AODCCC

Alcohol and Other Drug
Consumer & Community Coalition

AODCCC Membership Survey Report 2025-2026

...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 and Living 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 and community informed 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.

Contents

Suggested citation:
Alcohol and Other Drug Consumer and Community Coalition (AODCCC), 2025. *AODCCC Membership Survey Report 2025-2026*. Western Australia. Alcohol and Other Drug Consumer and Community Coalition.

Executive Manager's Message

Welcome to the AODCCC Annual Membership Survey Report 2025–2026.

Amplifying the voices of our members is essential to the work that we do. While it certainly informs the systemic advocacy agenda of our organisation, shining a light on current issues and proposed solutions, it does so much more. To provide a platform for our community is to learn from our community, and to be heard is to be valued. All of which is essential to social connection and collective wellbeing, with the potential to be transformative, and we do not underestimate its power.

Contained in this report you will read accounts of stigma and discrimination, an experience that compounds harm and stifles potential, a scenario often fueled by ignorance and fear. Stigma is an issue that can only be addressed through dialogue, collective understanding and shared humanity. It requires a willingness to see the human being behind the label, cast aside judgement and acknowledge society's common vulnerability. Our ongoing commitment is to invite that opportunity for understanding, through the voices of our members.

Since September 2024, our overall organisational membership has grown steadily by 32%, reaching 949 members in October 2025. This growth is more than a number; it's a testament to the strength of our community and the shared commitment to... Move Beyond Stigma.

To every member who completed this 4th annual membership survey (AMS): thank you. Your courage, honesty, and generosity are helping us build a more inclusive, responsive, and stigma-free future. The AODCCC believes in the power of community where people feel valued and heard. Becoming a member means having the opportunity to use your valuable lived and living experience to drive positive change. You are recognised and supported to share your expertise in ways that contribute to the well-being and improvement of the whole community.

We hope this report offers valuable insights for the whole community and reaffirms the power in our members' voices in shaping our collective journey.

Sincerely,

Alex Arpino
AODCCC Executive Manager

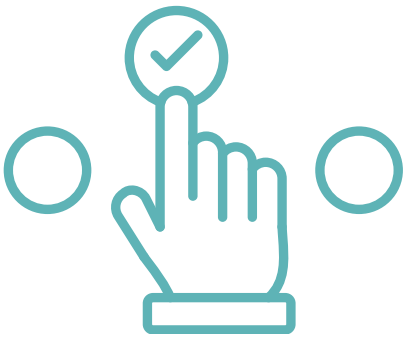
How we created the survey

The AMS offers a vital platform for all members to actively inform our priorities, ensuring that everything we do is grounded in lived and living experience of alcohol and other drugs (AOD). We also continue to be guided by our monthly Reference Group (RG), which consists of seven dedicated participants who provide rigorous feedback, thematic analysis, and passionate participation in ongoing systemic discussions.

This year, we are proud to share that **120** members completed our (anonymous) survey - a remarkable 37% increase in participation numbers from last year. Their voices, insights, and experiences gathered over a **six-week period** are the heartbeat of our organisation, and this growing engagement reflects a powerful momentum toward passionate, community-led systemic advocacy. **Before dissemination, the survey was evaluated and finalised by the members of our monthly RG, they assisted in the design and formulation of the questions, underpinned by our strategic plan.** Their ongoing essential work ensures that our initiatives are always member informed, co-planned, co-delivered, and co-designed wherever possible.

Acknowledgement of “prefer not to say”

The AODCCC would like to acknowledge that even in anonymous surveys, people might choose the option “prefer not to say” for several thoughtful reasons:



Psychological and emotional factors

- Privacy concerns: Even if anonymity is promised, some participants may still feel uneasy sharing sensitive information.
- Fear of judgment: People might worry their answers could be interpreted negatively, especially on stigmatised topics like AOD or Mental Health (MH).
- Uncertainty or ambiguity: If a question doesn’t fully reflect their identity or experience, they might opt out rather than choose an inaccurate label.

Ethical or political reasons

- Resistance to categorisation: Some individuals reject being boxed into predefined categories, especially in questions about race, gender or beliefs.
- Distrust in institutions: If they don’t trust the organisation conducting the survey, they may withhold information as a form of protest or caution.

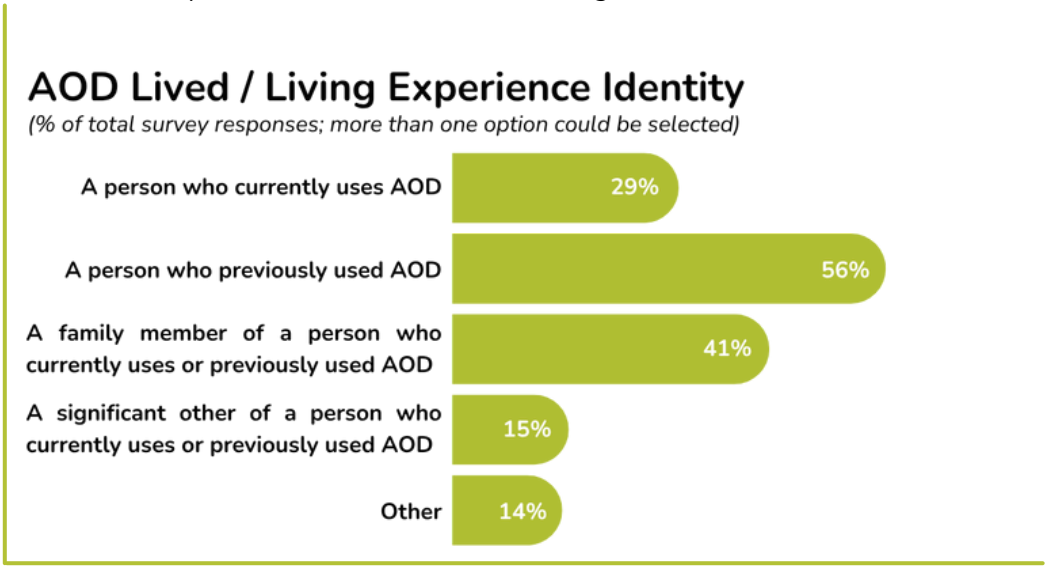
Practical reasons

- Lack of relevance: They may feel the question doesn’t apply to them or isn’t necessary for the survey’s purpose.
- Timesaving: Skipping complex or uncomfortable questions can be a way to complete the survey more quickly.

