



AODCCC

Alcohol and Other Drug
Consumer & Community Coalition

AODCCC Membership Survey Report 2024-2025

...beyond stigma

Acknowledgement of Country

AODCCC acknowledges that we are on Nyoongar country and extend our respect to the Traditional Custodians, the Wadjuk people, their Elders past and present. We recognise the strength, resilience, and wisdom of all Aboriginal, Torres Strait Islander and First Nations cultures.

We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.

Recognition of Lived Experience

We would like to acknowledge the individual and collective expertise of those with a lived or living experience of alcohol and/or other drug issues. We also acknowledge the emotional labour and vulnerability that is present in this space. We also recognise the work of those who came before us to build the foundations to enable this work to actually take place.

About AODCCC

The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) is the peak body for alcohol and other drug consumer-driven systemic advocacy in Western Australia. Our aim is to empower the voices of consumers, their families and supports, ensuring the health and wellbeing of our community. The AODCCC was incorporated in June 2018 in response to the need and support for an alcohol and other drug specific consumer advocacy body. We have received funding from the Mental Health Commission in order to progress our establishment. The AODCCC would like to acknowledge the ongoing support from the Mental Health Commission of Western Australia for funding our organisation to date.

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Development Coordinator's Message

I am pleased to present the AODCCC Annual Membership Survey Report for 2024-25. This is the third annual report we have published since our incorporation, and I am thrilled to see the number of members contributing has significantly increased from last year (up by 107%). The information contained in this report is a testament to the perseverance and authenticity of our members, and their willingness to share invaluable lived and living experience to help inform change, regardless of the stigma commonly faced in our community. Your voices are essential for the alcohol and other drug sector and beyond, and I thank everyone that has come forward and contributed.

Part of the mission of the AODCCC is to provide a platform and a voice for our members, but it goes further than that. It is to highlight their depth of experience and wisdom and demonstrate that the solutions to the complex issues our community faces, can be found right here within the community, by amplifying the voices of those that have a lived and living experience of alcohol and other drug use, understand how they navigate the obstacles and not only survive but flourish. We know that we cannot meaningfully move forward without this collaboration and guidance. We applaud the resilience and courage it takes to do this, and we will continue to ensure these voices are heard.

So whatever background or profession you are coming from, we hope you can take the time to read this report and be a part of the change we are working towards - to bring lived and living experience voices to the forefront and work collaboratively to promote the interests, education and welfare of those affected by alcohol and other drug use.

I would also like to acknowledge the fantastic work of my team who put this report together, Vivienne Keeley - Systemic Advocate and Brooke Reeves - Communications and Administration Officer.

Yours Sincerely,

Alex Arpino
AODCCC Development Coordinator



About the AODCCC Annual Membership Survey Report for 2024-25

The annual membership survey allows our members to actively participate in the organisation to inform the work we do in the coming year and provides the AODCCC with in-depth and expert lived and living experience perspectives of alcohol and other drugs. This year, our organisation has seen a continued firm and steady 25% increase of membership, with 707 members as of 13/09/2024.

A total of 87 AODCCC members completed this year's anonymous online survey, which is a 107% increase from the previous year. The survey was open for a period of six weeks and participants spent an average of 17 minutes completing the survey.

While this annual survey and report is an essential tool in drawing out members insights, the AODCCC also convenes a monthly member reference group, made up of 7 members which is replenished every 12 months to safeguard a diversity of views and experiences in the group. This allows the AODCCC operations to have regularly engagement with a focus to maintain authenticity as a grass roots organisation.

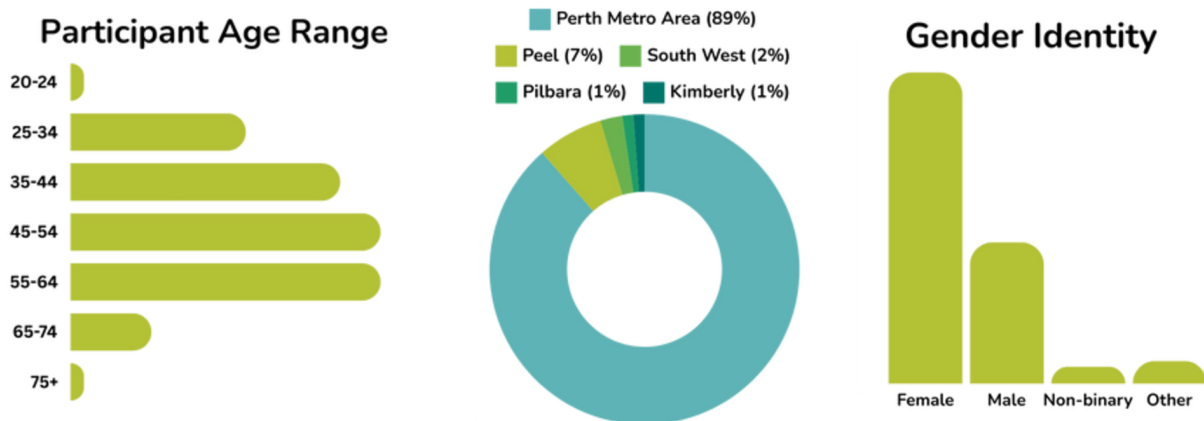
We would like to thank the 87 members that chose to participate in our third annual survey. We hope you find this report insightful and informative in our journey to **Move Beyond Stigma**.



