

The Senate

Community Affairs
Legislation Committee

Social Services Legislation Amendment
(Drug Testing Trial) Bill 2018 [Provisions]

May 2018

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Secretariat

Ms Jeanette Radcliffe (Committee Secretary)

Mr Michael Kirby (Senior Research Officer)

Ms Kathleen McGarry (Acting Senior Research Officer)

Mr Michael Finch (Research Officer)

Ms Carol Stewart (Administrative Officer)

Ms Michelle Macarthur-King (Administrative Officer)

PO Box 6100
Parliament House
Canberra ACT 2600

Phone: 02 6277 3515

Fax: 02 6277 5829

E-mail: community.affairs.sen@aph.gov.au

Internet: www.aph.gov.au/senate_ca

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45th Parliament

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ABBREVIATIONS

AIVL	Australian Injecting and Illicit Drug Users League
Bill	Social Services Legislation Amendment (Drug Testing Trial) Bill 2018
committee	Senate Community Affairs Legislation Committee
Department	Department of Social Services
Minister	The Hon. Dan Tehan MP, Minister for Social Services
NDARC	National Drug and Alcohol Research Centre, University of New South Wales
Welfare Reform Bill	Social Services Legislation Amendment (Welfare Reform) Bill 2017

LIST OF RECOMMENDATIONS

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.

Recommendation 3

2.60 The committee recommends that the Bill be passed.

Chapter 1

Inquiry into the provisions of the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018

Purpose of the Bill

1.1 The Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 (Bill) establishes a mandatory drug testing trial of 5000 recipients of Newstart Allowance and Youth Allowance (Other) in Canterbury-Bankstown, New South Wales; Logan, Queensland and Mandurah, Western Australia.¹

1.2 Trial participants who test positive to an illicit drug specified as part of the trial will be placed on income management for a period of 24 months and those who return two positive drug tests in the 24 month period may be required to submit to drug treatment.²

Background

1.3 In his 2017 Budget speech, the Treasurer, the Hon. Scott Morrison MP, announced:

...we will commence a modest drug testing trial for 5,000 new welfare recipients.

JobSeeker recipients who test positive would be placed on the Cashless Debit Card for their welfare payments and be subjected to further tests and possible referral for treatment.³

1.4 On 22 June 2017, the Social Services Legislation Amendment (Welfare Reform) Bill 2017 (Welfare Reform Bill) was introduced into the House of Representatives. Schedule 12 of the Welfare Reform Bill included a drug testing trial in almost identical terms to the current Bill.⁴

1.5 On the same day, the Welfare Reform Bill was referred to the Senate Community Affairs Legislation Committee (committee) for inquiry and report pursuant to the adoption of the Senate Selection of Bills Committee report.⁵ The committee presented its report to the Senate on 6 September 2017.⁶

1 Explanatory Memorandum, p. 4.

2 Explanatory Memorandum, p. 5.

3 The Hon. Scott Morrison MP, Treasurer of the Commonwealth of Australia, *House of Representatives Hansard*, 9 May 2017, p. 4067.

4 *House of Representatives Votes and Proceedings*, No. 64, 22 June 2017, p. 902.

5 *Journals of the Senate*, No. 48, 22 June 2017, pp. 1540–1541.

6 Senate Community Affairs Legislation Committee (committee), *Social Services Legislation Amendment (Welfare Reform) Bill 2017 [Provisions]*, September 2017; *Journals of the Senate*, No. 58, 6 September 2017, p. 1883.

1.6 On 7 December 2017, the Senate, on the motion of the government, agreed to remove Schedule 12 from the Welfare Reform Bill.⁷

1.7 On 28 February 2018, the Hon. Dan Tehan MP, Minister for Social Services, introduced the Bill in the House of Representatives.⁸

1.8 The Bill differs from the Welfare Reform Bill in the following ways:

- the drug test trial area is specified in the Bill,⁹ and
- new sub-clause 123UFAA(1C) of the *Social Security (Administration) Act 1999* provides that the Secretary must determine that a person is not subject to income management if the Secretary has reason to believe that it would pose a serious risk to the person's mental, physical or emotional wellbeing.¹⁰

Key provisions

1.9 The provisions of the Bill establish a drug testing trial with the following parameters:

- the drug trial areas are the local government areas of Canterbury-Bankstown, New South Wales; Logan, Queensland and Mandurah, Western Australia;¹¹
- the trial period is 24 months;¹²
- the trial will apply only to certain illicit drugs (testable drugs);¹³
- trial participants who test positive to a testable drug will be placed on income management for a period of 24 months;¹⁴
- trial participants may request that a positive drug test sample be retested, but the trial participant will be required to pay for the retest if it returns a positive result;¹⁵
- failing to comply with a notice from the Secretary to provide a sample means a trial participant's payment is not payable and will be cancelled. The trial

7 *Journals of the Senate*, No. 79, 7 December 2017, p. 2531.

8 *House of Representatives Votes and Proceedings*, No. 102, 28 February 2018, p. 1419.

9 Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 (Bill), item 1 'drug test trial area'. In the Social Security Legislation Amendment (Welfare Reform Bill) 2017 (Welfare Reform Bill) the trial site areas were to be defined in rules.

10 See Bill, item 24. In the Welfare Reform Bill the same provision used the word 'may'.

11 Bill, item 1 'drug test trial area'.

12 Bill, item 1 'drug test trial period'.

13 Bill, item 1 'testable drug'.

14 Bill, item 24.

15 Bill, item 11.

participant will be required to serve a 28 day drug test refusal waiting period before they are eligible to receive the payment again.¹⁶

1.10 The Bill also contains provisions to ensure that the provisions of the *Social Security Act 1991*, *Social Security (Administration) Act 1999* and *Farm Household Support Act 2014* amended by the Bill reflect the change in the name from 'Newstart Allowance' to 'Jobseeker Payment' when Part 1 of Schedule 1 of the Welfare Reform Bill commences.¹⁷

Legislative Scrutiny

1.11 The committee recognises the work undertaken by the Senate Scrutiny of Bills Committee and the Parliamentary Joint Committee on Human Rights.

Scrutiny of Bills Committee

1.12 The Senate Scrutiny of Bills Committee considered the Bill in *Scrutiny Digest 3 of 2018*.¹⁸ As the Bill is substantially similar to Schedule 12 of the Welfare Reform Bill, the committee restated its comments and the former Minister's response contained in *Scrutiny Digest 8 of 2017* which considered the relevant part of the Welfare Reform Bill.¹⁹

1.13 The Senate Scrutiny of Bills Committee raised the following concerns about Schedule 12 of the Welfare Reform Bill:

- that significant matters were placed in delegated legislation, including confidentiality of drug test results and that proposed subsection 123UFAA(1B) of the *Social Security (Administration) Act 1999* (item 24) would allow the Secretary to determine a period longer than 24 months for the trial;
- that the contractor would be provided with the power to effectively determine who is subject to income management, but that the contractor's responsibilities were not articulated in the Bill; and
- that judicial review was limited because there was no obligation on the Secretary under proposed subsection 123UFAA(1D) (item 24) to consider whether to exercise the power in proposed subsection 123UFAA(1C).²⁰

1.14 The Explanatory Memorandum to the Bill notes that in response to the comments of the Senate Scrutiny of Bills Committee on the Welfare Reform Bill, item 24 (paragraphs 123UFAA (1C) and (1D)) of the Bill has been strengthened to provide that the Secretary must determine that a person will not be subject to income

16 Bill, items 6, 8.

17 Bill, items 33–43.

18 Senate Standing Committee on the Scrutiny of Bills, *Scrutiny Digest 3 of 2018*, pp. 34–44.

19 Senate Standing Committee on the Scrutiny of Bills, *Scrutiny Digest 3 of 2018*, p. 34; Senate Standing Committee on the Scrutiny of Bills, *Scrutiny Digest 8 of 2017*, pp. 24–28.

