



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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SELECT COMMITTEE ON THE DRUGS OF DEPENDENCE (PERSONAL USE)  
AMENDMENT BILL 2021

Mr Peter Cain MLA (Chair), Dr Marisa Paterson MLA (Deputy Chair),  
Mr Johnathan Davis MLA

## Submission Cover Sheet

Inquiry into the Drugs of Dependence  
(Personal Use) Amendment Bill 2021

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# **Inquiry into Drugs of Dependence (Personal Use) Amendment Bill 2021**

## **Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021**

**MAY 2021**



**AASW**

Australian Association  
of Social Workers

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# The Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the professional body representing more than 14,000 social workers throughout Australia. We set the benchmark for professional education and practice in social work, and advocate on matters of human rights, discrimination, and matters that influence people's quality of life.

## The social work profession

Social work is a tertiary qualified profession recognised internationally that pursues social justice and human rights. Social workers aim to enhance the quality of life of every member of society and empower them to develop their full potential. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession, and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledges. Professional social workers consider the relationship between biological, psychological, social and cultural factors and how they influence a person's health, wellbeing and development. Social workers work with individuals, families, groups and communities. They maintain a dual focus on improving human wellbeing; and identifying and addressing any external issues (known as systemic or structural issues) that detract from wellbeing, such as inequality, injustice and discrimination.

## The social work profession and a human rights approach to drug use

The AASW ascribes to the belief that drug-related harms such as drug dependency are public health concerns, as opposed to criminal justice issues, and consequently takes a harm minimisation approach to policy and reform work. We work from the principles of social justice and human rights. Everyone has the right to health and to access medical services under Article 25 of the Universal Declaration of Human Rights and Article 12 of the International Covenant on Economic, Social and Cultural Rights. Therefore, adequate and recovery-based care must be offered in treatment, and holistic, systemic preventative measures built into public services.

Social work is a profession that is integrally involved in facilitating health and well being across a range of sectors. These can include Child Protection, family violence, acute, community and specialist health, income support and employment services, community development, homelessness assistance, corrections, Aboriginal and/or Torres Strait Islander and CALD community programs, refugee, asylum and resettlement support, grief and loss counselling, psychotherapy, gambling and addiction counselling. Social worker roles include, but are not limited to, providing counselling services for people who are under a compulsory treatment order, supporting the family and community members of individuals who experience drug-related issues, such as drug dependency, as well as working in program management, research, and policy roles to promote the overall wellbeing of the ACT community.

## Our submission

The AASW welcomes the opportunity to comment on the *Drugs of Dependence (Personal Use) Amendment Bill 2021*. **It is our overall recommendation that the ACT government passes this Bill.** It is our perception that this Bill approaches the issue from a public health response, rather than a criminal justice approach, to address drug-related harm in the ACT community. Our submission will address the following terms of reference:

- A) Best practice policy approaches and responses undertaken in other jurisdictions, including internationally, to reduce harm and societal impacts from drugs;
- C) The adequacy and implementation of the ACT government's current funding commitments to support drug control and harm reduction;
- D) Opportunities and challenges for community-based and community-controlled organisations, programs and initiatives to reduce harm from drugs.

## Recommendation

1. **That the ACT government pass the *Drugs of Dependence (Personal Use) Amendment Bill 2021 (ACT)***
2. That the ACT government expand and further invest in initiatives that support the carers and/or family members of individuals who use drugs
3. That the ACT government invest in doubling the capacity of specialist Alcohol and Other Drugs (AOD) services in the territory
4. That the ACT government develop an integrated service approach to meet the diverse needs of people who experience drug-related harm
5. That the ACT government co-design a workforce strategy alongside peak bodies, service providers, and consumers to expand the current expert workforce to meet the increasing demands for AOD services and allocate adequate funding to this strategy accordingly

## a) Best practice policy approaches and responses undertaken in other jurisdictions, including internationally, to reduce harm and societal impacts from drugs

### **Sustainable Development Goals (SDGs) and drug policy reform**

The AASW ascribes to the belief that it is the responsibility of government to create the conditions under which everyone can flourish and thrive, encompassing both the natural environment as well as the social and economic conditions. The Sustainable Development Goals (SDGs) provide an important mechanism through which the ACT government can approach some of the biggest challenges currently facing Australia, and the world, with a particular focus on human rights and social justice. The implementation of the SDGs seeks to provide meaningful and sustainable solutions to addressing the major challenges we are facing at a local and global level. For example, the SDGs that focus on poverty, inequality and climate change would have numerous benefits to domestic social, environmental and economic issues, including drug dependency.