Demographics

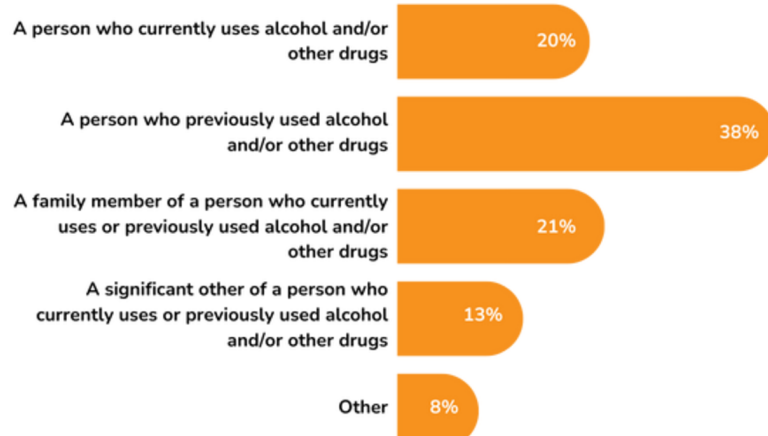
87 AODCCC members participated in this survey over a six-week period. Majority of participants are aged between 35 – 65 years, which mirrors previous annual membership surveys.

The AODCCC membership continues to be predominantly based in the Perth Metropolitan Area. This year, the organisation established relationships and partnerships with several statewide organisations to try and attract a broader spectrum of community voices and experiences. This has resulted in an increase in rural and remote membership applications including from the Kimberley, Pilbara, Southwest and Peel regions, which is reflected in the survey responses.



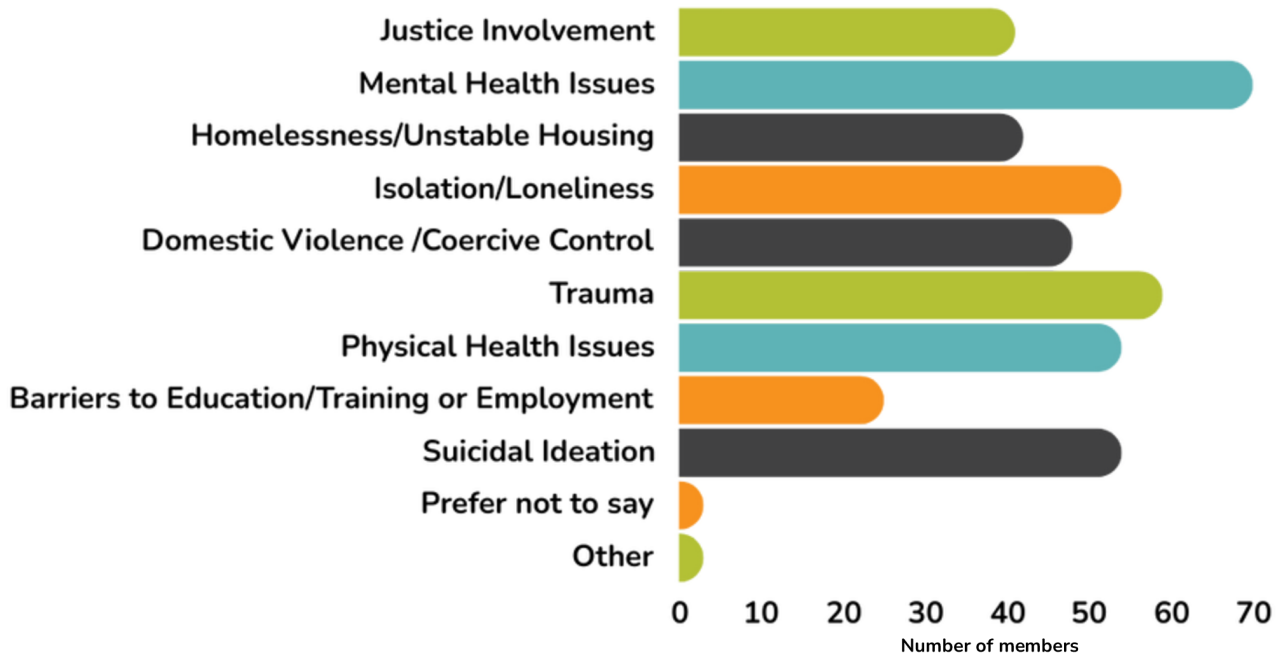
We asked participants about their *gender identity* which can be described as the personal sense of one's own gender, which can be different from their sex assigned at birth. 63% of participants identified as Female, 29% identified as Male, 8% described themselves using identifiers such as non-binary or bi-gender, and some members declared this question not applicable. Further demographic considerations see that 7 participants identified as Aboriginal or Torres Strait Islander. 16% of participants indicated that they were from a culturally and linguistically diverse background, 18.5% of participants identified as LGBTQIA+ and 34% of participants identified as a person with a disability. Majority of participants (39%) work in either a full-time or part-time role, while 18% are actively seeking work and 15% of participants do not work. This sheds light on the diverse situations of those within our membership.

