

The Senate

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Community Affairs Legislation  
Committee

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Social Services Legislation Amendment  
(Drug Testing Trial) Bill 2019 [Provisions]

October 2019

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## Abbreviations

2018 bill	Social Services Legislation Amendment (Drug Testing Trial) Bill 2018
ACOSS	Australian Council of Social Service
Assistant Minister	Assistant Minister to the Prime Minister and Cabinet, Mr Ben Morton MP
Bill	Social Services Legislation Amendment (Drug Testing Trial) Bill 2019
Committee	Community Affairs Legislation Committee
Department	Department of Social Services
NADA	Network of Alcohol and other Drugs Agencies
PJCHR	Parliamentary Joint Committee on Human Rights
QCOSS	Queensland Council of Social Service
QNADA	Queensland Network of Alcohol and other Drugs Agencies
Scrutiny Committee	Senate Standing Committee for the Scrutiny of Bills
Sear et al	Associate Professor Kate Sear, Professor Suzanne Fraser, Professor David Moore and Associate Professor kylie valentine
WANADA	Western Australian Network of Alcohol and other Drugs Agencies
Welfare Reform bill	Social Services Legislation Amendment (Welfare Reform) Bill 2017
WDTA	Workplace Drug Testing Association



# List of Recommendations

## Recommendation 1

**2.63 The committee recommends that the bill be passed.**



# Chapter 1

## Introduction

### Purpose of the bill

- 1.1 The Social Services Legislation Amendment (Drug Testing Trial) Bill 2019 (bill) establishes a mandatory drug testing trial of 5000 recipients of Newstart Allowance and Youth Allowance (Other) in three locations: Canterbury-Bankstown, New South Wales; Logan, Queensland; and Mandurah, Western Australia.<sup>1</sup>
- 1.2 Drug test trial participants who test positive to a testable drug will become subject to income management for two years and be required to undergo further random drug tests, the first of which will occur within 25 working days after the initial positive drug test. If the second test is also positive, the participant may be required to complete drug treatment activities.<sup>2</sup>

### Background

#### *Welfare Reform bill*

- 1.3 The drug testing trial was first announced during the 2017–18 Budget speech<sup>3</sup> and was included as Schedule 12 of the Social Services Legislation Amendment (Welfare Reform) Bill 2017 (Welfare Reform bill), which was introduced into the House of Representatives on 22 June 2017.<sup>4</sup>
- 1.4 The Welfare Reform bill was referred to the Senate Community Affairs Legislation Committee (committee) for inquiry and report,<sup>5</sup> and the committee presented its report to the Senate on 6 September 2017.<sup>6</sup>
- 1.5 On 7 December 2017, the Senate, on the motion of the government, agreed to remove Schedule 12 from the Welfare Reform bill.<sup>7</sup>

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<sup>1</sup> Explanatory Memorandum, p. 3.

<sup>2</sup> Explanatory Memorandum, p. 4.

<sup>3</sup> The Hon Scott Morrison MP, Treasurer of the Commonwealth of Australia, *House of Representatives Hansard*, 9 May 2017, p. 4067.

<sup>4</sup> *House of Representatives Votes and Proceedings*, No. 64, 22 June 2017, p. 902.

<sup>5</sup> *Journals of the Senate*, No. 48, 22 June 2017, pp. 1540–1541.

<sup>6</sup> Senate Community Affairs Legislation Committee (committee), *Social Services Legislation Amendment (Welfare Reform) Bill 2017 [Provisions]*, September 2017.

<sup>7</sup> *Journals of the Senate*, No. 79, 7 December 2017, p. 2531.

### *2018 drug testing trial bill*

- 1.6 The Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 (2018 bill) – a second iteration of the drug testing trial legislation with almost identical terms to Schedule 12 of the Welfare Reform bill – was introduced in the House of Representatives on 28 February 2018.<sup>8</sup> On 22 March 2018, the provisions of the 2018 bill were referred to the committee for inquiry and report.<sup>9</sup>
- 1.7 The 2018 bill differed from the Welfare Reform bill in the following ways:
- the drug test trial area was specified;<sup>10</sup> and
  - a new sub-clause provided that the Secretary must determine that a person is not subject to income management if the Secretary has reason to believe that it would pose a serious risk to the person's mental, physical or emotional wellbeing.<sup>11</sup>
- 1.8 The committee conducted hearings for the 2018 bill inquiry in two of the trial locations, Canterbury-Bankstown on 23 April 2018 and Logan on 24 April 2018. The committee heard evidence from witnesses from all three trial locations, as well as from social services providers and experts in alcohol and other drug treatments and policy.<sup>12</sup>
- 1.9 The committee presented its report to the Senate on 7 May 2018, recommending that the bill be passed and including two recommendations relating to the trial's research methodology.<sup>13</sup> These recommendations and the subsequent Government Response are discussed in Chapter 2 of this report.
- 1.10 The 2018 bill was introduced into the Senate on 14 August 2018<sup>14</sup> and lapsed on 1 July 2019 at the end of the 45<sup>th</sup> Parliament.

### **Key provisions**

- 1.11 The provisions of the bill establish a drug testing trial with the following parameters:

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<sup>8</sup> *House of Representatives Votes and Proceedings*, No. 102, 28 February 2018, p. 1419.

<sup>9</sup> *Journals of the Senate*, No. 91, 22 March 2018, p. 2884.

<sup>10</sup> Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 (2018 bill), item 1, 'drug test trial area'. In the Social Security Legislation Amendment (Welfare Reform Bill) 2017 (Welfare Reform bill) the trial site areas were to be defined in rules.

<sup>11</sup> See 2018 bill, item 24. In the Welfare Reform bill, the same provision used the word 'may'.

<sup>12</sup> For a list of witnesses at each hearing see Committee, *Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 [Provisions]*, May 2018, pp. 43–46.

<sup>13</sup> Committee, *Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 [Provisions]*, May 2018.

<sup>14</sup> *Journals of the Senate*, No. 107, 14 August 2018, p. 3487.

- the drug trial locations are the local government areas of: Canterbury-Bankstown, New South Wales; Logan, Queensland; and Mandurah, Western Australia;<sup>15</sup>
- the trial period is 24 months;<sup>16</sup>
- the trial will apply only to certain illicit drugs ('testable drugs');<sup>17</sup>
- trial participants are eligible to be tested for these drugs if during the trial period their usual place of residence is in a trial location and they are receiving Newstart or Youth Allowance (Other);<sup>18</sup>
- trial participants who test positive to a testable drug will be placed on income management for a period of 24 months;<sup>19</sup>
- trial participants may request that a positive drug test sample be retested, but will be required to pay for the retest if it returns a positive result;<sup>20</sup>
- failing to comply with a notice from the Secretary to provide a sample means a trial participant's payment is not payable and will be cancelled. The trial participant will be required to serve a 28 day drug test refusal waiting period before they are eligible to receive the payment again.<sup>21</sup>

1.12 The bill also contains provisions in Schedule 1, Part 2, to ensure that the provisions of the *Social Security Act 1991*, *Social Security (Administration) Act 1999* and *Farm Household Support Act 2014* amended by the bill reflect the change in the name from 'Newstart Allowance' to 'Jobseeker Payment' on 20 March 2020 or on the commencement of the bill, whichever occurs later.<sup>22</sup>

1.13 The bill is nearly identical to the 2018 bill, with the following differences:

- the list of testable drugs has been updated to specify 'heroin' and 'cocaine' rather than 'opioids';<sup>23</sup>
- in the part relating to drug test repayment deductions, subsection 1206XA(4), has been redrafted to provide that a drug test repayment amount arises only for each positive retest that was carried out at the request of the person being tested;<sup>24</sup> and

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<sup>15</sup> Social Services Legislation Amendment (Drug Testing Trial) Bill 2019 (bill), item 1, 'drug test trial area'.

<sup>16</sup> Bill, item 1, 'drug test trial period'.

<sup>17</sup> Bill, item 1, 'testable drug'.

<sup>18</sup> Bill, item 1, 'drug test trial pool member'.

<sup>19</sup> Bill, item 28.

<sup>20</sup> Bill, item 11.

<sup>21</sup> Bill, items 6 and 8.

<sup>22</sup> Bill, items 37–48.

<sup>23</sup> Bill, item 1.

<sup>24</sup> Bill, item 11, ss. 1206XA(4); in the 2018 bill and the Welfare Reform bill, participants were required to also repay the cost of any positive retests mandated in the trial program.

- clauses relating to mutual obligations for jobseekers, which in the 2018 bill were contingent on the commencement of *Social Services Legislation Amendment (Welfare Reform) Act 2018*, have been moved into Schedule 1, Part 1 of this bill.<sup>25</sup>

## Legislative Scrutiny

1.14 The provisions of this bill and of its predecessors have been considered by the Senate Standing Committee for the Scrutiny of Bills and the Parliamentary Joint Committee on Human Rights.

### *Senate Standing Committee for the Scrutiny of Bills*

1.15 The Senate Standing Committee for the Scrutiny of Bills (Scrutiny Committee) considered the bill in *Scrutiny Digest No. 6 of 2019*,<sup>26</sup> reiterating comments made in its consideration of the 2018 bill and directing readers to *Scrutiny Digest No. 3 of 2018*.<sup>27</sup>

1.16 In that earlier report, the Scrutiny Committee noted that the 2018 bill was substantially similar to Schedule 12 of the Welfare Reform bill and restated its comments and the former Minister's response.<sup>28</sup> The Scrutiny Committee's concerns about that schedule included:

- that significant matters were placed in delegated legislation, including matters relating to the confidentiality of drug test results and the provision for the Secretary to determine a period longer than 24 months for the trial (subsection 123UFAA(1B));
- that the contractor is provided with the power to effectively determine who is subject to income management but that its responsibilities were not articulated in the bill; and
- that judicial review was limited because there was no obligation on the Secretary under proposed subsection 123UFAA(1D) to consider whether to exercise the power in proposed subsection 123UFAA(1C).<sup>29</sup>

1.17 The Explanatory Memorandum for the bill notes that, in response to the comments of the Scrutiny Committee on the Welfare Reform bill, paragraphs 123UFAA (1C) and (1D) have been strengthened to provide that the Secretary must determine that a person will not be subject to income management if the Secretary is satisfied that placing the person on income management would

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<sup>25</sup> Bill, items 13–16.

