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**Submission to the Social Services
Legislation Amendment (Drug Testing
Trial) Bill 2018**

10 April 2018

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About Anglicare Australia

Anglicare Australia is a network of over 40 independent local, state, national and international organisations that are linked to the Anglican Church and are joined by values of service, innovation, leadership and the Christian faith that every individual has intrinsic value. With a joint budget of \$1.48 billion, a workforce of over 18,000 staff and more than 11,000 volunteers, the Anglicare Network contributes to more than 50 service areas in the community. Our services are delivered to more than one million Australians, in partnership with them, the communities in which they live, and other like-minded organisations in those areas.

Anglicare Australia has as its Mission “to engage with all Australians to create communities of resilience, hope and justice”. Our first strategic goal charges us with reaching this by “influencing social and economic policy across Australia...informed by research and the practical experience of the Anglicare Australia network”.

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Introductory remarks

Anglicare Australia urges the Committee and the Senate to reject this bill in its entirety, as the proposed measures are discriminatory and not supported by evidence.

When introducing this bill to Parliament the Minister for Social Services Mr. Tehan claimed the drug testing trial will test an innovative method of assisting people with drug abuse issues, and identifying those for whom drug abuse might be a barrier to work and supporting them to undertake treatment. The medical experts, however, are united in their opposition to drug testing. They argue that this untested measure detracts from solutions that have been proven to help people with addiction.

The underlying problem with this bill is that it treats drug addiction as a social security issue, rather than a health issue. The Australian Medical Association (AMA) considers substance dependence to be a serious health problem, one that is associated with high rates of disability and mortality. AMA firmly believes that those affected should be treated in the same way as other patients with serious health conditions, including access to treatment and supports to recovery. Anglicare Australia supports this position.

There is already a severe lack of drug rehabilitation services to meet demand, and recently announced small increases in federal resourcing, primarily targeted to South Australia because of a political deal struck with the Nick Xenophon Party, will not change this. Leading drug policy researcher at UNSW, Professor Alison Ritter, estimates drug treatment services are only meeting about 50 percent of demand, an estimate she describes as conservative. This trial will put pressure on an already overstretched system with long waiting lists, displacing people seeking help.

The proposal, re-introduced by the government on 28 February 2018, was rejected by Senate in late 2017 following strong community and expert opposition to the measure. This opposition remains unchanged as there is no change to the lack of evidence to support this proposal. In fact all the evidence points to the contrary.

Response to Schedule 1 – Amendments

Anglicare Australia is strongly opposed to this measure, our concerns remain the same as outlined in our previous submission to the inquiry into the Welfare Reform Bill (http://www.anglicare.asn.au/docs/default-source/default-document-library/aa_submission-welfare-reform-bill-2017.pdf?sfvrsn=8) and are summarised below. .

The drug testing trial established under this Schedule is discriminatory. It will only demonise some of the most vulnerable in our society, and it is not supported by evidence. Mandatory drug rehabilitation has been repeatedly found to be one of the least effective ways for people to overcome a drug addiction.

Anglicare Australia notes that similar tests have been deployed in ten US states. The results from the American trials have detected almost no positive results, and the program has been very costly to deliver. According to the most recent published results, the US drug testing programs have cost almost \$1 million USD and uncovered just 321 positive tests.¹ In Oklahoma, the tests have cost around \$1600 USD per positive result. Across the board, the US results have found that these programs cost rather than save money, while doing nothing to address problems associated with addiction.²

New Zealand, which has a less punitive drug testing regime than the one proposed under this Schedule, has only identified 531 drug takers out of 112,000 tested between 2014-2016, less than 0,5 percent³. The cost of the New Zealand program is opaque – recent Freedom of Information requests have been declined on the basis of commercial-in-confidence – but we know that in 2015, New Zealand spent \$1 million testing 8001 people, returning just 22 positive results that year.⁴

Some might argue that the low numbers of positive results is due to the deterrent nature of the scheme and therefore proof it is working; that is if you think you may be drug tested then you won't take drugs. There is however, no evidence that people using welfare benefits and looking for a job generally have a higher incidence of drug use than the general population. Therefore, not only is this measure not effective with dealing with those that are battling addiction, but also a very expensive way of finding the few.

Anglicare Australia notes that Canada and the UK have rejected similar proposals on the basis that the programs are too expensive and provide almost no benefits. In 2013 the Australian Government received similar advice from the Australian National Council on Drugs when it considered a similar proposal. It found 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. In addition, there would be serious ethical and legal problems in implementing such a program in Australia. Drug testing of welfare beneficiaries ought not be considered.”⁵

The Government's refusal to reveal the likely cost of this program, citing commercial in confidence issues with potential providers, is deeply unsatisfactory and should see the proposed testing rejected on principle, as it fails to provide the parliament and public with the necessary transparency that should be required of all proposals involving public funds.

¹ Covert, B., and Israel, J. (2016) 'Drug Testing Welfare Recipients Is A Popular New Policy That Cost States Millions. Here Are The Results.' *Think Progress*. Available online: <https://thinkprogress.org/drug-testing-welfare-recipients-is-a-popular-new-policy-that-cost-states-millions-here-are-the-cf829257ade0>

² Ibid.

³ “Welfare drug test: Which countries do it and has it worked anywhere?” ABC News <http://www.abc.net.au/triplej/programs/hack/which-countries-do-welfare-drug-testing-and-does-it-work/8570018>

⁴ McCallum, P. (2017) Budget 17/18: Drug Testing Welfare, does it add up? *PPE Society*. Available online: <http://www.ppesociety.org.au/wp/2017/05/budget-1718-drug-testing-for-welfare/>

⁵ Australian National Council on Drugs (2013) *Drug Testing Position Paper*. Available online: http://www.drugsandalcohol.ie/20368/1/ANCD_paper_DrugTesting.pdf

Finally, Anglicare Australia notes that there are ongoing questions regarding the accuracy of drug tests and the legal implications of false positive results.

With no expert support due to the lack of any credible evidence for this approach, no transparency around the spending of public funds, and no plans to ensure sufficient rehabilitation services, the drug testing regime will simply fail, causing hurt and suffering to people who are already vulnerable. Anglicare Australia urges the Committee to reject these measures.

Conclusion

Anglicare Australia is strongly concerned that the outcome of this bill should it pass will be to push some Australians further into poverty. Drug testing income support recipients is an abhorrent breach of people's privacy. It will further stigmatise people who are unemployed and vulnerable.

This Bill is not based on evidence and simply appears to be another ideological attack on the social safety net, and vulnerable people who rely on it. We urge the Committee to remember that the key aim of our social security system is to provide help for people in need.

The Committee should therefore reject this bill.