



# AODCCC

Alcohol and Other Drug  
Consumer & Community Coalition

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*...beyond stigma*

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## 2021-2022 Annual Report

## Acknowledgment of Country

The Alcohol and Other Drug Consumer & Community Coalition acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of this country and its waters. We pay our respect to Elders past and present and extend this to all Aboriginal and Torres Strait Islander peoples.



# AODCCC

Alcohol and Other Drug  
Consumer & Community Coalition

### Contact Us

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## Recognition of Lived Experience

We recognise the individual and collective expertise of those with a lived or living experience of Alcohol and Other Drugs. We appreciate and respect the emotional labour and vulnerability that is present in this space. We recognise the work of those who came before us to build the foundations to enable this work to take place.



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# Chair's Reflection

On behalf of the Alcohol and Other Drug Consumer & Community Coalition (AODCCC) Management Committee, it is my pleasure to present the 21-22 annual report, to you, the members, stakeholders, supporters, and advocates.



Dear Members,

I am very proud to reflect and report on the progress made across the AODCCC over the last year.

The AODCCC with the guidance of the Board and the hard work of our staff lead by our Development Coordinator Alex Arpino have continued to establish relationships, grow our membership base, challenge systems and advocate for change.

The AODCCC has achieved significant progress across several different areas. Our profile has grown with an increase in our social media, community presentations, consumer engagements and by default memberships. We are also very pleased with the favourable responses we received from our contract managers and partners alike on our achievements and the work we do. Our networks have grown and have provided further opportunities to provide information, and to form effective partnerships.

This work has been guided by our reference group of lived experience members which has been outstanding. Each have provided a source and wealth of experience which has allowed the AODCCC to consult on several important issues. These include the Parliamentary Inquiry into Esther Foundation and unregulated private health facilities.

Robust member consultation has also allowed for AODCCC's engagement in several significant working groups such as the Mental Health Commissions Peer Workforce Framework. The AODCCC has also been approached by a range of organisations and services including

WANADA, the Health Consumers Council and Royal Perth Hospital requesting consultation on several important alcohol and other drug matters.

Particularly significant is the training we provided members, staff, and the Board. Our Board participated in Governance training through the Australian Institute of Company Directors. Members were offered training opportunities through several external networks including ASPIRE and CoMHW. Mental Health First Aid Training was offered to both AODCCC staff and members. We were also pleased to be able to codesign a series of upskilling sessions with our members.

Good governance is critical, and we thank our dedicated Board for their commitment, for giving so favourably of their time and for guiding us on our journey. Together with staff this next year will see a renewed focus on developing new revenue streams to reduce the reliance on funding from the Mental Health Commission.

We are determined to harness the momentum for growth of our organisation while providing meaning for our members. We are driven to further the work of reducing stigma across the community providing a better understanding and promoting the interests of those affected by alcohol and other drug use. Ensuring individuals with lived experience are provided a voice and the opportunities for happiness, success, and wellbeing.

**Carmen Acosta**  
Chairperson, AODCCC

# Mission, Vision & Values

## Mission

To promote the interests, education, and welfare of those affected by alcohol and other drug use.

## Vision

Community understanding shaped by the voice of people and families with lived experience of Alcohol and Other Drugs.

## Values

The following set of values were developed utilising consultation inputs from the consumer and community think tank held in 2018:



### Inclusion

We acknowledge the legitimacy of everyone's experience and provide a safe space for diverse views to be shared.



### Collaboration

We look for opportunities to bring consumers, family, community, policy makers and providers together for real change.



### Accountability

We consult broadly and are open about our intent, activities, and outcomes.



### Leadership

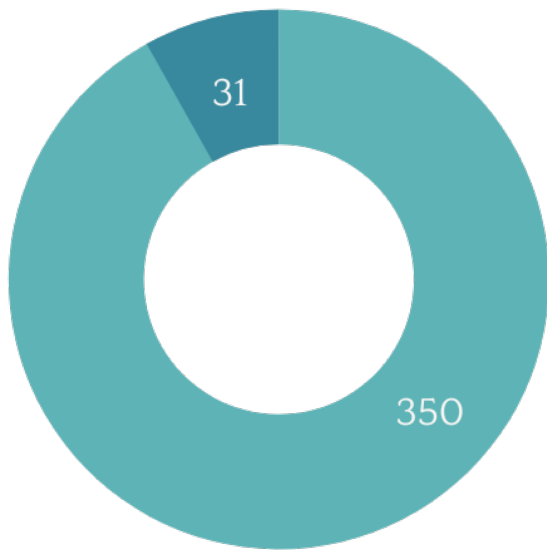
We share bold visions and take courageous steps towards what is needed in the community.