20 Senate Standing Committee on the Scrutiny of Bills, *Scrutiny Digest 8 of 2017*, pp. 24–28.

management if the Secretary is satisfied that placing the person on income management would pose a serious risk to the person's mental, physical or emotional wellbeing.²¹

Parliamentary Joint Committee on Human Rights

1.15 The Parliamentary Joint Committee on Human Rights considered the Bill in *Report 3 of 2018*. The committee referred to and endorsed its earlier human rights analysis of Schedule 12 of the Welfare Reform Bill.²² That analysis raised concerns that Schedule 12 interfered with and limited the rights to privacy, bodily integrity, social security and equality and non-discrimination.²³

1.16 In its submission, the Australian Human Rights Commission endorsed the Parliamentary Joint Committee on Human Rights' analysis.²⁴

1.17 The *Statement of compatibility with human rights* attached to the Explanatory Memorandum accepts that some human rights are impacted, but notes that 'to the extent that it may impact human rights, the impact is for a legitimate objective, and is reasonable, necessary and proportionate'.²⁵

Conduct of the inquiry

1.18 On 22 March 2018, pursuant to the adoption of the Selection of Bills Committee report, the Bill was referred to the committee for inquiry and report by 7 May 2018.²⁶

1.19 The committee advertised the inquiry on its website and invited submissions by 11 April 2018. The committee received 49 public submissions which are listed at Appendix 1 of this report.

1.20 The committee conducted two public hearings in connection with the inquiry. The first was held in Canterbury-Bankstown on 23 April 2018 and the second was held in Logan on 24 April 2018. A list of the witnesses that appeared at each hearing can be found at Appendix 2 of this report.

1.21 This matter was also extensively canvassed during the committee's Welfare Reform Bill inquiry, including at public hearings in Sydney on 30 August 2017 and Melbourne on 31 August 2017.²⁷

21 Explanatory Memorandum, pp. 20–21.

22 Parliamentary Joint Committee on Human Rights, *Report 3 of 2018*, pp. 124–128.

23 Parliamentary Joint Committee on Human Rights, *Report 8 of 2017*, pp. 51–61; Parliamentary Joint Committee on Human Rights, *Report 11 of 2017*, p. 150–170.

24 Australian Human Rights Commission, *Submission 28*, p. 2.

25 Explanatory Memorandum, *Statement of compatibility with human rights*, p. 8.

26 *Journals of the Senate*, No. 91, 22 March 2018, p. 2884.

27 For a list of witnesses at each hearing see Committee, *Social Services Legislation Amendment (Welfare Reform) Bill 2017 [Provisions]*, September 2017, pp. 63–65.

Notes on references

1.22 In this report, references to *Committee Hansard* are to proof transcripts. Page numbers may vary between proof and final copies.

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.¹

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...²

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'.³

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.⁴

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

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.⁶

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.⁷ 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.⁸

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

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.

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

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.¹⁰

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).¹¹

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

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.¹²

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

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.¹⁵ 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.¹⁶ All tests will be carried out by accredited laboratories.¹⁷

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.¹⁸

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.¹⁹

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

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.²²

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.²³ Professor Ritter estimated that, across Australia, between 250 000 and 400 000 people were unable to access drug and alcohol treatment for their addictions.²⁴ Submitters raised concerns that the

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.²⁵

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.²⁶

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 15.²⁷

2.32 The Department confirmed during this inquiry that its expectations had not changed.²⁸

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.²⁹

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.³⁰ Mr Matthew Noffs, Chief Executive Officer of the Ted Noffs Foundation told the committee that the amount was 'a drop in the ocean'.³¹ However, other witnesses thought that the amount could be sufficient depending on how the money was spent.

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.³²

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.³³

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.³⁴

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.³⁵

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.³⁶

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.³⁷

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.³⁸ 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.³⁹

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.⁴⁰

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

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

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.

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

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.'⁴³

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.⁴⁴

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.⁴⁵

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.⁴⁶ The Department reiterated that only jobseekers who test positive for an illicit substance will be placed on income support.⁴⁷

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:

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.⁴⁸

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.⁴⁹

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.⁵⁰

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;⁵¹
- whether the privacy of drug test results would be maintained;⁵²
- whether procedural fairness would be afforded to trial participants if they returned a positive drug test result;⁵³

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;⁵⁴
 - whether the trial disproportionately disadvantages Aboriginal and Torres Strait Islander people.⁵⁵

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

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.

Dissenting Report by Labor Party Senators

1.1 The drug testing trial has now been considered by this Committee twice, first during the course of the 2017 Inquiry in to the Social Services Legislation Amendment (Welfare Reform) Bill 2017 and through this Inquiry.

1.2 In both instances, the Committee was overwhelmed by evidence from the health sector, including from specialists in addiction medicine, as well as the community sector that the proposal to drug test income support recipients will not be effective, will further exacerbate long waiting times for treatment, will be very expensive and also risks increasing levels of crime and homelessness.

1.3 Further, in this Inquiry, the Committee was able to hear from Local Government in each of the proposed trial areas: Canterbury-Bankstown in New South Wales, Logan in Queensland and Mandurah in Western Australia.

1.4 Labor Senators are of the view that there has been insufficient community consultation in the proposed trial areas, and that there is a clear lack of community support for the trials in these places.

No Evidence of Effectiveness

1.5 The Committee heard from a number of witnesses that there is no evidence to suggest that drug testing jobseekers will assist them to find work or encourage those who do live with drug dependence to access treatment.

1.6 Clinical Associate Professor Adrian Reynolds, an expert in addiction medicine said that the drug testing trial is 'unlikely to bring about any sustained changes in patients' drug use behaviours and may even be counterproductive.'¹

1.7 Additionally, A/Prof Reynolds told the Committee that 'this drug testing trial is clinically inappropriate and not designed in a way that will address the issues of substance dependence.'²

1.8 A leading researcher in the area, Professor Lisa Maher explained further that:

The proposed measures are inconsistent with evidence based approaches to public policy...the Australian National Council on Drugs concluded that there is no evidence that drug testing welfare beneficiaries will have any positive effect for those individuals or society and some evidence indicating that such a practice could have high social and economic costs.³

1 Clinical Associate Professor Adrian Reynolds, President, Australasian Chapter of Addiction Medicine, Royal Australian College of Physicians, *Committee Hansard*, 23 April 2018, p. 27.

2 A/Prof Reynolds, *Committee Hansard*, 23 April 2018, p. 28.

3 Professor Lisa Maher, Professor and Program Head, Kirby Institute for Infection and Immunity, *Committee Hansard*, 23 April 2018, p. 18.

1.9 The Committee also received evidence that the concept of the drug testing trial is based on a failure to understand the nature of drug dependence.

1.10 Professor Alison Ritter of the National Drug and Alcohol Research Centre told the Committee that the Bill, though claiming to implement a trial, does not conform with the requirements of a trial and that:

...the bill is not written like a research trial, it's written as policy by stealth...and if this is about introducing new policy, then...it misunderstands the nature of drug problems and drug dependence.⁴

1.11 A number of witnesses to the Inquiry explained that a drug testing trial is highly unlikely to bring about positive behaviour change, due to the nature of addiction. The Committee heard that:

According to the DSM-5, the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association, which is the gold standard of diagnosis in this area, one of the diagnostic indicators of a substance misuse disorder is that people continue using despite adverse effects of their use. So, by definition, if someone has a genuine disorder, they will continue using despite the hardship of being placed on income management, for example.⁵

1.12 The Committee heard from many witnesses that the drug testing trial was incapable of successfully addressing the drug problem in Australia.

