



Committee Secretary
House of Representatives Standing Committee on Social Policy and Legal Affairs
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11th August 2023

Dear Secretary,

Inquiry into the recognition of unpaid carers

[Family Drug Support](#) (FDS) thanks the Parliament of Australia for the invitation to submit to this Inquiry and supports its decision to adopt an investigation into the recognition of unpaid carers. We (FDS) will comment generally on all terms of reference, while specifically focussing on the needs of families who are effected by another person's Alcohol and Other Drug (AOD) use.

FDS provides up-to-date information on all aspects of AOD use relative to the families and carers of people who use substances, both legal and illegal. FDS was established after my son Damien lost his life to a heroin overdose in 1997. A personal story runs through the fabric of FDS including the operation of a national 24 hour, 7 day a week telephone line for families and carers affected by another person's AOD use. We also currently operate in five separate Australian jurisdictions: NSW, QLD, SA, ACT & VIC and facilitate family and carer peer support groups; educational group programs; family-inclusive training for social service workers; and provide online one-on-one support sessions.

Harm reduction philosophy underpins the FDS model that translates into not condemning or condoning AOD use. We acknowledge that while abstinence may be considered by some as the gold standard of risk mitigation, if a person has an AOD dependency it is unrealistic to expect them to 'just say no' or immediately cease their use. We are guided by the evidence of what works and doesn't work and believe that everyone deserves access to universal healthcare, regardless of their substance use preference. In other words, a non-judgmental, empathetic approach of meeting families and carers, where they're are situated.

Over the last 25 years, FDS has learnt that families and carers actively conceal and keep secret their AOD issues in fear for the person that they care about – and themselves – being judged by the broader community. The World Health Organisation has labelled illegal drug dependence as the most stigmatised



health condition globally, along with alcohol dependence as the fourth most stigmatised condition.¹ Further, research has confirmed that AOD-related shame and stigma is not specific to the people who do so, but has negative effects towards their immediate circle and networks.² Many families and carers commonly feel responsible and to blame for their family member's drug dependence, which presents barriers to their ability to seek help and engage in both informal and informal support systems.³

1. We recommend that families and carers who are identified as being affected by AOD issues have increased access to tailored, specialist services that are responsive to their needs, including evidence-informed training and education programs.

For this reason, FDS encourages the Committee to consider families and carers of someone with a substance dependence to be a hidden cohort of carers with unique needs, otherwise not very well understood by the health system in general. The Victorian Mental Health Royal Commission uncovered that family and carers faced specific obstacles when choosing to remain connected to somebody with mental illness including co-occurring substance use issues, such as:

- *“high degrees of emotional support*
- *managing crises*
- *stigma and isolation*
- *supporting care planning*
- *needing to maintain high vigilance to prevent self-harm.”*⁴

The Royal Commission's Final Report recommended that co-design measures be implemented in AOD treatment agencies to enhance family-inclusive practice including eight specific family and carer hubs to address the specific needs of this typically invisible group.⁵ FDS interprets this evidence to suggest that the stigma and discrimination associated with AOD use is pervasive – has impacts beyond the individual – is often unconscious in some settings, and presents a need for intentional efforts to counter its effects. In this sense, we recommend that families and carers be provided with increased access to tailored, AOD-specialist services that are responsive to their needs, including evidence-informed training and education programs.

¹ Room, R., Rehm, J., Trotter, R. T., II, Paglia, A., & Üstün, T. B. (2001). “Cross-cultural views on stigma valuation parity and societal attitudes towards disability”. In T. B. Üstün, S. Chatterji, J. E. Bickenbach, R. T. Trotter II, R.

² McCann, T.V. & Lubman, D. (2018). Stigma experience of families supporting an adult member with substance misuse, *International Journal of Mental Health Nursing*, 27(2), p. 465-921, DOI: [Stigma experience of families supporting an adult member with substance misuse - McCann - 2018 - International Journal of Mental Health Nursing - Wiley Online Library](#)

³ McCann, T.V & Lubman, D. (2018) Help seeking barriers and facilitators for effected family members of a relative with alcohol nad other drug misuse, *Journal of substance abuse treatment*, (93), p 7-14. DOI: [Help-seeking barriers and facilitators for affected family members of a relative with alcohol and other drug misuse: A qualitative study — Monash University](#)

⁴ State of Victoria (2022) ‘Recommendation 31 Supporting families, carers and supporters’ *Department of Health*, available online: <https://www.health.vic.gov.au/mental-health-reform/recommendation-31>

⁵ State of Victoria (2021) Royal Commission into Victoria's Mental Health System Final Report, available online: <https://finalreport.rcvmhs.vic.gov.au/download-report/>



FDS was the first family and carer AOD organisation in Australia to externally evaluate of its flagship ‘Stepping Stones’ program, which showed statistically significant improvements in coping and resilience for people who participated.^{6 7 8} It is not the purpose of this submission to advocate for the expansion of this program, but to offer it as an example of an effective psycho-social intervention that may open up additional entry points into the service system, especially for family and carers who have already attempted to access help without receiving meaningful support.

