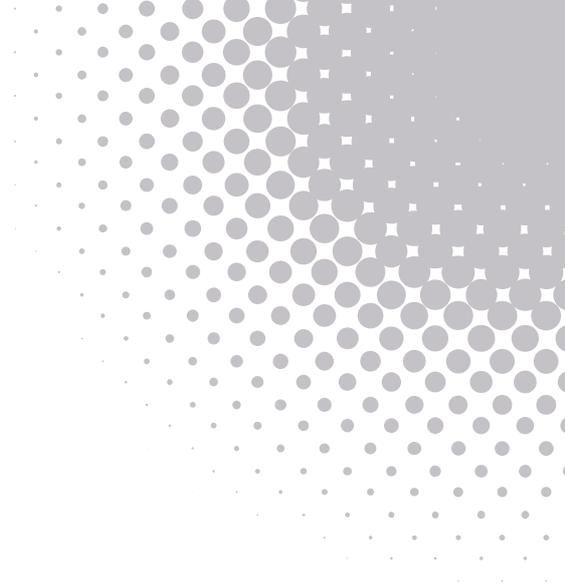




Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.



Submission to Senate Standing Committee  
on Community Affairs:  
Inquiry into Social Services Legislation  
Amendment (Drug Testing Trial) Bill 2018

April 2018



Alcohol, Tobacco and other  
Drugs Council Tasmania Inc.

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## The Alcohol, Tobacco and other Drugs Council

The Alcohol, Tobacco and other Drugs Council Tas Inc. (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance use issues in Tasmania. We are a membership based, independent, not-for-profit and incorporated organisation.

The ATDC is the key body advocating for adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives. We support workforce development through training, policy and development projects with, and on behalf of, the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction. We are underpinned by the principle of harm minimisation, which aims to improve public health, social inclusion and co-morbid illness outcomes, for individuals and communities. We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

### Tasmanian ATOD community sector organisations:

<ul style="list-style-type: none"><li>• Advocacy Tasmania</li></ul>	<ul style="list-style-type: none"><li>• Red Cross Tasmania</li></ul>
<ul style="list-style-type: none"><li>• Anglicare Tasmania Inc.</li></ul>	<ul style="list-style-type: none"><li>• Relationships Australia Tasmania Inc.</li></ul>
<ul style="list-style-type: none"><li>• Bethlehem House Tasmania Inc.</li></ul>	<ul style="list-style-type: none"><li>• Rural Alive and Well Inc.</li></ul>
<ul style="list-style-type: none"><li>• Circular Head Aboriginal Corporation</li></ul>	<ul style="list-style-type: none"><li>• South East Tasmanian Aboriginal Corporation (SETAC)</li></ul>
<ul style="list-style-type: none"><li>• Colony 47</li></ul>	<ul style="list-style-type: none"><li>• Tasmanian Council on Hepatitis, HIV AIDS and Related diseases.</li></ul>
<ul style="list-style-type: none"><li>• Drug Education Network Inc.</li></ul>	<ul style="list-style-type: none"><li>• Teen Challenge Tasmania</li></ul>
<ul style="list-style-type: none"><li>• Headspace/Cornerstone Youth Services</li></ul>	<ul style="list-style-type: none"><li>• The Link Youth Health Service</li></ul>
<ul style="list-style-type: none"><li>• Holyoake Tasmania</li></ul>	<ul style="list-style-type: none"><li>• The Salvation Army</li></ul>
<ul style="list-style-type: none"><li>• Launceston City Mission (Missiondale)</li></ul>	<ul style="list-style-type: none"><li>• Tasmanian Users Health Support League</li></ul>
<ul style="list-style-type: none"><li>• Mission Australia</li></ul>	<ul style="list-style-type: none"><li>• Wyndarra Centre</li></ul>
<ul style="list-style-type: none"><li>• Quit Services Tasmania</li></ul>	<ul style="list-style-type: none"><li>• Youth Family and Community Connections</li></ul>

## Submission process

The ATDC invited all members to participate to the submission. We greatly recognise the valuable contributions of the Drug Education Network team, Ideal Voices and Anglicare in their contributions to this submission.

