

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website: <http://www.ama.com.au/>



Transcript: AMA Federal Councillor and Chair of the Ethics and Medico-Legal Committee, Dr Chris Moy, 3AW, *Sunday Morning with Darren James, Nick McCallum, and Heidi Murphy*, Sunday, 8 September 2019

Subject: Drug testing for welfare recipients

DARREN JAMES: Apropos of that, joining us now is the AMA Federal Councillor and Chair of the Ethics and Medico-Legal Committee, Dr Chris Moy. Dr Chris, thanks for joining us.

CHRIS MOY: Good morning

DARREN JAMES: Do you think it's a good idea that people should be tested for drugs if they're applying for welfare?

CHRIS MOY: The AMA has opposed this continuously from the start and, frankly, pretty much every health and welfare organisation has done the same. Now, you might wonder why. The first thing is that we're only going to focus on the health issues, we're not really into the whole morality issue. But the first thing is that addiction is a health issue for us and that's the prism we look through, but we really think that this is upside-down policy, really silly policy. We do understand that...

DARREN JAMES: [Interrupts] Why really silly, Chris?

CHRIS MOY: Well, I'll explain. The reason why we think that is that this policy may make people feel better about the use of their taxpayers' money, and I get that, and I think there's a certain agenda here. But the concern is, for us, that, number one, it may stigmatise people. It may actually make their chance of getting another job later much harder. The next thing is there's actually no evidence from international trials that this actually works.

But probably the worst bit for me - and I'm a GP, I work on a day-to-day basis - is that what will happen is it will actually divert all the resources to somewhere where we already have a complete lack of resources, and that's drug and alcohol services.

Speak to any doctor out there. On a day-to-day basis, I may have somebody who I've identified who actually has a serious addiction problem. I cannot get them into services or keep them in there - because it needs to be for a fairly long time - I cannot get them in there and keep them in there for long enough to get treatment. And quite often they fall out again, and it's partly due to the lack of resources. Now, our concern is that what you're going to have is a diversion of these resources into where they're not needed. So you may have somebody who may have used drugs once or twice, you know, it's been indicated previously, sometimes it's a recreational issue, they're going to be forced into these services, and they may actually start to take over those services, where we're already in a situation where we can't get them into. So we actually end up in a worse situation than before.

DARREN JAMES: I understand your argument with the lack of resources. But going back to what a number of callers have made, and what is common knowledge for those of us who are

not experts, is that a lot of drug addicts can't or won't seek help. This is a way, I suppose, of forcing some people to seek help. Is that not a good thing?

CHRIS MOY: I think that the majority of drug seekers - or who have an addiction, and again, it's a medical condition - will have actually seen a doctor or have access to medical care or actually have somebody which will refer them to medical care. But my sad reality is that we ain't even close to providing enough resources out there. And even if we get them into the resources, I can think of several, even this week, where we've got them in and the resources are so scarce at the moment, that what actually happens is they stay in but then basically the service has to pull the plug quite early...

DARREN JAMES: [Interrupts] Okay. What about, then, introducing this hand in hand with an increase in resources for services? Would that work?

CHRIS MOY: What we say is, number one, I think the magnitude of this would be massive, and I'm talking massive. We're talking a ridiculous amount, far more than is required. The other thing is that we still have this problem about the fact that there is this stigmatisation, where you might have one or two people who have used occasionally, they may actually get stigmatised and it may actually be harder for them to get a job. And look...

DARREN JAMES: [Interrupts] Why would it be harder for them to get a job, if they're only once or twice users, they get a bit of help, they get off, they don't use it again, what's harder to get them a job?

CHRIS MOY: Because they may have been identified at that point.

DARREN JAMES: But what is it? A sign on their foreheads? Is it a tick on their license? How would they be identified?

CHRIS MOY: Well, that's the question, and I think the thing is it would be well known by that point, because suddenly they've been on a card, for example, or something like that, where it would actually be a problem for them at that point. I think it's suddenly become public knowledge where they won't have access to their normal income and will have to revert to a card, it will stigmatise them at that point.

The National Drug and Alcohol Strategy actually pointed to the fact that we've got to get away from this whole stigmatising and criminalising, and actually work on the positive, which is actually to get the treatment out there. And I suppose that's what I'd say is to implore you to understand that, from a health point of view, we don't see any benefit in what's happening now and the focus on this, and what we do see is the need to really go the other way, which is actually work on the real problem, which is the lack of services.

DARREN JAMES: All right. Good on you, thanks Dr Chris, for joining us. Dr Chris Moy, the AMA Federal Councillor and chair of the Ethics and Medico-Legal Committee.

8 September 2019

CONTACT: Maria Hawthorne

02 6270 5478 / 0427 209 753