When asked 'how do you identify' in relation to alcohol and other drugs, participants answered as shown in the adjacent graph. The 'other' category was predominantly chosen by people who identify as peer workers and educators in the community.



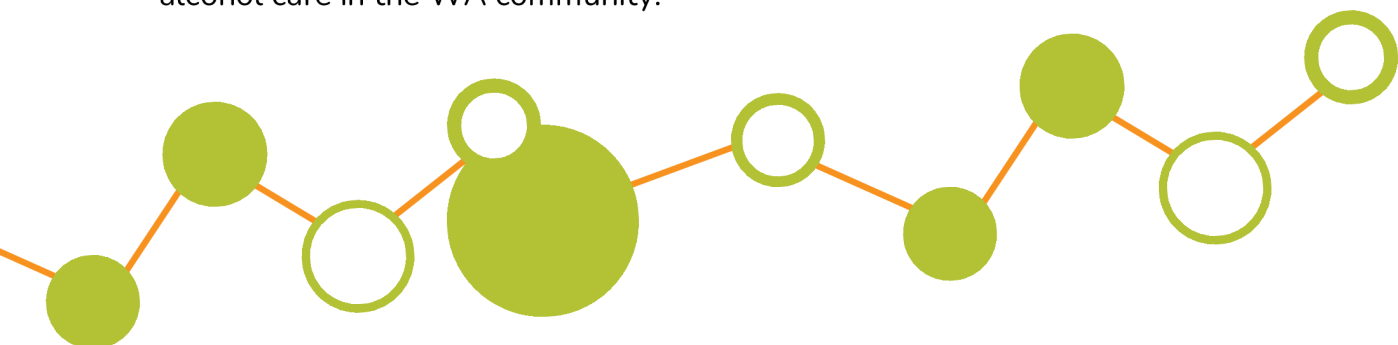
Co-occurring Experiences

Our members have indicated that living with and through co-occurring experiences is highly common. When asked **‘what have you experienced in addition to alcohol and other drug use?’** the number of responses for each of the areas we identified can be seen below. (Participants could select more than one experience).



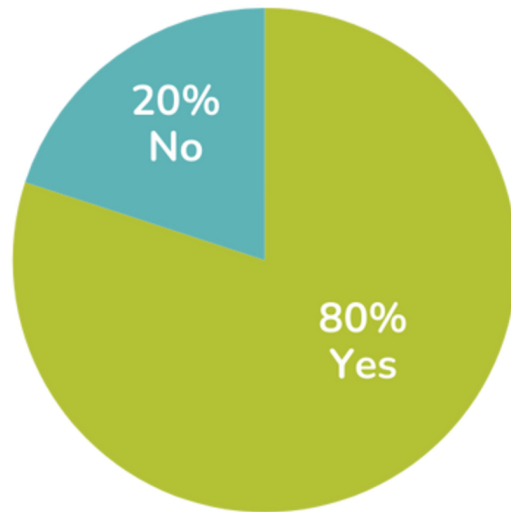
Approximately 85% of members who completed the survey have experienced mental health issues, 71% have been impacted by trauma, 65% struggle with isolation or loneliness and the same percentage are impacted by physical health issues. Approximately 58% of members surveyed have experienced domestic violence or coercive control, roughly 50% have faced housing instability, 49% have had justice involvement, and 30% of members have experienced barriers to education and employment, alongside their alcohol and other drug use. Around 65% of members report suicidal ideation.

