Submission to the

Draft Tasmanian Drug Strategy

2022-2027

July 2022

About Carers Tasmania

Carers Tasmania is the Peak Body representing the more than 80,000 informal carers (hereafter carers) in the state.

Carers Tasmania's vision is for an Australia that values and supports carers.

Our mission is to work to improve the health, wellbeing, resilience and financial security of carers and to ensure that caring is a shared responsibility of family, community and government.

Our values drive everything we think, say, and do.

- **Carers first** – we listen to what carers need, commit to their desired action plan, and deliver results that matter most to carers
- **Care in all we do** – we care for our work, about each other, about Tasmania's family and friend carers, and the bigger world we all share
- **Integrity always** – we are transparent, act ethically, own when things don't go to plan and do what we say we will
- **Quality every time** – we don't accept 'good enough' because carers deserve our very best every time
- **Speed that matters** – we are agile and don't put off what can be done today

These values represent how we engage with and serve carers, how we work with each other, and our commitment to the broader community.

Carers Tasmania encourages partnership with government and the health and community sectors to enhance service provision and improve the conditions for family carers through policy development, research and advocacy.

Carers Tasmania has offices in Moonah, Launceston and Burnie.

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Background

Carers Tasmania acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional owners of the land of lutruwita/Tasmania and we pay our respects to Elders past and present. We acknowledge and support people of all genders, sexualities, cultural beliefs, and abilities and understand that carers in Tasmania, whilst sharing the common theme of caring for a family member or friend are diverse individuals with varying beliefs, experiences, and identities.

Carers Tasmania is the Peak Body representing the more than 80,000 informal carers in the state.

Carers provide unpaid care and support to someone with disability, mental ill health, a chronic or life limiting condition, alcohol or drug dependence or who are frail or aged. Carers are predominantly family members, but may also be friends, neighbours, or colleagues.

Informal carers are not to be confused with paid support workers who are often called ‘carers’, with the difference being that support workers are fully employed and remunerated with all the benefits of employment. On the contrary, informal carers perform their caring duties without remuneration, other than minimal carer payments and allowances from the Australian Government. The term ‘informal carers’ does not automatically include kinship or foster carers, unless they care for a child with disability, mental ill health or a condition as noted above.

In addition to representing carers through the Peak Body activities, Carers Tasmania provides support to carers living in Tasmania through its service delivery arm, Care2Serve. The Commonwealth Carer Gateway program is delivered through Care2Serve, as are other supports and services, such as the Tasmanian Government’s Home and Community Care program.

The Carer Gateway program provides a range of services and supports for carers which are designed to build resilience, increase wellbeing, improve quality of life, and sustain carers to effectively continue their caring roles. The available supports include the provision of information, advice and referrals, holistic identification of carer strengths and needs through a carer support planning process, professional counselling, peer support, and coaching which aims to support carers in achieving specific goals.

Care2Serve has capacity to fund certain instances of planned, practical support services such as in home respite, personal care, domestic assistance, and meal preparation. Care2Serve may also fund items such as laptops to assist carers who are studying or trying to enter the workforce. Care2Serve also coordinate the provision of emergency support during instances where a carer may be unable to provide the care that they usually do, resulting from unexpected illness or injury of the carer.

Introduction

Carers Tasmania welcomes the opportunity to provide feedback on the draft of the Tasmanian Drug Strategy 2022-2027 (TDS).[1] We acknowledge the preparation and commitment to the development of this draft and believe that this strategy will play a crucial role in supporting the quality of life for many people living in Tasmania. We note that this strategy is also consistent with the National Drug Strategy[2] for which the underlying concept is harm minimisation. By reducing the harm to people who use alcohol, drugs, and tobacco (ATOD), the impacts faced by family members or friends who are carers may also be reduced.

We value the contributions of carers who have shared their experience of caring for someone with alcohol, tobacco or drug dependence.