### Integrity

We respect and value the different perspectives and experiences of alcohol and other drug use.

# Membership

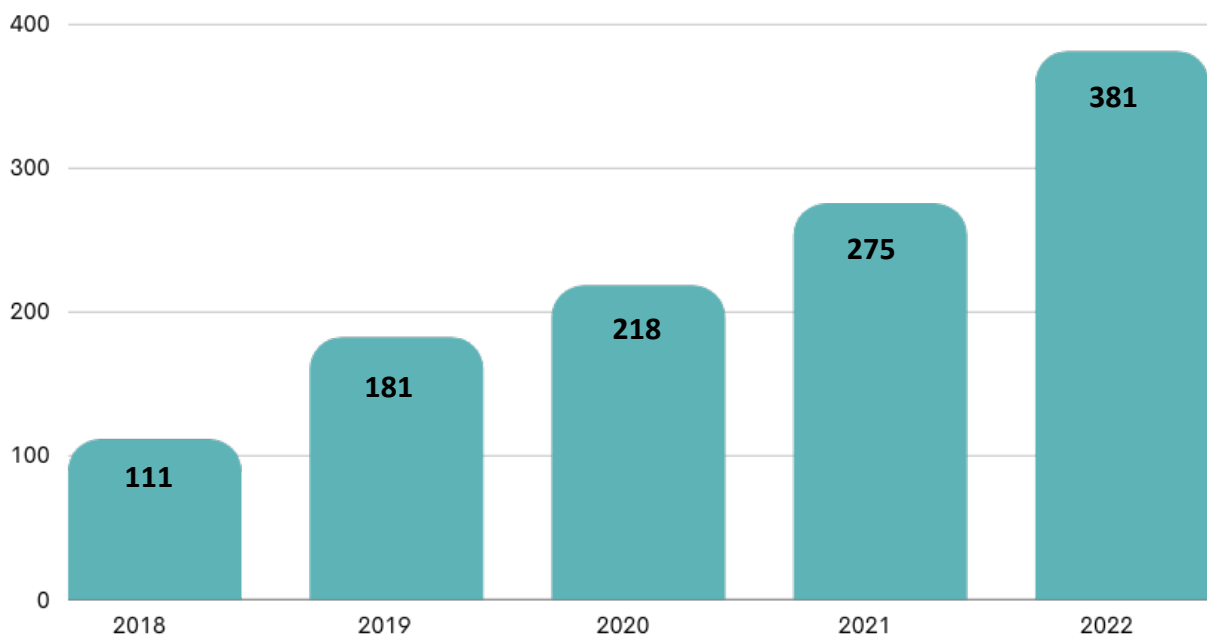


**21-22 Financial Year**

**Total Members: 381**

**Individuals: 350**

**Associates: 31**

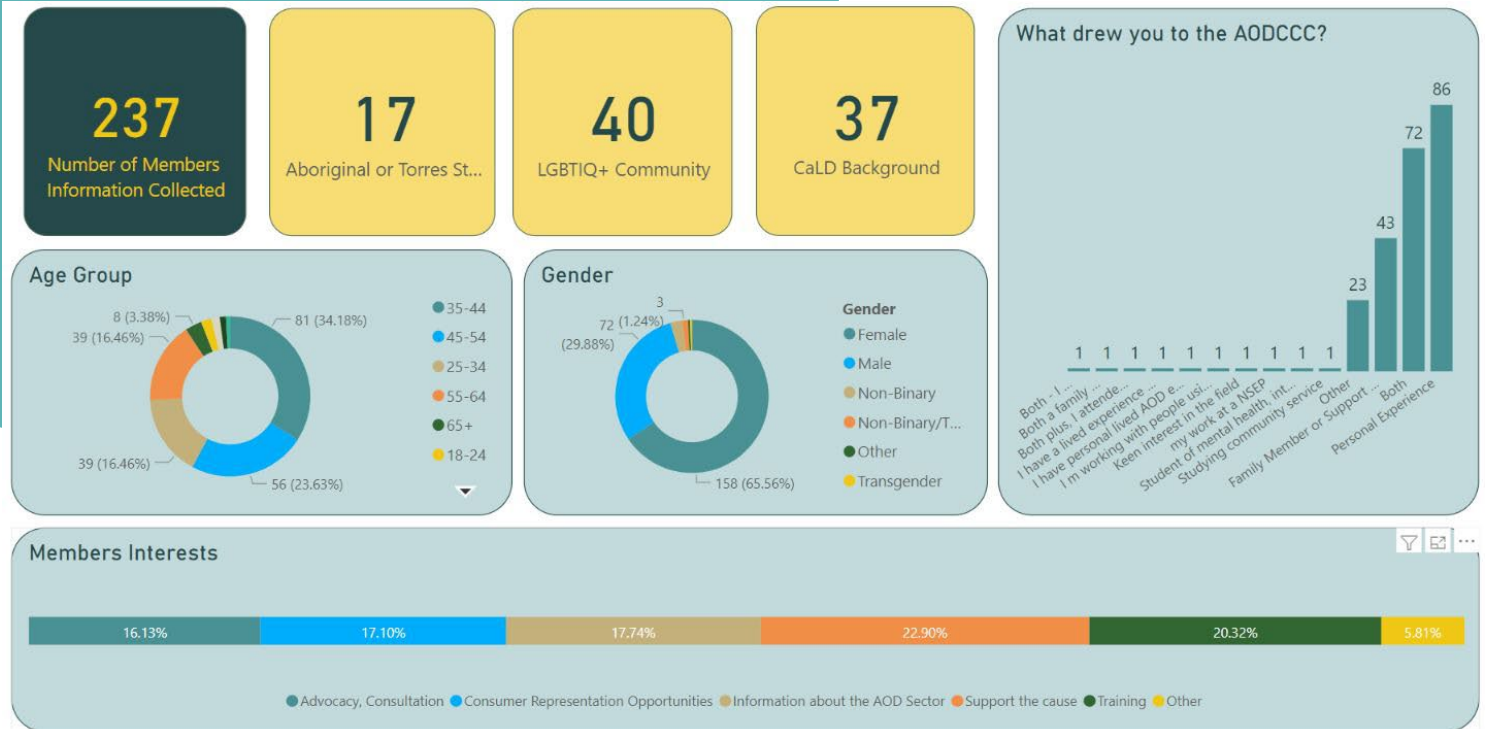


**AODCCC** has welcomed 106 new members in the 2021-2022 financial year, this has been due to our direct community engagement, promotional materials, social media presence and word of mouth!

We have seen a consistent increase in membership since our incorporation in 2018.

Our commitment is to ensure that all members of the community impacted by alcohol and other drugs have an opportunity to become members and be part of the conversation. We will continue to engage the community directly and in-reach into service providers, government, and non-government agencies.

# Demographics



Of the **381** members we have in the 21-22 financial year, **237** have provided demographic information. Prior to 2021, providing demographics was optional. We have encouraged all pre 2021 members to provide demographics and our current membership application requests demographic information. This allows us to have a clear view of our members and be best equipped to engage in our systemic advocacy initiatives.

Majority of our members are aged **35** to **44**, followed by **45** to **54**. We have **17** Aboriginal and or Torres Strait Islander members, **37** with CaLD backgrounds and **40** that identify as LGBTQIA+.

Most of our members are female at **65%**.

In addition:

- **86** report a personal lived experience of alcohol and other drug use.
- **43** are a family member or significant other of someone impacted by alcohol and other drugs
- **72** have experienced both.

Members interests in the AODCCC is balanced between supporting the cause, obtaining information about the alcohol and other drug sector, seeking consumer representation opportunities, advocacy, consultation, and training.