1.13 The proposal was described to the Committee as a '...a simplistic approach to a very complicated problem.'⁶

1.14 Dr John Falzon from St Vincent de Paul said that:

This legislation will not lead to the desired outcomes and will actually divert resources from services and evidence-based approaches that would be successful. It also has the potential create greater levels of harm, including increased stigma, marginalisation and poverty.⁷

1.15 Academic Associate Professor Kylie Valentine explained further that:

The evidence on the barriers to participation for people in receipt of welfare payments is growing and is very strong and highlights the importance of many things that have nothing to do with drug consumption, let alone drug problems.⁸

4 Professor Alison Ritter, Director, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, *Committee Hansard*, 23 April 2018, p.19.

5 Ms Kathryn Wright, Territorial Alcohol and Other Drugs Unit Director, The Salvation Army in Australia, *Committee Hansard*, 23 April 2018, p.12.

6 Ms Wright, *Committee Hansard*, 23 April 2018, p.8.

7 Dr John Falzon, Chief Executive Officer, St Vincent de Paul Society National Council of Australia, *Committee Hansard*, 23 April 2018, p. 8.

8 Associate Professor Kyle Valentine, *Committee Hansard*, 23 April 2018, p. 35.

1.16 Labor Senators on the Committee note the Australian Labor Party's commitment to evidence based policy development.

1.17 In light of the overwhelming evidence, both in person and through written submissions, presented to the Committee during the course of both this Inquiry and the Inquiry in to the Social Services Legislation Amendment (Welfare Reform) Bill 2017, Labor Senators on the Committee are strongly of the view that the proposal to trial the drug testing of some income support recipients is counter to empirical research and should be abandoned.

High Cost

1.18 Labor Senators on the Committee note that the proposal to trial drug testing of income support recipients was initially announced in the 2017 Budget.

1.19 However, despite the proposal being a Budget measure, and before the Parliament in various forms for a year, there has been no clear evidence provided as to the cost.

1.20 The Committee received evidence as to the general, high cost of drug tests, and heard that 'there is evidence from New Zealand and other international domains of the poor cost effectiveness of drug testing.'⁹

1.21 Labor Senators on the Committee understand that there are a number of factors which impact on the price of a drug test.

1.22 Dr Kym Jenkins of the Royal Australian College of Psychiatrists explained that:

The cost of testing for substances depends on the amount of tests that the laboratory is doing at that time and on how many substances you're actually requesting in that test and how many samples the lab has to run for that particular substance at that time. If you're in a small centre then costs per test are going to be greater than if you're in a laboratory that's running many tests looking for that particular substance. If you are in a regional, rural or remote centre then there's the cost of getting the drug samples to a main drug testing centre as well. Then you add in the cost of the personnel taking that test, the transport and the reporting and looking after people afterwards.¹⁰

1.23 The Committee heard that 'Philip Alston, the UN Special Rapporteur on extreme poverty and human rights...estimated that the cost of drug testing, doing it properly, would be anywhere between \$500 and \$900 per test.'¹¹

9 Dr Martyn Lloyd-Jones, Visiting Medical Officer, Addiction Medicine Specialist, St Vincent's Health Australia, *Committee Hansard*, 23 April 2018, p. 29.

10 Dr Kym Jenkins, President, Royal Australian and New Zealand College of Psychiatrists, *Committee Hansard*, 23 April 2018, p. 31.

11 Ms Charmaine Crowe, Senior Policy and Advocacy Officer, Australian Council of Social Services, *Committee Hansard*, 23 April 2018, p. 41.

1.24 A/Prof Reynolds also provided evidence as to the potential cost of a drug test, and explained the complexities of analysing results. He told the Committee that:

It is roughly \$100 per drug class tested for a urine test. For hair testing, it is around \$180 per class tested...if you want month by month it can be triple that...those costs do not include the cost of the medical expert to examine those tests in the context of comprehensive medical and other histories...finding medicos who have that knowledge and skill across toxicology as well as clinical assessment of patients to assign meaning to those test results will not be easy. In fact, it is logistically impossible for this sort of process to be rolled out across the country.¹²

1.25 Dr Martyn Lloyd-Jones from St Vincent's Health Australia explained further that, in order to ensure the validity of positive tests, it would be necessary to undertake a confirmatory test, which was likely to greatly add to the cost:

It's important to distinguish the difference between the screening test and the confirmatory test. The screening test, which might be of a salivary sample or for a urine-screening drug test, may be reasonably cheap...but, if you then return a positive test, that is required to be confirmed with a confirmatory test which might be a very expensive process...it's important to understand the difference between the two and that particularly the former form of testing was subject to significant numbers of false positives as well as false negative results.¹³

1.26 Labor Senators on the Committee understand that internationally, the process of mandatory drug testing has been expensive to tax payers, without providing a satisfactory return on investment.

1.27 Anglicare Australia told the Committee that:

When we investigated and looked overseas at where mandatory drug testing had been tried, in essence was that people in the countries that had tried it, such as the United States and New Zealand, had found that it was extremely expensive and pretty ineffective.¹⁴

1.28 Labor Senators on the Committee are concerned that the Government has not revealed details about the cost of the proposed drug testing trial and have serious concerns based on international experiences and the stated cost of testing in Australia, that the drug testing trial will be very expensive to administer and represent poor value for taxpayers.

1.29 In light of the evidence regarding the significant likelihood that the drug testing trial will completely fail to meet its stated objectives and the high cost involved, Labor Senators on the Committee believe that undertaking the drug testing trial would be both fiscally and socially misguided.

12 A/Prof Reynolds, *Committee Hansard*, 23 April 2018, p. 31.

13 Dr Lloyd-Jones, *Committee Hansard*, 23 April 2018, p. 32.

14 Ms Imogen Ebsworth, Director of Policy and Research, Anglicare Australia, *Committee Hansard*, 24 April 2018, p. 45.

Concerns of Treatment Experts

1.30 The Committee heard from numerous witnesses and submitters that there is currently a large deficit in public funding for alcohol and other drug services in Australia, and that the demand for services far outstrips what services have capacity to provide.

1.31 The Committee heard that in Australia 'about 200,000 – 500,000 people a year go out looking for drug treatment and aren't able to access it.'¹⁵

1.32 Professor Maher explained further:

There's an undersupply of drug treatment in Australia at the moment. Demand exceeds supply. In any given year we currently treat about half of those people who are indicated for and seek treatment.¹⁶

1.33 Ms Rebecca Lang from the Queensland Network of Alcohol and Other Drug Agencies told the Committee that:

...the treatment sector has been chronically underfunded for a number of years now...I would be very surprised if you didn't find that a number of the folks who test positive and who are indicated for treatment hadn't, in fact, tried to access the treatment system voluntarily in the past and were turned away, or discouraged by long wait lists or a lack of access.¹⁷

1.34 In two of the three named trial areas, representatives from local government told the Committee that services in their areas are currently incapable of meeting the demand, and would not be able to cope with an increased need for their services.

1.35 The Mayor of the City of Canterbury Bankstown told the Committee:

We have only one drug rehabilitation centre, which is Odyssey House at the Canterbury outreach centre. Odyssey House provides counselling, education and mental health support. One is certainly not enough.¹⁸

1.36 These views were echoed by the Deputy Mayor of the City of Logan, who said that:

We do have some facilities in the city, but we don't have enough for the need that's there already.¹⁹

1.37 The Committee heard evidence that the funds for treatment to be provided for the Government were insufficient to meet the current need, let alone the increased demand that is expected to be generated by the drug testing trial.