Research estimates that one in three Australians have been impacted in some way by a person close to them using alcohol, tobacco, or other drugs.[3] Often, the people who are most affected by another person's use of ATOD are family or friend carers. It is important for carers to access support for themselves, as their caring responsibilities and experiences can impact their own physical, mental, and emotional health.[4] Research has found that carers who support someone who has a dependence on alcohol or other drugs report higher levels of psychological distress and lower satisfaction with their personal health when compared with other groups of carers.[4]

We have provided feedback on several areas of the TDS but particularly draw attention to the fact that the draft only mentions the term *'carer'* twice in the *'*principle*'* definition. There is a lack of reference to carers elsewhere in the TDS. This is despite significant state-based and national policy work as part of the National Carer Network advocating for improved identification, recognition and supports for carers across various areas such as health, ageing, disability, community, education, employment, and housing.

The Tasmanian Government is currently progressing the Tasmanian Carer Recognition Bill 2022[5] which was recently tabled in the House of Assembly. This Bill and coinciding carers charter was first proposed by the Tasmanian Labor Party in 2019 and was committed to by the Tasmanian Liberal Party at the last state election. The Bill recognises that carers may be supporting a person with alcohol or drug dependence, therefore we strongly encourage all Tasmanian Government agencies and funded services, including ATOD services, to engage in and model routine identification of carers, followed by referral to appropriate support.

Not clearly identifying carers in this draft, or at least not by the term *'carer'*, has resulted in the TDS not recognising the significant role that carers play in supporting

[1] https://www.health.tas.gov.au/publications/draft-tasmanian-drug-strategy-2022-2027
[2] https://www.health.gov.au/sites/default/files/national-drug-strategy-2017-2026.pdf
[3] 1 Room R, Ferris J, Laslett AM, Livingston M, Mugavin J, Wilkinson C. The drinker's effect on the social environment Int J Environ Res Public Health. 2010;7(4):1855 1871. doi:10.3390/ijerph7041855
[4] https://www.carersnsw.org.au/uploads/main/Files/1.About-caring/2006CN_DrugAlcohol-leaflet_hidden-carers.pdf
[5] https://www.parliament.tas.gov.au/Bills/Bills2022/pdf/33_of_2022.pdf

family or friends who have drug or alcohol dependence and the impacts they face as a result, such as carer stress, trauma, and financial strain. Friends or family have been referred to quite regularly throughout the TDS, but we seek for the term *'carer'* to be used because not every family member or friend will necessarily provide support to a person using ATOD to the extent that carers do. Updating the term *'family or friend'* to *'family or friend carer'* may be a more appropriate phrase. The Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania[6] uses the term carer effectively and we recommend that a consistent approach is taken by all agencies in alignment to the impending carer recognition legislation.

We have also provided some general feedback on other aspects of the TDS which are relevant in the context of providing systemic advocacy for carers. Improvements to alcohol, tobacco and other drug services in Tasmania, will have an effect on the whole community, but also to the many carers supporting someone who has ATOD dependence.

A snapshot of carer lived experience of ATOD use

- Young carer of high school age who has a parent with alcohol, tobacco, and drug dependence. This young carer regularly cooks and cleans for their parent and younger sibling (single parent family), because if they don't do it nobody will. They help get their sibling ready for school and supervise them after school. They look after their parent when they are intoxicated and unwell and the parent often gets quite emotional in these instances. The house can be quite messy when their parent is intoxicated, and the young carer is often tired from trying to maintain the household, look after their sibling and attend school.

- Young carer of primary school age who has an older sibling with ATOD dependence and severe behaviours. This young carer feels their sibling is usually the centre of attention. They witness and have experienced abuse and violence from their sibling and destructive behaviours often occur in the home. In addition, at times their sibling will only want to talk to the young carer, rather than their parents as the young carer is not judgemental and will listen. The young carer will not bring friends home because they are embarrassed, and they also find it hard to concentrate at school.