The AODCCC believes addressing co-occurring issues holistically would significantly improve outcomes for Western Australian (WA) communities. The AODCCC advocates for government and non-government services to provide consumer-informed, coordinated care and consultation. We believe that substantial interagency supports and frameworks would play an evidenced and crucial role in providing effective drug and alcohol care in the WA community.



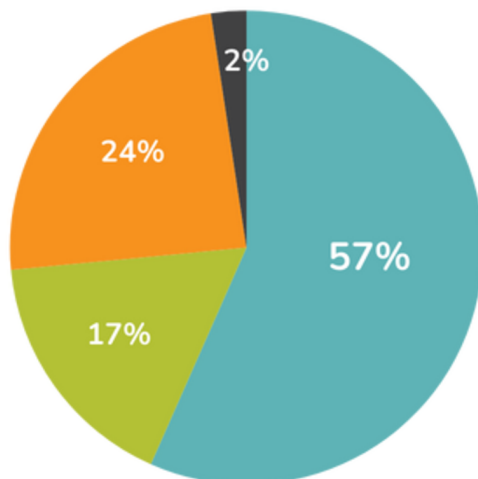
Stigma, Discrimination & Shame

Have you, or a significant other/ family member ever experienced stigma/ discrimination or shame within society because of a lived/ living experience of alcohol and other drugs?



Majority of members have experienced stigma, discrimination or shame due to alcohol and/ or other drugs. When asked to further share their experience, members indicated that people often judge too quickly and harshly, especially when it comes to those seeking help for drug and alcohol use. Many members have experienced stigma and discrimination from healthcare providers, police, and the public. This includes being labelled unfairly, denied services, and treated with a lack of compassion or empathy. Such treatment can extend to family members and affect their access to care and support. The AODCCC believes it is crucial to treat everyone with humanity and kindness, regardless of their past or current alcohol and/ or other drug use.

■ Extreme barrier ■ Moderate barrier
■ Somewhat of a barrier ■ Not a barrier



In your experience does stigma, discrimination or shame act as a barrier for people accessing support in relation to their alcohol and other drug use?

The AODCCC community understands that the stigma surrounding alcohol and other drugs is a large barrier and can have profound and far-reaching impacts on individuals and their families. The AODCCC believes addressing stigma requires a collective effort to promote understanding, compassion, and equitable treatment for all individuals, regardless of their substance use history.

Our members have identified some of the many facets of stigma barriers and their implications:

Discrimination in medical settings

Many people reported being treated unfairly by healthcare providers, leading to inadequate care. This can result in untreated or poorly managed health conditions.

Reluctance to seek help

Fear of being judged or mistreated can deter individuals from seeking necessary medical or mental health support, worsening their overall health outcomes.

Employment and housing

Stigma can affect job prospects and housing opportunities. Employers and landlords may discriminate against individuals with a history of substance use, limiting their ability to secure stable employment and housing.

Family and relationships

Stigma can strain family relationships and friendships. Loved ones may distance themselves, leading to a lack of support and increased feelings of loneliness.

Shame and isolation

Stigma often leads to feelings of shame and isolation. Individuals may feel judged and ostracised, which can exacerbate mental health issues like depression and anxiety.

Self-esteem

Constant negative judgment can severely impact self-esteem and self-worth, making it harder for individuals to seek help or believe in their ability to recover.

Bias in legal systems

Individuals with a history of substance use may face bias in legal settings, affecting their ability to receive fair treatment in court or when interacting with law enforcement.

Access to services

Stigma can result in barriers to accessing social services, such as welfare or rehabilitation programs, further hindering recovery and reintegration into society.

Intergenerational stigma

Family members, including children, can also face stigma due to a relative's substance use. This can affect their social interactions, educational opportunities, and mental health.

Quality of life

The cumulative effect of stigma can significantly reduce an individual's quality of life, making it harder to achieve personal and professional goals.

Recovery journey

Stigma can hinder the recovery journey by creating additional obstacles and reducing the effectiveness of support systems.

Support systems

Families may struggle to provide support if they are also dealing with societal judgment and discrimination, complicating the recovery process for everyone involved.

