Alcohol and Other Drug Peaks Network

Submission to the Standing Committee on Community Affairs:

Social Services Legislation Amendment (Drug Testing Trial) Bill 2019.

September 2019

OUR POSITION:

The **State and Territory Alcohol and Other Drug Peaks Network** opposes the Social Services Legislation Amendment (Drug Testing Trial) Bill 2019 for a range of reasons, the foremost of which is that the measure:

- has no supporting evidence to indicate it will be effective in decreasing drug use, increasing employment, or increasing access to treatments;
- contributes to the existing high-levels of stigma and discrimination experienced by Australians with alcohol and other drug substance use issues;
- ignores expert advice (and opposition) from within the medical community and AOD NGO sector that it will not only be ineffective, but actively detrimental;
- is likely to have dire social and clinical consequences for an already severely marginalised and stigmatised group;
- risks leaving participants whose welfare payments are sanctioned without the means to pay for their basic needs;

- fails to account for the structural obstructions to employment, not least of which is job availability;
- misunderstands the nature of drug use and dependence and fails to recognise that problematic substance use is a health issue (and one that commonly co-occurs with a range of other health and social issues);
- is unfairly punitive and raises concerns around privacy, moral ethics, discrimination, and human rights infringements; and
- actively works against the Australian Government's own National Drug Strategy 2017-2026.

HISTORY:

The Social Services Legislation Amendment (Drug Testing Trial) Bill 2019 is largely identical to previous proposed bills which failed to pass at the Senate in 2017 and 2018. Despite the overwhelming opposition from experts, advocates and the community, particularly in relation to the planned drug testing schedule, the bill has been returned to the Australian Parliament with almost identical content.[1]

STIGMA AND THE NATIONAL DRUG STRATEGY 2017-2026:

Harm minimisation is a key function of the largely not for profit organisations that are represented by the State and Territory peak bodies that make up the **State and Territory Alcohol and Other Drug Peaks Network.**

Harm minimisation has been the cornerstone of Federal and State and Territory government drug-related policies since 1985, and is the basis of the National Drug Strategy 2017-2026. The concept of harm minimisation: acknowledges that both illicit and legal drug use is an inevitable part of society and drug-taking is going to occur, and aims to ensure that the risks associated with it are minimised as much as possible. The Strategy recognises that stigma and discrimination are significant barriers to seeking treatment and services for alcohol and drug use, and as such, seeks to reduce these barriers and highlights the need to reduce drug-related harm by addressing underlying social, health and economic determinates of drug use.[2]

[1] Ritter, A. 2019. *Of good character – the policy dialogue on drug testing welfare recipients in Australia*, presentation at the 2019 Australian Social Policy Conference, Sydney.
[2] Australian Government. 2017, September 18, *National Drug Strategy 2017–2026*, Department of Health. Available at: https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026

The **State and Territory Alcohol and Other Drug Peaks Network** believes that the Social Services Legislation Amendment (Drug Testing Trial) Bill 2019 would work against the aims of the National Drug Strategy 2017-2026 by fuelling stigma and thus reducing access to treatment and increasing the harms associated with drug use.

The Social Services Legislation Amendment (Drug Testing trial) Bill 2019 purports to be in response to 2016 National Drug Strategy Household Survey found that people who were unemployed were more likely to use methamphetamine and other amphetamines than those who were employed. It is the view of the State and Territory Alcohol and Other Drug Peaks Network that these statistics have been cherrypicked for the convenience of supporting this Bill Amendment as they have ignored alternative figures from the same Survey that found employed people had a higher rate of drug use, including a higher rate of cannabis use in their lifetime, and a higher rate of lifetime drug use.[3]

Australian and International research has demonstrated that stigmatisation has a range of significant detrimental outcomes for people with problematic drug use: it significantly increases reluctance to access health services and treatment, hinders relationships with family and community involvement, reduces employment prospects, further impairs mental and physical health, and delays both recovery and the process of reintegrating into the community.[4]

It is the view of the **State and Territory Alcohol and Other Drug Peaks Network** that this selective use of statistics perpetuates the commonly-held negative stereotypes of people who use drugs, and that the punitive actions outlined for the trial would further increase already unacceptable levels of stigma.

TREATMENT:

The trial is based on the presumption that punitive measures are an effective means of addressing problematic drug use. Contrary to this, it is accepted within the specialist drug and alcohol field that drug use is a complex health issue that requires a multi-layered approach. Drug dependence and

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[3] Claydon, Webber & Sweeney. 2017, *National Drug Strategy Household Survey 2016*, Australian Institute of Health and Welfare. Available at: https://www.aihw.gov.au/getmedia/15db8c15-7062-4cde-bfa4-3c2079f30af3/21028a.pdf.aspx?inline=true

[4] Lancaster, Dr Kari & Ritter, Professor Alison & Seear, Dr Kate. 2017 April, *Reducing stigma and discrimination for people experiencing problematic alcohol and other drug use*, A report for the Queensland Mental Health Commission. Available at: https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/Reducing%20stigma%20and%20discrimination%20for%20people%20experiencing%20problematic%20alcohol%20and%20other%20drug%20use.pdf
Also,
Lloyd, Charlie. August 2010, *Sinning and Sinned Against: The Stigmatisation of Problem Drug Users*. UK Drug Policy Commission, 2010.
Available at: https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Sinning%20and%20sinned%20against_%20the%20stigmatisation%20of%20problem%20drug%20users.pdf

addiction are different to drug use and are not merely a matter of personal choice, and as such, it is widely recognised that threats of punitive measures do not result in commencement of treatment or cessation of use.[5]

Given the nature of problematic drug use, punitive measures risk drug users removing themselves from the welfare system altogether to avoid detection. Evidence would suggest the long term rehabilitation prospects for any participants forced into treatment is low. [6]

On this basis, it is the recommendation of the **State and Territory Alcohol and Other Drug Peaks Network** that the funding allocated to the proposed drug trial be instead directed to existing evidence-based treatment services.