<sup>26</sup> Senate Standing Committee for the Scrutiny of Bills, *Scrutiny Digest 6 of 2019*, p. 22.

<sup>27</sup> Senate Standing Committee for the Scrutiny of Bills, *Scrutiny Digest 3 of 2018*, pp. 34–44.

<sup>28</sup> Senate Standing Committee for the Scrutiny of Bills, *Scrutiny Digest 3 of 2018*, p. 34; Senate Standing Committee for the Scrutiny of Bills, *Scrutiny Digest 8 of 2017*, pp. 24–28.

<sup>29</sup> Senate Standing Committee for the Scrutiny of Bills, *Scrutiny Digest 8 of 2017*, pp. 24–28.

pose a serious risk to the person's mental, physical or emotional wellbeing.<sup>30</sup> This change was first made to the 2018 bill.<sup>31</sup>

### *Parliamentary Joint Committee on Human Rights*

- 1.18 The Parliamentary Joint Committee on Human Rights had not finalised its consideration of the bill before the committee's reporting date.
- 1.19 However, it did consider the 2018 bill and the Welfare Reform bill, raising concerns that the legislation interfered with and limited the rights to privacy, bodily integrity, social security and equality and non-discrimination.<sup>32</sup>
- 1.20 These comments were noted and discussed in submissions from the Australian Human Rights Commission<sup>33</sup> and the Centre for Excellence in Child and Family Welfare Inc.<sup>34</sup>
- 1.21 The *Statement of compatibility with human rights* for the bill accepts that some human rights are impacted by the bill, but notes that 'to the extent that it may impact human rights, the impact is for a legitimate objective, and is reasonable, necessary and proportionate'.<sup>35</sup>

### **Conduct of the inquiry**

- 1.22 Pursuant to the adoption of the Selection of Bills Committee report, the bill was referred to the committee on 12 September 2019 for inquiry and report by 10 October 2019.<sup>36</sup>
- 1.23 The committee advertised the inquiry on its website and invited submissions by 27 September 2019. The committee received 51 submissions, listed at Appendix 1 of this report.
- 1.24 The committee also conducted a public hearing in Canberra on 2 October 2019. A list of witnesses for that hearing is included at Appendix 2 of this report.

### *Notes on references*

- 1.25 In this report, references to Committee Hansard are to proof transcripts. Page numbers may vary between proof and final copies.

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<sup>30</sup> Explanatory Memorandum, p. 21.

<sup>31</sup> 2018 bill, Explanatory Memorandum, pp. 20–21.

<sup>32</sup> Parliamentary Joint Committee on Human Rights (PJCHR), *Report 3 of 2018*, pp. 124–128; PJCHR, *Report 8 of 2017*, pp. 51–61; PJCHR, *Report 11 of 2017*, pp. 150–170.

<sup>33</sup> Australian Human Rights Commission, *Submission 43*.

<sup>34</sup> Centre for Excellence in Child and Family Welfare, *Submission 23*, p. 3.

<sup>35</sup> Explanatory Memorandum, *Statement of compatibility with human rights*, p. 33.

<sup>36</sup> *Journals of the Senate*, No. 15, 12 September 2019, p. 468.



# Chapter 2

## Key issues

- 2.1 The majority of submitters and witnesses acknowledged the benefits of providing medical and/or social assistance to people experiencing substance abuse issues.<sup>1</sup> The Senate Community Affairs Legislation Committee (committee) also received evidence expressing a range of concerns about several aspects of the proposed drug testing trial, including:
- the evidentiary basis for drug testing welfare recipients;
  - the methodology for the trial;
  - the processes involved in testing for illicit drugs;
  - the use of compulsory treatment and income management as consequences for a positive test in the trial; and
  - the increased demand on services providing treatment for substance abuse in the trial locations.

### Evidence for the trial

- 2.2 Some submitters told the committee that there is a lack of academic evidence to support the view that drug testing welfare recipients and restricting their income would assist them to address their substance abuse issues.<sup>2</sup> Several of these submitters referenced a 2013 report by the Australian National Council of Drugs which recommended that drug testing of welfare recipients not be considered in Australia and stated 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.<sup>3</sup>

- 2.3 In response to concerns about the broader evidence base for drug testing welfare recipients, the Department of Social Services (department) submitted that the model proposed in the bill has not be studied before in Australia or internationally, which is why comparable evidence for this approach does not

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<sup>1</sup> See, for example, Uniting Communities, *Submission 11*; Windana Drug and Alcohol Recovery, *Submission 14*, p. 1; Penington Institute, *Submission 16*, pp. 9–11; Centre for Excellence in Child and Family Welfare Inc, *Submission 23*, pp. 3–4.

<sup>2</sup> See, for example, Network of Alcohol and other Drugs Agencies (NADA), *Submission 2*; Associate Professor Kate Seear, Professor Suzanne Fraser, Professor David Moore and Associate Professor kylie valentine (Seear et al), *Submission 3*; Royal Australian and New Zealand College of Psychiatrists, *Submission 5*; St Vincent's Health Australia, *Submission 9*.

<sup>3</sup> Australian National Council of Drugs, [Australian National Council of Drugs Position Paper: Drug Testing](#), August 2013.

exist and why the program has been proposed as a trial. The department further stated:

The evaluation of this trial will help to establish an evidence base for this type of intervention by testing new ways of encouraging job seekers into treatment.<sup>4</sup>

- 2.4 Some submitters observed that programs of drug testing welfare recipients in other countries had indicated that it is not a cost-effective method of identifying people with substance abuse issues, as there were a very low number of positive tests in those trial populations.<sup>5</sup> For example, one trial in New Zealand of 8001 participants had only 22 positive test results, a total of 0.27 per cent of participants.<sup>6</sup>
- 2.5 The committee received evidence from the department indicating that a higher proportion of drug tests are anticipated to be positive in the trial proposed by the bill, with an anticipated 420 to 450 of the 5000 participants, 8.4 to 9.0 per cent, expected to test positive to the initial test.<sup>7</sup>
- 2.6 Other submitters commented that there is limited evidence that people who are receiving welfare payments use illicit drugs at higher levels than the general population or that drug use is the reason that they are unemployed.<sup>8</sup>
- 2.7 However, the committee notes data that demonstrates drug and alcohol dependency currently affects the ability of jobseekers in Australia to participate in activities and seek employment. The Assistant Minister to the Prime Minister and Cabinet, the Hon Ben Morton MP, noted in his second reading speech that, in the 2018–19 financial year, there were 5247 occasions when a drug or alcohol dependency was used by a jobseeker as a reason for not meeting their mutual obligation requirements and, between 1 January 2018 and 31 July 2019, 8638 jobseekers already participated in a drug or alcohol treatment activity as part of their requirements.<sup>9</sup>

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<sup>4</sup> Department of Social Services, *Submission 10*, p. 3.

<sup>5</sup> Ted Noffs Foundation, *Submission 6*, p. 1. See also, St Vincent's Health Australia, *Submission 9*, p. 6; Penington Institute, *Submission 16*, p. 4.

<sup>6</sup> St Vincent's Health Australia, *Submission 9*, p. 6.

<sup>7</sup> Ms Kath Paton, Branch Manager, Participation and Supplementary Payments, Department of Social Services, *Committee Hansard*, 2 October 2019, p. 54.

<sup>8</sup> See, for example, Australian Association of Social Workers, *Submission 20*, p. 1; Alcohol and Other Drug Peaks Network, *Submission 33*, p. 3; Royal Australian and New Zealand College of Psychiatrists, *Submission 5* p. 2; Queensland Network of Alcohol and Other Drug Agencies (QNADA) and Queensland Council of Social Service (QCOSS), *Submission 7*, pp. 2–3; Alcohol and Drug Foundation, *Submission 18*, p. 2.

<sup>9</sup> The Hon Ben Morton MP, Assistant Minister to the Prime Minister and Cabinet, *House of Representatives Hansard*, 11 September 2019, pp. 14-15.

- 2.8 Evidence from the Australian Institute of Health and Welfare's 2016 *National Drug Strategy Household Survey* demonstrated that unemployed people were more likely to use cannabis and meth/amphetamines<sup>10</sup> than employed people (18.7 per cent and 4.6 per cent versus 12.2 per cent and 1.5 per cent, respectively), although they were less likely to use cocaine (2.4 per cent versus 3.8 per cent).<sup>11</sup>
- 2.9 The Assistant Minister noted that the trial to be established by the bill will:
- ...assess the use of drug testing as a means of identifying jobseekers with substance abuse issues that may be preventing them from finding a job, and supporting them to address these barriers through interventions such as income management and referral to the appropriate treatment that they require.<sup>12</sup>

### *Research methodology and evaluation*

- 2.10 Some submitters raised concerns about the research methodology and evaluation process for the trial.<sup>13</sup>
- 2.11 For example, the Network of Alcohol and other Drugs Agencies (NADA) questioned whether focusing the trial only in locations with high rates of illicit drug usage will result in data to accurately inform a future national roll-out of the program.<sup>14</sup>
- 2.12 The City of Logan recommended that the evaluation include a number of measures to determine which aspects of the trial are successful, including success rates in terms of employment and treatment outcomes, as well as feedback from case managers and support providers, and the impact on those who refuse to participate in testing and therefore 'drop out' of the welfare system.<sup>15</sup>
- 2.13 In its report into the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 (2018 bill), the committee acknowledged the importance of a rigorous methodology with clear metrics for evaluation being established

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<sup>10</sup> The classification of meth/amphetamines includes methylamphetamine, also known as methamphetamine, and amphetamine. See: Australian Institute of Health and Welfare, [Alcohol, tobacco & other drugs in Australia: Meth/amphetamine and other stimulants](#), 23 September 2019.