Have you, and/or a family member/ significant other, ever hidden or not shared your alcohol and other drug use, due to concerns that this would have a negative impact or consequence?



Majority (87%) of member participants declared that they had **proactively chosen not to disclose** their drug and/ or alcohol use.

Why?

Below are some direct quotes from our members. The term 'AOD' is used to describe alcohol and other drugs.

"For fear of being judged and ostracized."

"I actually coached a family member to not disclose AOD use in order to receive care at a hospital for a mental health admission."

"I have not shared with my rental owners/ real estate in fear of being evicted from my home or denied accommodation [and] I hid it from education providers and employers in fear of being kicked off my course or sacked."

"When child protection [DCP] became involved with myself & my family. I denied any involvement with AOD use, I didn't want DCP to have control of my rehabilitation & recovery, they already had control over all other aspects of my life including when & if I was able to see my children, if at all."

"I rarely share my past with AOD use and wouldn't share info about my current use majority of the time, for fear of being discriminated against."

What can the AODCCC do?

Our members have indicated that to reduce drug-related stigma in WA, several strategies could be implemented. In relation to what the AODCCC can do, members have expressed support for strategies such as hosting more lived experience peer worker education and training packages to foster community collaboration and increased education about addiction and its complexities, along with the promoting understanding through participating in panel talks at stigma focused forums and conferences. Further engagement with diverse user perspectives, including those of prisoners and individuals with varying addiction experiences will foster diversity and inclusion across a wide range of groups. Additionally, our members believe that integrating trauma-informed care, advocating for improved media representation, and forming lived experience advocacy groups would help address stigma. Statewide education campaigns and targeted anti-stigma training for health professionals are also crucial in creating a more supportive and understanding environment for individuals living with substance use.

Western Australian Context

The AODCCC advocates for alcohol and other drugs to be addressed as a **health concern**: preventing overdose deaths, reducing drug related harms and connecting people with vital health and social support services.

The below options are what AODCCC members would like to see implemented in WA to support this. (Represented in order of support received).

Increased number of community-based treatment facilities

Improved alcohol and other drug education in schools

Increased number of medical withdrawal facilities

Increased number of residential treatment facilities

Decriminalisation of illicit drugs

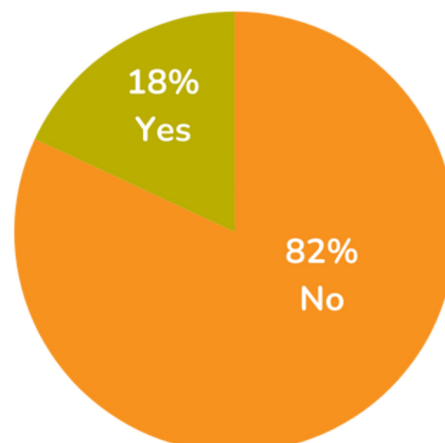
Drug Checking Facilities

Medically supervised injecting rooms

Increased number of needle and syringe programs

To support the AODCCC's goal for alcohol and other drugs to be addressed as a health concern in the WA community, members indicated that several strategies should be implemented. These include establishing mentorship programs, employing peer workers, increasing funding for harm reduction services, and expanding residential treatment facilities. Early years education about alcohol and other drugs is crucial for creating safer communities, fostering empathy and reducing stigma. Member survey participants strongly believe that integrating mental health and alcohol and other drug services, providing safe supply options, and providing drug checking facilities is essential for safer communities. Additionally, members believe promoting lived experience training for professionals and improving public awareness about stigma are essential steps towards reducing drug-related harms and connecting people with vital support services.

Are there enough alcohol and other drug support and treatment options in Western Australia?



Survey responses demonstrate that members feel WA lacks sufficient alcohol and other drug support and treatment options. An increase in trauma-informed support is needed and should be incorporated into both inpatient and outpatient care options. It is crucial that WA service providers and supports work to de-stigmatise the process of seeking help. Establishing mentorship programs where peer workers guide new clients through available services would be beneficial. Additionally, more harm reduction focused counselling, rehabilitation, and withdrawal facilities are needed, especially in regional areas. Integrating mental health and alcohol and other drug services, improving housing availability, and providing better pharmacotherapy options are also essential. More community-based care, outreach programs, and lived experience peer support can help reduce wait times and improve access to treatment. Finally, better education and training for support persons and professionals, along with more detox and rehabilitation centres, are necessary to meet the ever-growing demand for these services.