15 Ms Rebecca Lang, Chief Executive Officer, Queensland Network of Alcohol and other Drug Agencies, *Committee Hansard*, 24 April 2018, p.19.

16 Prof Maher, *Committee Hansard*, 23 April 2018, p. 18.

17 Ms Lang, *Committee Hansard*, 24 April 2018, p.15.

18 Councillor Khal Asfour, Mayor, City of Canterbury Bankston, *Committee Hansard*, 23 April 2018, p. 14.

19 Councillor Cherie Dalley, Deputy Mayor, Logan City Council, *Committee Hansard*, 24 April 2018, p. 2.

1.38 The Committee heard that in Queensland alone, the state is 'about \$75 million short of what would be considered an adequate treatment system to meet the needs of those people who voluntarily want to enter the system,'²⁰ and that this figure does not take in to account an amount to enable services to meet increased demand.

1.39 Nationally, Professor Ritter estimated that:

Treatment investment that would meet existing demand would need to be double. The current national treatment investment is around \$1 billion, so an additional \$1 billion nationally would be required to meet current unmet demand for treatment.²¹

1.40 Additionally, the Committee heard from a number of Alcohol and other Drug Service Providers that there is currently a wait list to access treatment.

1.41 One provider, Lives Lived Well, explained the impact of the waiting list in terms of the opportunity cost for people to access treatment at all:

...there is likelihood that they'll drop off – high likelihood...the longer the gap between initial contact and intervention, the higher the drop-off, because there are other strong forces out there that draw people back into their substance use.²²

1.42 Further, the Committee heard evidence that forcing people with drug dependence to undergo treatment would be unlikely to be successful, and also jeopardise others' chances of recovery.

1.43 Witnesses to the Committee shared a number of concerns as to the impact the drug testing trial would have on service providers and those seeking treatment.

1.44 St Vincent de Paul Society told the Committee that the drug testing trial:

...would further stretch already under-resourced services and mean that people who actually are waiting for those services and do have a drug and alcohol issue will have to wait longer...we're going to see those who are actively seeking treatment and support and who do have a problem with drug and alcohol use having to wait longer. Even with additional resources, if the demand on services is increased, then that's a real concern.²³

1.45 Both Anglicare Australia and the Salvation Army shared this view, explaining respectively that:

20 Ms Lang, *Committee Hansard*, 24 April 2018, p. 15.

21 Prof Ritter, *Committee Hansard*, 23 April 2018, p. 20.

22 Mr Grant Robin, Clinical Services Manager, Lives Lived Well, *Committee Hansard*, 24 April 2018, p. 21.

23 Ms Corinne Dobson, Director of Policy and Research, St Vincent de Paul Society National Council of Australia, *Committee Hansard*, 23 April 2018, p. 12.

...it [the drug testing trial] will have a major impact on those who want to be in that treatment who are forced to share it with people who don't want to be there.²⁴

1.46 And that:

...the precious and sometimes scarce publicly funded treatment places for AOD [Alcohol and other Drug] issues will go to people that won't benefit the most from them.²⁵

1.47 Medical experts told the Committee that better outcomes would be gained through an expansion in treatment services nationally, not a drug testing trial. Labor Senators accept this assessment.

1.48 Dr Jenkins from the Royal Australian College of Psychiatrists told the Committee that the College is:

Concerned that a significant amount of time and resources will be spent on developing and implementing this trial and those resources could be better utilised by expanding treatment services and enabling people to seek help and return to employment voluntarily.²⁶

1.49 Professor Reynolds argued:

In this context of severe shortages of treatment and addiction medicine specialists, referral to treatment services of all those who test positive under this drug testing trial will be a poor use of scarce resources and will impact on services which are already stretched beyond their capacity. The drug testing trial could also potentially impact those people already waiting for treatment and highly motivated to undertake it, and the question arises: do they get bumped down the queue?...One needs to consider whether they might benefit more than those who are not at this stage so motivated for treatment.²⁷

1.50 Labor Senators on the Committee are of the view that a drug testing trial of income support recipients is an inefficient allocation of resources, and that the Bill should be rejected.

Workforce issues

1.51 In addition to the lack of evidence supporting the drug testing trial, the high cost involved in undertaking drug testing and the existing unmet demand for Alcohol and other Drug treatment services, the Committee heard that there is an insufficient workforce to implement the proposed trial.

1.52 Professor Ritter explained that:

24 Ms Ebsworth, *Committee Hansard*, 24 April 2018, p. 44.

25 Ms Wright, *Committee Hansard*, 23 April 2018, p. 8.

26 Dr Jenkins, *Committee Hansard*, 23 April 2018, p. 26.

27 A/Prof Reynolds, *Committee Hansard*, 23 April 2018, p. 27.

The workforce doesn't exist at the moment. Alcohol and drug services struggle to find appropriately skilled and qualified staff. They're actually not funded at a level where some disciplines can be employed, so there's a funding barrier as well as a workforce barrier.²⁸

1.53 Both the Salvation Army and the Queensland Network of Alcohol and Other Drug Agencies reported experiencing difficulty filling vacant positions:

1.54 They told the Committee respectively that:

The Salvation Army frequently has the need to get a bit creative in staffing our AOD services particularly when establishing new services. For example, we may need to swing experienced staff across from related sectors and then train them up specifically in drug and alcohol knowledge...I'd agree that there is a shortage of well-qualified, trained staff.²⁹

1.55 And also:

With the investment that came through the National Ice Action Strategy our members reported having difficulty recruiting for positions.³⁰

1.56 Labor Senators on the Committee are of the view that the drug testing trial will increase pressure on scarce services without investing in the workforce that is critical to effective alcohol and other drug services.

Unintended, Unproductive and Unfair Consequences

1.57 Labor Senators on the Committee are deeply concerned that there will be serious, unintended consequences as a result of the drug testing trial, in particular, that it will lead to increased crime, homelessness, prostitution and poverty.

1.58 The Committee heard compelling evidence that there is a high likelihood that the drug testing trials will lead to increased crime in the trial areas.

1.59 Community organisations that work closely with people with drug dependence explained this risk to the Committee.

1.60 Ms Melanie Walker from the Australian Injecting and Illicit Drug Users League explained as follows:

What do we think will be the logical conclusion if we cut off their income support payments? It's not going to be that they suddenly stop using drugs, with no assistance from drug treatment; it's going to be that they are going to find the money where they need to in order to address their addiction and the other needs that they have that are no longer being met by the social security system....there's a genuine danger, in that it could drive up rates of

28 Prof Ritter, *Committee Hansard*, 23 April 2018, p.24.

29 Ms Wright, *Committee Hansard*, 23 April 2018, p. 11.

30 Ms Lang, *Committee Hansard*, 24 April 2018, p. 22.

crime and exacerbate harms to not only the individual but potentially the communities in which this is implemented.³¹

1.61 Mr Matthew Noffs, from the Ted Noffs Foundation provided the Committee with a case study:

Let's just pick a person I know. She is 18. She was raped by her father repeatedly since the age of four. She was then forced to become a sex worker at 14. By 16, she was using ice to get by. She is continuing to use ice at 18 and she is on the dole. This is the only thing that is keeping her alive. The drug is the one thing that is keeping her alive. She had broken countless laws by the time she was a teenager. She doesn't care about being arrested for this...She will find any which way she can.³²

1.62 The Queensland Network of Alcohol and Other Drug Agencies was also of the view that:

...there will be a proportion who will move into activities that maybe previously they wouldn't have thought about doing, like sex work or crime, usually property crime, to get things that they can pawn or sell to buy drugs or swap with their dealer to get drugs.³³

1.63 In addition to an increase in crime, the Committee heard that the drug testing trial could also exacerbate other community problems.

