

Consultation on Mandatory Drug Treatment for Welfare Recipients

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A Brief Submitted by The Medical Reform Group of Ontario

Background

During the 1999 election campaign, the Progressive Conservative Party's "Blueprint" document outlined a plan to test all welfare recipients in Ontario for drug use, based on an argument that drug use among welfare recipients constitutes a barrier to obtaining and maintaining employment. On November 14th 2000, John Baird, Minister of Community and Social Services, announced that the government of Ontario was seeking consultations regarding its plan to mandate drug testing of welfare recipients. The Medical Reform Group of Ontario is responding to the invitation for consultations.

Since the initial announcement, several aspects of the plan have been detailed. On January 23rd of this year, the minister stated:

- "Our focus is to provide help to those with a substance abuse problem that presents a barrier to employment"
- "There are no plans for universal or random chemical tests"
- "Our government believes we must provide drug treatment, and it must be mandatory."
- "While many have concluded that any mandatory treatment won't work, a good amount of research suggests it can be every bit as successful as voluntary treatment."
- "Additional resources underscore the purpose of this initiative: it's not about saving money."

The Medical Reform Group

The Medical Reform Group of Ontario (MRG), formed in 1979, is a group of 200 practising physicians and medical students. The MRG represents the views of its members on health and health care matters through research, public statements and consultation with other groups who share our aim of maintaining a high quality publicly funded, universal health care system. The MRG believes that health is political and social as well as

medical in nature and that health care is a right.

Many of our members work closely with patients who have substance abuse problems. Our members include a wide variety of physicians. Some are primary care physicians working in community health centres where many clients receive social assistance. Others work as fee-for-service physicians in settings where many patients are recipients of welfare or have substance problems. We also have members who are specialists in fields such as psychiatry, internal medicine, and HIV care who care for many patients who have substance use problems, often with significant health consequences.

Concerns

The MRG has several specific concerns informed by our experience and expertise as physicians. These are outlined below.

Mandatory Testing and Treatment Violate Human Rights

As physicians, we view drug addiction as a clinical condition rather than as a personal failing. The Ontario Human Rights Code classifies addiction as a disability. Accordingly, mandatory drug testing is discriminatory. In addition, mandatory testing and treatment violates individual rights to privacy.

Mandatory Treatment Sends the Wrong Message about Vulnerable People

Targeting welfare recipients for mandatory drug testing and treatment unfairly tarnishes some of the most vulnerable members of society. As the minister has noted, many studies suggest that drug addiction is no more prevalent amongst welfare recipients than in other groups. Yet the consequences of testing only welfare recipients for drug addiction is to reinforce an inaccurate and hurtful stereotype.

What is the Evidence that Mandatory Treatment is Effective?

The goal of expanding treatment programs for people with addictions is laudable. Yet as physicians, we attempt to base our treatment decisions on the best available evidence. While the literature indicates that treatment for addictions can often be effective, the evidence for the

effectiveness of mandatory treatment programs is lacking. These issues have been reviewed in detail in a brief from the Centre for Addiction and Mental Health. Even if a mandatory program were to be somewhat effective, by the ministers own estimation, the evidence that it is more effective than a voluntary program is lacking.

Of note, previous studies have evaluated whether treatment programs help addicted individuals to stop using drugs and alcohol. However, the ministers stated goal is not only for addicts to remain "clean" but also that they should be employed. Yet studies also indicate that drug addiction is not the most important factor limiting employment for people with substance use problems. Accordingly, we remain sceptical that mandatory treatment is effective in improving employment and very concerned that a mandatory, coercive policy is being implemented where an expanded voluntary policy may be equally or more effective.

Will Mandatory Treatment be Cost-Effective?

The minister has stated that the goal of mandatory testing and treatment is not to save money. We agree that saving money should not be the primary goal of treating addiction; rather, it is to improve health. Yet to be cost-effective, the extra expenditures must be accompanied by a commensurate increase in health. The relevant comparison for a mandatory program should be an expanded voluntary program. There are good reasons to believe that mandatory treatment would result in much greater expenditures with little additional benefit and perhaps none. If this is the case, then a mandatory testing and treatment policy will be a grossly inefficient use of public funds. In addition, considerable start-up funds are likely required to expand treatment services on a rapid scale. To date, no economic evaluation of the policy or schedule for periodic review has been presented.

Mandatory Treatment May be Harmful

The minister has stated that he wants to help those with a substance abuse problem. However, we see three ways in which a mandatory treatment program may actually be harmful. First, withdrawal of welfare benefits may result in increased criminal activity and worsening health, as witnessed in some United States jurisdictions. Second, participants in group sessions may find their treatment compromised if unwilling

participants are included amongst their peers. Third, mandatory testing may harm the relationship between a welfare recipient and his or her case worker.

The Diagnosis of Drug Addiction is Problematic

The minister has indicated that urine or other chemical testing will not be used to diagnose drug addiction. Rather, it seems that drug screening tools will be used; one example is the Inventory of Drug-Taking Situations developed at the Centre for Addiction and Mental Health. The MRG has several concerns in this regard. Any test is prone to error and in this situation, the consequences of a false-positive test are particularly serious loss of income. Furthermore, tests validated for research purposes may not be accurate enough for use as policy instruments. Similarly, tests which were not developed in the population to which they are being applied (Ontario welfare recipients, in this case), may be considerably less accurate than they appear. Finally, most tests developed to identify people with addictions are screening tests, meaning they must be confirmed in additional, detailed evaluations.

The MRG has an additional concern relating to the diagnosis of addictions. The communication of a diagnosis is an act that, by law, can only be conducted by a physician. A program in which many patients are diagnosed as addicts without the involvement of a physician may be illegal.

The Role of Physicians in Treating Drug Addiction Needs to be Elucidated

The minister has listed several different treatment options for patients with addiction problems, but counselling from a physician is not included (Types of Drug Treatment, Ministry of Community and Social Services Press Release, Nov. 14, 2000). For many individuals, the relationship with a physician may be the most appropriate treatment, an option that should be available to those seeking treatment for addiction.

Coercive Treatment is Unethical

A fundamental principle of medical ethics is patient autonomy; individuals are free to make their own treatment choices. Only under rare circumstances can this principle be violated for example, patients who

pose a severe threat to others or who are not capable on deciding about their own treatment choices. Forcing individuals to undergo mandatory treatment for an addiction problem, with the threat of withholding financial assistance, is coercive and unethical.

Conclusions

Mandatory testing and treatment of welfare recipients violates their constitutional rights, encourages base stereotypes, is of unproven efficacy, is unlikely to be more effective than voluntary testing, may be harmful, and will likely be a wasteful expenditure of public moneys. From a physicians perspective, the diagnosis of addiction is prone to error and the coercive treatment of individuals contravenes the oaths we took to care for our patients. We recommend the following.

- The minister should abandon the program of mandatory testing and treatment of welfare recipients.
- The minister should institute a program of increased availability and accessibility of voluntary treatment facilities.
- Should the minister proceed to institute such a program, the MRG will recommend that:
 1. Physicians should not consent to participate in a coercive treatment program, whether in diagnosis or treatment.
 2. The College of Physicians and Surgeons of Ontario should investigate whether the communication of diagnoses is being conducted by non-physicians, and whether physicians cooperating with the Ministrys program are in contravention of their code of conduct.