<sup>11</sup> Australian Institute of Health and Welfare, [National Drug Strategy Household Survey 2016: Detailed findings](#), June 2017, p. 52.

<sup>12</sup> The Hon Ben Morton MP, Assistant Minister to the Prime Minister and Cabinet, *House of Representatives Hansard*, 11 September 2019, p. 15.

<sup>13</sup> City of Logan, *Submission 15*, p. 4; Seear et al, *Submission 3*, p. 20; Windana Drug and Alcohol Recovery, *Submission 14*; Drug Policy Modelling Program, *Submission 21*, p. 5.

<sup>14</sup> NADA, *Submission 2*, p. 4. See also, Royal Australasian College of Physicians, *Submission 8*, p. 5.

<sup>15</sup> City of Logan, *Submission 15*, p. 4.

before the commencement of the trial. In that report, the committee made two recommendations relating to the methodology of the trial:

**Recommendation 1**

The committee recommends that the Department of Social Services should establish and publish the evaluation strategy of the drug testing trial prior to the commencement of the trial.

**Recommendation 2**

The committee recommends that the Department of Social Services publish the outcomes of the drug testing trial after it has been completed.<sup>16</sup>

2.14 In the Government Response to the committee's report, the department supported these recommendations, noting that:

- an independent consultancy will be commissioned to develop the evaluation strategy;
- the evaluation strategy will be designed in conjunction with stakeholders through submissions and workshops in each trial location;
- an Evaluation Steering Committee will be established to guide the work of the evaluation and will include representatives with drug and alcohol expertise;
- an independent consultancy will be commissioned to conduct the evaluation in parallel with the trial; and
- the findings of the evaluation will be published at the end of the trial.<sup>17</sup>

*Committee view*

2.15 The committee notes concerns of submitters and witnesses about the evidentiary basis for the drug testing trial.

2.16 However, the committee is mindful of evidence from the department that the model proposed in the bill has not been tested and that the results of the evaluation of the trial will help to determine the extent to which drug testing can assist jobseekers to overcome the barriers to their employment.

2.17 The committee is further encouraged by the department's commitment to ensure that the evaluation strategy is established before the commencement of the trial and to publish the results of the evaluation of the trial once it is completed.

**Processes involved in drug testing**

2.18 In total, 5000 participants across the three trial locations will be randomly selected from the drug test trial pool to undertake a drug test and will be

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<sup>16</sup> Senate Community Affairs Legislation Committee (committee), *Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 [Provisions]*, May 2018, p. 11.

<sup>17</sup> [Australian Government Response to the Senate Community Affairs Legislation Committee Inquiry into the Social Services Legislation Amendment \(Drug Testing Trial\) Bill 2018](#), August 2018, p. 2.

notified to attend an appointment at their local Centrelink office. At that appointment, participants will be told that they are to undergo an immediate drug test, which will be conducted by a third-party provider either in the Centrelink office or at a nearby provider's premises.<sup>18</sup> The methods for testing proposed by the trial are based on the collection of saliva, urine and hair samples.<sup>19</sup>

- 2.19 Some submitters have questioned the processes involved in testing participants, such as the methods of testing, the assessment of test results and the requirements for third-party providers.<sup>20</sup>
- 2.20 Penington Institute, among others, submitted that the various methods of drug testing have significantly different sensitivity in detecting the recent use of different substances. For example, while heroin may remain detectable for three days after use, cannabis can remain detectable for as long as 14 days.<sup>21</sup>
- 2.21 The City of Logan submitted that saliva testing should be used in the trial, rather than urine or hair testing, as this method is more likely to indicate a current and immediate influence of drugs on the individual, which would affect their job-readiness.<sup>22</sup>
- 2.22 The Workplace Drug Testing Association (WDTA) clarified for the committee that saliva testing gives a better indication of current impairment, but that urine testing may be more suited to pre-employment screening as a broader historical test.<sup>23</sup> These two methods are used equally in workplaces for the purpose of workplace-based drug screening.<sup>24</sup> Hair testing can also be used to detect drug use or exposure in the months before the test, rather than days, and is less intrusive for the individual.<sup>25</sup>
- 2.23 Some submitters have raised concerns about the role of third-party providers contracted to provide testing under the trial, particularly in relation to their

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<sup>18</sup> Explanatory Memorandum, pp. 3–4.

<sup>19</sup> Social Services Legislation Amendment (Drug Testing Trial) Bill 2019 (bill), items 1 and 3.

<sup>20</sup> See, for example, Royal Australasian College of Physicians, *Submission 8*, p. 10; City of Logan, *Submission 15*, p. 4; Alcohol and Drug Foundation, *Submission 18*, p. 4; 360Edge, *Submission 29*, pp. 5–6.

<sup>21</sup> St Vincent's Health Australia, *Submission 9*, p. 6; Penington Institute, *Submission 16*, p. 8; Australian Council of Social Service (ACOSS), *Submission 37*, p. 4; Workplace Drug Testing Association (WDTA), *Submission 47*, p. 7.

<sup>22</sup> City of Logan, *Submission 15*, p. 4.

<sup>23</sup> Mr John De Mellow, Public Officer, WDTA, *Committee Hansard*, 2 October 2019, p. 15.

<sup>24</sup> WDTA, *Submission 47*, p. 4.

<sup>25</sup> WDTA, *Submission 47*, p. 6.

expertise and the quality of the assessment of test samples.<sup>26</sup> For example, the Australian Human Rights Commission submitted that appropriate measures should be put in place:

...to ensure that private contractors who are conducting the drug tests are adequately trained, and that robust procedures are put in place, to ensure the security and confidentiality of drug test result information.<sup>27</sup>

- 2.24 The Department explained to the committee that contracted providers will be required to conform to Australian Standards in relation to drug testing, as well as the requirements set out for providers in the drug test rules, to be made under proposed section 38FA of the bill.<sup>28</sup>
- 2.25 The WDTA explained that there are currently Australian Standards for drug testing using urine and saliva, and several laboratories have also been accredited in accordance with international guidelines for hair testing.<sup>29</sup>
- 2.26 The department further noted that the drug test rules, which were provided in 2017 as an exposure draft relating to the Social Services Legislation Amendment (Welfare Reform) Bill 2017,<sup>30</sup> will be updated after the current bill is passed and following consultation with drug testing experts.<sup>31</sup> The Department of Human Services (Services Australia) also informed the committee that it had taken expert advice in drafting preliminary requirements as part of the procurement of a provider and 'will continue to take expert advice as required, including in the evaluation of tender responses'.<sup>32</sup>
- 2.27 Some submitters raised concern regarding the impact of drug testing on participants' drug use. For example, the Royal Australasian College of Physicians noted that an unintended consequence of drug testing for certain substances may be that participants shift their drug use to those substances

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<sup>26</sup> See, for example, Seear et al, *Submission 3*, p. 14; Clinical Associate Professor Adrian Reynolds, Immediate Past President, Chapter of Addiction Medicine, Royal Australasian College of Physicians, *Committee Hansard*, 2 October 2019, p. 25.

<sup>27</sup> Australian Human Rights Commission, *Submission 43*, p. 27.

<sup>28</sup> Ms Paton, Department of Social Services, *Committee Hansard*, 2 October 2019, p. 46; Bill, item 3.

<sup>29</sup> Mr Darron Brien, Chairman, WDTA, *Committee Hansard*, 2 October 2019, pp. 10, 12. See also, WDTA, *Submission 47*.

<sup>30</sup> Department of Social Services, [Social Security \(Drug test\) Rules 2017 Exposure Draft](#) (tabled 30 August 2017).

<sup>31</sup> Ms Paton, Department of Social Services, *Committee Hansard*, 2 October 2019, p. 46. See also: Department of Social Services, *Submission 10*, p. 10.

<sup>32</sup> Department of Human Services (Services Australia), answer to Question on Notice No. 1, 2 October 2019 (received 4 October 2019).

which are not tested for and which may be more dangerous, such as synthetic cannabis or opioids, or prescription drugs.<sup>33</sup>

- 2.28 Some submitters have concerns about the risks relating to false positive results for certain substances in the trial given the consequences for participants.<sup>34</sup> The Queensland Network of Alcohol and other Drug Agencies told the committee that this concern may be higher for saliva testing than other methods.<sup>35</sup>
- 2.29 The Royal Australasian College of Physicians submitted that many psychiatric drugs may return false positive results for amphetamines and that it would be unfair to subject a participant with a prescription for a psychiatric drug to income management for such a result.<sup>36</sup>
- 2.30 For these reasons, the WDTA has recommended that the trial include a medical review of some results, such as for testing relating to opioids, due to the complexities around illicit opioids such as heroin and similar test results for prescription opioids like codeine.<sup>37</sup>
- 2.31 In relation to this matter, the department's submission clarifies that the trial is focussed on the use of illicit drugs by jobseekers and is not intended to capture those who are taking legal medications, including medicinal cannabis. Any participants who undergo drug testing will be asked to provide information about any legal medications they are taking which may cause false positive results, and this will be taken into account in recording the test result.<sup>38</sup>
- 2.32 In addition, trial participants who believe that they have received a false positive test are able to request a second test, for which they will not be required to pay the cost unless that test also provides a positive result.<sup>39</sup>

### *Committee view*

- 2.33 The committee notes the concerns raised by submitters about the processes involved in drug testing under the trial and that limited specific detail is currently available in relation to these processes, noting that additional details will be included in the drug testing rules.

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<sup>33</sup> Royal Australasian College of Physicians, *Submission 8*, p. 5. See also: Penington Institute, *Submission 16*, p. 8; Alcohol and Drug Foundation, *Submission 18*, p. 4.

<sup>34</sup> Seear et al, *Submission 3*, p. 10; Monash Addiction Research Centre, *Submission 27*, p. 3; ACOSS, *Submission 37*, p. 4.