## Our Submission

The ATDC is aware that the trial sites are in jurisdictions outside Tasmania and so our member organisations are not directly affected by the Trial. There is however value in raising the following points as they relate to the ATOD sector generally and the intersection with the Drug Testing Trial.

Our key points are as follows:

- There is no evidence that a Drug Testing Trial will work to improve employment outcomes however we support the evaluation of the trial as long as affected communities are involved.
- The complexity of many ATOD client presentations may require resource and skill intensive responses.
- Treatment and support services are already underfunded, therefore the influx of new clients would require careful consideration of the impact on, and further investment in, the service system.
- Alcohol is the most widely used drug in society and impacts greatly on employment factors, so why the focus on illicit drugs?
- There are concerns around the potential for further stigmatisation and discrimination to those that use drugs.

These points are expanded upon below:

1. There is no evidence that a Drug Testing Trial will work to improve employment outcomes however we support the evaluation of the trial as long as affected communities are involved.

Fundamentally, we believe that substance use issues should be treated as a health issues. The ATDC and members are sceptical of the efficacy of a drug testing approach generally to improve employment outcomes and the lack of evidence that underpins this approach is a grave concern. Indeed there is evidence to the contrary, with underwhelming outcomes from similar approaches in New Zealand ...

it's an ineffective use of money as detection rates of drug users will be minimal. Indeed, in New Zealand, \$1 million was spent on a similar scheme, which detected 22 positive results in a sample of 8,001.<sup>1</sup>

We are also concerned that it could have harmful consequences for those people that use alcohol and other drugs due to the punitive approach and limited integration of wrap-around support services. For example, some people with substance use disorders and/or a dependence on substances, upon having their income managed may resort

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<sup>1</sup>Brookfield, S, 2017, 'Is evidence for or against drug testing welfare recipients? It depends on the results we are after', *The Conversation*, accessed 11/4/18, found here: <http://theconversation.com/is-evidence-for-or-against-drug-testing-welfare-recipients-it-depends-on-the-result-were-after-83641>

to criminal means to acquire drugs or generate income to get drugs, while others may experience increased poverty and all the issues associated with that, ostensibly the end result could be making problems worse...

Cutting benefits to those who fail to attend or complete addiction treatment is an approach that has been considered overseas and has either failed or been abandoned. In Britain, the previous government had planned to introduce benefit sanctions for problematic drug users but the idea was scrapped by the new government in May 2010, partly because of concerns about coerced health treatment and fears it would impoverish people who use drugs. In the US, drug testing combined with sanctions on people receiving welfare assistance proved costly and ineffective in the states where it was tried.

Rather than encouraging drug users into treatment, a regime of sanctions has the potential to exacerbate poverty, increase crime and harden drug dependency in a group that is already marginalised, the Drug Foundation report says.

“Were such a recommendation implemented, we would fully expect to see an increase in theft, drug dealing, begging, homelessness and possibly domestic violence.”<sup>2</sup>

Moving forward, we support a model of employment support for alcohol and other drug users that provides a comprehensive assessment and response that factors in complexity in presentations and that actively encourages and supports engagement with employment services. We also believe investment in treatment is a better buy for governments with evidence that for every \$1 invested in treatment, society gains \$7.<sup>3</sup> Money allocated to expensive, arguably ineffective drug testing regimes would be better spent on increasing access evidence-based, cost-effective treatment.

Nothing about us, without us.<sup>4</sup>

The ATDC is committed to evidence based practice, and as part of that; an evaluation of all aspects of the drug testing initiative is strongly supported by the ATDC. It is important that affected communities (trial participants or those representing them through drug user/consumer organisations) are part of the initiative and are listened to and that they are at the centre of the evaluative process. Indeed, any design of future initiative needs to undertake to involve those who the initiative is directed at.