The AASW agrees with the Global Commission on Drug Policy that a 'zero tolerance' approach to drug policy undermines the achievement of SDGs. <sup>1</sup>International evidence suggest that a purely repressive drug control approach has resulted in severe unintended consequences. These include the creation of a global illegal market, an explosion of HIV and hepatitis infections among people who use drugs, a high level of stigma associated with drug use, a lack of access to internationally controlled substances for medical purposes, and the aggravation of gender, income and racial inequality via the criminal justice system.<sup>2</sup> Our members told us that people who have sought drug treatment often exhibit existing social and economic vulnerabilities such as unemployment, poor mental health, intergenerational trauma, poverty, chronic homelessness, family violence; many of which can be attributed to social inequality. While half of all Australians have used illicit drugs, people who have socio-economic vulnerabilities are more susceptible to arrest as they are more likely to be in contact with the police and the criminal justice system. Therefore, an approach that heavily relies on law enforcement further deepens a person's involvement with the criminal justice system and increases stigma and marginalization. It acts as a barrier to education, employment, health and social services, undermining the achievement of SDG 3 (Good health and wellbeing), SDG 5 (Gender Inequality), and SDG 10 (Reduced Inequality).

### **Social determinants of health and a social work approach to drug use**

The World Health Organization (WHO) constitution states, 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. An important consequence of this definition is that health is considered more than just the absence of illness. This statement from WHO captures the bio-psychosocial dimensions of good mental health (also known

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<sup>1</sup> [https://www.globalcommissionondrugs.org/wp-content/uploads/2020/06/2018SDG\\_ENG\\_web.pdf](https://www.globalcommissionondrugs.org/wp-content/uploads/2020/06/2018SDG_ENG_web.pdf)

<sup>2</sup> *Ibid.*

as the Social Determinants of Health).<sup>3</sup> It goes on to also identify the multiple factors that can compromise a person's mental health, including: specific psychological, personality and biological factors; socio-economic – including inadequate income and education; social environmental –rapid social change; gender or racial discrimination; risks of violence, and personal –unhealthy lifestyle, physical ill health.

Based on this understanding of health, the AASW ascribes to a harm minimisation approach to drug use that focuses on the healthy lives and wellbeing of people who use drugs and believe this approach should be adopted to minimise the harm on people and their families and communities.<sup>4</sup> We support the underlying principle of harm minimisation. As outlined by our previous submission to the Inquiry into the impact of illicit drugs on families:

*Harm minimisation is taken to refer to policies and programs that are designed to prevent and or minimise drug related harm through the use of three balanced strategies: Supply reduction; demand reduction and harm reduction.*<sup>5</sup>

Social workers work with people with complex issues such as involvement with statutory services, mental health, homelessness, and unemployment. In order to engage, retain and work effectively with this client group, a flexible, holistic, relationship-based approach within a bio-psychosocial context is effective. We incorporate a developmental approach to recovery, for example, treatment aimed at not simply immediate abstinence but a series of insight-oriented, behavioural, and self-help programs. One of the most important aspects is how the social work model gives expression to the dual focus on person and environment. Social workers play a crucial role in programs that concentrate on recovery, relapse prevention, developing autonomy and building a pathway towards a more secure and stable lifestyle. In this regard, a social work approach not only looks at *how* a person becomes dependent on drugs, but also *what* the impacts of drug use on their families and communities are in order to wrap services around the individual before their situation worsens.

Therefore, the AASW endorses the *Drugs of Dependence (Personal Use) Amendment Bill 2021*. We believe that it is the first step to shift the paradigm of drug use away from a matter of criminal justice to a public health issue. By decriminalizing drug use up to a possession threshold, the legislation could divert people who use drugs to a wide range of social services in which their diverse needs can be met outside of the criminal justice system. Further the AASW asserts that the passage of this legislation must be supported by significant investment into AOD services in the ACT.

## Recommendation

- That the ACT government pass the *Drugs of Dependence (Personal Use) Amendment Bill 2021*.

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<sup>3</sup> <https://www.who.int/about/who-we-are/constitution#:~:text=Health%20is%20a%20state%20of,belief%2C%20economic%20or%20social%20condition.>

<sup>4</sup> [https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026\\_1.pdf](https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026_1.pdf)

<sup>5</sup> AASW 2007, *Submission to the House Standing Committee on Family and Human Services Inquiry into impact of illicit drugs on families*, accessed 19<sup>th</sup> May 2021, available at: [https://www.aph.gov.au/parliamentary\\_business/committees/house\\_of\\_representatives\\_committees?url=fhs/illicitdrugs/subs/sub121.pdf](https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=fhs/illicitdrugs/subs/sub121.pdf)

## c) The adequacy and implementation of the ACT government's current funding commitments to support drug control and harm reduction;