<sup>35</sup> Ms Rebecca Lang, Chief Executive Officer, QNADA, *Committee Hansard*, 2 October 2019, p. 44.

<sup>36</sup> Royal Australasian College of Physicians, *Submission 8*, p. 5. See also: St Vincent's Health Australia, *Submission 9*, p. 6.

<sup>37</sup> Mr Brien, WDTA, *Committee Hansard*, 2 October 2019, p. 16.

<sup>38</sup> Department of Social Services, *Submission 10*, p. 5.

<sup>39</sup> Department of Social Services, *Submission 10*, pp. 9–10.

- 2.34 The committee agrees that any drug testing processes used for the purposes of the trial should meet Australian and international standards for collection and assessment, and should be conducted in a manner that takes into account any legitimate reasons that an individual may have for testing positive for a particular substance.
- 2.35 The committee is satisfied that both the Department of Social Services and the Department of Human Services (Services Australia) are undertaking all necessary consultation to ensure that drug testing carried out under the trial will meet these requirements.

### **Consequences of a positive test**

- 2.36 As outlined in Chapter 1, drug test trial participants who test positive to a testable drug will be placed on income management for two years and be required to undergo further random drug tests. If a second test is also positive, the participant will be referred to a health professional for assessment and may be recommended drug treatment appropriate to their circumstances. If treatment is recommended, the participant will need to complete the recommended treatment as part of their Job Plan.<sup>40</sup>
- 2.37 Some submitters questioned whether the compulsory drug treatment and income management aspects of the trial will have the desired outcome of reducing substance abuse.<sup>41</sup> St Vincent's Health Australia noted that:
- Part of the clinical definition of substance use disorder is that people continue to misuse drugs or alcohol despite knowing there will be negative consequences.<sup>42</sup>
- 2.38 However, the Kirby Institute submitted that, while some models of compulsory treatment do not achieve their stated goals, compulsory treatment has been proven effective when used to divert individuals away from the criminal justice system.<sup>43</sup>
- 2.39 Some submitters noted that income management and restricted access to discretionary funds may not prevent people from continuing to use illicit substances, particularly if their use is limited and infrequent.<sup>44</sup> Uniting Communities submitted that in one of the trial sites for the cashless debit card

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<sup>40</sup> Explanatory Memorandum, pp. 4, 26.

<sup>41</sup> See, for example, Public Health Association of Australia. *Submission 28*, p. 6; ACOSS, *Submission 37*, p. 2; Australian Human Rights Commission, *Submission 43*, p. 17.

<sup>42</sup> St Vincent's Health Australia, *Submission 9*, p. 4.

<sup>43</sup> Kirby Institute, *Submission 13*, [p. 2]. See also: Mr Matthew Noffs, Chief Executive Officer, Ted Noffs Foundation, *Committee Hansard*, 2 October 2019, p. 36.

<sup>44</sup> Windana Drug and Alcohol Recovery, *Submission 14*; 360Edge, *Submission 29*.

program, an alcohol and other drugs treatment centre reported that there had not been a decrease in the number of people seeking help so far.<sup>45</sup>

- 2.40 The department told the committee that income management for the drug testing trial will be provided through an adaptation of the existing Supporting People at Risk measure using the BasicsCard, and participants will have access to the various supports which are available to all individuals currently on income management through the BasicsCard.<sup>46</sup> The Supporting People at Risk measure is currently used in the Northern Territory for the support of people with alcohol abuse issues who have been placed on the Banned Drinker Register.<sup>47</sup>
- 2.41 In the second reading speech for the 2018 bill, the then Minister for Social Services, The Hon Dan Tehan MP, explained why he considered that income management was an important part of the drug testing trial:
- This is designed to restrict their access to cash and limit their ability to use their payments to fund further harmful drug use, while not reducing the amount of payment they receive.<sup>48</sup>
- 2.42 The submission from Brisbane South PHN supported this view, noting that a positive aspect of income management under this program is that it does not impose a financial penalty that would reduce an individual's welfare payment overall.<sup>49</sup>
- 2.43 Some submitters also raised concerns that by not offering drug treatment after a first test, the trial may not meet the program's aim of improving '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'.<sup>50</sup>
- 2.44 For this reason, some submitters proposed ways in which the drug testing trial could be enhanced to address some of the concerns raised by stakeholders and communities, including:

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<sup>45</sup> Uniting Communities, *Submission 11*, [p. 7]. See also: Ms Jacqueline Phillips, Director of Policy and Advocacy, ACOSS, *Committee Hansard*, 2 October 2019, p. 17.

<sup>46</sup> Department of Social Services, *Submission 10*, pp. 6–7.

<sup>47</sup> Australian Government, [Social Security Guide: 11.9 Supporting People at Risk Measure](#), 1 July 2015.

<sup>48</sup> The Hon Dan Tehan MP, Minister for Social Services, *House of Representatives Hansard*, 28 February 2018, p. 2199.

<sup>49</sup> Brisbane South PHN, *Submission 42*, p. 1.

<sup>50</sup> NADA, *Submission 2*, p. 4; Royal Australasian College of Physicians, *Submission 8*, p. 6; Monash Addiction Research Centre, *Submission 27*, p. 2.

- allowing individuals to volunteer for drug treatment or income management either before undergoing a test,<sup>51</sup> or providing for voluntary instead of mandatory participation following a positive drug test;<sup>52</sup>
- introducing an option for drug treatment following a first positive test, either in conjunction with or instead of income management;<sup>53</sup> and
- implementing income management only on the advice of a health professional, including ceasing income management once the individual completed a drug treatment program, or if it is deemed no longer necessary to support their treatment.<sup>54</sup>

2.45 Some witnesses and submitters also raised concerns that both income management and drug treatment may be seen by jobseekers as a punishment for their substance abuse, rather than a positive step towards treatment and rehabilitation.<sup>55</sup>

2.46 The Assistant Minister stated in his second reading speech for the bill:

This is not about penalising jobseekers. This is not about penalising those with drug abuse issues. It is about finding new and better ways of supporting those jobseekers with drug abuse issues to overcome the barriers to work.<sup>56</sup>

### *Committee view*

2.47 The committee recognises that some submitters and witnesses are concerned about the use of income management and compulsory drug treatment as part of the drug testing trial.

2.48 While the committee acknowledges these concerns, it also notes that an objective of the trial is to assess the extent to which these measures will assist trial participants with substance abuse issues to overcome barriers to work.

### **Increased demand on services**

2.49 Throughout this and previous inquiries, peak alcohol and other drug services bodies, as well as other social service providers and academics with expertise in this area, told the committee that the referral of participants through a drug

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<sup>51</sup> City of Logan, *Submission 15*, pp. 2–3.

<sup>52</sup> Australian Human Rights Commission, *Submission 43*, p. 18.

<sup>53</sup> City of Logan, *Submission 15*, p. 3; YFS Ltd, *Submission 40*, p. 1.

<sup>54</sup> Australian Human Rights Commission, *Submission 43*, pp. 21–22.

<sup>55</sup> Mr Noffs, Ted Noffs Foundation, *Committee Hansard*, 2 October 2019, p. 37; NADA, *Submission 2*, p. 5; Western Australian Network of Alcohol and other Drug Agencies (WANADA), *Submission 4*, p. 2.

<sup>56</sup> The Hon Ben Morton MP, Assistant Minister to the Prime Minister and Cabinet, *House of Representatives Hansard*, 11 September 2019, p. 16.

testing trial will place an additional burden on services already at capacity in the trial locations.<sup>57</sup>

- 2.50 A \$10 million treatment fund to support the drug testing trial was announced with the introduction of the 2018 bill.<sup>58</sup> During the hearing for this inquiry, the department clarified that this \$10 million fund would be divided as follows:
- \$3 million to boost the capacity of drug treatment services in trial locations, to be delivered through Primary Health Networks;
  - \$6 million for individualised support to meet the needs of a participant, such as for residential rehabilitation or counselling; and
  - \$1 million for case management services.<sup>59</sup>
- 2.51 Some submitters told the committee that \$10 million may not be sufficient to address the unmet need for drug treatment services in trial locations.<sup>60</sup> Submitters noted that health experts have estimated that an extra \$1.2 billion in annual funding is needed nationally to manage people with addiction.<sup>61</sup>
- 2.52 The committee received evidence that current waiting lists for public drug (including alcohol) treatment facilities can be up to six months long and that unmet demand may be over 200 000 patients per year nationally.<sup>62</sup>
- 2.53 Other submitters raised concerns that the mandatory placement of trial participants into treatment may displace members of the community who are seeking voluntary treatment for their substance abuse issues.<sup>63</sup>
- 2.54 The Explanatory Memorandum notes that, should treatment not be immediately available, trial participants placed on a waiting list will satisfy their mutual obligation requirements for drug treatment.<sup>64</sup>

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<sup>57</sup> See, for example, NADA, *Submission 2*; WANADA, *Submission 4*; Ted Noffs Foundation, *Submission 6*; Royal Australasian College of Physicians, *Submission 8*; Uniting Communities, *Submission 11*; Windana Drug and Alcohol Recovery, *Submission 14*; City of Logan, *Submission 15*; cohealth, *Submission 17*; Anglicare Australia, *Submission 22*; Victorian Alcohol and Drug Association, *Submission 26*; Alcohol and Other Drug Peaks Network, *Submission 33*; among others.

<sup>58</sup> The Hon Dan Tehan MP, Minister for Social Services, *House of Representatives Hansard*, 28 February 2018, p. 2199.

<sup>59</sup> Ms Paton, Department of Social Services, *Committee Hansard*, 2 October 2019, p. 55.

<sup>60</sup> Ted Noffs Foundation, *Submission 6*, p. 2; Royal Australasian College of Physicians, *Submission 8*, p. 5; Windana Drug and Alcohol Recovery, *Submission 14*. See also: Committee, *Social Services Legislation Amendment (Drug Testing Trial) Bill 2018 [Provisions]*, May 2018, p. 22.