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<sup>2</sup> Andrew, K, 2011, The benefit in doubt, *Matters of Substance*, August, accessed online 11/4/18, found here: <https://www.drugfoundation.org.nz/matters-of-substance/august-2011/benefit-in-doubt/>

<sup>3</sup> Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K., & Gomez, M., 2014, *New Horizons: The review of alcohol and other drug treatment services in Australia*, NDARC, accessed online 11/4/18, found here: [http://www.health.gov.au/internet/main/publishing.nsf/content/FD5975AFBFDC7013CA258082000F5DAB/\\$File/The-Review-of-alcohol-and-other-drug-treatment-services-in-Australia.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/FD5975AFBFDC7013CA258082000F5DAB/$File/The-Review-of-alcohol-and-other-drug-treatment-services-in-Australia.pdf)

<sup>4</sup> This is a slogan used by marginalised groups to communicate the idea that policy should have the direct participation of the member(s) of the group(s) affected by that policy.

2. The complexity of many ATOD client presentations may require resource and skill intensive responses.

There is not much point in identifying an AOD problem if there is no capacity to treat it.<sup>5</sup>

Our workers tell us that many clients that present for ATOD issues have many other issues that require addressing. Often it is a case of trauma from past experience or it could be an existing mental health issue; in both these examples the use of ATOD may be considered having a self-medicating function. Then there are welfare issues such as experiences of poverty and access to stable and affordable housing that may present more of a problem than a person's use of drugs. There is no 'one size fits all' approach to working with such presentations. The myriad of issues that present means that treatment is often about finding out what is going on underneath a substance use disorder. Finding the underlying motivator/s for each individual is the key to behaviour change. This process can take several months to over a year for some clients. We hear that efforts to try and reduce substance use without consideration of other factors will most likely be futile.

We have heard that ATOD clients are presenting with increasing complexity as outlined above. With this in mind, any people with positive tests that are then referred to treatment may require resource and skill intensive responses. This leads to the following point which asks if the service system can respond appropriately without further investment.

3. Treatment and support services are already underfunded, therefore the influx of new clients would require careful consideration of the impact on, and further investment in, the service system.

...drug testing welfare recipients will be a costly and pointless exercise, particularly without additional funding for the alcohol and other drug (AOD) treatment sector.<sup>6</sup>

Many diverse organisations constitute the ATOD sector. Similarly, the workforce reflects such diversity, with workers with varying levels of qualifications and types of skills. Careful consideration of the impact of compulsory drug testing and the flow on effect in increasing demand for treatment and support should be undertaken before any roll out of the initiative.

A recent review into the Tasmanian ATOD service system has identified that our sector is underfunded and consequently there is a level of unmet demand for ATOD services.<sup>7</sup> This point is reinforced by reports from our CSO members of waiting lists to enter treatment. There are also identified workforce shortages in some professions and in some geographical areas. Any significant influx of new clients would require careful consideration of the impact on the service system as well as targeted investment to ensure that adequate treatment and support can be provided.

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<sup>5</sup> Darryl O'Donnel, CEO of Australian Federation of AIDS Organisations, in a press release issued by AIVL 'Federal Budget: drug testing of welfare recipients costly and pointless', accessed online, found here:

[http://www.aivl.org.au/media\\_release/federal-budget-drug-testing-of-welfare-recipients-costly-and-pointless/](http://www.aivl.org.au/media_release/federal-budget-drug-testing-of-welfare-recipients-costly-and-pointless/)

<sup>6</sup> AIVL, 2017, Media Release: Federal budget: drug testing of welfare recipients costly and pointless, Accessed online 11/4/18, found here: [http://www.aivl.org.au/media\\_release/federal-budget-drug-testing-of-welfare-recipients-costly-and-pointless/](http://www.aivl.org.au/media_release/federal-budget-drug-testing-of-welfare-recipients-costly-and-pointless/)

<sup>7</sup> This finding encompassed the entire service system (treatment, support and education).

4. Alcohol is the most widely used drug in society and impacts greatly on employment factors, so why the focus on illicit drugs?