In addition, demographic information allows us to see gaps in our diversity, ensuring representation from a diverse group of people as reflected in the community, highlighting areas we need to reach out to and make meaningful connections.



# A Brief History...

In 2015, the Health Consumers' Council (HCC) was funded by the Mental Health Commission (MHC) to co-ordinate a project to build on the recommendations from the November 2014 Forum, Improving Consumer Involvement in the Alcohol and Other Drug Sector.

An Alcohol and Other Drug Advisory Group (AODAG) comprised of government agencies, not for profit organisations, and consumers was developed to progress this project.

Over time, this group imposed a 50% consumer quorum to ensure the group-maintained consumer led focus and leadership.

The project specifically addressed the following recommendations:

1. to develop a common set of principles for engagement.
2. outline best practice engagement strategies for the sector.

As a result, a consumer consultant was hired to undertake this work and, the 'Principles and Best Practice Strategies for Consumer Engagement in the Alcohol and Other Drug Sector in Western Australia' was delivered to the MHC in January 2017.

In March 2017 the WA Primary Health Alliance (WAPHA) funded the HCC to support the ongoing work of the AODAG to progress towards incorporation and the development of consumer training. With this funding, the group became the Transitional AODAG.

Additional funding was received from the Western Australian Network of Alcohol and Drug Agencies (WANADA) and broad consultation in relation to these deliverables was undertaken.

In June 2018 the Alcohol and Other Drug Consumer Community Coalition (AODCCC) was formed and Incorporated, the constitutional purpose being, "to promote the interests, education and welfare of those affected by alcohol and other drug use". It was decided that family and significant others were to be recognised as equal consumer members and that an avenue for broader community inclusion was necessary, resulting in the name "Consumer and Community Coalition".