1.64 The Mayor of the City of Canterbury Bankstown explained that the trials:

...may lead to crime...it could also potentially exacerbate issues of depression and anxiety, which, from what I understand, is one of the common reasons that people are taking drugs in the first place.³⁴

1.65 Professor Maher told the Committee measures like the drug testing trial are inappropriate mechanisms to address societal problems in communities of disadvantage. She said that:

Vulnerable communities such as Bankstown need a comprehensive range of harm – as well as supply – reduction interventions, including drug treatment combined with improvements in social conditions such as housing, education and employment. Blood-borne viruses such as HIV and hepatitis C are clearly transmitted along the fault lines of poverty, inequality, structural violence and...public policies which increase socioeconomic inequality.³⁵

31 Ms Melanie Walker, Chief Executive Officer, Australian Injecting and Illicit Drug Users League, *Committee Hansard*, 23 April 2018, p. 48.

32 Mr Matthew Noffs, Chief Executive Officer, Ted Noffs Foundation, *Committee Hansard*, 23 April 2018, p. 53.

33 Ms Lang, *Committee Hansard*, 24 April 2018, p. 22.

34 Cr Asfour, *Committee Hansard*, 23 April 2018, p. 14.

35 Prof Maher, *Committee Hansard*, 23 April 2018, p. 19.

1.66 The Committee also heard evidence that there is a danger of drug users developing more dangerous habits or disconnecting from health services entirely as a result of the proposed drug testing trial.

1.67 St Vincent's Health Australia told the Committee that:

We're concerned that the unintended consequence of the proposed bill will increase stigma and marginalisation; exacerbate addiction issues and the factors contributing to addiction...there is a real risk of individuals changing their substance use to substances which are undetectable and potentially more harmful.³⁶

1.68 And that:

The use of drugs that do not test positively on a test is a very significant concern.³⁷

1.69 St Vincent de Paul Society told the Committee that:

...this program may well drive some behaviours further underground, further off the grid, and people, rather than being able to access the support they need, will be driven further away from the supports because they want to escape detection.³⁸

1.70 Labor Senators note that in the longer term, policies that stigmatise people and force them 'underground' will have much higher costs to the community and Government.

1.71 Labor Senators on the Committee also understand that there is a significant chance that drug tests could generate false positives.

1.72 Dr Jenkins explained that:

...various common antidepressants, or even cough medicine, may give you a false positive for a substance of abuse. Then there are some food substances such as poppy seeds that can give you a false positive for opiates.³⁹

1.73 The Australian Council of Social Services explained that the requirement to repay the cost of drug tests undertaken through the trial would push already vulnerable people deeper in to financial hardship:

If someone fails a second test or subsequent tests they would be required to pay for the cost of that test. If you are on an income support payment...that would represent a large sum of money going out of your weekly budget just to pay back the cost of a test that you had to get otherwise you would not be able to get income support.⁴⁰

36 Dr Lloyd-Jones, *Committee Hansard*, 23 April 2018, p. 29.

37 Dr Lloyd-Jones, *Committee Hansard*, 23 April 2018, p. 33.

38 Dr Falzon, *Committee Hansard*, 23 April 2018, p. 13.

39 Dr Jenkins, *Committee Hansard*, 23 April 2018, p. 32.

40 Ms Crowe, *Committee Hansard*, 23 April 2018, p. 42.

1.74 Given the unintended consequences that are likely to arise as a result of the drug testing trial, Labor Senators on the Committee are of the view that the Bill should not be passed.

Lack of Local Community Support

1.75 Further, Labor Senators on the Committee are of the view that, based on the evidence provided by all three local Governments from the proposed trial areas, local community support for the trials is not evident.

1.76 The Mayor of Canterbury Bankstown told the Committee that '[b]y using our city as the trial site, the government is further stigmatising and discriminating against our local community,'⁴¹ and also that:

[the money would be] better spent on investment in education, in training, in upskilling members of our community to transition them from potential welfare status to being able to get gainful employment but also on investment in jobs in our community to provide people with an opportunity to have jobs within the area of Canterbury Bankstown.⁴²

1.77 The Cities of Logan and Mandurah also told the Committee that they believed they were unfairly targeted by being named as a trial area.

1.78 The Deputy Mayor of Logan told the Committee that:

Unfortunately for Logan we tend to get targeted for all these sorts of things, and this was just another arrow in the bullseye...and we seriously get a bit tired of being targeted.⁴³

1.79 The City of Mandurah explained to the Committee that:

...we have some concerns that the rationale or justification behind Mandurah being chosen as a site doesn't clearly indicate that Mandurah exclusively has a greater problem than perhaps some of our other regional counterparts.⁴⁴

1.80 And that:

the lack of consultation and the lack of evidence to justify Mandurah as a location...we're left asking: where is the evidence that justifies this policy, and why is it that we weren't heavily engaged with the consultant? Why weren't we, as the organisation that probably has the most tentacles into the community and the greatest awareness of what the community challenges are, not engaged in that process?⁴⁵

41 Cr Asfour, *Committee Hansard*, 23 April 2018, p. 14.

42 Cr Asfour, *Committee Hansard*, 23 April 2018, p. 15.

43 Cr Dalley, *Committee Hansard*, 24 April 2018, p. 4.

44 Councillor Rhys Williams, Mayor, City of Mandurah, *Committee Hansard*, 23 April 2018, p. 57.

45 Cr Williams, *Committee Hansard*, 23 April 2018, p. 55.

1.81 Labor Senators on the Committee are very concerned about the lack of community engagement in the selection of proposed trial sites. Further, Labor Senators note that local communities have been overlooked in the same way that the advice of experts in treating addiction has been ignored.

Recommendation

1.82 Labor Senators on the Committee note recommendations 1 and 2 of the majority report, that the Department of Social Services should establish and publish the evaluation strategy of the trial prior to its commencement, and that the Department should also publish the outcomes of the trial.

1.83 Labor Senators on the Committee are of the view that these would be sensible steps for the Department to take, if the trials were to proceed.

1.84 However, in light of the overwhelming evidence presented to this Committee on a number of occasions that these trials will not be successful, Labor Senators on this Committee are nonetheless strongly of the view that the Bill should not be passed.

Recommendation 1

1.85 Labor Senators on the Committee recommend that the Senate reject the Bill.

Senator the Hon Lisa Singh

Senator Murray Watt

Senator Louise Pratt

Dissenting Report by the Australian Greens

1.1 The Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 is the Government's attempt, in the face of universal opposition from health, mental health and addiction experts and community-based organisations, to bring back the punitive drug testing of income support recipients.

1.2 This measure would introduce a two year trial of mandatory drug testing of 5000 new recipients of Newstart Allowance and Youth Allowance (other) in the three trial sites of Mandurah, Western Australia, Logan, Queensland, and Canterbury-Bankstown, New South Wales. Anyone testing positive for illicit drugs on the first test will be placed on income management for 24 months. If a person tests positive on more than one test in 24 months they will be coerced into drug treatment.

1.3 This measure was originally incorporated in the Social Services Legislation Amendment (Welfare Reform) Bill 2017, and this Committee held an inquiry into that Bill at that time. That inquiry received evidence from experts across the health, mental health and addiction sectors who unanimously expressed their strong concerns about the impacts these trials would have on income support recipients, and called on the Committee to reject this schedule.¹

1.4 The Government was subsequently forced to remove the drug testing schedule from that Bill when it was clear that the Senate would not support it.

