

Submission to Senate Standing Committee on Community Affairs:

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

About WANADA

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug education, prevention, treatment and support sector in Western Australia. WANADA is an independent, membership-driven not-for-profit association.

Alcohol and other drugs are a health and social issue that impacts the whole community. The alcohol and other drug sector provides specialist services to meet the diverse needs of people in Western Australia. WANADA aspires to drive across sector solutions that focus on a whole of community approach to addressing health and wellbeing issues associated with the use of alcohol and other drugs.

WANADA is driven by the passion and hard work of its member agencies, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management and harm reduction services; peer based; prevention; and community development services.

WANADA is the independent voice on alcohol and other drug sector issues throughout WA.

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Recommendation

WANADA and our member agencies believe the implementation of mandatory drug testing in trial areas as a condition of receiving income support is a coercive and punitive measure. There is no evidence that this approach will achieve lower rates of income support, increased income support compliance or decreased community harms related to drug use. In addition the proposed amendment will result in further demands on an already underfunded alcohol and other drug treatment and support services sector. The amendment will actively run counter to the Australian Government's direction under the new National Drug Strategy 2017-2026 and do little to address the structural factors that contribute to unemployment. In this context we propose that the Senate Committee advise against proceeding with the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018.

WANADA Recommends that

- 1. The Drug Testing Trial Bill and associated instruments and documentation are amended to take into account both the complexity of alcohol and other drug dependence, and the existing evidence base. This should include:**
 - the removal of measures that could be perceived as punitive,
 - the inclusion of procedural flexibility to account for how people engage with and access services, and
 - provisions that support increased client case management.
- 2. The Drug Testing Trial Bill is revised, with provisions included that support, incentivise and motivate a person to choose to access alcohol and other drug services.**
- 3. The Drug Testing Trial Bill is amended and supplementary documentation designed, to avoid procedural or legislative measures that will reinforce stigmatising or discriminatory behaviour.**
- 4. The Drug Testing Trial Bill is accompanied by sufficient funding to ensure Western Australian specialist alcohol and other drug treatment services are able to meet any increased demand as a result of these proposed changes.**

Submission Overview

WANADA welcomes the opportunity to provide a submission to the Senate Standing Committee on Community Affairs Inquiry into the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 (Drug Testing Trial Bill).

Alcohol and other drug dependence is a health and social issue requiring a balanced, whole of government response. As with all other health conditions, responding to alcohol and other drug dependence should engage, support and motivate a person to seek treatment.

Since 1985 the Australian Government's National Drug Strategy has been defined by the three pillars of demand, harm and supply reduction. Historically, funding of these policy domains has been disproportionately attached to actions with a supply reduction focus, principally law enforcement. By rebalancing government's efforts, there is significant potential to reduce the health and social impacts of drug use on individuals, families and communities.

WANADA and our member agencies believe the implementation of mandatory drug testing in trial areas as a condition of receiving income support is a coercive and punitive measure. There is no evidence that this approach will achieve lower rates of income support, increased income support compliance or decreased community harms related to drug use. In addition the proposed amendment will result in further demands on an already underfunded alcohol and other drug treatment and support services sector. The amendment will actively run counter to the Australian Government's direction under the new National Drug Strategy 2017-2026 and do little to address the structural factors that contribute to unemployment. In this context we propose that the Senate Committee advise against proceeding with the Drug Testing Trial Bill.

WANADA supports the Government's intent to improve pathways to treatment and support services for people who access government benefits and who are experiencing alcohol and other drug issues. WANADA notes that welfare agencies have been a low source of referrals to alcohol and other drug services in Western Australia. WANADA supports efforts to increase referral rates from these agencies. There are, however, other mechanisms that can best facilitate this, without applying a punitive response that risks further complicating or entrenching health and wellbeing issues.