Following the establishment of the AODCCC an interim committee was formed. This committee began to build a membership base and progressed to the 1st Annual General Meeting where a Board of 12 were elected. In January 2019 a small capacity building grant from WA Council of Social Services was received to hold community consultations to submit to the parliamentary inquiry "Alternate approaches to reducing illicit drug use and its effects on the community".

This document was written based on feedback from 80 participants and submitted to the Inquiry Committee in February 2019. Soon after this the AODCCC began funding negotiations with the Mental Health Commission and received funding toward establishment to June 2023.

The delivery of the AODCCC Mission, Vision and Values marks the achievement of successfully meeting the first funding deliverables. June 2020 saw the commencement of recruiting a Development Coordinator and initiated the next stage of operational development for the AODCCC.

20-21 saw the completion of this development, meeting key milestones set out in the MHC funding agreement, with a subsequent contract extension to June 30<sup>th</sup>, 2023. 21-22 saw the employment of staff, establishment of the AODCCC office at Claisebrook Lotteries House and commencement of the AODCCC Reference Group.

# Operational Report

In the 21-22 reporting period, Alex Arpino – Development Coordinator, held oversight of the operations of the AODCCC.



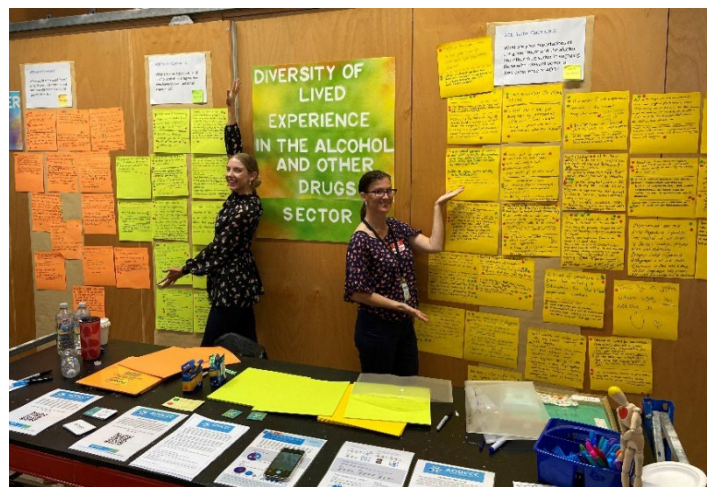
The 21-22 reporting period continued to see AODCCC taking great strides in building our organisation and membership, ensuring their voices are informing or Systemic Advocacy initiatives.

There have been many significant milestones achieved during this period which focussed on direct membership engagement and further establishing our community after a period of disconnection due to covid and the necessary early development of the organisation. With the establishment of our premises at Claisebrook Lotteries House on the 13<sup>th</sup> of July 2021 and the recruitment of our Systemic Advocacy Officer and Administration Assistant staff on the 27<sup>th</sup> of October, we significantly increased our capacity to engage the community.

Our focus during this time has been direct membership engagement, part of that goal was the establishment of our Reference Group, and its inaugural monthly meeting on the 1<sup>st</sup> of December 2021. Our group, made up of 7 AODCCC members from diverse backgrounds and experience, has informed a range of initiatives and provided direct lived and living experience input into the work we do.

In addition to the membership engagement, we set out to meet stakeholders and service providers ensuring they were aware of our existence and explore partnerships to engage the consumer, family and significant other voice and be informed of the change they are seeking. Below is a summary of the milestones and advocacy initiatives achieved from July 1<sup>st</sup>, 2021, to June 30<sup>th</sup>, 2022.

- Establishment of AODCCC Office at Claisebrook Lotteries House
- Recruitment of a Systemic Advocacy Officer and Administration Assistant
- AODCCC Reference Group development with the Terms of Reference completed and administrative processes relating to consumer payments established.
- Completion of our Inaugural Annual Membership Survey
- Ongoing input and review of the Mental Health Commission Peer Workforce Framework, as a Steering Committee Member
- Commencement of the WANADA AODCCC Peer Workforce and Consumer Survey- exploring lived experience in the workforce with large scale community consultation and surveys.



