PENINGTON INSTITUTE

Submission to the Senate Standing Committees on Community Affairs

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

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About Penington Institute

Penington Institute, a not-for-profit organisation, advances health and community safety by connecting substance use research to practical action.

We support individuals and the wider community through research analysis, promotion of effective strategies, workforce education and public awareness activities.

Penington Institute first formed two decades ago as Anex (now a program of Penington Institute) — a network of service providers to prevent HIV/AIDS transmission related to unsafe injecting drug use.

Since then, Penington Institute has been responding to the emerging evidence-base and practice wisdom in the field of public health.

Introduction

Penington Institute welcomes the opportunity to comment on the Social Services Legislation Amendment (Drug Testing Trial) Bill 2018. The measures in this Bill, originally featured in Schedule 12 of the Social Services Legislation Amendment (Welfare Reform) Bill 2017, have the potential to do more harm than good and for that reason we oppose this two-year drug testing trial.

The Damage the Drug Testing Reforms Could Cause

Any policies designed to discourage substance use must be carefully designed and based on the strongest evidence. They should take account of the complex problems underlying drug and alcohol use, social disadvantage and unemployment.

Even the most well-intentioned interventions in the lives of people receiving income support payments can have unintended negative consequences and it is important to fully consider and understand what could happen if this Bill becomes law.

Causing Financial Hardship for Those Most in Need

There are a variety of measures in this Bill that could prove burdensome for people living on Newstart Allowance and Youth Allowance. People who test positive will be required to pay for any positive tests at a rate of up to 10 per cent of their monthly payment. In addition, participants selected for the trial who do not attend Centrelink appointments will have their payments suspended and if payments are resumed they will not be backdated to the date of suspension without a “reasonable excuse”. Anyone who declines to take a drug test without a “reasonable excuse” will have their payments cancelled and if they make a new claim for Newstart Allowance of Youth Allowance following cancellation the payment will not be payable for a month.

The fact that these measures could prove onerous for people receiving income support is particularly problematic when one considers the growing body of evidence concerning the effects of financial hardship. Living a life in these circumstances, which many people receiving income support experience, has a measurable impact on executive cognitive functions including decision-making and judgment – the very functions needed to achieve long-term solutions to life’s problems. Research shows that the stress relating to financial disadvantage diminishes a person’s ability to respond to

threatening and unpredictable events.[1] One study, conducted by Anandi Mani, Senhil Mullainathan, Eldar Shafir and Jiaying Zhao in the journal *Science*, found that the impact of financial disadvantage on the brain imposes a mental burden similar to losing 13 IQ points;[2] which is the difference between a sober and alcohol-impaired brain.[3]

The stress of living from one day to the next in a state of financial uncertainty imposes a "cognitive load"[4] that diminishes a person's capacity to focus on improving their personal circumstances.[5] For someone receiving income support, finding and retaining employment and achieving financial security requires energy and an ability to make considered, long-term decisions. Examples include returning to or starting education or training, looking for available jobs or preparing for an interview. However, if the cognitive function of a person receiving income support is diminished due the stress of their present circumstances, they are less able to take on those tasks that will benefit them and their families into the future.

The research about the impact of financial disadvantage on cognitive capacity provides a strong counter-argument to the perception that people living on income support are to blame for the "bad" decisions they may make.[6] One of the authors of the study which pointed to the equivalent loss of IQ points, United States behavioural scientist Eldar Shafir, has said that people living under financial burden are existing in a constant state of scarcity – in this case scarcity of "mental bandwidth".[7] It makes it much more challenging to dedicate brain power to the decisions required to find and retain employment and live a settled life.[8] Shafir states:

> "When your bandwidth is loaded, in the case of the poor you're just more likely to not notice things, you're more likely to not resist things you ought to resist, you're more likely to forget things, you're going to have less patience…" [9]

A loaded "bandwidth" and substance use are closely connected. The promise of immediate relief that comes from alcohol or other drugs to soothe anxieties and escape from the pressures of life is less easily resisted. It is the environment these people are living in that will make confronting their substance use and meeting testing requirements so much more challenging, rather than a personal moral failing. As Shafir notes:

> "All the data shows it isn't about poor people, it's about people who *happen to be in poverty*. All the data suggests it is not the person, it's the context they're inhabiting."[10]