<sup>61</sup> Ted Noffs Foundation, *Submission 6*, p. 2; City of Logan, *Submission 15*, p. 2.

<sup>62</sup> Ted Noffs Foundation, *Submission 6*, p. 2; Alcohol and Drug Foundation, *Submission 18*, p. 2; St Vincent's Health Australia, *Submission 9*, p. 6.

<sup>63</sup> Australian Association of Social Workers, *Submission 20*, p. 3; Anglicare Australia, *Submission 22*, p. 4.

<sup>64</sup> Explanatory Memorandum, p. 4.

2.55 Furthermore, in his second reading speech, the Assistant Minister noted that the \$10 million treatment fund is in addition to over \$780 million in Commonwealth funding, for the four years from July 2018, to reduce the impact of drug and alcohol abuse on individuals, families and communities, including funding for National Ice Action Strategy to tackle the use of methamphetamine in regional Australia.<sup>65</sup>

### *Committee view*

2.56 The committee acknowledges that some submitters are concerned about whether the \$10 million drug treatment fund will be sufficient to cover the increase in expected demand for drug treatment services in the trial locations.

2.57 However, the committee notes that this fund is not intended to cover all drug treatment services in a trial location. Rather, it will provide support to services and specific, individualised funding to meet the needs of the small number of participants who test positive to illicit substances more than once.

### **Other matters**

2.58 In addition to the matters discussed above, submitters and witnesses also raised concerns about:

- the nature of consultation undertaken with communities and other stakeholders before and after the drug testing policy announcement;<sup>66</sup>
- privacy implications of the program;<sup>67</sup>
- the potential for an increase in stigma, poverty and crime in the trial regions;<sup>68</sup> and
- whether the program has a disproportionate effect on particular communities, such as Aboriginal and Torres Strait Islander peoples.<sup>69</sup>

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<sup>65</sup> The Hon Ben Morton MP, Assistant Minister to the Prime Minister and Cabinet, *House of Representatives Hansard*, 11 September 2019, p. 15.

<sup>66</sup> City of Mandurah, *Submission 1*; City of Logan, *Submission 15*; City of Canterbury-Bankstown, *Submission 45*; among others.

<sup>67</sup> See, for example, QNADA and QCOSS, *Submission 7*, p. 3; Uniting Communities, *Submission 11*; Mr Waelen, *Submission 12*, p. 1; cohealth, *Submission 17*, p. 6; ACOSS, *Submission 37*, p. 3; Brisbane South PHN, *Submission 42*, pp. 3–4; Australian Human Rights Commission, *Submission 43*, pp. 12, 26–27.

<sup>68</sup> See, for example, Ms Phillips, ACOSS, *Committee Hansard*, 2 October 2019, p. 21; Community and Public Service Union, *Submission 30*, p. 2; Western NSW Community Legal Centre, *Submission 39*, pp. 3–4; NSW Users and AIDS Association, *Submission 25*, pp. 3–4; City of Canterbury-Bankstown, *Submission 45*, p. 3.

<sup>69</sup> Australian Human Rights Commission, *Submission 43*, p. 23–26; Kirby Institute, *Submission 13*, p. 3; NSW Users and AIDS Association, *Submission 25*, p. 3.

### **Concluding committee view**

- 2.59 The committee notes the support of submitters and witnesses for programs which help people with substance abuse issues to receive treatment.
- 2.60 However, the committee recognises the ongoing concerns raised by some submitters and witnesses about the proposed drug testing trial, particularly in relation to the research and evaluation methodology for the trial and the processes for conducting a drug test.
- 2.61 The committee understands that these aspects of the trial are still being confirmed by the Department of Social Service and the Department of Human Services (Services Australia), in consultation with experts and other key stakeholders. The committee looks forward to the evaluation strategy and the drug test rules being made available ahead of the commencement of the trial.
- 2.62 The committee is confident, based on evidence received in this and previous inquiries, that the proposed trial will allow the Commonwealth Government to assess the extent to which drug testing assists welfare recipients to overcome substance abuse issues and find employment.

### **Recommendation 1**

- 2.63 The committee recommends that the bill be passed.**

Senator Wendy Askew  
Chair



# Dissenting Report by Labor Senators

- 1.1 Labor Senators note that medical experts, drug and alcohol treatment agencies, social and health policy experts, and community services organisations all oppose the Bill.

## Expert advice

- 1.2 The following organisations with expertise and experience – among many others – have urged the Senate not to support the Bill, on the grounds that it does not have an evidence base and will be ineffective and counterproductive.

- 1.3 The Network of Alcohol and Other Drugs Agencies said:

NADA believes that the Bill's proposed drug testing regime is not supported by the current evidence. For example, the New Zealand government's drug testing trial among welfare recipients as a pre-employment condition returned a detection rate in that population much lower than the proportion of the population estimated to be using illicit drugs in New Zealand as a whole.<sup>1</sup>

- 1.4 Dr Kate Seear, Professor Suzanne Fraser, Professor David Moore and Associate Professor kylie valentine said:

As senior researchers with longstanding expertise in social policy issues relating to alcohol and other drug use, our assessment is that the bill is poorly conceived and counterproductive...

... a recent analysis of submissions to the Committees exploring the 2017 and 2018 bills, Professor Alison Ritter (Director of the Drug Policy Modelling Program at the University of New South Wales) observed that 98% of submissions by organisations and individuals opposed the bills. The remaining submissions were from the Department itself.<sup>2</sup>

- 1.5 The Western Australian Network of Alcohol and other Drug Agencies said:

Expert consensus, as demonstrated through a multitude of submissions to the previous two inquiries on the topic, indicate significant concern that the trial will:

- not address the underlying causes of unemployment and disadvantage;
- fail to provide an appropriate referral pathway to specialist treatment and support; and
- result in a range of unintended consequences, further risking the health and wellbeing of vulnerable people.<sup>3</sup>

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<sup>1</sup> Network of Alcohol and Other Drugs Agencies, *Submission 2*, p. 4.

<sup>2</sup> Dr Kate Seear, Professor Suzanne Fraser, Professor David Moore and Associate Professor kylie valentine, *Submission 3*, pp. 1–4.

<sup>3</sup> Western Australian Network of Alcohol and other Drug Agencies, *Submission 4*, p. 1.

1.6 The Royal Australian and New Zealand College of Psychiatrists said:

The RANZCP considers that the proposed drug testing program lacks an evidential basis...

...punitive or coercive addiction treatment methods, such the proposed program, are less successful in meeting treatment goals than rewards.

The RANZCP therefore believes that the proposed program is ill-founded and lacks evidence and on that basis should not proceed in the event that it causes further harm to an already vulnerable population of Australians.<sup>4</sup>

1.7 The Ted Noffs Foundation said:

We strongly condemn the proposed drug testing trial...for the following reasons:

- Similar trials overseas have proven ineffective
- The lack of available treatment to meet the mutual obligation requirements stipulated in the Bill
- The risk of enhancing income and employment disparities for the target demographic
- The risk of net-widening, increased criminal activity and homelessness for the target demographic

The federal government has re-introduced this legislation despite vocal opposition from experts in medicine, law enforcement, and social services...

The Explanatory Memorandum states that “Where treatment is not immediately available, recipients [who return a positive drug test] will be required to take appropriate action such as being on a waiting list [for treatment]”. Current waiting lists for public treatment facilities can be up to six months long. Placing recipients onto these lists will only add to the burden on the sector.

Rather than facilitate access, as the Minister claims, this trial will further complicate pathways to treatment...

Further, we are concerned that this Bill will encourage criminal activity in a vulnerable population.<sup>5</sup>

1.8 The Queensland Council of Social Service and Queensland Network of Alcohol and Other Drug Agencies said:

An expert review of a Canadian Government drug testing trial proposal in Ontario published in the International Journal of Drug Policy found that such a program could increase crime, health problems and be legally challenged as a violation of human right.<sup>6</sup>

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<sup>4</sup> The Royal Australian and New Zealand College of Psychiatrists, *Submission 5*, p. 2.

<sup>5</sup> The Ted Noffs Foundation, *Submission 6*, p. 1.

<sup>6</sup> Queensland Council of Social Service and Queensland Network of Alcohol and Other Drug Agencies, *Submission 7*, p. 2.

## 1.9 The Royal Australian College of Physicians said:

Our reasons for strongly opposing this drug testing trial:

- This proposed drug testing trial fails to recognise the nature of drug addiction. Addiction is a health issue with complex biological, psychological and social underpinnings; it is not a personal choice. Repeated drug or alcohol use leads to structural and functional brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs. In addition, recurring instances of relapse are inherent to the nature of addiction.
- There is no evidence that this drug testing trial will work, on the contrary, there is evidence that it could do harm. For example, there is a real concern that people could shift their choice of drug to one that isn't being tested for, which in some cases might be more dangerous, for example synthetic cannabis or synthetic opioids such as Fentanyl. Another significant risk is that individuals suffering from substance use disorder may divert their drug use toward prescription drugs which may or may not have been prescribed to them directly and this is a significant concern given that, after tobacco and alcohol, prescription drugs cause the highest numbers of drug related deaths in Australia.
- The Government has not provided enough information about the tests it plans to use for these trials. It is worth noting that immunoassays have a number of shortcomings, especially around false positive and false negative test results. For example, many psychiatric drugs including anti-psychotics and antidepressants can cause false positive immunoassay results for amphetamines in particular. These psychiatric drugs are commonly prescribed so individuals subject to these drug tests could have a positive immunoassay result despite not having used illicit drugs. It would therefore be incredibly unfair to subject them to income management for 24 months or to charge them for a retest for a false positive caused by a prescribed medication.
- Trials by their nature need to be representative of the broader context so that valid conclusions can be drawn and findings generalised. Having trials exclusively conducted in regions with higher risk of substance use issues and dependent on the availability of treatment services as well as the capability to administer the other components of the Bill will not accurately test the feasibility or effectiveness of the proposed measures, nor will the results be able to inform any nationwide roll-out.
- The proposed drug testing trial would not only be expensive but population drug testing is an unreliable way of identifying those who have substance use problems. There are distinct differences between recreational and dependent drug users. Drug testing will not be able to distinguish between those who have clinically significant drug problems and recreational drug users who don't meet DSM criteria for substance use disorder and do not require treatment services.
- Referral to treatment services of all of those who test positive will be a waste of scarce resources and will impact on services which are already stretched beyond their capacity – potentially impacting on those people

who are already waiting and motivated to engage in treatment voluntarily.