In your community, what would help alcohol and other drug services and programs to be more effective and accessible?

In response to this question, members indicated several strategies that should be implemented. There was again, a prominent call for more trauma-informed support and mentorship programs led by individuals with lived experience. Increased funding for harm reduction and low-barrier services would provide the community with more options for support. Enhancing community awareness through advertising and education and offering culturally appropriate services with reduced financial barriers, would also be beneficial. Additionally, expanding the availability of detox centres, improving access to peer support, and ensuring services are available 24/7 were viewed as essential steps. Fostering a supportive environment free from stigma and providing clear information about available resources, was expressed as a significant step to improve access to and effectiveness of these services in WA.

From your perspective, what are the biggest systemic issues/ barriers those with a living or lived experience of alcohol and other drug use currently face in Western Australia?

Stigma and discrimination

Lack of integrated care

Employment barriers

Homelessness and social isolation

Cultural norms

Lack of trauma-informed care

Workplace drug testing

Inadequate funding and resources

Advertising and media influence

Religious coercion

To further explain these identified systemic issues and barriers faced by those with a lived or living experience of alcohol and other drug use:

Stigma and discrimination

Societal judgment and negative labelling create significant obstacles, making it difficult for individuals to seek help without fear of being judged or ostracized.

Lack of integrated care

Mental health and substance use are often treated separately, leading to fragmented care and inadequate support for co-occurring challenges.

Inadequate funding and resources

There is a shortage of comprehensive treatment services, including detox centres, rehabilitation facilities, and harm reduction programs, which are often underfunded.

Employment barriers

Lack of clarity and transparency in employment screening processes can hinder individuals' ability to reintegrate into the workforce.

Cultural norms

The pervasive culture of alcohol consumption in Australia contributes to shame and stigma for those who do not wish to conform to these norms.

Advertising and media influence

The media portrayal of alcohol and drugs as 'fun and exciting' can perpetuate harmful behaviours and attitudes.

Religious coercion

Faith-based treatment programs run by religious organisations may impose hidden agendas, lacking legislative protection for vulnerable individuals.

Homelessness and social isolation

These issues exacerbate the challenges faced by individuals with substance use disorders, making recovery and access to support services more difficult.

Workplace drug testing

Current practices drive users away from less harmful substances, like cannabis, towards harder drugs that are less detectable, creating additional risks.

Lack of trauma-informed care

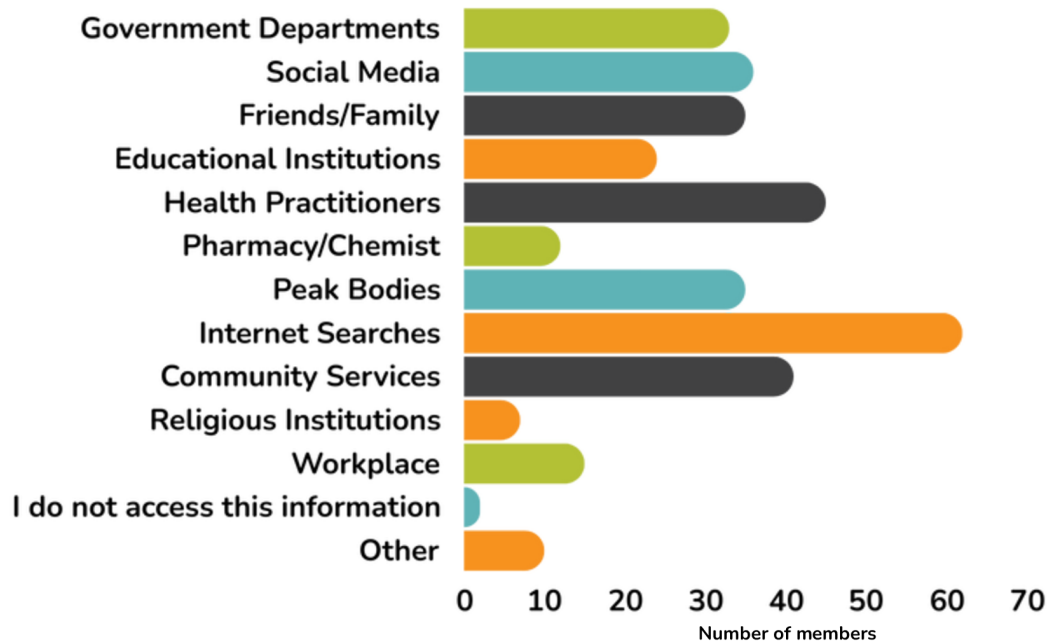
Many individuals use substances to cope with trauma, and the absence of trauma-informed support can hinder recovery.

