

## Opinion piece

### Humiliating Australians on welfare is not the answer

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The Australian Government wants to introduce new laws that could see up to 5,000 welfare recipients drug tested. As part of the trial, the Government plans to put welfare recipients on income management if they return a positive result for ice, ecstasy or marijuana.

As an addiction medicine specialist, I see the enormous damage caused by drug and alcohol addiction. Every day, patients with major drug and alcohol dependency are presenting to hospital emergency departments or are in our wards.

These are patients who are battling alcohol and other dependence and who are suffering from other problems, like trauma, domestic violence, and mental health issues. The damage caused to these people by their addiction, to their ability to think and to function as productive members in our community, is so evident.

#### **'Evidence' from similar trials overseas**

As doctors we value evidence and we don't accept that this trial will create a meaningful evidence base. History shows that drug testing people is an incredibly unreliable and ineffective way of identifying those who are suffering from substance abuse issues, particularly when used indiscriminately.

In 2013, the New Zealand Government introduced a drug testing program as a pre-employment condition among welfare recipients. Of the 8,001 people tested, only 22 returned a positive result for illicit drug use. Similar results were produced in drug testing programs in the United States. In Missouri's 2014 testing program, 446 people were tested, with 48 returning positive results. In Utah, 838 people were screened with 29 returning a positive result.

Supporters of the trial in Australia have used these examples of drug testing overseas, with their small number of positive test results, as proof that these programs created a behavioural change among welfare recipients. But there is no evidence to support these claims. All we know is that a lot of money was spent on identifying a very small number of drug users while subjecting a very large number of people to an intrusive and poorly conceived testing requirement.

The program cost the New Zealand Government around \$1 million (NZ). This equates to \$45,000 for each positive result. Was this taxpayer money well spent?

#### **Lack of available services**

We have heard that the trial will be rolled out in Mandurah in Western Australia, Bankstown in New South Wales and Logan in Queensland. These locations were selected, in part on their 'availability of services'. But with services said to be readily available in these locations (a disputable claim according to medical colleagues), how will the 'evidence' collected from drug testing welfare recipients in these three selected locations inform a broader rollout in areas where support services are less available?

As a clinician in a national leadership role in the speciality of addiction medicine, I can attest that these services don't exist in many areas of Australia including those that need them most. We know that a program of this nature can't operate more broadly, due to the lack of

accessible pathology and treatment services. There aren't sufficient drug testing services that can offer the appropriate and expensive technologies required to ensure valid and reliable results.

Drug and alcohol treatment services are chronically underfunded and the \$10 million of funding allocated to health services for this trial, will go nowhere near to meeting current needs.

### **A drug testing regime - at best ineffective and at worst directly harmful**

Overcoming addiction isn't easy. There are times where people will stumble and relapse. People need to feel supported in seeking help for their problems, not humiliated or stigmatised as a 'drug user' at their local Centrelink, with a compulsory drug test compounding other stresses in their lives.

What the Government is proposing isn't a compassionate approach to treating addiction; it's a blunt instrument that will harm an already vulnerable group. It will waste money on a trial that has been developed by policy-makers who don't seem to understand the technical clinical issues that must be considered in treating substance abuse.

This approach doesn't recognise the complex structural and functional brain changes associated with alcohol and other drug addiction, the chronic relapsing and remitting nature of addiction and the complexity of what is required to facilitate recovery.

The Government doesn't need a punitive drug testing regime to know who these people are. The reasonable excuse and exemption provisions in the Government's own Social Services Legislation Amendment (Welfare Reform) Bill, is evidence that a large number of individuals with substance abuse problems have already been identified. The Government's own data indicates that more than 16,000 people are already acknowledging that they are struggling to meet their own job-seeking obligations due to drug and alcohol problems. Why can't we focus on this group that we already know about and encourage and refer this group to treatment on a voluntary basis?

The solution lies in increasing investments to address the limited availability of alcohol and other drug services and suitably trained clinicians, across Australia. We already have many patients waiting for treatment and know of others who we could refer if there were more, well trained clinicians and services available.

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