- Ageing parents caring for adult child with alcohol and drug dependence and co-morbidity of mental ill health. This person has violent behaviours at times and had been in and out of the justice system. The parents are becoming quite frail, but their child does not want people in the house or to go anywhere for treatment. If the parents do not provide money, the child becomes quite aggressive.

[6] https://www.health.tas.gov.au/sites/default/files/2021-11/AOD_Reform_Agenda_DoHTasmania2020.pdf

- Wife caring for husband with alcohol dependence which transformed into Wernicke-Korsakoff syndrome (alcohol related dementia). If her husband does not get alcohol, he becomes very angry. People judge the wife because she will buy him alcohol to keep him calm as he is no longer able to go to the shop and purchase it for himself.

- Grandparents caring for grandchildren who have experienced trauma, display extreme behaviours, and have Fetal Alcohol Spectrum Disorder (FASD) stemming from drug and alcohol use during pregnancy. The children are both at risk of using drugs and alcohol as they often leave school to hang out with other people.

- Carer of a palliative person who is a heavy smoker and is refusing to go to hospital for end-of-life care because they don't think they will be able to cope without smoking, as they have done so since they were quite young.

- Carer of an adult son who lives in her backyard due to homelessness. However, this person no longer recognises their Mum and has drug and alcohol dependence and co-morbidity of mental ill health. They have been in a loop for years-on-end throughout AOD services, mental health services and the justice system. They can become quite violent, resulting in the Mum locking her house, even whilst at home because her son is violent towards her.

- Carer who is using alcohol, tobacco or drugs themselves to help them deal with the stress and emotional toll of their caring role.

Do you agree with the general vision, aim and principles of the TDS? If not, what would you prefer and why?

Vision:

"A Tasmania where people make informed and healthier choices when it comes to alcohol, tobacco and other drugs (ATOD) use, and can access support where and when they need it."

We agree with this vision but suggest that this be broadened slightly to also encompass the person using ATOD and their wider support network. For example:

Recommendation:

A Tasmania where people make informed and healthier choices when it comes to alcohol, tobacco and other drugs (ATOD) use, and people who use ATOD, their carers, family, friends and those in their community can access adequate support where and when they need it.

Aim:

"To prevent and reduce the health, economic and social costs and harmful effects of ATOD use in Tasmania."

We agree with the broad concepts of this aim.

Principles:

"A commitment to engage with people with lived experience, their families and carers and other people directly affected by ATOD use and harm;

work in partnership;

build upon and use data and evidence and continue to support the National Drug Strategy 2017-2026 harm minimisation approach and actions under the three pillars of supply, demand, and harm reduction."

We agree with the principles but provide further comment and recommendation about the priority population groups.

We seek for carers of people who use ATOD to be specifically identified and defined as a priority population group in the TDS. Although the priority groups may cover people who are carers on a broader level, carers are not specifically identified as a priority group, despite evidence showing that carers of people who use ATOD are at risk of experiencing high stress, trauma, emotional distress, social exclusion, and financial difficulties. The 2021 Carer Wellbeing Survey[7] found that carers supporting a person with alcohol or drug dependence were in the group of carers most at risk of poor wellbeing outcomes.

In addition, it is not uncommon for carers to use alcohol, drugs, or tobacco themselves, as coping mechanisms to help them deal with the difficulties and challenges they experience in the caring role.[8] Studies have found that carers experience a high level of depressive symptoms compared with non-carers. Furthermore, carers who are depressed are likely to experience co-existing issues, such as anxiety disorders, chronic disease, and ATOD dependence.[9] Therefore, it must be acknowledged that carers may also require support for ATOD dependency.