Naomi Campbell (left) and Trish Owen (right) gathering feedback into peer workforce development, MHC forum

- Completion of a submission into the Mental Health Act review as informed by AODCCC members, specifically on the treatment of those with cooccurring conditions and drug induced psychosis.
- Participation in a Western Australian Primary Health Alliance project, providing feedback on a pilot program for the City of Wanneroo, providing In-Reach nurse practitioners, with a view to provide GPs with additional resources and allow patients to have more time with supports and follow up/referral. This is in the interest of combatting the highest rate of AOD use and AOD related deaths in Western Australia.
- Development of AODCCC promotional materials and community wide distribution, with Reference Group input
- AODCCC Community presentations engaging service providers including Palmerston, Salvation Army, Mission Australia, Woman and Family Health Services, Recovery Colleges, Cyrenian, WA Peer Support Network to name a few.
- Presentation at the WANADA 2021 Alcohol and Other Drug Conference- Shifting Perspectives
- Completion of a submission for the *Inquiry into the Esther Foundation and unregulated private health facilities*. We engaged members with direct experience with Esther Foundation and other Residential Rehabilitation Services, both directly in a community forum and via online surveys.

## Training

Over the reporting period we have provided several training opportunities to our members. Education and training are part of our mission in normalising the nature of alcohol and other drug issues, as a powerful tool in addressing stigma. We seek to empower and foster the value of the individual to gain confidence through knowledge. This is an area we are taking steady steps into developing and will require more resources as we progress.

Our monthly newsletters have provided members with sector updates and opportunities for training, lived experience representation and networking. We have also taken steps on our social media platforms to encourage dialogue and gather feedback on current trends, media responses and topics related to Alcohol and Other Drug use nationally.



As a starting point in training, we engaged Mental Health First Aid and arranged training for 48 of our members, this provided a good foundation for participants to be able to assist individuals, family members, significant others, and the broader community in times of crisis.

It also highlighted the intersectionality of alcohol and other drug and mental health issues.

We undertook two development sessions with 8 AODCCC members for the development of Consumer Representation Upskilling sessions. These sessions will now be provided to the broader membership as online units. This initiative highlights supports, strategies, and important information to maximise an individual's capacity for effective consumer representation within the sector. The members provided firsthand experience and codesigned the content in meeting the needs they have currently or find common amongst peers. These sessions consist of 5 units and are presented online in 30-minute blocks to maximise engagement. As we progress, we will also provide this training in person to support those without IT access or capacity.



Alex Arpino and Trish Owen Facilitating the Upskilling Development Sessions

### Session Topics

1. Types of Advocacy
2. Lived Experience Representation Responsibilities
3. Roles and Rates
4. Attending Meetings
5. Career Opportunities

## Systemic Advocacy

### Annual Survey

In consultation with our Reference Group our inaugural Annual Membership Survey was completed and launched with 47 members responding, A brief snapshot- data indicates that 83% of participants identify as experiencing stigma and discrimination due to Alcohol and Other Drug Use. Members have also indicated the following issues require law reform which have been included in the report.

- Decriminalisation of Alcohol and Other Drugs
- Improvements to the Mental Health Act to accommodate those with Alcohol and Other Drug issues
- Limits to Alcohol Advertising
- More recovery and treatment focused sentencing in the Justice System
- Improved safety measures for the prescription of addictive medications
- Drink driving laws to be reviewed

### Mental Health Act Review

We have also been active with several submissions put forward to the Amendments and Statutory Review of the Mental Health Act (2014). An expression of interest was put to members to share their thoughts and experiences within the Mental Health System and identify the changes required to improve outcomes for the community, we received 13 responses. We also conducted one on one consultations which informed our submission. It is clear to the AODCCC that communication, integrity, and respect is paramount in engaging those with Drug Induced Psychosis.

Key Recommendations put forward:

- Improved consumer access to peer workers with relevant alcohol and other drug lived experience.
- Staff trained in trauma informed care that can appropriately support and advocate for the individuals' needs is crucial to improved outcomes.
- Stigma continues to impede those with a lived experience of alcohol and other drug use seeking mental health treatment. Being treated as "criminals," due to the prejudice around drug and alcohol issues creates an inhospitable environment, compounding trauma.
- Further work needs to be done to humanise these issues, acknowledging that addiction is complex and requires a holistic approach with self-determination in treatment for the consumer.
- To implement the 'person centred' aspects of the Mental Health Act, consumers need to be included in decision making regarding the processes of treatment. As there is no consensus among clinicians 'as to how they manage this group of people under the MHA, the enquiry needs to include all disciplines, focusing on expertise by experience.
- There also needs to be quality control and assurance mechanisms in place, that are codesigned with people of relevant lived experience. In addition to this, the time allocations within the law need to be investigated to enable the inclusion of people in the design of their own treatment plans.

#### **Inquiry into the Esther Foundation and unregulated private health facilities.**

AODCCC was invited by The Legislative Assembly of the Western Australian Parliament to provide a submission for the *Inquiry into the Esther Foundation and unregulated private health facilities*. This was due to recent allegations coming to light in which consumers had experienced abuse and neglect while attending the service. This inquiry has the aim to address best practice governance structures and standards for private health service providers, like Esther Foundation.