- We do not believe the \$10 million Treatment Fund proposed by the Government is an adequate measure to address these issues in the trial sites as it is a one-off funding commitment which does not provide sustained funding and will therefore have workforce implications in the longer term.
- Access to quality treatment, delivered by a suitably trained workforce, is fundamental for anyone struggling with addiction, and this should be the major priority for policy development and investment in this area. Key organisations in the health and welfare sector including the RACP have called for a boost of at least \$1 billion per year to address unmet demand for Alcohol and Other Drug treatment services. Doctors having to monitor and report on their patient's adherence to their mandatory treatment could negatively affect the patient-doctor relationship and trust, which are critical to successful drug and alcohol recovery...

Instead of pursuing this, at best ineffective and at worst directly harmful, drug testing trial, we call on the Australian Government to appropriately invest in alcohol and drug treatment services and a suitably trained workforce, and work with experts in the field of addiction medicine to develop evidence-based policy and plans that will effectively address drug and alcohol dependence in the community and support people on the path back to health and employment.<sup>7</sup>

#### 1.10 St Vincent's Health Australia said:

We urge the Senate not to support this bill...

We note the Government's comments in the media that they have been engaging with stakeholders from the health, alcohol and other drug, and welfare sectors. However this engagement occurred after the policy was announced and no policy changes have been made of substance to reflect the widespread and unanimous concerns of these sectors.<sup>8</sup>

#### 1.11 The Kirby Institute said:

There is no evidence that any of the proposed measures will directly achieve outcomes associated with reductions in alcohol or other drug use or related harms.<sup>9</sup>

#### 1.12 The Australian Medical Association said:

The Australian Medical Association (AMA) continues to have concerns about the proposal to drug test welfare recipients...

Substance dependence or addiction is primarily a health problem, and that those affected must be treated in the same way as other patients with serious health conditions...

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<sup>7</sup> Royal Australian College of Physicians, *Submission 8*, pp. 5–6.

<sup>8</sup> St Vincent's Health Australia, *Submission 9*, pp. 2–3.

<sup>9</sup> The Kirby Institute, *Submission 13*, p. 1.

Referring individuals who test positive to treatment will increase demand on these services, resulting in less capacity to assist those individuals who are actively seeking treatment (independent of the trial).<sup>10</sup>

1.13 Anglicare Australia said:

The Bill is not based on evidence. It is an expensive measure that will neither reduce drug dependence and addiction or help people find work. It simply appears to be an ideological attack on our social safety net...<sup>11</sup>

1.14 Jobs Australia said:

This policy, which is deaf to international experience where similar policies have consumed significant resources and failed, is subject to a consensus of criticism from a range of experts across the alcohol and other drug (AOD) and employment services sectors, It should be disbanded.<sup>12</sup>

1.15 The Australian Council of Social Service said:

ACOSS is unaware of any evidence to show drug testing of income support recipients helps to address addiction or employment outcomes...

The Australian Government's own Australian National Council on Drugs looked into the evidence around drug testing in 2013 and strongly opposed drug testing income support recipients. It found:

"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."...

The Australian Medical Association's former president Michael Gannon said:

"...this policy is mean, unfair, and totally unnecessary, especially when there are so many positive things the Government could be doing in the health and social policy sectors."<sup>13</sup>

1.16 The Human Rights Commission also urged the Senate not to pass the Bill.<sup>14</sup>

1.17 Labor Senators note that in evidence given by the Department of Social Services and Services Australia it was revealed staff are not yet receiving specific training or preparation to deal with clients who will have to undergo drug testing. This raises concerns for the safety and security of staff and clients.

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<sup>10</sup> Australian Medical Association, *Submission 36*, p. 1.

<sup>11</sup> Anglicare Australia, *Submission 22*, p. 6.

<sup>12</sup> Jobs Australia, *Submission 24*, p. 3.

<sup>13</sup> Australian Council of Social Service, *Submission 37*, pp. 2-5.

<sup>14</sup> Australian Human Rights Commission, *Submission 43*, p. 3.

1.18 The General Manager, Participation and Disability Division, Services Australia, said in regard to specific staff training to deal with clients requiring drug testing:

I can point out that, of course, we have been considering it, and there have been a lot of internal discussions about how we prepare our staff for these situations, just as we prepare them for any situation dealing with people coming into our service centres. This has certainly been a consideration, but training has not yet been rolled out to those staff.<sup>15</sup>

## **Recommendations**

1.19 Labor Senators call on the Senate to listen to the overwhelming consensus of experts and oppose the Bill.

### **Recommendation 1**

**1.20 Labor Senators recommend that the Bill not be passed.**

**Senator Malarndirri McCarthy**

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<sup>15</sup> *Committee Hansard*, 2 October 2019.

# Dissenting Report by the Australian Greens

- 1.1 The Australian Greens oppose the measures contained in the Social Services Legislation Amendment (Drug Testing Trial) Bill 2019 (the Bill).
- 1.2 This Bill will establish a two year drug testing trial at three trial sites being Logan in Queensland; Canterbury-Bankstown in New South Wales; and Mandurah in Western Australia.
- 1.3 The trial will involve drug testing 5,000 Newstart Allowance and Youth Allowance recipients. Participants who test positive to one of the testable drugs will be subject to income management for a minimum of two years. Participants who test positive will also undergo further random drug tests, the first of which will occur within 25 working days. If a participant tests positive to a drug test more than once in a 24 month period, they will be referred to a Services Australia contracted medical professional for assessment.
- 1.4 This Bill does nothing to address drug and alcohol abuse as the serious and complex health issue that it is.
- 1.5 The Australian Greens reject the committee view in the majority report that the proposed trial will allow the Government to assess the extent to which drug testing assists people on income support payments to overcome substance abuse issues and find employment.
- 1.6 The Australian Greens note that this is the third legislation inquiry into the drug testing of income support recipients.
- 1.7 In those inquiries health and addiction experts overwhelmingly expressed their strong opposition to the approach. These experts have again expressed their strong opposition.
- 1.8 Royal Australian and New Zealand College of Psychiatrists noted the lack of evidence for the trial:

The RANZCP considers that the proposed drug testing program lacks an evidential basis. Firstly, there is no conclusive evidence that mandatory drug testing of welfare recipients delivers any benefits such as deterring recipients from drug use, increasing levels of employment or reducing welfare spending... Secondly, the notion that illicit drug use is higher amongst the unemployed population and that this results in lowered employment capacities is unfounded.<sup>1</sup>
- 1.9 Royal Australasian College of Physicians said the trial fails to see addiction as a health issue:

This proposed drug testing trial fails to recognise the nature of drug addiction; which is a health issue with complex biological, psychological

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<sup>1</sup> Royal Australian and New Zealand College of Psychiatrists, *Submission 5*, p. 2.

and social underpinnings. Drug addiction is a chronic relapsing and remitting disorder characterised by drug seeking, use that is compulsive, loss or impairment of control over use and which persists despite harmful consequences.<sup>2</sup>

- 1.10 Network of Alcohol and Other Drugs Agencies noted the trial will increase stigma and pressure on services:

NADA is concerned that the likely outcome of this proposal will be to place further demand on an already stretched specialist service system and further delegitimise and stigmatise people who use drugs and potentially, people receiving income support. NADA also notes that the Bill works in direct contradiction to the National Drug Strategy 2017–2026 which states that as part of good practice in reducing demand for illicit drugs, strategies should seek to reduce the stigma of drug use to increase access to appropriate support services.<sup>3</sup>

- 1.11 A range of medical experts noted in their submissions that they do not support the drug testing trial, including St Vincent’s Health Australia, the Royal Australasian College of Physicians, the Royal Australian and New Zealand College of Psychiatrists.

- 1.12 In addition to our dissenting reports from previous inquiries, we outline further concerns below.

### **No consultation with community**

- 1.13 The Greens are deeply concerned by the fact there has been no consultation with communities across the three trial sites prior to introducing the Bill.

- 1.14 At the hearing, the Department of Social Services provided evidence that stakeholder engagement was undertaken after the introduction of the original Bill. Without undertaking proper consultation on the contents of the Bill, the Government has no way of knowing whether the community is supportive of the trial.

- 1.15 Departmental officials said:

We did not undertake any consultation prior to the government's announcement.<sup>4</sup>

- 1.16 Representatives from the proposed trial sites of Mandurah and Logan reiterated that the Government has not undertaken consultation with communities.

- 1.17 The City of Mandurah noted in its submission:

The Council was unaware that Mandurah was going to be a trial site until the announcement was made by the Minister for Social Services.<sup>5</sup>

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<sup>2</sup> Royal Australasian College of Physicians (RACP), *Submission 8*, p. 7.

<sup>3</sup> Network of Alcohol and Other Drugs Agencies, *Submission 2*, p. 6.

<sup>4</sup> *Proof Committee Hansard*, 2 October 2019, p. 47.

1.18 Mr Rhys Williams, Mayor, City of Mandurah, said at the hearing:

There has been no consultation with the local government, and that's disappointing because, again, we've got a better idea of what's happening on the ground than the data that is being used to determine this as an appropriate trial location will tell you.<sup>6</sup>

1.19 Logan Together also noted the absence of consultation with the Logan community in its submission:

We note the complete absence of engagement and co-design processes with the Logan community and professionals in the sector in the development of the proposed service model. It is hard to see how the proposed intervention and planned new investments could effectively integrate with the existing service system or be positively received by the local community until an engagement and co-design process occurs.<sup>7</sup>

1.20 Queensland Council of Social Service (QCOSS) explained that the absence of consultation could mean the proposed trial harms programs and policies already taking place on the ground, such as the place based approaches occurring in Logan.