Addressing these barriers requires a multifaceted approach that includes destigmatisation, increased funding, regulation, legislation and reform, integrated care, and better education and awareness campaigns.

Accessing Information

Survey responses indicate that members continue to access a broad and varied range of sources when accessing information relating to alcohol and other drugs. The graph below shows that internet searches, health practitioners and community services are the most common ways members source information relating to alcohol and other drugs. Within the 'other' category, participants expressed turning to other users, dealers, AI, podcasts and support groups for information.

(Participants could select more than one source when answering this question).



Strategies, Resources and Activities

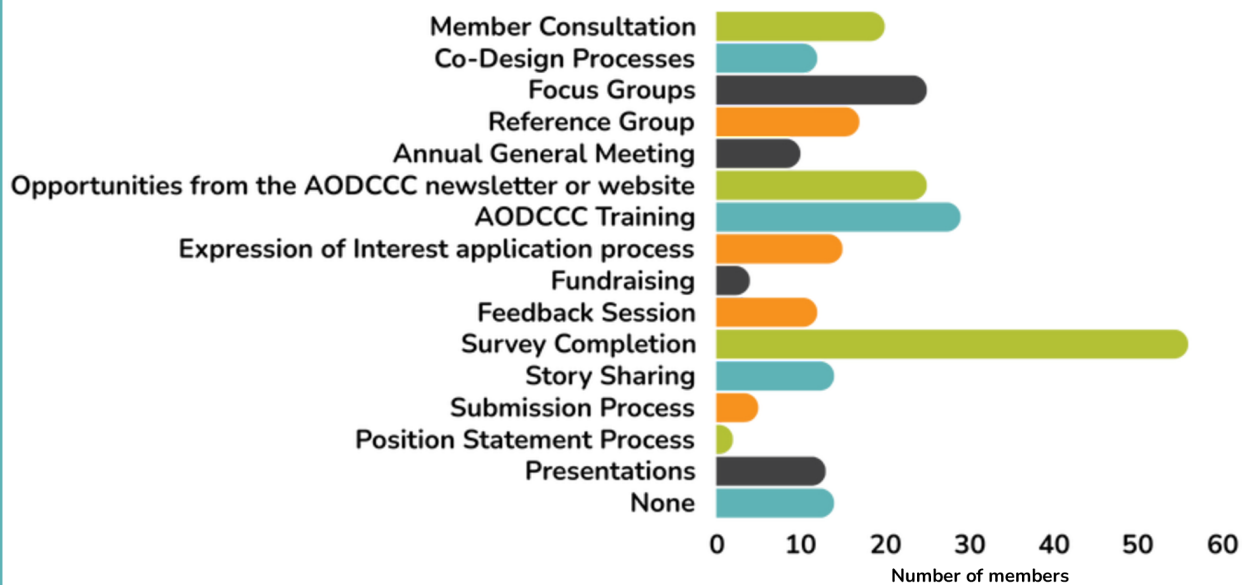
We asked our members **what strategies, resources, activities or methods have helped and supported your health and wellness during your alcohol and other drug lived /living experience journey?** The responses shared outline the various ways people support their journey of health and wellness.



The AODCCC

The AODCCC continuously aims to provide members with a wide range of opportunities and activities that strengthen the community. The AODCCC aims to build the capacity of its members and to promote the importance and value of alcohol and other drug lived/living experience representation. This results in our organisation being able to capture and amplify the voices of consumers and their families, ensuring everything we do is relational, and consumer led and informed.

What AODCCC activities have you engaged with?



How do you like to keep up to date with what's happening at the AODCCC?

Survey participants indicate they primarily keep up to date with what's happening at the AODCCC through our dynamic membership-exclusive monthly newsletter. This resource is an essential tool that welcomes, maintains and inspires our members to stay engaged and motivated in their membership journey. Other common avenues where members engage with us have been identified as AODCCC specific events which facilitate a central meeting point of engagement. Our website is regularly accessed due to its continuous development and consumer focused projects, such as our Story Sharing platform, and our various social media platforms provide a way for members and the wider community to stay engaged and up to date with not only our projects, but also the happenings of the wider sector and community.