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[1] Matúš Adamkovič and Marcel Martončik, (2017), "A Review of Consequences of Poverty on Economic Decision-Making: A Hypothesized Model of a Cognitive Mechanism", *Frontiers in Psychology*, US National Library of Medicine National Institute of Health.
[2] Anandi Mani, Senhil Mullainathan, Eldar Shafir and Jiaying Zhao, (2013), "Poverty Impedes Cognitive Function", *Science,* 341:6149.
[3] Ibid.
[4] Adamkovič and Martončik *op cit*.
[5] Ibid.
[6] Derek Thompson, (2013), "Poor People Seem To Make Bad Decisions", *The Atlantic*, see https://www.theatlantic.com/business/archive/2013/11/your-brain-on-poverty-why-poor-people-seem-to-make-bad-decisions/281780/.
[7] Emily Badger, (2013), "How Poverty Taxes the Brain", *Citylab*, see https://www.citylab.com/life/2013/08/how-poverty-taxes-brain/6716/
[8] Ibid
[9] Ibid.
[10] Ibid.

This context should be carefully considered when seeking to understand why a trial participant may test positive for an illicit drug, miss a Centrelink appointment or decline to take a drug test. The Bill's measures have the potential to compound the stresses of living a life of disadvantage.

Increasing Crime and Homelessness

People experiencing financial disadvantage who have a substance use problem will have greater difficulty addressing their use of alcohol and other drugs. Instead of seeking treatment and addressing the factors that have contributed to substance use, including mental health issues, some people will continue to find ways to consume alcohol or other drugs. It is likely that the anxiety of managing the new tests featured in this trial will exacerbate the mental health burden that may lead to substance use in the first place.

Therefore, it is likely that an increase in crime, homelessness and desperation among Australia's most disadvantaged people may result from the measures designed to immediately halt substance use. Whilst it is not reasonable to depict people on income support payments with substance use problems as latent criminals, it is realistic to argue that some will resort to illegal means to fund drug or alcohol use. As Uniting Communities South Australia said in August last year, these reforms could potentially lead to:

> "…an increase in poverty, criminal activity, suicide, domestic violence, and in the number of people seeking emergency assistance from organisations such as Uniting Communities."[11]

The Canadian province of Ontario considered introducing drug testing for welfare recipients in 2000, but abandoned the approach after addiction and mental health experts reviewed the scheme. The experts warned that the scheme would have a variety of negative societal consequences including increased crime and disruptions in treatment.[12]

The Intersection of Mental Health Needs and Substance Use

The focus of this Bill is on immediately stopping people from using illicit drugs through various punitive measures. In his second reading speech, the Social Services Minister Dan Tehan warned that Australia's income support payments system is not designed to "help perpetuate people's drug habits".[13] However, the intersection of substance use and mental health is complex and there is a wealth of research pointing to the finding that people with substance use problems are more likely to have mental health issues such as depression or anxiety.[14] Some studies have found that half of adult respondents with a substance use disorder have mental health problems.[15] Others have identified a "significant association" between anxiety and mood disorders and substance use (independent of

[11] Christopher Knaus, (2017), "Coalition warned drug testing of welfare recipients could worsen poverty and crime", *Guardian Australia*, see https://www.theguardian.com/australia-news/2017/aug/09/coalition-warned-drug-testing-of-welfare-recipients-could-worsen-poverty-and

[12] Scott Macdonald, Christine Bois, Bruna Brands, Angelina Chiu, (2001), "Drug testing and mandatory treatment for welfare recipients", *International Journal of Drug Policy*, 12(3): 249-257.

[13] Second reading speech, Minister for Social Services Dan Tehan, Social Services Legislation Amendment (Drug Testing Trial) Bill 2018.

[14] Katherine M Harris and Mark J Edlund, (2005), "Use of Mental Health Care and Substance Abuse Treatment Among Adults with Co-Occurring Disorders", *Psychiatric Services*, 56(8), 954-959.