1.21 Mr Mark Henley, Chief Executive Officer, QCOSS, said at the hearing:

There is openly broad support for opposing this bill, and my understanding is that they also provided written submissions the previous time. I think there's a high level of frustration that this runs the risk of harming the great work that they have been doing to date, which has been going on for at least three years, around a place based approach about working with the strengths of what exists in that community. They are seriously concerned that the good work that's been done to date will be derailed.<sup>8</sup>

1.22 If the Government had bothered to ask, they would have found communities like Mandurah and Logan are not supportive of the trial. These communities have very different ideas about how drug and alcohol abuse should be addressed and recognise that top down approaches don't work.

### **Stigma from testing and income management**

1.23 Under the 2019 Bill, trial participants who test positive to an initial drug test will be subject to income management for a period of 24 months, managed through the Basics Card.

1.24 The Committee heard evidence from several submitters about their concerns with enforcing income management on people who may have substance abuse issues.

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<sup>5</sup> City of Mandurah, *Submission 1*, p. 2.

<sup>6</sup> *Proof Committee Hansard*, 2 October 2019, p. 2.

<sup>7</sup> Logan Together, *Submission 35*, p. 4.

<sup>8</sup> RACP, *Submission 8*, p. 6.

1.25 The Royal Australasian College of Physicians (RACP) noted in its submission:

Income management does not address the root causes of addiction, and the nature of the disease means that people will often find ways of bypassing the constraints. We know that people with addictions are unable to modify their behaviour, even if they know there are going to be negative consequences, and that includes being placed on income management for a positive test.<sup>9</sup>

1.26 The RACP further noted:

We are concerned that imposing income management on a vulnerable group struggling with substance dependency and co-morbid mental health problems, who very often have little or no support themselves, without good social or community supports being put into place, may cause increased levels of anxiety and push vulnerable people over the edge.<sup>10</sup>

1.27 The issue of stigma around drug and alcohol abuse was also highlighted in the inquiry.

1.28 Clinical Associate Professor Adrian Reynolds, Royal Australasian College of Physicians, said at the hearing:

You've heard the estimates of up to 500,000 people each year. In that 500,000 is a hidden group of people who, we might say, are in need of and could benefit from treatment but do not demand treatment; they do not put their hands up. In part, that is because treatment is not accessible or affordable and because there is a significant degree of stigma still associated with substance-use disorder.<sup>11</sup>

1.29 The stigma experienced by people with substance abuse issues will be further compounded through this trial by subjecting participants to compulsory income management.

1.30 Dr Shalini Arunogiri, Chair, Faculty of Addiction Psychiatry Committee, Royal Australian and New Zealand College of Psychiatrists, explained the additional stigma participants will experience due to compulsory income management:

It's not just the stigma of having to go in and have a supervised urine test or hair test, for instance; it's also the stigma of carrying a card...

We know that, even aside from having income management as part of that process, people who have substance-use disorders already have a significant burden of stigma in relation to that use disorder—external stigma, but also internalised stigma. That can be related to shame and guilt issues, and that can actually impact significantly on the individual accessing treatment, engaging in treatment and being able to form trust with the people around them and with their therapists too...

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<sup>9</sup> RACP, *Submission 8*, p. 6.

<sup>10</sup> RACP, *Submission 8*, p. 6.

<sup>11</sup> *Proof Committee Hansard*, 2 October 2019, p. 25.

If we add to this, on top of that, an additional burden of stigma in relation to income condition management then this is really something that will affect many different parts of that individual's life. I understand that the BasicsCard is something the person will have to carry with them but also will negotiate a whole range of different arrangements in their lives in relation to this.<sup>12</sup>

- 1.31 It is clear that subjecting people who return a positive drug test to income management will add to the stigma they may already experience due to their potential substance abuse issues.
- 1.32 The Bill also provides that the Secretary may, by legislative instrument, determine someone stays on income management for a period of longer than 24 months. The Australian Greens hold serious concerns about the broad discretionary power of the Secretary and how it will be implemented.

### **Technicalities of drug testing**

- 1.33 As part of the trial, participants will be required to provide a sample of saliva, urine or hair for drug testing. A number of submitters noted the issues with different drug testing techniques, including reliability issues and the risk of false positives.
- 1.34 The Ted Noffs Foundation noted that drug tests won't pick up on the difference between recreational and problematic drug use:

Crucially, a hair, urine or saliva test would not clearly indicate the frequency of cannabis use. It would simply reveal the presence of cannabis in that individual's system. This fails to distinguish between recreational and problematic use of drugs. There has been little forthcoming from the government about the potential issues this would raise. It calls into question whether the extra costs of testing and targeting people who might use drugs recreationally and without issue, have been factored into the proposed trial.<sup>13</sup>

- 1.35 RACP explained in its submission there are risks that people could switch to drugs that aren't detected by the tests:

There is a real concern that people could shift their choice of drug to one that isn't being tested for, which in some cases might be more dangerous, for example synthetic cannabis or synthetic opioids such as Fentanyl. Another significant risk is that individuals suffering from substance use disorder may divert their drug use toward prescription drugs which may or may not have been prescribed to them directly...<sup>14</sup>

- 1.36 Representatives from the Workplace Drug Testing Association also provided evidence at the hearing on the technicalities of drug testing.

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<sup>12</sup> *Proof Committee Hansard*, 2 October 2019, p. 29.

<sup>13</sup> Ted Noffs Foundation, *Submission 6*, p. 4.

<sup>14</sup> RACP, *Submission 8*, p. 5.

- 1.37 Mr Darron Brien, Chairman, Workplace Drug Testing Association, said that while there are Australian standards for accreditation to undertake drug testing, there is no governing body to enforce these standards:

Australian standards themselves talk to independent accreditation. To fully comply with a standard, you have to have that independent accreditation. Unfortunately, it's then up to the providers themselves to ensure that they have that accreditation. We don't have any governing body looking after the industry that would be similar to the licensing, for example, for building contractors that ensures all of their members are appropriately accredited.<sup>15</sup>

- 1.38 The committee also heard evidence about the issues with hair testing techniques, including that there is no Australian standard for hair testing.

- 1.39 Mr Darron Brien, Chairman, Workplace Drug Testing Association said:

There is no Australian standard. Accordingly, there are no accepted cut-off levels—in other words, levels at which you might deem a sample to be positive or negative. So you're in a very grey area there.<sup>16</sup>

- 1.40 Mr Brien further added:

Hair testing does have a very long detection time frame. It can be up to about three months. It tends to be a very good tool if you're wanting to get a picture of a person's drug-taking behaviour over a long period. In something where you're looking for behaviour change within a 25- or 28-day period, it's not really an effective tool to do so.<sup>17</sup>

- 1.41 The Australian Greens hold serious concerns about the different drug testing techniques the Government is proposing to use in this trial, especially hair testing, and the issues around the enforcement of Australian standards for drug testing.

- 1.42 The Australian Greens reject the committee view that the Department of Social Services and Department of Human Services are undertaking 'all necessary consultation' regarding drug testing processes.

## **Treatment services**

- 1.43 An overwhelming number of experts from the health and addiction sectors spoke about the problems with treatment services for people with substance abuse issues. While the government has announced a \$10 million treatment fund will be included as part of the drug testing trial, this will not be sufficient to meet unmet demand.

- 1.44 The latest research from Professor Alison Ritter, lead of the Drug Policy Modelling Program at the Social Policy Research Centre, found there is

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<sup>15</sup> *Proof Committee Hansard*, 2 October 2019, p. 10.

<sup>16</sup> *Proof Committee Hansard*, 2 October 2019, p. 12.

<sup>17</sup> *Proof Committee Hansard*, 2 October 2019, p. 12.

significant unmet demand for drug and alcohol treatment in Australia. There are between 411,740 people and 755,557 people who need drug and alcohol treatment in Australia.<sup>18</sup> This means treatment services are only meeting between 26.8% and 56.4% of demand in Australia.<sup>19</sup>

1.45 There are also significant waiting times involved in accessing treatment for substance abuse issues.

1.46 The Ted Noffs Foundation noted in its submission:

Current waiting lists for public treatment facilities can be up to six months long. Placing recipients onto these lists will only add to the burden on the sector. Rather than facilitate access, as the Minister claims, this trial will further complicate pathways to treatment.<sup>20</sup>

1.47 Mr Mark Ferry, Chief Operating Officer, Ted Noffs Foundation, elaborated further at the hearing:

We have two rehabs for 13- to 18-year-olds, one here in Canberra and one in Sydney, with a total of 26 beds. We're full, and we have a waiting list of people wanting to get in. So the misnomer of, 'Oh, the treatment will be available,' or 'There's \$10 million,' is a bit of a furphy, because there's already a massive queue of people seeking treatment.<sup>21</sup>

1.48 Clinical Associate Professor Adrian Reynolds, RACP, said at the hearing:

In my home town in Tasmania, treatment services are simply non-existent and are so in many areas of our state. We know there are many areas of Australia where access to services is not feasible. Of course, like other states, we have a six-to-12-week waiting list.<sup>22</sup>

1.49 RACP also noted the trial does not address the service gap or workforce issues:

We do not believe the \$10 million Treatment Fund announced by the Government is an adequate measure to address these issues in the trial sites as it is a one-off funding commitment which does not provide sustained funding and will therefore have workforce implications in the longer term. Staff of those services ask whether there is an expectation from Government that those testing positive in the trial will be given priority and in effect jump the queue.<sup>23</sup>

1.50 Several witnesses provided evidence at the hearing that a significant financial investment is required to meet the current service gap.

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<sup>18</sup> Ritter, Chalmers and Gomez, *Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australian Population-Based Planning Model*, p. 42.

<sup>19</sup> Ritter, Chalmers and Gomez, *Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australian Population-Based Planning Model*, p. 42.

