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Transcript: AMA Federal Councillor and Chair of the Ethics and Medico-Legal Committee,
 Dr Chris Moy, Doorstop, Adelaide, Friday, 6 September 2019

Subject: Drug testing trial for welfare recipients

QUESTION: What do you make of the drug testing trial for welfare recipients?

CHRIS MOY: The AMA has been opposed from the start. We don't feel that it actually offers anything, and we're quite concerned that this is really arse-up policy. Basically, you've got a situation where we've got a witch hunt to make people feel better about the use of resources, but ultimately will only divert scarce resources in the wrong direction.

QUESTION: But if people are abusing drugs, they're using the welfare payments for drugs, that's not a good idea either.

CHRIS MOY: We understand that, Peter, and we certainly don't condone the use of welfare payments in those sort of situations. But let's look at it this way - it doesn't discriminate between people who are one-off users or users that are consistent, or those who are addicted. And then what will happen is you get a situation where you have the- [indistinct].

So certainly, the AMA does not condone the use of welfare payments for drug use, but first thing to understand is that there is a misunderstanding that addiction is a condition - it's a medical condition. And the problem with this sort of policy is you're playing the person rather than the ball, in terms of football terms. And we're in a situation where you'll get a situation where an individual who is maybe a one-off user will be identified as a drug user, and they'll be diverted to very, very scarce drug and alcohol resources. I as a GP now can barely get somebody in there, and certainly not keep them in there long enough to actually get treatment.

QUESTION: What if they're a habitual user who abuses drugs and is using their welfare payments for that purpose?

CHRIS MOY: What I would say is: wouldn't it be much better policy to actually put those resources into drug and alcohol services, and in fact let us do the identification without all of the witch-hunt that may occur with this, so that we can actually get them into services and get it treated. One of the things to keep in mind is that the National Drug and Alcohol Strategy for 2016 to 2025, as I recall, basically says we're not in the game of stigmatising and criminalising drug and alcohol addiction. And what we have here is exactly that. And we're not getting a situation where we're treating this situation as a condition. These people need help. They have a condition. We need to treat that.

QUESTION: These sorts of programs are being used overseas; have you got any evidence to show whether they are successful or not?

CHRIS MOY: Well, that's the problem. There is no evidence for it. And certainly there's no transparency with respect to how much resources are going to be put into this. I mean, drug and alcohol testing is expensive, and again these resources could easily be put into

treatment of individuals who have a drug addiction condition, and that's where we are looking at this. We need to treat people, and we don't need to get a situation where they are stigmatised.

QUESTION: You say it is expensive to do the testing; if you were testing for 5000 people, how much would that likely be?

CHRIS MOY: We don't have any transparency about that, and that's actually one of the concerns from our point of view. And again, we believe that this is really arse-up policy. We are treating people and stigmatising them just to make - to some degree - people feel better about the fact that maybe the welfare payments may be used for this, but in fact they may have a condition, and we need to treat the condition of addiction.

QUESTION: But if you don't know the results and it's not proven, what about a trial? Isn't there some sort of medium ground you could meet on?

CHRIS MOY: My understanding is that in overseas situations there haven't been improvements. So, I mean- really, again- look, I'm a GP, I sit there every day with individuals who have significant drug and alcohol problems. I cannot get them into services. I cannot see how we are even embarking on this. I'm trying to identify people - many of which may only be one-off users - and then forcing them into drug and health services, and make it harder for me to get patients that we need to get in there to get treatment.

QUESTION: On another subject, what about the nurses' union taking on the State Government for failing to give them a pay rise? How do you feel about that?

CHRIS MOY: [Indistinct]. Out of my area, I'm afraid, and the Australian Medical Association.

QUESTION: So what do you make of the State Government cuts to the health services, looking at targeting 1100 jobs. Do you think the health services in South Australia can cope?

CHRIS MOY: We're very guarded about things like this. Certainly, my understanding is it's voluntary, but our main concern is there's absolutely no reduction in the quality, safety, access of care, and there's no effect on training and research. They are absolutely no go areas – they cannot undermine those things.

Now the understanding - and it's put to us that they will be able to find a way to do this - but my understanding is it's not targeted. So the concern then would be: where does this all end up, and do we get a situation - and let's put it in a particular unit of care - let's say that if you've got five specialists providing treatment, and suddenly two are suddenly offered these separation packages, you end up with three people, and will they be able to provide the same level of care in the same timeframe? And that worries us to a great degree. And our experience in the past hasn't been good. So, we are extremely guarded about this, and we'll be watching very carefully.

QUESTION: What about staffing shortages in hospitals? The Women's and Children's Hospital sent out this text message last weekend to all the off-duty staff, saying: severe

shortfalls in all areas tonight, please call you in if you can help in any way. How do you feel about that?

CHRIS MOY: That's the sort of thing we worry about already. We've actually voiced our concerns with respect to the situation at Women's and Children's, and to see people going is a great concern at the moment, given the fact that you have these shortages. We have the shortages with regards to staffing at an immediate level, but we also have incredible shortages in places like outpatients at the moment, where individuals- like, you've got children down there who are need neurology specialists, outpatient review, because they have things like possible multiple sclerosis, or they have things like possible seizures that need treatment, and they are waiting, you know, two to three years for treatment, and that may be half their life. So, it just doesn't make sense. We have to be able to see that there is no reduction in care, given the fact that we already have significant restrictions and shortages.

QUESTION: So you're saying patients are suffering because of the shortages?

CHRIS MOY: Well, at the moment they are. And so the question is: how will the new voluntary separation packages lead to a situation where we can actually have in the maintenance of the new level- current levels of care, or an erosion of current access and safety and quality of care.

QUESTION: So what's the solution? What would you say to the Government?

CHRIS MOY: Well, we need to see some transparency about this, and we need to make sure that you don't have a situation where it's just a cost cutting exercise. That's always been our concern about this, and unfortunately- you know, this has occurred with the previous Government- under the previous Government's reign, that we've seen a lot of these changes with great ideas about how they can make things efficient, but have just turned out to be cost cutting exercises. And that's something we're extremely worried about. And for the patients of South Australia who really deserve to be able to get good quality care in a timely fashion. This could be a serious problem in the near future, and we'll be watching for it.

Thank you.

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