The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

4 April 2018

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

By email to: community.affairs.sen@aph.gov.au

Dear Committee Secretary

Re: Social Services Legislation Amendment (Drug Testing Trial) Bill 2018

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to respond to the Senate Standing Committees on Community Affairs' Inquiry into the Social Services Legislation Amendment (Drug Testing Trial) Bill 2017 (the Bill).

The RANZCP is the principal organisation representing the medical speciality of psychiatry in Australia and New Zealand and is responsible for training, educating and representing psychiatrists on policy issues. The RANZCP represents more than 6000 members, including more than 4000 qualified psychiatrists, many of whom have specific interest and expertise relevant to the Inquiry. The RANZCP is guided on policy matters by a range of expert committees, including the Practice, Policy and Partnerships Committee and the Faculty of Addiction Psychiatry, whose membership is made up of leading psychiatrists as well as consumer, carer and community representatives.

The RANZCP wishes to reiterate its concerns about the drug testing regime which the Bill seeks to establish. Under the trial, new recipients of Newstart Allowance and Youth Allowance (other) will be randomly selected to undertake a drug test in three locations around Australia. Those who return a positive drug test will have their welfare payments quarantined which will limit how they spend their welfare payment and be subject to further random drug tests during the trial period. If they fail subsequent tests, they will be referred to a Department of Human Services' contracted medical professional for assessment. If the medical professional recommends treatment, the welfare recipient will be required to complete one or more treatment activities designed to address their substance use. These activities may include rehabilitation, counselling or ongoing drug testing.

According to the Government, the aim of the trial is to improve a recipient's capacity to find employment or participate in education or training by identifying people with drug use issues and assisting them to undertake treatment. While the RANZCP strongly supports people receiving the treatment that they need to address and support their addiction use issues, we have serious concerns regarding the trial.

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A test for drug use provides clinical information about usage of a particular drug but that is all. It does not provide any information about a person's diagnosis, or the frequency or range of drugs they may take. It also does not provide any information about an individual's life circumstances, including in relation to any potential mental health and/or addiction issues. We oppose the trial, however if it goes ahead, we would strongly recommend that the medical practitioner undertaking the drug test/s be an addiction specialist as they will have the skills and experience to interpret the drug test, conduct a total holistic assessment of the person concerned and be able to advise them on appropriate next steps.

There are concerns about the risk of false negative and false positive test results. Routine immunoassay tests have known cross-reactivity with other medications and opioid samples can test positive following consumption of certain food stuffs. The more accurate GC/MS or LC/MS are not available in all parts of Australia. The costs and time delays of sending test samples around the country will further reduce the usability of the proposed scheme.

The RANZCP is concerned about the impact of the proposed trial on the people who are referred to treatment. We query how the information about their participation in the trial – which will be in their Centrelink records - will be kept private and confidential and not unnecessarily shared with other government departments. In particular, we ask what might happen when – as is likely – they need to wait for a spot in appropriate treatment services. We note that resources are already extremely stretched with long waiting lists for people who are voluntarily seeking support from addiction services let alone those who are required to attend services as a result of random drug testing. There are many regions of Australia that are out of the reach of any addiction treatment services.

It is also of concern that the Department of Social Services (DSS) has indicated that people who fail the first drug test will stay on the income management card even if they do not require ongoing treatment for substance use disorders. If the Government's concern is about providing health services to people who need them, it is unclear why people have to fail a second test to be potentially referred for treatment but need to remain on the quarantine card after the first test.

While the trial will involve testing 5,000 welfare recipients, the DSS estimates that up to 425 recipients or fewer than 10% are expected to test positive to the initial drug test. Of those, around 120 will be referred to treatment. Experience in other countries like New Zealand and USA would suggest that this is a gross overestimate and that 1% or fewer would be expected to return positive tests. The cost of collecting and testing the samples should not be underestimated at approximately $500–900 each. Given these figures, it is likely that a significant amount of time, resources and funds will be spent on developing and implementing this trial – money and resources that could be much better utilised and invested, in our view, in expanding treatment services to enable more people with substance use disorders to access recovery and return to employment.

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Further, we note that the people who will be referred to treatment are likely to be individuals with complex, multi-domain concerns (physical and psychological comorbidity, housing issues, relational and family issues). Many are also likely to have a comorbid mental disorder and intergenerational issues with employment and deprivation. The RANZCP queries how the trial is going to actively engage this group of people in treatment, considering they can be the most difficult to engage in any health service and whether the trial will also focus on improving the skills of job network providers who currently struggle to manage this cohort.

While it has been clearly identified that we need more collaborative models for services working with people with substance use disorders, it is also unclear how the trial proposes to increase collaboration between human services and health services and link people referred to treatment with clinicians/workers who have the skills to assist them with complex, comorbid issues. Is the trial going to engage clients or rather, as is more likely, alienate the most disadvantaged? In the RANZCP's view, the model set out in the Bill does not allow any space for people referred to treatment to choose to engage or develop their own motivation to change their situation or provide a coherent plan to support people making this change.

More broadly, the RANZCP notes that more than fifty years of psychological research shows that positive reinforcement strategies are more effective than punitive strategies in terms of behaviour change. There is some evidence for contingency management in substance use disorders, but it is always in response to positive improvement in behaviour or symptoms.

An example of this is the NSW Debt Recovery model, which allows clients to use participation in treatment as a way to reduce debt from fines – in other words, it is a model that rewards engagement and participation rather than punishing people for inappropriate behaviour.

The RANZCP has members who would welcome the opportunity to contribute to the development of evidence-based policies that facilitate access to drug and alcohol treatment services, providing individuals with the best chance of recovery and a return to full social participation. We would be very interested to speak further to the Committee about these important matters.

If you have any questions regarding this submission, please contact the Executive Manager, Practice, Policy and Partnerships Rosie Forster

Yours faithfully

Dr Kym Jenkins
President

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