### **The need to recognise the impacts of drugs on a person's family members and carers**

The current funding commitment does not sufficiently address the impact of drug dependency on family members and carers, as there are only three specific programs for family members and carers of individuals who use drugs: Canberra Health Services, Directions Health Services, and the Karralika Family Program.<sup>6</sup> Many AASW members have work experience with the far wider ranging impact of legal drug use such as alcohol abuse or prescription drugs across all areas of our contact with individuals and families. Drug dependency ultimately leads to conflict with family or friends. Family and friends of drug users have expressed to social workers that they experience frustration and concern when pressured for money or possessions, or when the person using drugs fails to or refuses to recognise that their drug use is causing problems. One of our members suggests that,

*'When one member of a family becomes dependent on drugs, it becomes extremely challenging for the family to sustain itself in a healthy, open and robust way. The first thing that a parent may feel when a child is discovered to consuming drugs can be overwhelming guilt and anger. The anger can be aimed at the fact that their child has placed themselves in danger. The guilt may stem from a feeling that they should have known, that there was something that they could have done to stop this from happening. When a parent takes drugs, the child may begin to take on the role of parent to their mother or father. More often than not, the child of the parent feels responsible.'*

AASW members relate experiences from the people they work with that the breakdown of trust as one of the primary issues in relationships extending beyond the immediate nuclear family. This encompasses many members of extended families as one by one support is sought then abused. Many people report having had personal items go missing or that family members are gradually isolated as they are 'forced to take sides' - either to cease contact with the person who uses drug or struggle to keep trying to help and support them. This inevitably leads to someone using up all their supports resulting in homelessness. Therefore, it is key for the ACT government to recognize the impact of drug-related harm on the community surrounding an individual and AOD support services provided for the broader community need to be funded accordingly.

### **The major shortfall in specialist AOD services**

AASW members reported difficulty in accessing services for people with drug dependence and other issues that require high intensity specialist services. The Australia Government has estimated that approximately 200,000 people receive AOD treatment in any one year in Australia. At the same time, modelled projections of the unmet demand for AOD treatment were conservatively estimated

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<sup>6</sup> [directory.atoda.org.au](http://directory.atoda.org.au)

to be up to 500,000 people over and above those in treatment in any one year.<sup>7</sup> The major shortfall on the provision of service has caused long waiting time, especially for specialist AOD services. According to Alcohol Tobacco and Other Drug Association ACT's (ATODA's) submission to this inquiry, nine of the ten specialist service providers in the ACT are community organisations and non-government organisation and there are unique treatment and program types that are only provided by these service providers, including:

- harm reduction programs;
- non-residential withdrawal;
- peer support;
- specialist alcohol, tobacco and other drug primary health care;
- residential rehabilitation;
- day program rehabilitation;
- outreach targeted to vulnerable community members

To meet the demands of people seeking drug treatment, the AASW endorses the recommendation from ATODA that the ACT government should fund the treatment sector to at least double its capacity. Qualified social workers provide specialist AOD services as they utilize a holistic and multi-disciplinary approach to support individuals, families, and community. The AASW refers the ACT government to ATODA's submission to this inquiry, detailing how the funding can be stabilised and increased.

### **Recommendations**

- That the ACT government expand and further invest in initiatives that support for the carers and/or family members of individuals who use drugs
- That the ACT government invest in doubling the capacity of AOD services in the territory

## **d) Opportunities and challenges for community-based and community-controlled organisations, programs and initiatives to reduce harm from drugs**

### **The need for a care model that is co-designed by the sectors and consumers**

AASW members reported that service delivery models are often too restrictive. For example, drug and alcohol services are often mandated to work on drug and alcohol issues only; if the client has concurrent issues such as being a perpetrator or victim of violence, or having a mental health issue, they will often be referred to another service, which in turn will be unable to address the issue of drug dependency and other serious drug-related harm. Meanwhile, only a small proportion of people

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<sup>7</sup> Ritter A, Berends L, Chalmers J, Hull P, Lancaster K, Gomez M. New Horizons: the review of alcohol and other drug treatment services in Australia. Final Report. [https://www.health.gov.au/sites/default/files/new-horizons-review-of-alcohol-and-other-drug-treatment-services\\_0.pdf](https://www.health.gov.au/sites/default/files/new-horizons-review-of-alcohol-and-other-drug-treatment-services_0.pdf) Drug Policy Modelling Program, National Drug and Alcohol Research Centre, UNSW

who use drugs actually require specialist treatments. Therefore, the strengthened collaboration between the AOD services and other parts of the social service system is crucial to the provision of appropriate care for a person. To prevent workers across different sectors from working in a silo, the AASW supports ATODA's recommendation that the ACT government 'appropriately resource an experience-based co-design process that involves service users, family and friends, service providers, researchers and policy makers in identifying and designing solutions to improve access to the service system in order to meet current and future demand.'