[15] Harris and Edlund *op cit*.

intoxication and withdrawal).[16] Substance use can exacerbate or even cause mental health problems and it can be difficult to distinguish whether one causes the other or whether common underlying factors contribute to both. There is considerable evidence that in many cases the problems are co-occurring and that drug use is a result of people "self-medicating".[17]

The incidence of people self-medicating extends to alcohol - a legal drug that will not be covered under this Bill's trial. As Emeritus Professor and community health pioneer Ian Webster AO has noted:

> "People with mental illness drink alcohol to control their feelings and thoughts, alcohol 'blots our time' it 'takes time away', and it is not always the primary cause of a person's circumstances."[18]

Illicit drugs that *will* be subject to this trial, including heroin or cannabis, are often used for similar purposes. The Centre for Mental Health Studies has said, in relation to the high level of substance abuse among people with depression:

> "People with depression often respond to everyday situations with a negative interpretation. Symptoms of depression also include low mood, loss of interest in activities, people or places and loss of energy which makes them feel terrible about themselves and the world they live in. Many people then turn to alcohol and drugs for temporary relief."[19]

Living with mental health issues and co-occurring substance use problems can make obtaining and keeping a job very difficult. People in this position are likely to be disproportionately represented in the population of Australians receiving income support payments including Newstart Allowance and Youth Allowance. The use of alcohol or other drugs is not necessarily causing unemployment or under-employment for people on income support. Many of these people are existing within an environment, often characterised by financial disadvantage and complex mental health needs, that drives their substance use. By drug testing and punishing non-compliance, rather than addressing complex health needs and alcohol and other drug use, the measures in this Bill could potentially do a lot more harm than good.

Stigmitising People with Substance Use Problems

Penington Institute believes that this Bill could stigmatise people who are disproportionately more likely to have complex mental health needs, a history of financial disadvantage and a propensity to self-medicate with alcohol and other drugs.

Alcohol is not a component of this trial. This drug, unlike the "testable drugs" outlined in the Bill, is legal across Australia. However, it is the drug that causes the most damage to society. It is estimated

[16] Bridget F Grant, Frederick Stinson and Deborah Dawson, (2004), "Prevalence and Co-occurrence of Substance Use Disorders and Independent Mood and Anxiety Disorders", *Archives of General Psychiatry*, 61(8), 807-816.
[17] Katherine M Harris and Mark J Edlund, (2005), "Self-Medication of Mental Health Problems: New Evidence for a National Survey", *Health Services Research*, 40(1), 117-134.
[18] Professor Ian Webster, AO, Emeritus Professor of Public Health and Community Medicine, University of New South Wales, *Submission to the Select Committee on Mental Health inquiry: "*A national approach to mental health – from crisis to community".
[19] Kay-Lambkin, Centre for Mental Health Studies at the University of Newcastle, 2004, quoted in Families and Friends for Drug Law Reform, *Submission to the Select Committee on Mental Health inquiry "*A national approach to mental health – from crisis to community".

that alcohol costs Australian workplaces $3.5 billion in lost productivity every year,[20] and one in ten Australian workers say they have been affected by a co-worker's alcohol use.[21] This includes a decreased ability to do their job or involvement in an accident.[22] Alcohol is not included because as a legal drug it does not hold the same stigma as illicit "testable drugs" like heroin or cannabis. However, as noted, alcohol is used by some people for the same reasons as the illegal "testable drugs" – to temporarily escape personal circumstances and self-medicate.

The impact of stigmitising people who are receiving income support and who use drugs could prove profound. Increased stigma has the potential to provoke anxiety that may well exacerbate the use of drugs. In addition to causing major stress for people with a substance use problem,[23] there is also compelling evidence that stigmatisation hinders people in seeking professional help including treatment for alcohol and other drug problems.[24]

The social exclusion resulting from stigma can be considered a significant health risk factor in its own right and one that can act to restrict access to life saving services. The pervasive fear of being judged, something that mandatory drug testing will only make worse, can lead individuals to avoid all forms of contact and assistance.[25] Australia's National Drug Strategy acknowledges this, noting that any policy response must not "unintentionally further marginalise or stigmatise people" at risk of drug-related harm.[26]

Switching to More Dangerous Drugs

Another concern held by Penington Institute is that this Bill may encourage some people to adopt more harmful substance use practices. The "testable drugs" featured in this Bill include opioids (such as heroin), methamphetamine (which includes crystal methamphetamine or "ice") and tetrahydrocannabinol or THC – the cannabinoid in cannabis that causes people to feel "high". The types of testing to be used will include samples of saliva, urine or hair.