Additionally, statistics from our national telephone line confirm that the majority of people who call FDS taking on the unpaid care role of supporting a person with AOD issues are the majority female identifying. Below is a table, which illustrates that mothers are by far the largest demographic of family members who contacts our service:

Support calls with identified relationship 22-23 FY		
Relationship of Caller to substance user	Record Count	Percentage
Mother	2566	51
Father	452	9
Self	63	1
Partner	982	19
Sibling	445	9
Grandparent	94	2
Child	128	3
Friend	147	3
Other Relative	179	4
Total	5056	100

We believe this trend aligns with international research that suggests national economies are largely propped up by the unpaid work of mothers and daughters fulfilling gendered care duties within their family context.⁹ Regardless of the recognition or lack thereof of unpaid carers across society, FDS supports the argument made by the United Nations body, UN Women that more investment should be made into

⁶ Gethin, A., Trimmingham, T., Chang, T. et al. (2016) ‘Coping with problematic drug use in the family: An evaluation of the Stepping Stones program,’ *Alcohol and Drug Review*, Vol35, available online: [Coping with problematic drug use in the family: An evaluation of the Stepping Stones program - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/31811111/)

⁷ Rushton, C., Kelly, P., Raftey, D., et al. (2023) ‘The effectiveness of psychological interventions for family members impacted by another’s substance use: A systematic review and meta-analysis,’ *Alcohol and Drug Review*, Vol42, available online: [The effectiveness of psychosocial interventions for family members impacted by another's substance use: A systematic review and meta-analysis - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/41811111/)

⁸ Family Drug Support (2022) ‘Stepping Stones Promo Video’, *YouTube*, available online: <https://www.youtube.com/watch?v=ryJjaa6LU0c>

⁹ UN Women (2021) ‘Beyond COVID-19: A feminist plan for sustainability and social justice’ *UN Women*, available online: <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Feminist-plan-for-sustainability-and-social-justice-en.pdf>



the caring for the carers to better value their essential contribution.^{10 11} By funding additional supports, such as programs meeting the needs of families and carers of people with AOD-related issues, the Australian Government would also be making an investment in, and progressing the matter, of gender equity.

2. We recommend that health, mental health and social support agencies are trained in AOD, family-inclusive practice to increase service engagement and help seeking among families and carers who are affected by another person's substance dependence.

Similarly, FDS offers training to front-line community workers and treatment services who have direct contact with families and carers effected by AOD issues, called the 'Support the Family – Improve the Outcome' workshop. The aim of the workshop is to increase the confidence and efficacy of community organisations to adequately respond to AOD-related needs of family and carers without unintentionally repeating the cycle of shame and stigma.¹² The term 'family-inclusive practice' does not mean having the family and / or carer in the same room with the person for family counselling, but more a boarder appreciation from all service staff that acknowledges the unique contribution of families, friends and networks to bringing about greater success for the person by remaining connected and engaged.

Family and carers play a fundamental role in facilitating healthier environments that foster desirable behaviour change, whatever that support may look like for their person and entire family unit.¹³ Again, Support the Family – Improve the Outcome is used as a case study to detail to the Committee how an educational package, if made available to mainstream service staff, could fill a service gap for families supporting someone with AOD issues who typically have not had their needs met by the current system as it stands. By doing so, families and carers have a better chance at adjusting to a reality-based view of coping, instead of high expectations of their family member, leading to disappointment and familial relationships becoming stained unnecessarily.

We are grateful to the Committee for their efforts in setting up this Inquiry and respect the complex challenges confronting this type of reform in respect to AOD related-issues and unpaid care work. We recognise that mainstream understandings and often skewed media dialogue can present barriers to change and obstruct policy reform at odds with the best interests of families and carers. We hope the Committee will carefully consider the evidence presented to the Inquiry and that the final report will be able to help inspire change in the future.

FDS welcomes the opportunity to elaborate on this submission, and to provide a verbal presentation to Inquiry committee members.