When people who use ATOD are in denial, refuse treatment, or are waiting for treatment services to become available, it is family and friend carers who are the supports. They pick up the pieces, witnessing a multitude of behaviours and attitudes. It is carers in these situations who face financial disadvantage, who may feel unsafe and might experience trauma and violence. Regardless of the support they provide, or the experiences they encounter, carers are still not always listened

[7] https://www.carersaustralia.com.au/wp-content/uploads/2021/10/211011_Carer-Wellbeing-Survey-Executive-Summary_FINAL.pdf
[8] https://skywoodrecovery.com/caregiving-at-what-price-coping-with-drugs-and-alcohol-while-taking-care-of-mom-or-dad/
[9] https://www.caregiver.org/resource/caregiver-health/

to by services and may be excluded from treatment planning, despite the important insights they could provide about those for whom they care.

The 2020 National Carer Survey[10] found that 4.1% of Tasmanian respondents reported caring for a person who has a drug or alcohol dependence. This number is likely conservative and an underreporting of the true percentage of carers in this cohort. Barriers such as stigma, shame, lack of education around what defines drug or alcohol dependence or lack of understanding and insight into drug or alcohol dependence may explain these low numbers. Another reason that this may be underreported is that there continues to be many hidden young carers supporting a family member or friend with drug or alcohol dependence who may not realise they are a carer and may not be engaged with support services due to their age and other barriers.

Are the strategic objectives sufficient to achieve the vision and aim of the TDS?

The following are the strategic objectives as described in the TDS:

- Significantly improve the health of Tasmanians by reducing the number who smoke, drink alcohol at risky levels, use prescribed drugs inappropriately or use illicit drugs
- Prevent and delay uptake of ATOD use
- Improve individual and community safety
- Restrict and/or regulate availability
- Improve integration of strategic policy responses
- Improve integration of treatment responses
- Improve data collection, collation and sharing
- Reduce stigma and discrimination

The strategic objectives are broad and cover areas which are fundamental to support and progress the achievement of the vision and aim of the TDS. For these objectives to effectively drive the achievement of the desired outcomes, delivery components must be addressed such as funding, workforce capacity and other cross-community and sector strategic working groups.

To inform this work, up-to-date and comprehensive treatment and consumer data must be available and considered to support effective and tailored planning. In addition, the use of e-referrals would enable a smoother referral process. An example of this would be the proposed Data Sharing Project prepared and provided to the Tasmanian Department of Health by the Alcohol, Tobacco and Other Drugs Council Tasmania (ATDC).[11] In response to the recent Tasmanian State Budget, ATDC highlighted that there was an absence of additional funding allocated to support new initiatives for community-managed alcohol and other drug services.[12] For the TDS to be successful, the TDS, Reform Agenda for Alcohol and Other

[10] https://www.carerstas.org/wp-content/uploads/2017/06/2020-National-Carer-Survey-Summary-Report-2.pdf
[11] https://www.atdc.org.au/wp-content/uploads/2022/03/Final-Options-Paper-Summary-1.0-eNews.pdf
[12] https://www.atdc.org.au/state-budget-stifles-reform-in-community-alcohol-and-other-drug-sector/

Drugs, funding and workforce capacity must align, and they must align to the true needs of the Tasmanian community.

By implementing the actions and carer specific suggestions, we believe this will enable carers of people with drug or alcohol dependence to be better supported in Tasmania. A whole of government and community approach is required to reduce the widespread negative impacts of alcohol, drug and tobacco use.

Are there any other objectives you think should be included, and if so, why?

We recommend that a specific objective be included on co-design by people (or their carers), with lived experience of ATOD use. The TDS does reference lived experience, which is very important in planning and evaluation, but there is an absence of reference to the establishment of a funded alcohol and other drug consumer organisation to represent Tasmanians with a lived experience of ATOD, noting that this was a commitment previously made by government and sits under the first reform direction in the Reform Agenda for the Alcohol and Other Drug Sector.[13] In addition to this group, we recommend that a document with similar intent to the Consumer and Carer Participation Framework[14] for the mental health sector be developed through co-design. Further, we seek for the inclusion of carers of people with ATOD use throughout this process.

