East Community Neighbourhood Association told the committee about how income management had assisted one of her clients:

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42 Public Health Association of Australia, *Submission 2*, p. 4.

43 Mrs Sandy McKiernan, Executive Manager, Specialist Community Services, St Vincent de Paul Society, Passages Youth Engagement Hubs, *Committee Hansard*, 23 April 2018, p. 66.

44 Minister, *House of Representatives Hansard*, 28 February 2018, p. 2199.

45 Mr Bennett, *Committee Hansard*, 24 April 2018, p. 49.

46 Mr Bennett, answers to questions on notice, Question 17, 24 April 2018, [pp. 3–4] (received 1 May 2018).

47 Mr Bennett, answers to questions on notice, Question 17, 24 April 2018, [pp. 3–4] (received 1 May 2018).

It's helped them to keep a roof over their heads. One particular lady has two children and has kept the roof over their head. She's been able to go back and do some study. She's felt like people value her. She was keen to go and do the Kokoda Trail at one stage because she felt that her mental health was not a big stumbling block for her anymore because she felt that she was a valued human being, and that's not always the experience. When people are suffering from a mental illness they're already stigmatised. Then, if they go to drugs to try to deal with that mental illness, it's just compounded—one on top of the other. You've got to peel all these layers off to help these people.<sup>48</sup>

2.54 However, representatives from YFS Ltd, another community agency which works in Logan, suggested that income management may not work well for all cohorts depending on their circumstances:

The people who have come to us who have valued income management for a short time are often people in domestic violence who are possibly still with their partner or who may have had partners who had addictions...it's given them stable money for rent and food for children. Our experience is that it hasn't worked for young people at all because of their limited living arrangements.<sup>49</sup>

2.55 Representatives of the Department advised the committee that evaluating the efficacy of income management was an objective of the trial:

An objective of the drug testing trial is to assess the efficacy of using welfare quarantining to help people with identified drug abuse issues overcome these barriers and find work...It will include evaluation of the effectiveness of welfare quarantining in assisting job seekers to overcome their drug abuse issues.<sup>50</sup>

### **Other matters**

2.56 In addition to the matters canvassed above, submitters also raised concerns about the following issues:

- whether adequate consultation was undertaken with drug and alcohol experts, community groups and the trial sites;<sup>51</sup>
- whether the privacy of drug test results would be maintained;<sup>52</sup>
- whether procedural fairness would be afforded to trial participants if they returned a positive drug test result;<sup>53</sup>

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48 Mrs Julie Fursey, Program Manager, Logan East Community Neighbourhood Association Inc, *Committee Hansard*, 24 April 2018, p. 33.

49 Ms Cath Bartolo, Chief Executive Officer, YFS Ltd, *Committee Hansard*, 24 April 2018, p. 33.

50 Mr Bennett, answers to questions on notice, Question 28, 24 April 2018, [p. 12] (received 1 May 2018).

51 Logan City Council, *Submission 15*, [p. 2].

52 Australian Human Rights Commission, *Submission 28*, p. 6; Office of the Australian Information Commissioner, *Submission 43*, pp. 1–3.

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- whether there would be an increase in crime, poverty and stigma as a result of the trial;<sup>54</sup>
  - whether the trial disproportionately disadvantages Aboriginal and Torres Strait Islander people.<sup>55</sup>

### **Committee view**

2.57 The committee recognises that some submitters raised concerns about the use of income management as part of the drug testing trial. While the committee acknowledges these concerns, it also notes that an objective of the trial is to assess whether welfare quarantining assists trial participants with drug abuse issues to overcome this barrier to work.

2.58 The committee notes that the Department has advised that the comprehensive evaluation will consider whether this part of the trial assists participants.

2.59 The committee considers that this is a modest drug testing trial that has the potential to benefit up to 5000 individuals across the three trial sites. Whilst the committee looks forward to the evaluation strategy being published prior to the commencement of the trial, the committee considers that there is merit in a trial being conducted to assess whether there is a better way to assist welfare recipients to overcome their drug abuse issues and find employment.

### **Recommendation 3**

**2.60 The committee recommends that the Bill be passed.**

## **Senator Slade Brockman**

### **Chair**

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53 Associate Professor Kate Seear, *Committee Hansard*, 23 April 2018, p. 34; Law Council of Australia, *Submission 44*, pp. 3–4.

54 Jobs Australia, *Submission 32*, p. 5; Royal Australian College of Physicians, *Submission 42*, p. 5; Chief Minister of the Northern Territory, *Submission 46*, p. 2.

55 Law Council of Australia, *Submission 44*, p. 4; Chief Minister of the Northern Territory, *Submission 46*, p. 2.