AODCCC advocates for the following points to be enacted:

- All Alcohol and Other Drug Treatment Services to be regulated in accordance to the National Quality Framework for Drug and Alcohol Treatment Services (Department of Health 2018).
- Alcohol and Other Drug Treatment Services to be articulated in the definition of a "Health Service" in the Health Services Act (2016)
- The above points to occur regardless of funding source and/or religious affiliation of the Alcohol and Other Drug Treatment Services.
- Improved access to information on treatment options available to the consumer, services need to clearly state the treatment model in which they adhere to, their accreditation status and composition of staff (including qualifications and access to designated lived experience workers).
- Improved access to a designated lived experience workforce in all treatment settings.
- Improved collaboration and communication between treatment providers as informed by the consumer.
- Improved inclusion of lived experience voices in all levels of decision making in the Alcohol and Other Drug Sector, including governance and collaborative approaches to treatment.

#### **AODCCC WANADA Peer Workforce and Consumer Survey**

AODCCC partnered with the Western Australian Network of Alcohol and other Drug Agencies (WANADA) to engage consumers, service providers and executives to develop more refined understandings of the makeup of the sector's workforce who have a relevant personal experience associated with alcohol and other drugs. Key issues such as pathways to voluntary or paid employment, longevity in the sector, and opportunities for influencing service or sector policy and planning matters were presented.



The surveys were developed to address key workforce planning and capacity building factors in the Western Australian (WA) alcohol and other drug sector. The completed report is responsive to Key Strategic Area 5: Strategic coordination and capacity building within the Western Australian Alcohol and other Drug Interagency Strategy 2018 – 2022.

The key aims of the survey were to establish:

1. Proportion of sector workforce with relevant personal experience of alcohol and other drugs
2. Barriers, motivations, and pathways into sector employment, particularly for service users who have employment or career aspirations in the sector
3. Alcohol and other drug worker and consumer interest in service and sector policy planning and development opportunities
4. Considerations that arise from the term 'peer worker', and preferred alternative terminology
5. Specific support or recruitment needs for peer workers, or workers who identify as having relevant personal experience with alcohol and other drugs.

The results of this project will now be distributed out to the membership and sector wide via the Western Australian Alcohol and Other Drug Sector Peer Workforce and Consumer Survey Report.

In conclusion I would like to take this opportunity to thank Trish Owen (AODCCC Systemic Advocacy Officer) and Naomi Campbell (Administration Assistant) for their great work during this reporting period, to the reference group members for their passion and commitment to our cause, the Management Committee under the guidance of Carmen Acosta and AODCCC membership and stakeholders.

**Alex Arpino**

**Development Coordinator, AODCCC**

# Treasurer's Report

AODCCC's finances are audited annually. The audited financial statements including the auditor's report are presented to members at the Annual General meeting and submitted to funders as a part of the acquittal process.



I am pleased to present the financial statements of the Alcohol and Other Drug Consumer & Community Coalition (AODCCC) for the year ended 30 June 2022.

Throughout the year, I have reviewed the monthly reports prepared by our accountant Graham Baldisseri and reported to the board on an ongoing basis.

Chassey Davids of Australian Audit issued an unqualified audit opinion on 27 October 2022 confirming that the financial statements give a true and fair view of AODCCC assets and liabilities as of 30 June 2022, and income and expenses for the year.

AODCCC recorded a deficit of \$4,750 for the 2022 year, which saw the net position decrease from \$5,195 at 30 June 2021 to \$445 at 30 June 2022. In concluding that AODCCC on 30 June 2022, Australian Audit have confirmed our view that the net assets are sufficient to sustain operations through the coming year.

AODCCC received the Mental Health Commission funding for 2022-2023 financial year operation in June 2022 which has been appropriately reflected in the financial statements for the year ended 30 June 2022.