1.5 The Australian Greens share the disappointment and dismay of the experts and community organisations at the reemergence of this measure in this Bill. The Government's continuing pursuit of this flawed policy indicates their total failure to listen to the advice of those with expertise in this field, and dogged determination to pursue a punitive, ineffective and damaging policy in the face of all evidence.

1.6 The trial proposed in this new Bill is identical to that which was proposed, and rejected, previously, with two additions. Firstly, the three trial sites of Canterbury-Bankstown, Logan and Mandurah are included in the legislation. Secondly, there is a new sub-clause to be included in the Social Security (Administration) Act 1999, which stipulates where the Secretary has reason to believe that income management would pose a serious risk to the relevant person's mental, physical or emotional wellbeing, they must determine that the person not be subject to income management. The hearings of the Committee's current inquiry highlighted a range of further issues including key issues which relate to the specific sites.

1 The Australian Greens dissenting report to that inquiry outlines the key areas of concern that stakeholders highlighted in evidence. The dissenting report is available on the Committee's website: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/WelfareReform/~/media/Committees/clac_ctte/WelfareReform/d02.pdf.

Drug treatment

1.7 The lack of drug treatment options for those battling addiction in Australia was a key area of concerns for submitters during this inquiry as it was in the previous inquiry.

1.8 Professor Lisa Maher, Professor and Program Head, Kirby Institute for Infection and Immunity summed up the problem of lack of services, and the futility of drug testing in this context:

...while we know that drug treatment is effective and evidence based there's an undersupply of drug treatment in Australia at the moment. Demand exceeds supply. In any given year we currently treat about half of those people who are indicated for and seek drug treatment. The proposed legislation does not address this treatment shortfall and there's little point in testing people, and certainly no point in penalising them, if there's no treatment available to them.²

1.9 Professor Alison Ritter of the National Drug and Alcohol Research Centre (NDARC) reiterated this point:

...we are treating about half the people who are currently seeking treatment. So treatment investment that would meet existing demand would need to be doubled. The current national treatment investment is around \$1 billion, so an additional \$1 billion nationally would be required to meet current unmet demand for treatment. That's a national estimate. It doesn't speak to the three specific sites. But there's no reason to suggest that those three sites have better treatment service provision than any other sites across Australia.³

1.10 Further to this, Ms Charmaine Crowe, Senior Policy and Advocacy Officer at the Australian Council of Social Service, outlined that drug testing is likely to increase demand for the already struggling treatment services, along with other measures forced through in the Social Services Legislation Amendment (Welfare Reform) Bill 2017. She said:

Our concern would be that this policy is just going to aggravate that. We should also remember that the welfare reform bill will coerce a number of people into treatment as well across Australia. So it's not just this bill that may well increase demand for services; it's going to exist with other pieces of legislation too.⁴

1.11 The Australian Greens hold that the lack of funding for drug treatment services across Australia is well known and of significant concern even without the

2 Professor Lisa Maher, Professor and Program Head, Kirby Institute for Infection and Immunity, *Committee Hansard*, 23 April 2018, p. 18.

3 Professor Alison Ritter, Director, Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales, *Committee Hansard*, 23 April 2018, p. 20.

4 Ms Charmaine Crowe, Senior Policy and Advocacy Officer, Australian Council of Social Service, *Committee Hansard*, 23 April 2018, p. 43.

drug testing trial proposal. The \$10 million that the Government says it is committing to improve services in the trial areas is unlikely to fill the gaps in services that currently exist. It means that many of those who wish to seek assistance for their addiction issues will be unable to access treatment. In the context of the trial it is both deeply unfair and a farce; people will be punished for their addiction without having access to help for recovery, and for those that are coerced into treatment through the trial, there will be no certainty of access to such a service.

1.12 Mandatory drug treatment for addiction was roundly dismissed as contrary to all evidence in this inquiry, as it was in the original inquiry. Ms Imogen Ebsworth, Director of Policy and Research at Anglicare Australia, summed up the view of experts:

...the proposals here to run a mandatory drug trial of people who are unemployed, with the idea of catching them out if they happen to have used an illicit substance or a small list of them, will somehow lead to their rehabilitation and treatment is exactly the opposite of what experts recommend. In fact, there is no evidence to support this approach at all.⁵

1.13 The announcement from the Government that they would provide \$10 million for additional treatment services across the three trial sites is insufficient and to date no clear information is available for how that money will be targeted.

1.14 In each of the proposed trial sites witnesses also raised concerns about the impact of the trial on other social services, such as accommodation, mental health and emergency relief. Existing services cannot meet demand and witnesses were deeply concerned that the trial would increase demand that could not be met.

Access to pharmacotherapies for addiction

1.15 As well as the lack of treatment services available, the Committee heard that there are financial barriers to access to opioid substitution therapy (OST).

1.16 Professor Maher highlighted the situation in Bankstown:

...It's very hard to get on a public OST program at the moment and has been for some time because these are services that don't charge a dispensing fee. If you're on a private program, you're required to pay a daily dispensing fee for your medication, which can be \$7 or \$8 a day. For somebody on a low income or a restricted income, this presents a real challenge.⁶

1.17 In explaining that people on income support could be paying \$56 per week or more for their OST prescription alone, Professor Maher explained one client's situation:

...this client said to me, 'I'm still jumping fences to pay for my methadone'—still committing crime because of the dispensing fee to get their daily dose. It's an unintended consequence of the way that those

5 Ms Imogen Ebsworth, Director of Policy and Research, Anglicare Australia, *Committee Hansard*, 24 April 2018, p. 40.

6 Prof Maher, *Committee Hansard*, 23 April 2018, p. 21.

structures are funded at the moment and the restrictions on access to free public treatment.⁷

1.18 The Deputy Mayor of Logan City Council, in a response to a question on notice from the hearing regarding whether access to methadone was an issue in the City of Logan, said:

Acting Executive Director, Addiction and Mental Health Services, Queensland Health Metro South Hospital and Health Service, Ms Linda Hipper, has provided Council with the following information relating to access to methadone in the City of Logan:

- There a small number of private prescribers that provide access to opioid replacement therapies such as methadone and buprenorphine in nearby suburbs, all of which are informing that they are at capacity at present.
- The majority of clients receiving welfare assistance who are accessing opioid replacement therapies, such as methadone, are likely to be accessing the public clinic located in Logan Central operated by Metro South Addiction and Mental Health Services. This is because there are no consultation fees involved at the public clinic. Private prescribers vary between bulk billing and charging a gap consultation fee.
- All clients receiving opioid replacement therapies are required to pay a dispensing fee at their community pharmacy which anecdotally has been reported to be between \$4 and \$8 per day.
- Within the public clinic all clients are triaged. Assessment appointments are available within one to two weeks for all clients and sooner for clients triaged as priority (usually pregnant clients, those recently released from prison, or those that are HIV positive).
- When assessed as suitable, clients will be stabilised on their medication within the clinic for the first one to two weeks. They will then be referred to a nominated community pharmacy to continue to receive their daily dose.
- Clients are not routinely dosed within the clinic beyond the initial stabilisation phase, and even during stabilisation they will be dosed at community pharmacies at weekends and public holidays.

As can be seen from the above information, there are a number of challenges with accessing opioid replacement programs, such as methadone, in the City of Logan.⁸

1.19 It is unacceptable that this key treatment for addiction is so unaffordable for many in the Canterbury-Bankstown and Logan trial sites.