The Bill's explanatory memorandum provides that participants "will be randomly selected to undertake a drug test" so there will be uncertainty as to the likelihood of being tested. This leaves the system open to evasion from trial participants. Some may avoid taking the test which leaves them susceptible to punitive measures including suspension or cancellation of payments. Others may instead opt to change the nature of their drug-taking habits to avoid detection to the detriment of their own health as some drugs stay in a person's system far longer than others and are therefore easier to detect through random testing. In the United Kingdom, random mandatory drug testing of up to 10 per cent of some prison populations takes place each month.[27] If a test comes back positive, days can be added to an inmate's sentence and the penalties are much harsher for some drugs like heroin compared to others like cannabis.[28] As a result of this scheme a perverse outcome has resulted;

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[20] VicHealth, (2012), "Reducing alcohol-related harm in the workplace. An evidence review: summary report", Victorian Heath Promotion Foundation, Melbourne, Australia.
[21] Dale Livingston (2010), "The burden of alcohol drinking on co-workers in the Australian workplace", *Medical Journal of Australia*, 193(3), 138-140
[22] Ibid.
[23] Hatzenbeuhler, M., Phelan, J., & Link, B, (2013), "Stigma as a fundamental cause of population health inequalities", *American Journal of Public Health*, 813-821.
[24] James D Livingstone, Teresa Milne, Mei Lan Fang and Erica Aman, (2012), "The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review", *Addiction*, 107(1): 39–50.
[25] Hatzenbeuhler, Phelan and Link *op cit*.
[26] Australian National Drug Strategy, see http://www.nationaldrugstrategy.gov.au/.
[27] *The Economist*, (2002), "The prisoner's dilemma", see https://www.economist.com/node/1046766
[28] Ibid.

people in prison are switching from using cannabis to injecting opioids.[29] Although difficult to precisely measure, the scheme is inadvertently promoting the use of "harder" drugs such as heroin.[30] One study of prisoners subject to mandatory drug testing found 98 per cent of those surveyed believed that mandatory drug testing encouraged people to use heroin.[31]

Opioids remain in blood, urine and saliva samples for a much shorter period than cannabis and are therefore less likely to be detected.[32] Whilst heroin only stays in the system for approximately three days, cannabis can last as long as 14 days.[33] In these same prison populations this has also driven some people to use synthetic cannabinoids,[34] which can prove far more hazardous to a persons' health.[35]

The problem is that the drugs that are more easily "flushed out" of the system, including heroin, are more addictive and far more likely to cause a fatal overdose or serious harm. The public health outcomes could prove devastating if participants in this Bill's drug testing scheme were to adopt a similar approach as prisoners in the United Kingdom.

Opioid use brings with it a range of complex problems that negatively impact on a person's health and the health and safety of those around them. People using drugs such as heroin are at risk of overdose and unsterile injecting practices can lead to HIV, hepatitis C and other infections.

Follow the Evidence

No Evidence to Support Changes

The measures proposed in this Bill are not supported by a convincing evidence base or by expert opinion. A position paper from the Australian National Council on Drugs (ANCD) from 2013 examining the costs and benefits of drug testing people who receive income support payments is clear:

> "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 would have high social and economic costs."[36]

When devising solutions to alcohol and other drug use it is important to consider what is causing substance use and an inability to find employment amongst those receiving income support payments. The ANCD found no clear evidence that drug use is a barrier to employment for a "significant proportion of people" and listed a range of reasons that are no less significant a factor. These include transport problems, mental or physical health problems or discrimination.[37] These factors, which are mostly outside of the control of any one person on income support, are far harder

[29] Andrew O'Hagan and Rachel Hardwick, (2017), "Behind Bars: The Truth About Drugs in Prisons", *Forensic Research & Criminology International Journal*, 5(3).
[30] Ibid.
[31] Ramsay M, (2003), "Prisoners' drug use and treatment: seven research studies", *Home Office Research Study*, 267,1-164
[32] Nicola Singleton, (2008), "Policy forum: The role of drug testing in the criminal justice system", *Drug and Alcohol Today*, *Forensic Research & Criminology International Journal*, 8(3).
[33] O'Hagan and Hardwick *op cit*.
[34] Singleton *op cit*.
[35] Joseph J Palamar and Monica J Barratt, (2016), "Synthetic Cannabinoids: Undesirable Alternatives to Natural Marijuana", *American Journal of Drug Abuse*, 42(4), 371-373.
[36] Australian National Council of Drugs Position Paper, (2013), see https://www.drugsandalcohol.ie/20368/1/ANCD_paper_DrugTesting.pdf
[37] Ibid.

