

Mr Simon Corbell MLA  
Minister for Health  
ACT Legislative Assembly  
Canberra City ACT 2601

By email [AODPolicy@act.gov.au](mailto:AODPolicy@act.gov.au)

Dear Minister Corbell

### **Draft ACT Alcohol, Tobacco and Other Drug Strategy 2016-20**

Carers ACT welcomes the opportunity to respond to the *Draft ACT Alcohol, Tobacco and Other Drug (ATOD) Strategy 2016-20*.

Carers ACT is the peak body representing over 45,000 unpaid family and friend carers living in the ACT who provide care and support to family members and friends with a disability, mental illness, chronic condition, terminal illness, drug or alcohol problem, or those who are frail aged. Carers are an integral part of our health system and are the foundation of our aged, disability, mental health and community care systems. In 2014-15, Carers ACT provided direct support to over 5000 families through our carer counselling, information, respite support, education, social support and case coordination services. A list of mental health carer programs is attached for your information.

The implementation of the *Draft ACT ATOD Strategy 2016-20* and ongoing strategies has a potential benefit to reduce the number of family members or friends who need to take on caring responsibilities for people with chronic diseases and conditions associated with tobacco and alcohol use such as cancer, stroke, chronic obstructive pulmonary disease and injuries from alcohol-related traffic and other accidents. It is of concern, however, that the draft strategy does not identify carers or their burden of care in relation to its ATOD measures.

Carers ACT believes the Strategy should include the role of carers and the high prevalence of a person experiencing mental health issues – diagnosed or not – and their likelihood of alcohol and, or other drug use. Our carer clients include 1,486 carers of people with a mental health issue, and 581 young carers – some who care for a family member with a mental health issue. The draft strategy is guided by the principles of harm minimisation, the social and cultural determinants of health and illness, and minimising the burdens of harm. In relation to determinants of health and illness, it notes that the most socioeconomically disadvantaged experience poorer health status than the more affluent with negative effects created by stress and lack of control over one's life circumstances. In addition, this cohort experiences social exclusion; workplace stress; unemployment; poor social support; poor nutrition and sedentary life-styles and social isolation. Many of these disadvantages are characteristics of carers and caring families, particularly those caring for a person with a mental health issue. Research shows that primary carers have the lowest mean household income and the lowest employment rates. They have the highest rates of severe and moderate disability, poor general health and poor mental health. They also have the lowest average levels of overall life

### **Supporting Family Carers**

80 Beaurepaire Crescent, Holt ACT 2615 **P** (02) 6296 9900 **F** (02) 6296 9999 **E** [carers@carersact.org.au](mailto:carers@carersact.org.au) **W** [www.carersact.org.au](http://www.carersact.org.au)  
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satisfaction, satisfaction with their financial situation, health satisfaction and satisfaction with the amount of free time they have.

In 2014 Carers ACT and the ACT Mental Health Consumer Network convened the *Alcohol & Other Drugs Forum for Mental Health Consumers and Carers*. A panel of six AOD agency representatives talked about their service approaches, harm minimisation strategies, and issues relating to mental illness and alcohol and illicit drug use. There were 52 participants, both carers and consumers. Forum panelists identified that many of their clients with addiction issues had a diagnosed or undiagnosed mental illness, and that some younger clients identified that there were AOD and mental health issues in their families. While some agencies provided education and counselling services for families the panelists agreed in some circumstances a holistic response that encompasses the family may benefit the client.

- A copy of the forum report is available at <http://www.carersvoice.com.au/assets/files/AOD%20Forum%20Report%20FINAL.pdf>

Through our service engagement with carers and their families it is apparent that many have experienced the above forms of stigma, and they can be reluctant to disclose AOD use by the person they are caring for, and sometimes their own AOD use with Carers ACT, their GP or other services. This sometimes means that intervention services are not put in place until a crisis occurs.

We have specifically identified young carers in our response to the *Draft ACT AOTD Strategy 2016-20* because of their increased vulnerability due to not completing secondary or tertiary education and that they often live in socially and financially disadvantaged households. They are often caring for a parent with a mental illness and or an alcohol or drug dependency, which increases the likelihood of experiencing their own mental illness or ATOD use.