Feedback on priority actions

Action Area 1: Prevention

We believe that identification and early intervention is key to supporting the aims of prevention of uptake and harm. Carers could be included in item 1.2 and 1.4 under the *'Key Activities'* for this action area. Routine identification of carers aligns with carer recognition legislation and will ensure that appropriate support is provided to family members and friends.

Action Area 2: Alcohol

We seek for carers of people who have alcohol dependence to be considered and consulted with, as well as people with lived experience of alcohol dependence in the development of the new Tasmanian Alcohol Action Plan and the development of the Tasmanian Fetal Alcohol Spectrum Disorder (FASD) Action Plan.

Action Area 3: Tobacco

We seek for carers be considered in any future work around smokers in Tasmania, because Tasmania continues to have the second highest rate of smoking nationally, along with high rates of disease and chronic illness.[15] It is highly likely that carers in Tasmania may be supporting someone with a primary health concern or disability

[13] https://www.health.tas.gov.au/sites/default/files/2021-11/AOD_Reform_Agenda_DoHTasmania2020.pdf
[14] https://www.health.tas.gov.au/sites/default/files/202112/Consumer_and_Carer_Participation_Framework_DoHTasmania2006.pdf
[15] https://www.health.tas.gov.au/publications/draft-tasmanian-drug-strategy-2022-2027

and in addition tobacco use. Carers themselves may also be smokers, often using this as a form of stress relief or coping mechanism.

Action Area 4: Pharmaceutical drugs

Incorrect use of pharmaceutical drugs may be both intentional and non-intentional. Inappropriate use of pharmaceutical drugs can have severe consequences, including death. It is estimated that in Tasmania between 2007 and 2016, 90% of deaths by drug overdose were caused by prescription medication.[15] Carers often say they are not included in care planning appointments and that they are not always provided with the correct (or any) information about the treatment recommended for the people for whom they provide care. Whilst acknowledging privacy issues in circumstances where the person may not want their information shared, if carers are better informed of required medication and how to support those they care for to safely use medications, the risk of harm caused by the misuse of pharmaceutical drugs could be minimised. There are also instances where a person may be prescribed with a multitude of different medications, and this can often be difficult to manage effectively. Something as simple as a GP providing the family with a drug chart could make a significant difference.

Action Area 5: Illicit drugs

It is important to highlight that the harm caused by illicit drugs is widespread, with significant impacts not only for the person using the drugs, but also for family and friend carers and the broader community. We note proposed initiatives such as the development of an Illicit Drugs Action Plan along with review and assessment of current initiatives and recommend that consideration be taken when reviewing and developing these on the impacts to family and friend carers and that people with lived experience of using illicit drugs have the opportunity to participate in the co-design of these plans.

Action Area 6: Interventions and treatment

We recommend that the wording in the rationale be updated to specifically mention family or friend carers, rather than *'significant others and family'.* Carers may well be significant others or family members, but unless there are clear definitions of what it means to be a carer, people will often not associate themselves or others with that term, resulting in a missed opportunity for referral to targeted support.

We acknowledge that there are many reasons it can be difficult to coordinate effectively and efficiently between services, but an integrated approach to supporting people holistically and a high standard of communication between services is required to ensure effective treatments and plans are implemented and followed through, providing the right types and levels of supports. A key activity of the TDS, 6.1 is to support the implementation of the Reform Agenda for the AOD sector in Tasmania and we strongly support this initiative.

Action Area 7: The evidence-base

The TDS describes limitations and difficulties around the accessibility of specific and timely data. We note that activity 7.1 mentions *"increasing the collection, sharing, collation and reporting of ATOD data across agencies, service systems and the community"*. We recommend that this area be built upon to best understand and tailor services to the needs of the population as they are presenting. The ATDC proposed a data sharing project to the Tasmanian Department of Health which would be a valuable consideration. We are hopeful that through data collection and sharing, that carers of people accessing services for alcohol, tobacco or other drugs can be identified, referred for carer specific support and data can be collected on the number of carers supporting people with ATOD use.