<sup>20</sup> Ted Noffs Foundation, *Submission 6*, p. 2.

<sup>21</sup> *Proof Committee Hansard*, 2 October 2019, p. 36.

<sup>22</sup> *Proof Committee Hansard*, 2 October 2019, p. 26.

<sup>23</sup> RACP, *Submission 8*, p. 11.

- 1.51 Dr David Martyn Lloyd-Jones, Visiting Medical Officer, St Vincent's Hospital, said at the hearing:

Ten million dollars will not instantly produce a skilled workforce, so one has to ask again: who will provide this treatment? If the government is serious about assisting Australians with substance use disorders, it should invest heavily in the AOD treatment sector to allow people with substance use disorders to access high-quality and effective evidence based treatment. Recent estimates, as you have heard earlier today, suggest that an investment of \$1.2 billion in the AOD sector is required to enable all those in need to access such treatment.<sup>24</sup>

- 1.52 It is clear the \$10 million treatment fund will not address the significant unmet demand for treatment services and long waiting lists experienced by people currently trying to get help.

### **No support for addressing the underlying causes of addiction**

- 1.53 The committee heard evidence about the underlying causes of addiction that need to be addressed as part of overcoming substance abuse issues.

- 1.54 Dr Kylie Valentine, Deputy Director, Social Policy Research Centre, University of New South Wales, noted the shortfalls in other services needed to help address addiction:

When you're talking about people with complex support needs and vulnerabilities, waiting lists for treatment services are one part of the picture. We know that there are extreme shortfalls in other services that are really necessary to support vulnerable people into work: in specialist homelessness services, in counselling, in domestic and family violence, in mental health and in other health services. So waiting lists for treatment services are important, but not the only kinds of shortfalls here.<sup>25</sup>

- 1.55 Ms Jill Rundle, Chief Executive Officer, Western Australian Network of Alcohol and Other Drug Agencies, also noted the underlying issues that need to be addressed:

People in need of treatment present with a range of complex issues—lack of community connection, mental health issues, including anxiety and depression, past experiences of trauma and abuse, homelessness and poverty et cetera. There is no point in addressing any of these issues in isolation.<sup>26</sup>

- 1.56 Despite this gap in service provision, the Department of Social Services said money from the treatment fund will not be used to address the underlying causes of addiction.

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<sup>24</sup> *Proof Committee Hansard*, 2 October 2019, p. 24.

<sup>25</sup> *Proof Committee Hansard*, 2 October 2019, p. 37.

<sup>26</sup> *Proof Committee Hansard*, 2 October 2019, p. 39.

1.57 When asked whether the treatment fund could be used by individuals in the trial sites for housing, homelessness or mental health services, a spokesperson from the Department of Social Services said:

The \$6 million is not for those services, but that doesn't mean that they wouldn't be able to access those services.<sup>27</sup>

1.58 The fact that the treatment fund cannot be used to address the underlying causes of addiction highlights how the trial fails to see alcohol and drug dependence as a complex health issue.

### **Lack of transparency around costs**

1.59 The Australian Greens have strong concerns about the lack of transparency around the costs of the trial. To date, no information has been published on the cost of the trial apart from the \$10 million allocated to the treatment fund.

1.60 Queensland Council of Social Service and Queensland Network of Alcohol and Other Drug Agencies noted in their submission:

Testing each of the 5,000 participants has been estimated to cost between \$500-\$900 per test; a total cost of \$2.5 million at the most conservative end. This is around \$16,500 per person if 150 were clinically indicated for treatment, costing more than the annual Newstart allowance for a single person with a dependent child.<sup>28</sup>

1.61 At the hearing, a spokesperson from the Department of Human Services said that custom rooms have already been built in Centrelink offices for people to undergo drug testing:

Then they would be taken to the appropriate area in the Services Australia office to undertake a saliva test. Their privacy will be maintained. We have built these rooms particularly to support the privacy of people undertaking these tests.<sup>29</sup>

1.62 The Australian Greens have serious concerns that money has already been spent preparing Centrelink offices for participants to undergo drug testing when the legislation has not passed Parliament.

1.63 It is expected that the cost of the trial would be significant once the costs of drug testing, income management, evaluation and treatment services are combined.

1.64 The Government's lack of transparency in disclosing the costs of the trial is very concerning.

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<sup>27</sup> *Proof Committee Hansard*, 2 October 2019, p. 55.

<sup>28</sup> QCOSS and QNADA, *Submission 7*, p. 2.

<sup>29</sup> *Proof Committee Hansard*, 2 October 2019, p. 50.

**Recommendation 1**

**1.65 The Australian Greens recommend that the Bill not be passed.**

**Senator Rachel Siewert**

# Appendix 1

## Submissions and additional information

### *Submissions*

- 1 City of Mandurah
- 2 Network of Alcohol and other Drugs Agencies
- 3 Dr Kate Seear, Professor Suzanne Fraser, Professor David Moore and Associate Professor kylie valentine
- 4 WA Network of Alcohol and other Drug Agencies
- 5 Royal Australian and New Zealand College of Psychiatrists
- 6 Ted Noffs Foundation
- 7 QCOSS and Queensland Network of Alcohol and Other Drug Agencies
- 8 Royal Australasian College of Physicians
- 9 St Vincent's Health Australia
- 10 Department of Social Services
- 11 Uniting Communities
- 12 Mr Andrew Waelen
- 13 Kirby Institute
- 14 Windana Drug and Alcohol Recovery
- 15 City of Logan
- 16 Penington
- 17 cohealth
- 18 Alcohol and Drug Foundation
- 19 Australian Unemployed Workers Union
- 20 Australian Association of Social Workers
- 21 Drug Policy Modelling Program
- 22 Anglicare Australia
- 23 Centre for Excellence in Child and Family Welfare
- 24 Jobs Australia
- 25 NSW Users and AIDS Association
- 26 Victorian Alcohol and Drug Association
- 27 Monash Addiction Research Centre (Monash University)
- 28 Public Health Association of Australia
- 29 360Edge
- 30 Community and Public Sector Union
- 31 UnitingCare Australia
- 32 National Social Security Rights Network
- 33 Alcohol and Other Drug Peaks Network
- 34 Salvation Army Australia
- 35 Logan Together
- 36 Australian Medical Association

- 37 Australian Council of Social Service
- 38 Mission Australia
- 39 Western NSW Community Legal Centre
- 40 YFS Ltd
- 41 Australian Injecting and Illicit Drug Users League
- 42 Brisbane South PHN
- 43 Australian Human Rights Commission
- 44 Mr Clive Davison
- 45 City of Canterbury Bankstown
- 46 Accountable Income Management Network
- 47 Workplace Drug Testing Association
- 48 Palmerston
- 49 *Name Withheld*
- 50 *Name Withheld*
- 51 Equality Rights Alliance

#### *Additional Information*

- 1 Journal article: Measuring Unmet Demand for Alcohol and Other Drug Treatment: The Application of an Australian Population-Based Planning Model, by Alison Ritter, Jenny Chalmers and Maria Gomez, from Social Policy Research Centre, UNSW Sydney, received 3 October 2019
- 2 Modelling bed numbers for NSW using the Drug and Alcohol Service Planning Model, by Richard Mellor and Alison Ritter, from Social Policy Research Centre, UNSW Sydney, received 3 October 2019

#### *Answer to Question on Notice*

- 1 Answers to Questions taken on Notice during 2 October public hearing, received from St Vincent's Health Australia, 4 October 2019
- 2 Answers to Questions taken on Notice during 2 October public hearing, received from City of Mandurah, 4 October 2019
- 3 Answers to Questions taken on Notice during 2 October public hearing, received from Royal Australian and New Zealand College of Psychiatrists, 4 October 2019
- 4 Answers to Questions taken on Notice during 2 October public hearing, received from Department of Human Services, 4 October 2019
- 5 Answers to Questions taken on Notice during 2 October public hearing, received from Royal Australasian College of Physicians, 4 October 2019
- 6 Answers to Questions taken on Notice during 2 October public hearing, received from Department of Social Services, 4 October 2019

## Appendix 2

### Public hearings

*Wednesday, 2 October 2019*

Committee Room 2S1

Parliament House

Canberra

*City of Mandurah*

- Mr Rhys Williams, Mayor

*Workplace Drug Testing Association*

- Mr Darron Brien, Chairman
- Mr John De Mellow, Public Officer

*Australian Council of Social Service*

- Ms Jacqueline Phillips, Director of Policy and Advocacy

*Queensland Council of Social Service*

- Mr Mark Henley, Chief Executive Officer

*Royal Australian and New Zealand College of Psychiatrists*

- Dr Shalini Arunogiri, Chair, Faculty of Addiction Psychiatry Committee, and Fellow

*Royal Australasian College of Physicians*

- Clinical Associate Professor Adrian Reynolds, Immediate Past President, Chapter of Addiction Medicine

*St Vincent's Health Australia*

- Dr Martyn Lloyd-Jones, VMO, Department of Addiction Medicine, St Vincent's Hospital Melbourne

*Social Policy Research Centre, UNSW Sydney*

- Dr Kylie Valentine, Deputy Director

*Ted Noffs Foundation*

- Mr Matt Noffs, Chief Executive Officer
- Mr Mark Ferry, Chief Operating Officer

*WA Network of Alcohol and other Drug Agencies*

- Ms Jill Rundle, Chief Executive Officer
- Mr Ethan James, Manager Advocacy and Systems

*Queensland Network of Alcohol and other Drug Agencies*

- Ms Rebecca Lang, Chief Executive Officer

*Network of Alcohol and other Drugs Agencies*

- Mr Robert Stirling, Deputy Chief Executive Officer

*Department of Social Services*

- Mr Nathan Williamson, Deputy Secretary, Social Security Stream
- Ms Kath Paton, Participation and Supplementary Payments Branch Manager

*Services Australia (Department of Human Services)*

- Ms Debbie Mitchell, General Manager, Participation and Disability Division