Increasing stigma and poverty

1.20 A key issue of concern for many submitters to the inquiry was that not only will this measure not serve to help anyone currently affected by drug addiction, it is in

7 Prof Maher, *Committee Hansard*, 23 April 2018, p. 21.

8 Councillor Cherie Dalley, Deputy Mayor, Logan City Council, answers to questions of notice, 24 April 2018, [p. 2] (received 1 May 2018).

fact likely to exacerbate already vulnerable people's deprivation, stigma, inequality and disadvantage.

1.21 Dr Falzon, Chief Executive Officer at St Vincent de Paul Society National Council of Australia, made this point in evidence to the Committee:

...this legislation will not lead to the desired outcomes and will actually divert resources from services and evidence-based approaches that would be successful. It also has the potential to create greater levels of harm, including increased stigma, marginalisation and poverty. While reducing the harmful effects of drug addiction is a legitimate policy objective, the social security system is neither an appropriate nor effective lever for achieving such outcomes.

In our submission, we have argued that the measures in this bill are not reasonable, necessary or proportionate. When Australian experts in the field conclude almost unanimously that there is no evidence that the drug testing of income support recipients will be successful in treating and addressing the causes of drug addiction, it cannot be argued that such a measure is reasonable.⁹

1.22 Professor Maher further outlined that there is evidence that this measure would increase stigma and marginalisation:

while there's no evidence that testing of social security recipients is an effective approach there is some evidence that measures like these have the potential to increase harm, including the harms of stigma, marginalisation and poverty. In Australia poverty remains the major issue for people with alcohol and other drug dependence. Any policy that increases in the quality reduces health outcomes. This is particularly important in populations and areas where drug use reflects underlying economic and structural disadvantage, such as in Bankstown, where Vietnamese Australians make up the largest group of non-Australian born residents followed by residents born in Lebanon.¹⁰

1.23 Once again we see this Government pursuing a policy which the evidence shows will only add to the marginalisation and disadvantage faced by some of the most vulnerable members of our community. The Australian Greens condemn this callous move and implore the Government to listen to the advice of experts and end this damaging, political move.

Lack of consultation

1.24 In the first inquiry, and in subsequent Senate estimates hearings, the Committee has found that the Government has neglected to undertake anything like a sufficient program of consultation on the drug testing trial.

9 Dr John Falzon, Chief Executive Officer, St Vincent de Paul Society National Council of Australia, *Committee Hansard*, 23 April 2018, p. 8.

10 Prof Maher, *Committee Hansard*, 23 April 2018, p. 18.

1.25 The Committee received evidence from the local councils relating to the trial sites who expressed their opposition and concern relating to the trials.

1.26 Councillor Cherie Dalley, Deputy Mayor, Logan City Council outlined that council's position:

In the light of these outstanding questions, as well as concerns raised by the medical community, the lack of consultation and the lack of evidence about the effectiveness of similar measures internationally, council believe there is further work to be done in order to be able to proceed with this issue—that is, with the trials.¹¹

1.27 Mayor of the City of Canterbury Bankstown, Councillor Khal Asfour told the Committee he was also not consulted:

I do recall that the minister came to Bankstown to announce this trial—I'm pretty sure it was in Bankstown. That was the first I'd heard of it. I could be mistaken, but I'm pretty confident that that did occur. Since then, as a council, we, as far as I'm aware, have not been spoken to or consulted with by the government or the department.¹²

1.28 While not taking a position on the virtue of the trials themselves, the Mayor of the City of Mandurah, Councillor Rhys Williams said:

The initial concerns of this council in the early stages, when this announcement was made, were the lack of consultation and the lack of evidence to justify Mandurah as a location. Our submission explores that in more detail. A lot of the data that was presented is not specific to Mandurah, and we're left asking: where is the evidence that justifies this policy, and why is it that we weren't heavily engaged with the consultant? Why weren't we, as the organisation that probably has the most tentacles into the community and the greatest awareness of what the community challenges are, not engaged in that process?¹³

1.29 This lack of consultation extended to all relevant experts. Key stakeholders were not consulted by the Government prior to the first iteration of this Bill, and have not been consulted in relation to this new push to establish the trials. Professor Adrian Reynolds from the Royal Australasian College of Physicians highlighted their frustrations:

Despite being the peak body representing Australia's addiction medicine specialists, the RACP and the Australasian Chapter of Addiction Medicine were not consulted on the measures proposed by the bill prior to their announcement in the 2017-18 budget. Indeed, the questions I've heard asked this morning should have been asked before the trial was even put

11 Cr Dalley, *Committee Hansard*, 24 April 2018, p. 2.

12 Councillor Khal Asfour, Mayor, City of Canterbury-Bankstown, *Committee Hansard*, 23 April 2018, p. 17.

13 Councillor Rhys Williams, Mayor, City of Mandurah, *Committee Hansard*, 23 April 2018, p. 55.

together and there was a decision to press the 'go' button. We should have known those things before we even got this far.

If consultation had occurred, the RACP, the chapter and other health experts would have advised that this drug testing trial is clinically inappropriate and not designed in a way that will address the issues of substance dependence. On this basis, our strong advice is that this trial should not go ahead and that this bill should not progress.¹⁴

Conclusion

1.30 The proposed trial of drug testing for those on income support has been roundly condemned by the experts and the evidence shows that quite aside from assisting anyone living with addiction, it is likely to exacerbate and harm them.

1.31 The trial sites that have been identified have clearly been chosen because they have existing income management infrastructure.

1.32 The Government's proposed approach will not differentiate between recreational drug use and those with an addiction as all people testing positive will be subject to income management straight away. If the Government were genuine about addressing addiction, they would not be taking this approach; instead, they would be listening to experts in addition.

1.33 The Australian Greens join with the range of stakeholders and experts in adamantly opposing this trial.

1.34 If the trials were to proceed, they would need to be properly evaluated along the lines of Recommendations 1 and 2 of the Majority Committee Report. However, the Australian Greens are strongly opposed to drug testing of those receiving income support.

Recommendation 1

1.35 The Australian Greens recommend that the Bill not be passed.

Senator Rachel Siewert

14 Clinical Associate Professor Adrian Reynolds, President, Australasian Chapter of Addiction Medicine, Royal Australasian College of Physicians, *Committee Hansard*, 23 April 2018, p. 28.

APPENDIX 1

Submissions and additional information received by the Committee

Submissions

- 1** 360Edge
- 2** Public Health Association of Australia
- 3** Royal Australian and New Zealand College of Psychiatrists
- 4** Kirby Institute
- 5** Victorian Alcohol and Drug Association
- 6** Australian Injecting and Illicit Drug Users League
- 7** Anglicare Australia
- 8** Catholic Social Services Australia
- 9** Community and Public Sector Union
- 10** Australian Federation of AIDS Organisations
- 11** Salvation Army
- 12** Mr James Clarke
- 13** Dr Kate Seear, Professor Suzanne Fraser, Professor David Moore and Associate Professor Kylie Valentine
- 14** Public Service Research Group, UNSW Canberra
- 15** Logan City Council
- 16** UnitingCare Australia
- 17** Centre for Social Research in Health; and Social Policy Research Centre, UNSW
- 18** National Drug and Alcohol Research Centre, UNSW

- 19 cohealth
- 20 Australian Association of Social Workers
- 21 St Vincent de Paul Society National Council
- 22 South Australian Network of Drug and Alcohol Services
- 23 Mission Australia
- 24 Queensland Council of Social Service
- 25 Department of Social Services
- 26 Dr Anna Olsen
- 27 Network of Alcohol and other Drugs Agencies
- 28 Australian Human Rights Commission
- 29 WA Network of Alcohol and other Drug Agencies
- 30 Alcohol, Tobacco and other Drugs Council Tasmania Inc.
- 31 Ted Noffs Foundation
- 32 Jobs Australia
- 33 National Council of Single Mothers and their Children
- 34 The Parenthood
- 35 City of Mandurah
- 36 Australian Council of Social Service
- 37 Australian Medical Association
- 38 National Social Security Rights Network
- 39 Penington Institute
- 40 Brisbane South Primary Health Network
- 41 St Vincent's Health Australia