How do you think the TDS impacts you and your community?

Alcohol, tobacco, and drug use has significant effects on carers living in Tasmania, therefore the TDS has the potential to substantially impact Tasmanian carers. For the TDS to make the right impact for carers, a commitment which is consistent with carer recognition legislation must be made towards routine identification and recognition of carers. Identifying carers and including them at strategy level paves the way for services to increase their awareness, increase identification and improve engagement with family and friend carers to achieve a holistic understanding and support network that will benefit people who use ATOD and their carers.

We often hear from carers expressing their exhaustion and frustration about siloed services, where they are told the person they care for cannot access ATOD treatment due to their mental ill health and vice-versa, that they cannot access support for their mental ill health because they require support for their drug or alcohol dependence first. Furthermore, carers have reported difficulties in accessing both services, with long wait times, frequent staff turnover, limited locations, and poor/or lack of communication between services. These fundamental issues must be addressed to ensure the aims and vision of the TDS are accomplished.

In addition, many carers report that their family members or friends may be unwilling or unable to engage with services due to the complexities of their conditions and support needs. Some carers have described the person they care for being refused service or discharged from hospital without any formal support and often without communication of important information to the carer. This significantly impacts carers, who are likely to have not undertaken formal training in supporting someone with alcohol, drug, or tobacco dependence. This can be very confronting and challenging for carers, and often these scenarios place carers in very vulnerable or at-risk situations. We note that the Tasmanian mental health system has introduced carer peer workers as liaison points for carers supporting someone with mental ill health and we would strongly encourage that this be considered in the ATOD treatment space.

Importantly, recognising young people who have a parent, sibling or other relative with an alcohol, tobacco or other drug dependence as early as possible can have a

significant impact on reducing intergenerational behaviours of harmful ATOD use and associated traumas and instead provide young people in this situation with support networks to enable them to have a safe and fulfilling life. Drug and alcohol dependence has been found to have significant impacts on children. Sharon Wegschedier-Cruse[16] identified six primary roles which often occur to assist with understanding how the family operates around the person with drug or alcohol dependence. These roles include: the person with the alcohol or drug dependence, along with *'the scapegoat', 'the lost child', 'the hero', 'the mascot'* or *'the enabler'*. These roles provide explanation around a range of negative behaviours and attitudes that may emerge in young people due to experiencing challenging family dynamics such as alcohol or drug use. Some of these include things such as feeling guilt or shame, low self-esteem, poor social and communication skills, difficulty understanding and expressing feelings, rebellious or destructive behaviour, and cynical attitudes or submissive behaviour. Young people may fit into one or more of these roles, and it can be difficult to find independence outside of these identities.

Our experiences throughout childhood and adolescence are significant in shaping our worldview, our behaviours and what we do or don't do in life. In situations where a young person is caring for a parent with ATOD dependence, the emotional and physical needs of the young person may not be met, limiting the opportunity to develop and maintain secure attachments. In addition, there are usually increased responsibilities for young carers, often above what would be considered normal for another young person not in a caring role. Furthermore, supporting a family member with drug or alcohol dependence, may also be quite traumatic for a young person to experience. There is well-established evidence illustrating that childhood trauma affects brain structure and functions, which can increase the likelihood of a person developing cognitive issues and mental ill health, including conditions such as schizophrenia, depression, bipolar disorder, post-traumatic stress disorder (PTSD), and ATOD dependence.[17]