Alcohol is the most widely used drug in Tasmania with 80% of the population (aged 14 and over) using it in the last year, in comparison to 15% using illicit drugs in the same time period. Alcohol consistently features as the number one drug that treatment seeking populations seek help for in our CSOs. With regard to the link between alcohol and employment, the impact of alcohol on gaining and retaining work is known as well as being linked to other factors such as lost productivity and absenteeism<sup>8</sup>.

Evidence has found that alcohol, and in particular heavy drinking, increases the risk of unemployment and, for those in work, absenteeism. Alcohol, especially episodic heavy drinking, has also been found to increase the risk of arriving late at work and leaving early or disciplinary suspension, resulting in loss of productivity; a higher turnover due to premature death; disciplinary problems or low productivity from the use of alcohol; inappropriate behaviour (such as behaviour resulting in disciplinary procedures); theft and other crime; poor co-worker relations and low company morale. Studies suggest that alcohol consumption may have more effect on productivity on the job than on the number of workdays missed. Overall, the costs of lost productivity feature as the dominant element in studies of the social costs arising from the harm done by alcohol...<sup>9</sup>

Being unemployed seems to worsen alcohol related harm. While it may lead to less alcohol consumed it can manifest in more risky patterns of drinking.<sup>10</sup> A meta-analysis of papers studied the relationship between alcohol consumption and earnings and suggested that there was a lack of labour force participation by those that consumed large amounts of alcohol.<sup>11</sup> Given this evidence of alcohol harm, the scale of use in Australia and its link to labour force outcomes, the ATDC asks why alcohol is not included as part of the drug testing regime?

- 5 There are concerns around the potential for further stigmatisation and discrimination to those that use drugs.

Perhaps the underlying issue that needs addressing is the stigma attached to drug use generally and then the discrimination for consumers that results. Discrimination, and subsequently, different treatment of people who use drugs can come from many sources; such as a person's social support network and also from health care providers. Often a person's circumstances and health issues can be attributed to the social determinants of health argument...

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<sup>8</sup> Manning, M., Smith, C. & Mazerolle, P. (2013). The societal costs of alcohol misuse in Australia. *Trends and Issues in Crime and Criminal Justice*. 454. Canberra: Institute of Criminology, Roche, A., Pidd, K. & Kostadinov, V. (2015). Alcohol and drug related absenteeism: a costly problem

<sup>9</sup> Anderson, P, WHO, Alcohol and the workplace, accessed on April 11, found here:

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/191367/8-Alcohol-and-the-workplace.pdf](http://www.euro.who.int/_data/assets/pdf_file/0009/191367/8-Alcohol-and-the-workplace.pdf)

<sup>10</sup> Anderson, P, WHO, Alcohol and the workplace, accessed on April 11, found here:

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/191367/8-Alcohol-and-the-workplace.pdf](http://www.euro.who.int/_data/assets/pdf_file/0009/191367/8-Alcohol-and-the-workplace.pdf)

<sup>11</sup> Lye J, Hirschberg J (2010). Alcohol consumption and human capital: a retrospective study of the literature, *Journal of Economic Surveys*, 24(2): 309–338.



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The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.<sup>12</sup>

It is the work of many ATOD stakeholders to address social inequities that arise from social determinants of health variables. Poor employment outcomes are one result of an inequitable distribution of resources. Stigma and discrimination of marginalised people is another. We see the Drug Testing Trial as contributing to stigma due to its punitive approach.

The stigmatisation of marginalized people costs governments money. It is widely recognised as reducing access to, and affecting the efficacy of, health care and treatment seeking. Cooper & Neilsen have noted that “...*stigma is one important barrier to treatment entry...*”<sup>13</sup> We are concerned that this approach will contribute to stigma directed to those that use alcohol and other drugs due to the punitive approach and sanctions that are inherent in program design. With this in mind, we hope that the approach is sensitively implemented.

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<sup>12</sup> World Health Organization, About social determinants of health, accessed online 11/4/18, found here: [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)

<sup>13</sup> Cooper, S & Neilsen, S., 2016, ‘Stigma and Social Support in Pharmaceutical Opioid Treatment Populations: a scoping review’, *International Journal of Mental Health Addiction*, November.