Western Australian Context

In Western Australia in 2015-16, 79 publically funded alcohol and other drug treatment agencies provided 24,206 treatment episodes to an estimated 17,847 people. 91 per cent of these people received treatment for their own drug use.¹

Since 2014-15 in Western Australia, amphetamines have overtaken alcohol as the most common principal drug of concern in episodes provided to people for their own drug use (31 per cent of people; 35 per cent of episodes). Alcohol accounted for just under one third of

¹ Australian Institute of Health and Welfare, Alcohol and other drug treatment services in Australia: state and territory summaries 2015-16. AIHW, 2017, p.21. (Statistics based on client records with valid SLK).

treatment episodes (30 per cent), followed by cannabis (23 per cent), and heroin (6 per cent).²

The harms to the community from alcohol and other drug consumption are well known and alarming:

- Figures from released by St John Ambulance WA and the McCusker Centre for Action of Alcohol and Youth show that in 2016, 5,063 ambulance requests were related to alcohol, resulting in 3,239 people being taken to hospital. This is an increase of 11 per cent from 2014 data.³
- Recent National Waste Water Drug Monitoring Program results indicate that Western Australia has the second highest capital city consumption levels of methylamphetamine, and the highest regional levels of methylamphetamine consumption.⁴

Reducing demand for, and harm from alcohol and other drug use in Western Australia must be a priority. Addressing the issues associated with alcohol and other drug use will require federal, state and territory governments to work together to provide a balanced approach that:

- equally address supply, demand and harm reduction and re-balances the funding across the three pillars of the National Drug Strategy as recommended in the Inquiry into Crystal Methamphetamine (Ice) Final Report⁵;
- identifies and addresses current policy and system limitations and gaps that result in people being unable to access the treatment and support they need; and
- effectively supports people to access treatment and support services by removing barriers such as stigma or discrimination.

Western Australia has a professional, specialised and effective alcohol and other drug service sector. The benefits of funding alcohol and other drug services are well established:

- for every \$1 invested in treatment services, more than \$7 is returned to the community through health and social benefits.⁶
- for every \$1 spent on needle and syringe exchange programs, the community saves \$27 in future cost.⁷

Unfortunately, only nine percent of existing Australian Government alcohol and other drug treatment and support funding is allocated to Western Australia for the next four years. This is despite Western Australia having:

² AIHW, Alcohol and other drug treatment services in Australia: state and territory summaries 2015-16, p. 22.

³ Curtin University, New figures show 14 ambulances a day called for excess alcohol. Media Release, 22 June 2017, <http://news.curtin.edu.au/media-releases/new-figures-show-14-ambulances-day-called-excess-alcohol/>.

⁴ Australian Criminal Intelligence Commission, National Wastewater Drug Monitoring Program. Report 4, March 2018 <https://www.acic.gov.au/sites/g/files/net3726/f/nwdmp4.pdf?v=1522809564>. Accessed 9 April 2018.

⁵ Parliamentary Joint Committee on Law Enforcement, Inquiry into Crystal Methamphetamine (Ice) Final Report. Commonwealth of Australia, March 2018, p. xii (Recommendation 13).

⁶ Ritter, Alison et al., *New Horizons: The review of alcohol and other drug treatment services in Australia*. National Drug and Alcohol Research Centre, 2014, p. 13

⁷ National Centre in HIV Epidemiology and Clinical Research, *Return on Investment 2: Evaluating the Cost-Effectiveness of Needle and Syringe Programs in Australia 2009*. Australian Government Department of Health and Ageing, 2009 <http://www.health.gov.au/internet/main/publishing.nsf/Content/needle-return-2>, p.8.

- 11 per cent of Australia’s population;
- significant population dispersion across regional, rural and remote areas; and
- high rates of alcohol and other drug consumption, including almost double the methamphetamine consumption rate compared to the national average.

An additional \$10.3 million over four years would be required to deliver Western Australia equitable funding on a per capita basis alone.

Rates of consumption must be factored into funding models. WANADA supports the Parliamentary Joint Committee on Law Enforcement’s Inquiry into Crystal Methamphetamine (Ice) Final Report recommendation that the Department of Health consider using 2016 Census and National Wastewater Drug Monitoring Program data to determine the allocation of National Ice Action Strategy funding for 2019-20⁸.

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Alcohol and Other Drug Use Issues

Alcohol and drug dependence is a chronic health condition and relapse is likely, as it is for other chronic health conditions such as diabetes. Treatment, therefore is often a long term proposition.

Alcohol and other drug dependence typically co-occurs with a range of other issues, with individuals presenting to alcohol and other drug treatment with complex needs (for example co-occurring mental health; domestic and family violence/relationship; acute and chronic health; child protection; corrections; housing and homelessness issues etc.).

WANADA cautions that the complexity of alcohol and other drug issues must be taken into account in the design and delivery of any initiative in this field. A reductive approach to process development risks systems failure and/or increased harm.