Caring responsibilities may significantly impact educational outcomes for young people. Findings show that by year nine, boys who spent two or more hours per day caring were the equivalent of 1.9 years behind their peers in NAPLAN reading and girls caring for two hours or more per day were 1.6 years behind in NAPLAN reading. Both boys and girls in Year 9 caring for two or more hours per day were approximately fifteen months behind their peers in NAPLAN numeracy. Young carers are less likely to have completed year 12 or equivalent than their peers, and nationally, over 60% of primary carers aged 15 – 25 are not studying.[18]

According to the Australian Bureau of Statistic's Survey of Disability, Ageing and Carers (SDAC) 2015, 272,000 of Australian carers are young carers, and

[16] Wegscheider-Cruse, S. (1981). *Another chance: Hope & health for the alcoholic family*. Palo Alto, Calif: Science and Behavior Books.
[17] Mills KL, Teesson M, Ross J, Peters L. Trauma, PTSD, and substance use disorders: findings from the Australian National Survey of Mental Health and Well-Being. *Am J Psychiatry.* 2006;163:652–658
[18] 4 Australian Institute of Family Studies (2017) Longitudinal Study of Australian Children 2016 Annual Statistical Report Young Carers

approximately 9,300 people (or 11.6% of Tasmanians) are young carers.[19] Young carers often also encounter difficulties around developing and maintaining social connections,[20] which may also contribute to poor wellbeing.

Young carers are often hidden and go without support. If prevention and early intervention are genuine goals of the TDS, then routine identification of young carers in Tasmanian schools is both fundamental and logical. Unless more is done to identify and support young carers in schools, the cohort will continue being less likely to complete high school, attain poorer employment outcomes, be pushed further to the outskirts of the Tasmanian community, face financial disadvantage, be at high risk of experiencing trauma and may also be more inclined to seek out ATOD due to these compounding circumstances. For these reasons, we strongly encourage routine identification of carers, especially young carers to be included as an early intervention action to help reduce the impacts on young people caring for a family member or friend with ATOD use and to decrease the risk of future uptake of ATOD by these young people. This certainly aligns with the focus of harm minimisation from an early intervention viewpoint.

What could be included in the TDS that has not already been included?

We seek for definitions or a glossary to be included in the TDS. A glossary will assist people to understand who the TDS is aimed at supporting (including carers) and those who will be responsible for the delivery of the of activities defined in the TDS.

We would also like to highlight that in Table 2 of the TDS, there is no strategic document directly relevant to carers. We encourage that the Tasmanian Carer Action Plan[21] or the Carer Recognition Bill 2022 (when it is enacted by Tasmanian Parliament) be included and referenced in this table.

We strongly encourage further consultation on the TDS, particularly by methods that are accessible for the wider community. It is crucial that people who use or have used ATOD and their carers are able to share their thoughts in meaningful and supported ways.

What do you think success looks like for the TDS?

Carers Tasmania believe that success of the TDS will look like a strategy that is well planned, is backed by adequate structural support, funding, data, a capable workforce, and the inclusion of consumer and carer lived experience. We recommend that another consultation phase is undertaken with regards to the TDS, so that a more specific understanding of what is happening in the Tasmanian

[19] https://www.communities.tas.gov.au/csr/policy/Policy_Work/carer_policy_and_action_plan/carer-action-plan-2021-2025/what-the-data-tells-us-about-carers
[20] https://www.carersaustralia.com.au/wp-content/uploads/2020/10/Young-Carers-Report-FINAL_vsmall_compressed1.pdf
[21] https://www.communities.tas.gov.au/__data/assets/pdf_file/0023/173480/Supporting-our-Carers-Action-Plan-2021-24_-JULY-2021.pdf

community for people who use ATOD and their carers can be explored, understood and better planned for.

Successful delivery of the TDS would promote and support a Tasmania where there is reduced harm caused by alcohol, tobacco or other drug use, clearer pathways for supports, adequate and accessible supports and less discrimination. All of thse factors will increase the likelihood that people who use drugs, alcohol or tobacco, and their carers are connected with the right supports to enable them to live a safe, healthy and happy life.