**Jahan Hossain CA**  
**Treasurer, AODCCC**

# Annual Financial Statements

## Alcohol and Other Drugs Consumer and Community Coalition Statement of profit or loss and other comprehensive income For the year ended 30 June 2022

	2022 \$	2021 \$
<b>Revenue</b>		
Grant Income	200,000	159,377
Other	<u>681</u>	<u>-</u>
	200,681	159,377
 Total revenue	 <u>200,681</u>	 <u>159,377</u>
<b>Expenses</b>		
Accounting Fees	(9,140)	(8,810)
Administration	(11,086)	(4,500)
AGM	-	(27)
Audit Fees	(2,000)	(4,000)
Board Expenses	-	(162)
Catering Expense	(2,711)	(441)
Consultancy Fees	(205)	(60,000)
Depreciation and amortisation expense	(1,648)	(1,249)
Events	(2,436)	(647)
Employee benefits expense	(2,274)	-
General Insurance	(2,032)	(1,588)
IT Expenses	(5,596)	(1,975)
Memberships & Subscriptions	(69)	-
Motor Vehicle Expenses	(527)	(154)
Marketing	(1,454)	(944)
Other expenses	(9,073)	-
Printing & Stationery	(6,371)	(1,091)
Room Hire	-	(68)
Superannuation	(11,561)	(5,402)
Telephone & Internet	(269)	(165)
Training	(25,064)	(1,500)
Travel and accommodation	(39)	(125)
Wages and Salaries	(110,778)	(57,803)
Wages Leave Accrual	78	(3,727)
Workers Compensation Insurance	<u>(1,176)</u>	<u>(1,124)</u>
Total expenses	<u>(205,431)</u>	<u>(155,502)</u>
 <b>Surplus/(deficit) for the year</b>	 (4,750)	 3,875
 Other comprehensive income for the year	 <u>-</u>	 <u>-</u>
 <b>Total comprehensive income for the year</b>	 <u>(4,750)</u>	 <u>3,875</u>



# 2021/22 Management Committee



## **Carmen Acosta- Chairperson**

Carmen Acosta has 30 years of senior leadership and management experience across both the private and not for profit sectors. During this time Carmen has worked across several different areas including disabilities, homelessness, youth, alcohol/drugs, family/children's, mental health, domestic violence, employment/training, and community legal across WA including both rural and remote. Carmen has been responsible for the establishment, delivery and continuous quality improvement of many new and innovative services and multidisciplinary teams. She has a particular skill set in strategic, operational, financial and contract realignment; quality frameworks; the research, evaluation, and assessment of community services. Carmen is also a seasoned board member having previously sat on the board of two WA peak bodies WAAMH and WANADA.



## **Suzanne Caren – AODCCC Secretary**

Suzanne is a graduate of the Australian Institute of Management holding a Graduate Certificate in Business and is currently completing her Masters. She is a past Board Member of the Youth Affairs Council of WA and Perth Inner City Youth Service and a member of Youth Work WA. Suzanne has a varied community service background with experience in youth and adult Alcohol and Other Drug, homelessness, domestic violence, employment, project management and tendering. Suzanne has a passion for advocating for the rights of consumers within the Alcohol and Other Drug sector to ensure they have every opportunity to lead their own treatment, goals and outcomes. Currently Suzanne is the General Manager Youth Wellbeing and Accommodation at MercyCare leading teams across mental health tenancy.



## **Matthew Ryan – Vice Chairperson**

Matthew recently graduated with a Bachelor of Behavioural Science (with Distinction) along with achieving Notre Dame University's 'Heart Award' for his commitment to social justice, community spirit and reconciliation. Matt applies these skills in his role as AODCCC Vice-Chairperson to provide collaborative conversations and empowerment opportunities for AODCCC members. He is passionate about developing the voice, interests, and opportunities for AOD consumers, their families, carers or friends individually, in the community and within governance circles. Matt believes that AOD consumers and the community that surround them are experts-by-experience in their lived involvement and for that reason are best placed to authentically be included to unpack a lived experience in decision-making circles. As someone with 20 years lived experience as an AOD consumer, developing these conversations and critically examining policies, plans and service provision, are issues close to his heart. Understanding and deconstructing the stigma that exists around AOD use in all levels of society, remains a consistent goal because he believes that the voice of AOD consumers and their support networks can be a powerful force of positive change in the community and in the lives of individuals.



#### **Jahan Hossain – Treasurer**

Jahan (JWH Director, CA SMSF Specialist, DFP, B. Bus Registered Tax Agent, Registered SMSF Auditor) is a Chartered Accountant with 17 years professional practice experience in various organisations. He has been successfully operating a consulting practice specialising in Self-Managed Superannuation Fund. He is a registered Tax Agent and ASIC registered Self-Managed Superannuation Fund Auditor. He is conscientious and a self-motivated finance professional with extensive experience in various client-centred environments. Jahan is passionate about helping others and is committed to the AODCCC meeting the needs of consumers and the community at large, with good governance and strong financial acumen.