In addition to this, AASW members also told us that case conferencing can be used more frequently across the entire social services system to ensure that the information pertaining to a person's experience with drugs can be shared across service providers. By doing so, services can be coordinated appropriately to address the individual needs of people. For example, there are instances where a person's dependency with drugs is not so serious that they have to be admitted to rehabilitation services, but it is debilitating enough to undermine their overall wellbeing. Case conferences can provide an arena for service providers and consumers to develop innovative solutions to manage the impacts of drugs on a person. AASW members who practice in other parts of the social services system such as family violence, homelessness and child protection told us that case conferences can streamline a person's engagement with the social service system and make it easier to have services structured around their needs. This collaborative approach to service provision, in which social workers excel, can avoid re-traumatisation, relapse, as well as a lack of motivation to attend services.

### **The retention and expansion of the current workforce in the AOD service sector**

The AASW agrees with ATODA's submission that the current funding structure to the AOD service sector is so inadequate that there is a lack of appropriately skilled workers providing complex AOD treatment services. According to the 2017 ATODA workforce profile, 8 of the 9 community AOD organisations suggested that they had difficulty recruiting positions that required very specific and high-level AOD qualifications and/or expertise, such as counselling, nurses with dosing and inpatient withdrawal expertise, peer workers, and AOD case managers. Currently, organisations providing AOD treatment and support must be accredited with nationally recognised bodies (e.g. QIC Standards, ATCA Standards for Therapeutic Communities and Residential Rehabilitation Services). These accreditation standards in themselves require organisations to achieve and maintain particular standards of training and professional development for their staff, to ensure that staff meet the requirements for their scope of practice, and to have processes in place for consumer complaints if they feel that service quality is not up to standard. All AOD service providers are required to be accredited with a relevant professional body as part of their contractual requirements with the ACT Health Directorate. In all instances, these accreditation requirements include processes being in place for handling professional complaints against individual workers. As a

result, there is a mandate for all AOD workers to complete a Certificate 4 in AOD or obtain a tertiary qualification that is related to health and social science plus the completion of the 'AOD skill set'.<sup>8</sup>

However, about half of the workforce are Alcohol and Other Drug Workers who are not part of a registered professional body and therefore do not have a requirement of Continuing Professional Development.<sup>9</sup> For those who do have these requirements for their professional membership, they do not always have ready access through their organisations to ongoing professional development, and this is the responsibility of the individual to negotiate with their organisation. Therefore, there is an absence of skilled individuals who are readily able to take on expert AOD roles, including counselling and case management roles. Factors including the the lower rates of pay and the relatively short length of contract contribute to an inability to attract skilled workers into the sector or retain current staff. We recognise that this is related to the lack of funding to the AOD service sector, as well as a lack of planning in relation to the composition and sustainability of the workforce. If the proposed Bill is passed, there will be increased demand for community AOD services and subsequently and consequently, an increased need for the workforce to be adequately staffed.

Therefore, the AASW asserts that the ACT government develops a AOD workforce strategy that is attached to the current Territory Health Services Planning. We want to highlight that this Strategy must include an articulation of what is required for the current and additional workforce to gain or maintain qualifications appropriate to their scope of practice. For example, the Strategy should recognise the unique roles social workers play in the AOD workforce, as they have the skills to work with individuals and the health system to provide whole-of-person care and direct psychological intervention services. The qualification and training acquired by social workers align with the requirement of some expert AOD roles including case coordination and drug and alcohol counselling. Adequate funding is also essential to the successful implementation of this strategy so that services will have enough subsidised training to upskill their workers.

In short, the AASW recommends the ACT government to co-design an adequately funded workforce strategy alongside peak bodies, service providers, and consumers to expand the current expert workforce to meet the increasing demands for AOD services. The AASW welcomes the future opportunity to work with the ACT government to develop such a strategy.

### **Recommendations**

- That the ACT government develop an integrated service approach to meet the diverse needs of people who experience drug-related harm
- That the ACT government co-design a workforce strategy alongside peak bodies, service providers, and consumers to expand the current expert workforce to meet the increasing demands for AOD services and allocate adequate funding to this strategy accordingly

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<sup>8</sup> <http://www.atoda.org.au/wp-content/uploads/2020/12/Final-monograph-2017-WFP-v1.0.pdf>

<sup>9</sup> *Ibid.*

## Conclusion

The AASW thanks the Select Committee on the Drugs of Dependence (Personal Use) Amendment Bill 2021 for the opportunity to submit to this inquiry. We would welcome the opportunity to discuss any of the points raised and work with the ACT government on implementing the recommendations.



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