While the *Draft ACT AOTD Strategy 2016-20* includes references to families, Carers ACT believes that it needs to identify carers separate to families, particularly in relation to the risks and impact of ATOD use to their caring role. Because of the heightened focus on elder abuse and domestic and family violence in Australia, Carers ACT and other Carers Associations are raising awareness in government, service providers and the community of the incidence of elder abuse and or domestic and family violence that carers experience. For example, the 2015 Carers Queensland Quality of Life Audit found that 27.5 percent of survey respondents had experienced harm or did not feel safe in their caring role. We are also aware that some carers, including young carers, of people with a mental illness and or ATOD use have experienced instances of or ongoing domestic violence.

### **Recommendations**

Consistent with the significant contribution carers of people with mental illness and or ATOD use make to a consumer's support and recovery Carers ACT recommends:

- ACT Health, as a lead agency, for the *ACT Alcohol, Tobacco and Other Drug Strategy 2016-20* consults on the inclusion of carers of people with a mental illness and or AOD use with other agencies (e.g the ACT Education and Training Directorate about the

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identification of young carers and families at risk and early intervention) responsible for actions and outcomes in the Strategy and the compatibility of models of care and services linked within and between sectors to better meet the needs of carers and reduce harm they may experience because of their caring

- Separate Carer Representation is included in the Alcohol, Tobacco and Other Drug Strategy Evaluation Group to recognise the significant role carers make to support family members with an ATOD issue and their recovery and their informal care
- A separate Strategy action is included for carers and young carers, which includes early intervention strategies to support carers and children and young people living with a family member with co-morbidity or ATOD use
- Include “families” in the third dot point Under 2.1 Harm Minimisation so it reads *harm reduction strategies reduce drug-related harm to individuals, families and communities*
- Include “reduction in domestic and family violence related to AOD and or AOD and mental illness” under 6. Governance, Monitoring and Evaluation

#### **Additional comments**

Carers ACT notes that early onset dementia associated with alcohol use and with mental illness is not identified in the discussion section or the strategic actions section of the *Draft ACT Alcohol, Tobacco and Other Drug Strategy 2016-20*. The inclusion of early onset dementia in the Strategy would rightfully address the prevalence of this chronic disease and appropriate actions and outcomes to meet unmet identification and service gaps, particularly those that assist carers and families support people experiencing this condition. We note that Strategic action 22. includes “developing initiatives that improve access for, and meet the needs of older people”.

We believe that specific recognition of Culturally and Linguistically Diverse people from overseas and Gay, Lesbian, Bisexual, Transgender, Intersex and Queer or Questioning (GLBTIQ) people and inclusion of relevant strategic actions would strengthen the *Draft ACT Alcohol, Tobacco and Other Drug Strategy 2016-20* so it is more inclusive of the ACT population.

For further information regarding this response, please contact Colleen Sheen Senior Policy Advisory on 6295 9900 or [colleen.sheen@carersact.org.au](mailto:colleen.sheen@carersact.org.au)

Yours sincerely



Louise Gray  
Acting CEO

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## CARERS ACT MENTAL HEALTH CARER PROGRAMS AS AT DECEMBER 2015

Carers ACT delivers several programs that support unpaid carers of family members or friends with a mental health issue and or an alcohol or drug dependency:

- Mental Health Carers Voice Program, funded by the ACT Health Directorate, provides a representative voice for carers of people with a mental health issue. It has built strong connections with the ACT Government, mental health organisations and service providers across the mental health sector
- Mental Health Outreach Program, funded by the ACT Health Directorate, ensures that carers have access to appropriate information, support, referral and counselling that is current and responsive to their needs
- Keeping Families Connected, a component of the above program, is a five-way group program that assists carers build relationships with other carers and develop strategies to cope with mental illness and the way it affects family relationships. It also addresses alcohol and other drug use
- Mental Health Respite Programs, funded by the ACT and Australian Governments, provide tailored or crisis respite options for carers and their family, referrals to community services and links to education, counselling, peer support, advocacy services and social activities

*The majority of these programs are funded to the end of June 2016, and a component of some programs will be transferred to the National Disability Insurance Scheme. Carers ACT awaits advice about future funding of these initiatives.*

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