SECTOR CAPACITY:

The current Australian AOD treatment is already stretched beyond capacity. A review by the National Drug and Alcohol Research Centre in 2014 found that there is substantial unmet demand within the AOD treatment sector across Australia, with an estimated 200,000-500,000 Australians each year unable to access treatment for problems associated with drug or alcohol use. This study further demonstrates that the funding base from Commonwealth and State governments is not commensurate with population needs and while less than half of the people actively seeking treatment are not able to gain access, experts estimate that the existing funding base would only be able to address less than a quarter of those who need it[7].

The **State and Territory Alcohol and Other Drug Peaks Network** shares the fear expressed broadly across that Australian AOD sector that the proposed trial would expose the sector to further stress displacing those voluntarily attempting to access treatment and support services.

OVERSEAS EXPERIENCE:

Despite expectations that the trial will be costly to enact, there is no evidence to suggest a corresponding community benefit. Drug testing has been carried out in some United States of America states in recent years and has so far been found to be expensive and produced no or low

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[5]Dan Werb et al. 2016, *The effectiveness of compulsory drug treatment: A systematic review*, 28 Journal of Drug Policy.
Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4752879/

[6] Werb, as above.

[7]Ritter, A & Berends, L et al, July 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, Drug Policy Modelling Program National Drug and Alcohol Research Centre, UNSW.
Available at:
https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/New%20Horizons%20Final%20Report%20July%202014.pdf

rates of positive results. Despite rhetoric to the contrary, the American experience has also failed to provide an effective link between positive results and actual treatment.[8]

Similarly, the New Zealand welfare recipient drug-testing program (which was initially intended to be the almost the same as the Australian proposal but was significantly altered because of health and social concerns) has been an expensive waste of time having revealed a positive test rate of less than 0.3%.[9]

IN CONCLUSION:

It is the position of the **State and Territory Alcohol and Other Drug Peaks Network** that if this trial were to go ahead it would risk substantial financial, emotional, and physical damage to a segment of the community already experiencing the burden of unemployment and likely poverty, combined with a greater rate of ill health, and psychological and social disadvantage.

The advancement of this amendment bill would escalate existing discrimination, stigma and negative perceptions around drug users - increasing their burden of social, health, and economic disadvantage, and reducing their chances of successful treatment moving forward.

It is also the belief of the **State and Territory Alcohol and Other Drug Peaks Network** that if the drug-testing trial outlined in this Bill were to proceed it would serve to stretch already stressed existing AOD treatment resources and staffing levels, and would ultimately deny or significantly delay treatment for people who voluntarily attempt to access AOD treatment options.

[8] Covert, Bryce & Israel, Josh. 2019 March 29, *Drug Testing Welfare Recipients Is A Popular New Policy That Cost States Millions. Here Are The Results,* Think Progress, Accessed on 2019 September 23. https://thinkprogress.org/drug-testing-welfare-recipients-is-a-popular-new-policy-that-cost-states-millions-here-are-the-cf829257ade0/

[9] Collins, Benedict, 2019 August 30, *Sixteen Kiwi kids hit by Government's welfare drug sanctions.* TVNZ News Ones, Accessed on 2019 September 22 https://www.tvnz.co.nz/one-news/new-zealand/sixteen-kiwi-kids-hit-governments-welfare-drug-sanctions

State and Territory Alcohol and Other Drug Peaks Network:

WHO WE ARE:

The **State and Territory Alcohol and Other Drug Peaks Network** is a capacity-building initiative that comprises of all Australian state and territory peak Alcohol and other Drug (AOD) bodies:

- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Alcohol, Tobacco and other Drugs Council Tasmania (ATDC)
- Association of Alcohol and other Drug Agencies Northern Territory (AADANT)
- Network of Alcohol and other Drug Agencies (NADA)
- Queensland Network of Alcohol and other Drug Agencies (QNADA)
- South Australian Network of Alcohol and Drug Services (SANDAS)
- Victorian Alcohol and Drug Association (VAADA)
- Western Australian Network of Alcohol and other Drug Agencies (WANADA)

OUR VISION:

An Australian community with the lowest possible levels of alcohol, tobacco and other drug related harm, as a result of the alcohol, tobacco and other drug sector's evidence-informed prevention, treatment and harm reduction policies and services.

WHAT WE DO:

The AOD Peaks Network advances and supports alcohol and other drug services in all Australian jurisdictions to prevent, treat and reduce alcohol, tobacco and other drug related harms to individuals, families and communities. To enable this, we provide expert services in:

- Sector and workforce development
- Capacity building
- Quality improvement
- Education and research
- Information and communication

- Coordination and partnerships
- Information management and data collection
- Representation and consultation
- Program development for State, Territory and Commonwealth governments, including policy and advice.

OUR REACH AND WHO WE REPRESENT:

We provide a conduit for immediate access to alcohol and other drug services in all Australian jurisdictions. We represent:

- 435 organisations (primarily non-government), which includes 80% of organisations funded to provide AOD services by the Commonwealth;
- All specialist treatment types (counselling, detoxification, residential and non-residential rehabilitation, opiate replacement therapy) and harm reduction services;
- $377,905,578 of State, Territory and Commonwealth AOD services funding investment; and
- 80,000 Australians who receive an episode of care annually.

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