- 42 Royal Australasian College of Physicians
- 43 Office of the Australian Information Commissioner
- 44 Law Council of Australia
- 45 WA Primary Health Alliance
- 46 Chief Minister of the Northern Territory
- 47 Mr Glenn Lynch
- 48 Name Withheld
- 49 Anti-Poverty Network SA, Members
- 50 Confidential
- 51 Ms Sharon Hollamby
- 52 Name Withheld

Additional Information

- 1 Article: Alcohol and other drug treatment policy in Australia, Medical Journal of Australia, 7 March 2016, from Canterbury Bankstown City Council, received 23 April 2018
- 2 Supplementary evidence to statements provided at the 23 April public hearing, from Western Australian Network of Alcohol and other Drug Agencies, received 30 April 2018

Answers to Questions on Notice

- 1 Answers to Questions taken on Notice during 23 April public hearing, received from South Western Sydney Primary Health Network, 30 April 2018
- 2 Answers to Questions taken on Notice during 23 April public hearing, received from Salvation Army Australia, 1 May 2018

- 3 Answers to Questions taken on Notice during 24 April public hearing, received from Logan City Council, 24 April 2018
- 4 Answers to Questions taken on Notice during 24 April public hearing, received from YFS Ltd, 1 May 2018
- 5 Answers to Questions taken on Notice during 24 April public hearing, received from Department of Social Services, 1 May 2018
- 6 Answers to Questions taken on Notice during 24 April public hearing, received from Logan City Council, 1 May 2018
- 7 Answers to Questions taken on Notice during 24 April public hearing, received from Lives Lived Well, 4 May 2018

Tabled Documents

- 1 South Western Sydney PHN Drug and Alcohol Needs Assessment 2016, tabled by South Western Sydney Primary Health Network, at Bankstown public hearing, 23 April 2018
- 2 Statement on impact of trial on Canterbury-Bankstown, including crime statistics, tabled by Canterbury Bankstown City Council, at Bankstown public hearing, 23 April 2018
- 3 Alcohol and Drug Services Guide – South East Queensland Region, tabled by Metro South Hospital and Health Service, at Logan public hearing, 24 April 2018
- 4 Brisbane South PHN, Needs Assessment, April 2018, tabled by Brisbane South Primary Health Network, at Logan public hearing, 24 April 2018

Correspondence

- 1 Correspondence clarifying evidence given at Bankstown public hearing on 23 April 2018, received from Kirby Institute for Infection and Immunity, 27 April 2018

APPENDIX 2

Public hearings

Monday, 23 April 2018

Rydges Bankstown, Bass Hill

Witnesses

South Western Sydney Primary Health Network

McDONALD, Dr Keith, Chief Executive Officer

PRINCE, Mrs Amy, Director, Planning and Performance

Salvation Army Australia

HALSE, Major Brad, National Head of Government Relations

WRIGHT, Ms Kathryn, Territorial Alcohol and Other Drugs Unit Director

St Vincent de Paul Society National Council of Australia

FALZON, Dr John, Chief Executive Officer

DOBSON, Ms Corinne, Director of Policy and Research

Canterbury Bankstown City Council

ASFOUR, Councillor Khal, Mayor

Kirby Institute for Infection and Immunity

MAHER, Professor Lisa, Professor and Program Head

Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of NSW

RITTER, Professor Alison, Director

Royal Australian and New Zealand College of Psychiatrists

JENKINS, Dr Kym, President

Royal Australasian College of Physicians

REYNOLDS, Clinical Associate Professor Adrian, President, Australasian Chapter of
Addiction Medicine

St Vincent's Health Australia

LLOYD-JONES, Dr Martyn, Visiting Medical Officer, Addiction Medicine Specialist

SEEAR, Associate Professor Kate, Private capacity

VALENTINE, Associate Professor Kylie, Private capacity

Australian Drug Law Reform Foundation

WODAK, Dr Alex, President

MOSTYN, Mr Ben, Founding Member

Australian Council of Social Service

CROWE, Ms Charmaine, Senior Policy and Advocacy Officer

WA Council of Social Service

TWOMEY, Mr Chris, Leader, Policy Development and Research

Queensland Council of Social Service Ltd

HENLEY, Mr Mark, Chief Executive Officer

NSW Users and AIDS Association

HARROD, Dr Mary Ellen, Chief Executive Officer

Australian Injecting and Illicit Drug Users League

WALKER, Ms Melanie, Chief Executive Officer

Ted Noffs Foundation

NOFFS, Mr Matthew, Chief Executive Officer

Penington Institute

RYAN, Mr John, Chief Executive Officer

City of Mandurah

WILLIAMS, Councillor Rhys, Mayor

NEWMAN, Mr Mark Robert, Chief Executive Officer

WILKINSON, Mrs Lesley, Director, People and Communities

Palmerston Association

McHALE, the Hon. Sheila, Chief Executive Officer

Passages

GILLESPIE, Miss Jade, Senior Youth Worker, Passages Peel

McKIERNAN, Mrs Sandy, Executive Manager, Specialist Community Services,

St Vincent de Paul Society, Passages Youth Engagement Hubs

WA Network of Alcohol and Other Drug Agencies

RUNDLE, Ms Jill, Chief Executive Officer

JAMES, Mr Ethan, Manager, Advocacy and Research

Tuesday, 24 April 2018

Logan City Council Administration Centre, Logan

Witnesses

Logan City Council

DALLEY, Councillor Cherie, Deputy Mayor

McGUIRE, Mr Nicholas Eric, Acting Director Community Services

Brisbane South Primary Health Network

SCHEINPFLUG, Sue, Chief Executive Officer

CHALMERS, Lucille, General Manager of Commissioned Programs

Metro South Hospital and Health Service

HIPPER, Miss Linda, Acting Executive Director, Addiction and Mental Health Services

Queensland Network of Alcohol and Other Drug Agencies

LANG, Ms Rebecca, Chief Executive Officer

Queensland Injectors Health Network

DAVEY, Geoffrey, Acting Chief Executive Officer and General Manager

HYNES, Mr Sean Matthew, Therapeutic Services Manager

Lives Lived Well

ROBIN, Mr Grant, Clinical Services Manager, Brisbane South Residential and Community Services

Aboriginal and Torres Strait Islander Community Health Service Brisbane

WEST, Mr Laurence, Practice Manager

Logan Together

COX, Mr Matthew, Director

YFS Ltd

BARTOLO, Ms Cath, Chief Executive Officer

Substation33

SHARP, Mr Anthony Brian, Social Enterprise Development Manager

Logan East Community Neighbourhood Association Inc.

FURSEY, Mrs Julie, Program Manager

St Paul's Catholic Parish

VETHECAN, Mrs Teresa Arrastia, Finance Council Member

WARD, Ms Nelda, Parish Secretary

Anglicare Australia

EBSWORTH, Ms Imogen, Director of Policy and Research

MARETT, Mr Trevor, Private capacity

Department of Social Services

BENNETT, Mr Shane, Group Manager, Payments Policy Group

McGUIRK, Ms Emma Kate, Branch Manager, Work and Study Payments, Payments Policy Group

Department of Human Services

DEININGER, Ms Rosemary, General Manager, Participation and Disability Division

MULHEARN, Ms Christine, Acting National Manager, Working Age Programmes and Compliance