¹⁰ Un Women (2023) 'Redistribute unpaid work' *In FocusCSW61*, available online: <https://www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work>

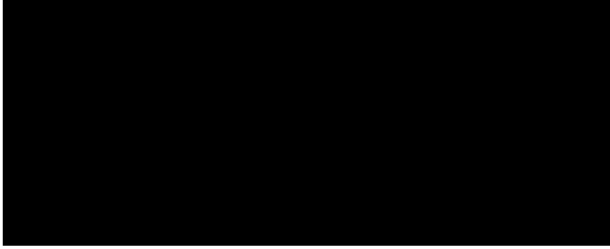
¹¹ UN Women (2022) 'A toolkit on paid and unpaid care work from 3Rs to 5Rs' *Economic empowerment section UN WOMEN* available online: <https://www.unwomen.org/sites/default/files/2022-06/A-toolkit-on-paid-and-unpaid-care-work-en.pdf>

¹² Family Drug Support (2023) 'Support the Family – Improve the Outcome' *Family Drug Support*, available online: <https://www.fds.org.au/meetings-events/support-the-family>

¹³ Orford, P. (1994) 'Empowering family and friends: a new approach to the secondary prevention of addiction,' *Alcohol and Drug Review*, Vol14, available online: [Empowering family and friends: a new approach to the secondary prevention of addiction - ORFORD - 1994 - Drug and Alcohol Review - Wiley Online Library](https://www.wiley.com/doi/10.1002/9781118530100.ch14)



Yours sincerely,



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Family Drug Support



Chloe Span
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11th August 2023

Dear Secretary,

Inquiry into the recognition of unpaid carers

Family Drug Support (FDS) recognises the efforts of the House of Representatives Standing Committee on Social Policy and Legal Affairs and embraces the decision by the Parliament of Australia to investigate the recognition of unpaid carers.

FDS is a national, family-oriented organisation provides up-to-date information on all aspects of Alcohol and Other Drug (AOD) use relative to the families and carers of people who use substances, both legal and illegal. We have a national support line for families and carers affected by another person's AOD use, and currently operate in five separate Australian jurisdictions: NSW, QLD, SA, ACT & VIC. FDS facilitates family and carer peer support groups; educational and experiential group programs; family-inclusive training for health and social service workers; and provide online one-on-one support sessions.

Harm reduction philosophy underpins the FDS model that translates into not condemning or condoning AOD use. We acknowledge that while abstinence may be considered by some as the gold standard of risk mitigation, if a person has an AOD dependency it is unrealistic to expect them to 'just say no' or immediately cease their use. We are guided by the evidence of what works and doesn't work and believe that everyone deserves access to universal healthcare, regardless of their substance use preference. In other words, a non-judgmental, empathetic approach of meeting families and carers where they're are situated.

Given the contextual reality of these many intertwining factors, FDS acknowledges the effectiveness of collaboration and teamwork across separate organisations towards achieving meaningful systemic



change. We have partnered with like-minded services that share similar values and mission statements that wish to support, and fully endorse the recommendations made by our corresponding Inquiry submission. We (FDS) will comment generally on all terms of reference, while specifically focussing on the needs of families who are effected by another person’s Alcohol and Other Drug (AOD) use.

More specifically, we make the below recommendations asserting that:

1. We recommend that families and carers who are identified as being affected by AOD have increased access to tailored, specialist services that are responsive to their needs, including evidence-informed training and education programs.
2. We recommend that health, mental health and social support agencies are trained in AOD family inclusive practice to increase service engagement and help seeking among families and carers who are affected by another person’s AOD use.

The below organisations urge the House of Representatives Standing Committee on Social Policy and Legal Affairs to take up all recommendations.

Name	Position	Organisation
Melanie Walker	CEO	Australian Alcohol and Drug (AADC)
Scott Drummond	Acting CEO	Victorian Alcohol and other Drug Association (VAADA)
Stephen McNally	EO	Yarra Drug and Health Forum (YDHF)
Nick Kent	National Director	Students for Sensible Drug Policy Australia (SSDP Australia)
Emily Stevenson	President	SSDP University of Melbourne Chapter (SSDP UniMelb)
Gino Vumbaca	President	Harm Reduction Australia (HRA)

Finally, we would like to thank the Committee for the opportunity to submit to this Inquiry and welcome the chance to present oral evidence, and expand upon our organisational position on these vital matters.

Yours sincerely,





Tony Trimmingham OAM
Chief Executive Officer
Family Drug Support



Chloe Span
Victorian Clinical Services Manager
Family Drug Support