to solve and simply drug testing those who are unable to find employment will do nothing to address these barriers to employment. This is why the ANCD concluded that drug testing people who receive income support payments is based on a "faulty rationale and incorrect assumptions" about the people who use drugs and the effects of testing.[38]

Drug testing of welfare recipients has been tried in the United States over the last seven years and the results demonstrate that there is no convincing evidence base supporting Australia's drug testing reforms. At least 15 states have passed legislation on drug testing or screening for public assistance applicants or recipients.[39] One of the most prominent examples took place in Florida, where more than 4,000 people receiving income support payments were drug tested over four months in 2011.[40] Less than three percent per cent of participants tested positive with the most prevalent drug being cannabis.[41] The cost of this program was $45,000 more than the state would have paid in benefits to those whose payments were discontinued after testing positive.[42] It was publicly reported that this figure didn't include court fees and thousands of hours of staff time dedicated to implementing the policy.[43]

Another unintended consequence experienced in the United States, strongly linked to the points made concerning stigmatisation of people with substance use problems, was that the drug testing schemes discouraged voluntary attempts to access treatment. As one policy expert noted:

> "If people are afraid they'll lose their benefits if they admit to using drugs, it makes it hard for them to say, 'Hey, actually I have this issue'".[44]

Stigma pushes drug use to the margins of society and discourages active attempts by people using drugs at getting help. The United States' experiments made people using drugs less willing to disclose their usage and kept them from connecting with treatment of their own violation.

Where Investments Should be Made

Instead of mandatory drug testing and penalties for people on income support payments, the Government should instead focus on improving and expanding treatment options. The Bill does mandate treatment for some people who have tested positive, with a medical professional able to recommend rehabilitation, counselling or ongoing drug testing. However, the very nature of how the scheme operates means that it is unlikely to achieve its targets of combating substance use in those receiving income support payments.

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[38] Ibid.
[39] National Conference of State Legislatures, (2017), "Drug Testing for Welfare Recipients and Public Assistance", see http://www.ncsl.org/research/human-services/drug-testing-and-public-assistance.aspx
[40] ABC Fact Check, (2017), "Fact Check: Is there evidence that mandatory drug testing of welfare recipients can help drug users get off welfare?", *ABC Online*, see http://www.abc.net.au/news/2017-09-18/fact-check-mandatory-drug-testing-for-welfare-recipients/8948840
[41] Ibid.
[42] Ibid.
[43] Brittany Alana Davis, (2012), "Florida didn't save money by drug testing welfare recipients, data shows", *Herald Tallahassee Bureau*, see http://www.tampabay.com/news/courts/florida-didnt-save-money-by-drug-testing-welfare-recipients-data-shows/1225721
[44] Bryce Covert, (2015), "What seven states discovered after spending more than $1 million drug testing welfare recipients", *Think Progress*, see https://thinkprogress.org/what-7-states-discovered-after-spending-more-than-1-million-drug-testing-welfare-recipients-c346e0b4305d/

Evidence suggests that drug treatment is effective in reducing the demand for illicit drugs but the key is attracting and retaining people to an effective form of treatment long enough for it to work.[45] This can prove challenging due to the chronic relapsing nature of substance use problems and the need for treatment and related services to be able to address the social and psychological dimensions of alcohol and other drug use.[46]

The Bill's measures do not fully take account of these facts. Because testing is mandatory and referral to treatment is required by a medical professional, the participant is not voluntarily seeking treatment themselves. This is problematic because there is substantial evidence that stigmatisation acts a significant barrier to accessing healthcare and treatment services.[47] Encouraging people to seek treatment can be beneficial, but this scheme operates through the threat of withholding or cancelling income support payments.

