

Helping drug users get back to work, not random drug testing, should be our priority

May 15 2017, by Nicholas Lintzeris



Credit: Klaus Nielsen from Pexels

[Drug testing people on welfare, as proposed](#) in this year's federal budget, is a blunt way of tackling problems drug users face when looking for work.

The underlying concept of increasing employability for people with substance use disorders has some merit. However, any drug testing needs to be better targeted, may be open to legal challenges, and needs to have checks and balances built in to ensure fairness and transparency if welfare payments are quarantined.

The federal government has proposed a [two-year trial](#) of random drug testing of 5,000 Newstart and Youth Allowance recipients for [illicit drugs, as part of wider welfare reforms](#). Those testing positive for drugs such as [ecstasy, marijuana and methamphetamines \(including ice\)](#) would have their welfare payments quarantined, limiting cash withdrawals. Further positive tests would have a range of consequences, including a medical assessment with possible referral for treatment.

We need better targeting

Unemployed people have [higher rates](#) of substance use disorders (defined as harmful or dependent use) than employed people (8.5% vs 5.5%), so we should applaud the government for trying to address the complex issues of substance use and its impact on people's ability to work.

However, the proposed intervention should be [better targeted](#). Alcohol is by far our biggest "drug problem". Some 4.3% of Australians have an alcohol use disorder, compared with 1% for cannabis and 0.7% for stimulants (amphetamines, ecstasy or cocaine). Alcohol causes [over twice](#) the productivity lost in the workplace than all illicit drugs combined.

If we are serious about enhancing employment in our under-employed, then addressing alcohol use must be our top priority.

Then there's the nature of who random drug tests actually identify.

While they can identify some people who use drugs, they don't necessarily identify people with a significant drug problem.

That's because, despite common media portrayals, only a minority of people who use [substances](#) (including alcohol, cannabis and stimulants) have a [substance use disorder](#). This is defined as clinically and functionally significant impairment caused by the recurrent use of alcohol and/or drugs.

Such a disorder is often estimated in about one in ten users. For example, [10% of Australian adults](#) reported using cannabis in the past 12 months, but only 1% had a cannabis use disorder in the same period.

So randomised drug tests will entangle many people who do not have significant problems from their substance use.



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We need checks and balances

There may well be a place for financial quarantining for people with severe substance use disorders, namely people experiencing severe harms from dependent substance use. But there are already systems in place to manage this.

For instance, [guardianship](#) involves a tribunal appointing a guardian to make decisions about a person's health, accommodation, services or other lifestyle matters. And [administration orders](#) can be put in place to manage people's finances if they lack the mental capacity to do it themselves.

But these are restricted to people with severe conditions and there are a number of checks and balances, such as a tribunal process.

A "one strike" approach to welfare quarantining based on a single drug test is not a sufficiently robust approach.

We need specialist (and timely) referral options

The proposal to refer regular users for treatment and support should be encouraged. When targeted appropriately, treatment can have major benefits to the individual, their families and the broader community.

However, this will require a considerable expansion of drug and alcohol treatment services across Australia. In 2015-16, fewer than [one in six people](#) with a substance use disorder received specialist treatment (an estimated 133,895 received treatment of the approximately one million Australians with a substance use disorder).

The current proposal risks further lengthening treatment waiting lists for people with severe substance use disorders. Having treatment places filled with clients with less severe problems motivated by their need to retain welfare payments may not be clever use of resources.

We need to avoid stigmatising drug users

The current proposal may also have unintended consequences. The focus on random drug tests with financial consequences heralds a "war on drugs" approach that worsens discrimination and stigma against people who use drugs, which in turn limits their willingness to seek help from services and their community.

Targeting particular drugs such as cannabis increase the likelihood that people turn to more harmful drugs not screened for, such as synthetic cannabinoids or prescription drugs.



Credit: AI-generated image ([disclaimer](#))

We must also recognise many people turn to substance use as a way of coping with stress, such as can occur with long-term unemployment. This strategy further risks increasing the stress and sense of futility experienced by many, particularly in an environment of high unemployment and youth unemployment in particular.

We need to keep an eye on costs

The government has not released the cost of this proposed measure, saying it is [commercial-in-confidence](#). But the project is likely to be expensive to implement.

It's not just the random drug tests and the required workforce that are costly, but the likelihood of fighting expensive legal challenges if saliva tests are relied on. So, [any positive saliva test](#) will need to be corroborated using urine or blood tests, which increases costs considerably.

Previous attempts at introducing similar drug testing schemes for welfare recipients in the US, UK and New Zealand have either [stalled or been halted](#) through legal challenge.

Then there's the cost of medical assessments, and drug and alcohol treatment referrals.

If the [experience in the US](#) is anything to go by, it's very unlikely there will be any net savings in welfare payments.

We need to fine-tune the proposal

Despite these limitations, the underlying concept of increasing employability for under-employed people with substance use disorders has some merit. Yet the government needs to refine the proposal before implementing it.

Refinements should focus on people with severe substance use disorders (including alcohol), and ensuring appropriate drug and alcohol treatment and other services are available to address barriers faced when looking for work.

For example, in a US study of a similarly designed scheme, only [one in 20](#) welfare recipients who tested positive for drugs identified no other significant barrier to employment. Most had a range of other legal, education, general and mental health, housing, and child welfare barriers to finding work.

Integrated and coordinated service packages and partnerships with employers are likely to have longer term benefits, and provide better value than spending money on [drug testing](#) programs. Financial or welfare quarantining for people with severe problems may have a role as part of the overall approach, not be the centrepiece.

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