We asked our members what they think about the effectiveness of the AODCCC as the WA peak body for alcohol and other drug consumer systemic advocacy. Of the members who completed the survey, majority of participants expressed support that the AODCCC is 'very effective'. A portion of responses indicated some members were unsure how to respond. The AODCCC will continue to build upon our foundations and represent the voice and experience of our members in every aspect of alcohol and other drug systemic advocacy in WA, to improve the health and wellbeing outcomes for the community. Here's what some of our members said in relation to this question:

"I think AODCCC is very effective, and its goal and morals align with the members and [it has] a shared purpose that brings people together and empowers those who often feel they don't have a voice. I feel AODCCC always has lived experience perspective and direct involvement as much as they possibly can which amplifies the voice of people with a lived experience and takes all feedback and welcomes anyone's perspective/feedback/contribution to anything they do."

"It has enabled consumers to feel like they have a voice. As far as generating change or influence I don't think you have the resources"

"AODCCC needs more funding in order to build its capacity and increase its impact and influence."

To conclude the survey, we asked participants the question: **when alcohol and other drug systemic change is successful, what is likely/possibly going to change for individuals, families and the community?**

Our members have envisioned that with the ultimate success of systemic change, society as a whole is likely to experience several positive transformations.



Individuals

AODCCC members understand that individuals are likely to experience positive outcomes when common-sense systemic changes are implemented. Individuals would feel more empowered and have better access to individualised services, leading to improved physical, mental, and spiritual health. Reduced stigma would foster a sense of self-worth and decreased shame, making individuals more willing to seek help. With increased opportunities in employment, health, and housing, individuals would lead more stable and fulfilling lives. Enhanced support systems would reduce social isolation, improve financial positions, and help rebuild self-esteem and independence. Overall, individuals would enjoy a better quality of life, with greater chances for sustained recovery and social reintegration.

Families

Reduced family violence: There will be a reduction in family violence, homelessness, and trauma.

Stronger family bonds and healthier relationships: Relationships within families will be rebuilt and strengthened, fostering trust, reliability, dependability and better communication.

Support and connection: Families will be more bonded, with stronger support systems and the ability to set boundaries.

Acceptance and compassion: There will be greater acceptance and compassion towards family members with alcohol and/ or other drug issues.

Education and understanding: Families will be better equipped to support their loved ones through alcohol and other drug challenges, reducing isolation and shame.

Reduced family breakdown: With less stress and more support, there will be fewer family breakdowns and separations.

Functional families: Improved functionality will result in raising healthy children in a supportive environment.

Better support for families: Families will have better access to support services and resources, improving their overall well-being.

Improved cohesion: Families will have the capacity to work together to support each other.

Community

Better understanding and open conversations: Increased awareness and education will lead to more open-minded discussions about alcohol and other drug use.

Reduced crime and fear: With better support systems, there will be less crime and fear associated with alcohol and other drug use.

Equal treatment and reduced stigma: People who use drugs will be treated equally with compassion and without discrimination or oppression, leading to reduced stigma.

Connected and happier communities: Stronger community bonds and a sense of positivity would emerge as stigma decreases, with less pressure on emergency services and the justice system.

Improved health outcomes: Fewer hospital admissions caused by accidents and injuries, and less violence.

Greater education and community engagement: Enhanced knowledge, awareness and community involvement will foster a stronger, more vibrant community.

Safe access to services: Secure access to detox and education programs will be available, reducing the need for incarceration.

Increased safety and support: Communities will be safer with more support and acceptance for individuals seeking help.

Increased inclusive and supportive environments: Communities will prioritise inclusivity where anyone can access the help they need without discrimination.

To conclude

The AODCCC acknowledges there continues to be a journey ahead to see change in the areas contained within this report. It starts with listening, setting aside biases and understanding that there is a great untapped wealth of knowledge accessible within the community right now.

We hope this information can be a call to action and support the advocacy that is required. We will continue amplifying the voices of our membership and seek more opportunities to engage, ensuring a sustainable, grassroots-driven organisation. Our focus is to continue to create bespoke consumer-led education and training to empower the community, and collaborate and establish partnerships across the sector.

We will continue to advocate to the state and federal government on matters that relate to alcohol and other drugs and the WA community, reflecting the voices and perspectives of our membership throughout. We will honour the call from our membership to advocate for the whole community to adopt an approach to alcohol and other drug use which minimises harm.

The AODCCC recognises that harm reduction requires repositioning perspectives of alcohol and other drug use towards a health and social issue, which can be addressed and/ or managed through empowerment and compassion and access to treatment and support.

Thank you for joining us on our hopeful journey to achieve systemic change in WA and to Move Beyond Stigma.

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