The Drug Testing Trial Bill and supplementary instruments and documentation must be designed in a manner that recognises the need for a range of support services, and in some cases complex case management expertise. In addition, procedures and conditions of payment must be suitably flexible to account for both the complex nature of alcohol and other drug use issues, and how people commonly access services.

WANADA does not support measures that could be perceived as punitive or those that force a person to access services. Such measures are not applied to any other health issue, as they risk unintended adverse consequences. Alcohol and other drug treatment and support services must not be perceived as a punitive response to alcohol and other drug issues. Rather, there is ample evidence that highlights the important role of choice and motivation in supporting treatment outcomes.

⁸ Parliamentary Joint Committee on Law Enforcement, Inquiry into Crystal Methamphetamine (Ice) Final Report. Commonwealth of Australia, March 2018, p. xii (Recommendation 11).

1. WANADA recommends that the Drug Testing Trial Bill and associated instruments and documentation are amended to take into account both the complexity of alcohol and other drug dependence, and the existing evidence base. This should include:

- **the removal of measures that could be perceived as punitive,**
- **the inclusion of procedural flexibility to account for how people engage with and access services, and**
- **provisions that support increased client case management.**

Increasing the Risk of Harm

WANADA does not support provisions within the Drug Testing Trial Bill that could be perceived as punitive, or would potentially increase the risk of harm to individuals within the test sites. The test pilots should not, intentionally or unintentionally, result in people becoming further disadvantaged or adopting avoidance behaviour. WANADA submits that health and wellbeing outcomes would be improved if the test pilot's service model encourages motivation and choice for individuals with alcohol and other drug issues. Failure to provide such an environment also decreases the likelihood that a person with an alcohol or other drug use issue will disclose this information to the Department.

WANADA does not support the following Drug Testing Trial Bill provisions:

- the ability to cancel a person's payments if they refuse to undergo a drug test or access treatment
- applying a four week waiting period
- the requirement for people to pay for second tests
- the inclusion of income management

These measures do not support, engage and motivate a person with a complex health issue to voluntarily access treatment and support services. WANADA considers it more appropriate for the trial to focus upon methods to support and motivate persons with alcohol and other drug use issues to access appropriate treatment and support services.

2. WANADA recommends that the Drug Testing Trial Bill is revised, with provisions included that support, incentivise and motivate a person to choose to access alcohol and other drug services.

Stigma and Discrimination

Past and current (to 2015) National Drug Strategies have identified the need to address stigma and discrimination. The impact of not addressing stigma and discrimination are wide ranging, and a national approach would be cost efficient.

WANADA considers stigma and discrimination to be one of the most significant barriers to consumers accessing treatment and related services. People with alcohol and other drug use issues typically have complex needs requiring support from a number of health and human services. Stigma, however, discourages a person to disclose their alcohol or drug

dependence issue. More broadly, stigma discourages access and service retention, and presents a barrier to the achievement of effective sustainable outcomes.

Stigmatising and discriminatory behaviors and practices have the potential to cause increased harm to people, families and communities. Failure to address these barriers to service access and retention will also result in increased (yet avoidable) costs to the health system.

3. WANADA recommends that the Drug Testing Trial Bill is amended, and supplementary documentation designed, to avoid procedural or legislative measures that will reinforce stigmatising or discriminatory behaviour.

Addressing Specialist Service Demand

Every year across Australia between 200,000 and 500,000 people are unable to access the treatment they seek.⁹

The Drug Testing Trial Bill, if enacted, will result in a further increase to the demand for specialist alcohol and other drug treatment and support services.

WANADA believes that the role of specialist alcohol and other drug treatment and support services in delivering outcomes must be recognised. This must include adequately funding these services to meet both existing and projected demand.

In particular, when legislative and policy changes result in additional people seeking treatment, these initiatives must be accompanied by a commensurate block of funding to ensure these additional people can access specialist services.

Without commensurate funding, it is possible that people who are accessing treatment voluntarily will be displaced, or people in need of treatment and support will not receive the help they need. This will result in the accrual of additional and avoidable costs to the primary health system due to people presenting with acute episodes or health complications.

4. WANADA recommends that the Drug Testing Trial Bill is accompanied by sufficient funding to ensure Western Australian specialist alcohol and other drug treatment services are able to meet any increased demand as a result of these proposed changes.

⁹Ritter, Alison et al., *New Horizons: The review of alcohol and other drug treatment services in Australia*. National Drug and Alcohol Research Centre, 2014, p. 13