#### **Tania Worthington– Ordinary Member**

Tania Worthington has a passionate drive to advocate for and to help those battling addiction and other issues arising from living with alcohol and other drug use. Having a personal lived experience herself, Tania hopes to offer a voice for those who are too often not heard. Tania enjoys furthering her education in many disciplines and has a keen interest in mental health and well-being, neuroscience and the alcohol and other drug sector. She strongly believes that helping to put an end to the stigma associated with alcohol and other drugs will go a long way to helping consumers and their loved ones gain the support they need to make positive changes for a better tomorrow. Tania completed her Advanced Diploma of Film and Television in 2009 and has worked on many local film and TV projects, including advertisements and a number of feature films. She is also a local artist who enjoys working with many different mediums in order to create pieces that bring joy and add beauty to people's lives and homes.



#### **Kirsty McGeachy – Ordinary Member (Casual)**

Kirsty has a Bachelor of Social Science and Graduate Certificate in Developmental Trauma and is in her final year of Social Work. She has 13 years' experience working in drug and alcohol, justice, and homelessness. Kirsty is passionate about early intervention, accessibility, and policy change for those effected by drugs and alcohol, mental health and trauma. Kirsty's current role is Coordinator Accommodation and Tenancy Support, Mercy Care.



#### **Emma Brennan – Ordinary Member**

Emma has over twenty years' experience working in the Mental Health Sector, working in mental health nursing, leadership, and senior management, in the public, private and not for profit sectors in the UK and Western Australia. She has worked across various areas including the neurological, alcohol and drug sector, forensic, early intervention in psychosis, community, residential and inpatient and across the age spectrum from adolescent and youth through to older adults (65+). Emma's practice and approach are informed both by experience and knowledge from the sector as well as lived experience as a family member, which reinforces her commitment to consumer advocacy for equality and accessibility to services and supports in the community. Emma has previously worked as Operations Manager for the Early Psychosis Program at Osborne Park and Joondalup sites, overseeing delivery of evidence-based interventions for young people at risk of or experiencing first episode psychosis. More recently, she has transitioned to a Mental Health Practitioner role in a residential rehabilitation facility for males 18+. The role is responsible for developing and implementing a collaborative and integrated service delivery model for people experiencing co-occurring AOD and mental health conditions.

# Staff



## **Alex Arpino – Development Coordinator**

Alex Arpino comes with 23 years of frontline alcohol and other drug (AOD) service delivery experience, having held positions from AOD Residential Rehabilitation Worker through to Case Management and Counselling, into Management and Senior Leadership positions. Alex was one of the founding members of the Drug and Alcohol Youth Service (DAYS), specifically in the area of Withdrawal and Respite and Residential Rehabilitation. Alex is a qualified Community Services Worker, Youth Worker, Trainer and Assessor (TAE40116), an experienced Group Facilitator and has worked in the area of Capacity Building, specifically delivering Mental Health First Aid and Suicide Prevention Training. Alex seeks to empower the voices of AOD consumers, families, significant others, and the community at large, with the task to address stigma, and draw out the vast experience and wisdom in the community.



## **Alexandra Campbell – Systemic Advocacy Officer** (as of 30<sup>th</sup> June 2022)

Alexandra joins the AODCCC with formal qualifications in Psychology and Addiction Studies, and Sexology, coupled with practical working experiences across varied roles within the community service sector. Utilising a holistic, trauma-informed lens, and honouring the diversity of an individuals' needs, Alexandra is passionate about empowering those with a lived/living experience to recognise their value in contributing to systemic change. Alexandra believes strongly in the need to reduce the overall stigma of alcohol and other drug use by amplifying awareness and understanding of use and fostering the wisdom of those with lived/living experiences to be heard in a meaningful way.



## **Brooke Reeves- Administration Assistant** (as of 28<sup>th</sup> June 2022)

Brooke comes to the AODCCC with a professional background in hospitality, management, and a Bachelor of Science degree in Health Promotion. She has volunteer experience with WA Country Health Services in the delivery and management of Alcohol and Other Drug research and support services, around the Leavers WA celebrations in the Southwest each year. Brooke is passionate about a holistic approach to health and empowering people to improve their overall wellbeing. Her passion is driven by personal lived experience combined with an extensive interest in the Alcohol and Other Drug sector from her academic and volunteer background. She aspires to infiltrate the Alcohol and Other Drug sector in any way she can, to help make a positive difference to people's lives.

# Thank You



Government of **Western Australia**  
Mental Health Commission

The AODCCC Management Committee would like to thank the Mental Health Commission of Western Australia for their ongoing support and funding, we simply could not have done it without you.

We wish to thank the ongoing support and encouragement received from our members, advocates and the many people across sectors that have enabled our progress to date.

To those with a personal lived experience of alcohol and other drug issues, who have long been advocating in this space, we acknowledge your courage and commitment.

Thank you,

AODCCC



# AODCCC

Alcohol and Other Drug  
Consumer & Community Coalition

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*...beyond stigma*

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