There is also the problem that there aren't enough treatment services available to accommodate an increased number of people referred to treatment. The Bill's explanatory memorandum recognises this by stating: "Where treatment is not immediately available, recipients will be required to take appropriate action such as being on a waiting list to satisfy part of their mutual obligation requirements." In 2014, the National Drug and Alcohol Research Centre stated that unmet demand for alcohol and drug treatment is conservatively estimated to be between 200,000 and 500,000 people.[48]

To achieve greater access to treatment services we need to address the imbalance of federal government spending dedicated to drug policy. Of total government investment tackling the problem of illicit drugs, almost 65 per cent is spent on supply reduction via law enforcement compared to 22 per cent on treatment, 9.5 per cent on prevention and just 2.2 per cent on harm reduction.[49] This is not a cost-effective approach and it presents a huge missed opportunity. Studies have found that treatment is two to three times more cost-effective than law enforcement in reducing drug use and 10 to 15 times more cost-effective at reducing drug-related crime.[50]

Until there is increased investment in treatment it will be difficult for people with substance use problems, including those on income support payments, to obtain help. What communities in places like Canterbury-Bankstown, Logan City and Mandurah need is greater availability of treatment services and a wider range of clinical pathways that are flexible, adaptive and accessible.

More investment isn't the only factor that will improve outcomes for people with substance use problems. The Government should also consider how to expand the treatment solutions that have been proven to work. For example, people using opioids such as heroin can benefit significantly from

[45] Federal Parliamentary Library Brief, (2015), "Effectiveness of drug treatment", Department of Parliamentary Services, Parliament House, Canberra. Examination of research that has been conducted on how effective spending on rehabilitation services is in reducing demand for illicit drugs.
[46] Ibid.
[47] Livingstone, Milne, Lan Fang and Aman *op cit*.
[48] Alison Ritter, Lynda Berends, Jenny Chalmers, Phil Hull, Kari Lancaster and Maria Gomez, (2014), "New Horizons: The review of alcohol and other drug treatment services in Australia", *National Drug and Alcohol Research Centre*.
[49] Alison Ritter, Kari Lancaster and Katrina Grech, (2011), "An assessment of illicit drug policy in Australia (1985 to 2010): Themes and trends", *National Drug and Alcohol Research Centre*.
[50] J Caulkins, C Rydell, W Schwabe and J Chiesa, (1997), "Mandatory Minimum Drug Sentences: throwing away the key or the taxpayer's money?", *RAND Drug Policy Research Centre*, Santa Monica, CA, pp. 68–9.

pharmacotherapy options such as opioid replacement therapy (e.g. methadone and buprenorphine) - a cost-effective public health strategy for managing dependence.[51]

There are already major difficulties in encouraging more Australians to take up pharmacotherapy and maintain their treatment.[52] For example, access is being held back by the cost of dispensing fees. This cost will act as a particularly strong disincentive for people on income support payments who are dependent on opioids since they are likely to be in a position of severe financial disadvantage. If a person is obtaining a drug such as methadone from a pharmacist it may cost them $1 to $10 a day[53] - a significant cost for someone living under a financial burden. If this cost barrier was rectified then lasting treatment for people using opioids would be made substantially easier.

At present it is cheaper for some people to access pharmaceutical opioids like oxycodone than pharmacotherapy.[54] Penington Institute believes that eliminating these fees would be a far more beneficial target of government intervention than mandatory testing and this initiative would improve access to evidence-based treatment that has been proven to work.

Conclusion

Minister Tehan is correct when he refers to the findings of the Australian Institute of Health and Welfare's 2016 National Drug Strategy Household Survey, which shows that people who are unemployed are three times more likely to have recently used drugs including crystal methamphetamine than those who are employed.[55] He is also right in asserting that "not enough has been done to try and deal with the real connection between drug abuse and unemployment".[56] However, the measures featured in this Bill don't provide a suitable answer.

There is no evidence base supporting mandatory drug testing and no expert advice appears to have been sought in the Bill's development. A host of alcohol and other drug experts have warned that this Bill could prove ineffective and harmful to people receiving income support. The complex problems underlying substance use - unemployment, mental health needs and long-term reliance on income support - deserve close attention from government. However, the strategies outlined in this Bill will take us in the wrong direction and may cause more harm than good.

[51] Dolan K; Alam Mehrjerdi Z, (2015), "Medication-assisted treatment of opioid dependence a review of evidence", Australian National Council on Drugs, Canberra, ANCD research paper 32.
[52] Ibid.
[53] Penington Institute, (2015), "Chronic unfairness: equal treatment for addiction medicines?" Melbourne, Australia http://www.penington.org.au/wp-content/uploads/2015/04/Chronic-Unfairness-Penington-Institute.pdf
[54] Ibid.
[55] Minister Tehan second reading speech *op cit*.
[56] Ibid.