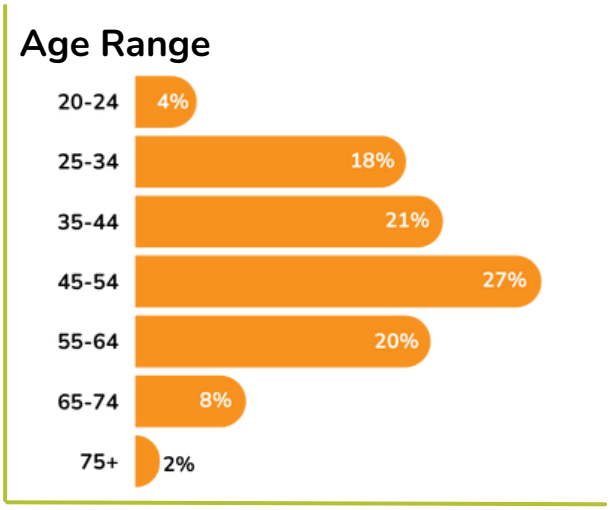
The AODCCC acknowledges, “prefer not to say” is a powerful option, it gives people control over their data and acknowledges that not every question fits every person.

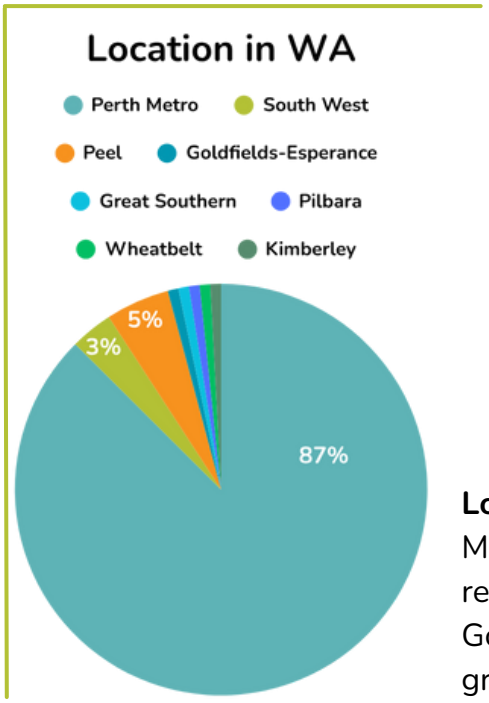
Demographics

Consistent with previous surveys, this year most (56%) of members, identified as '*A person who previously used alcohol and/ or other drugs.*' We have observed a significant rise in family engagement this year where 41% of members identified as '*A family member of a person who currently uses or previously used alcohol and/or other drugs*' compared to 21% last year. Nearly 30% of members indicated they are '*A person who currently uses alcohol and other drugs*', an increase of 10% from last year.

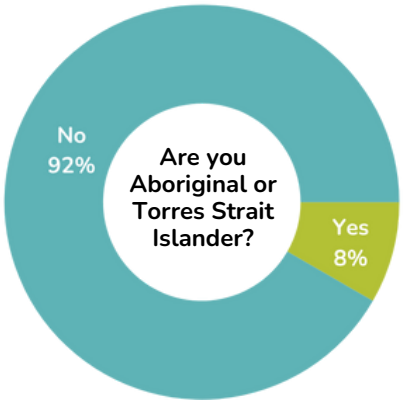


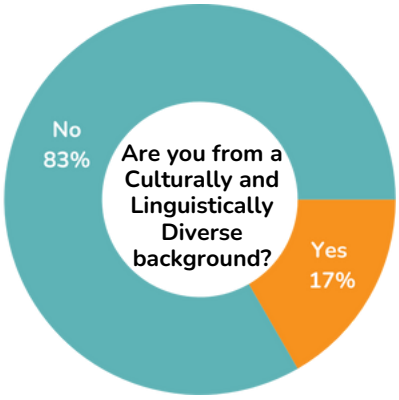
Age: Mirrored from previous years, most participants are aged between 25-64. The most proactive age group this year is 45-54.

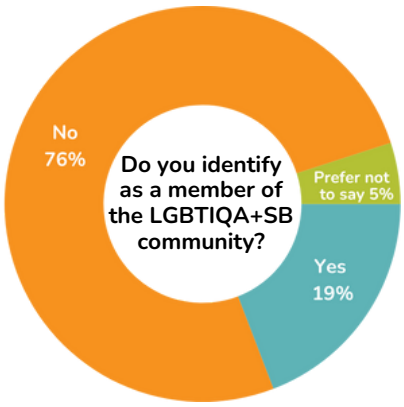




Location: 87% of participants live in the Perth Metropolitan area. This year has also seen us receive responses from the Wheatbelt, Great Southern and Goldfields-Esperance. This demonstrates our ever-growing reach as the State Peak Body.

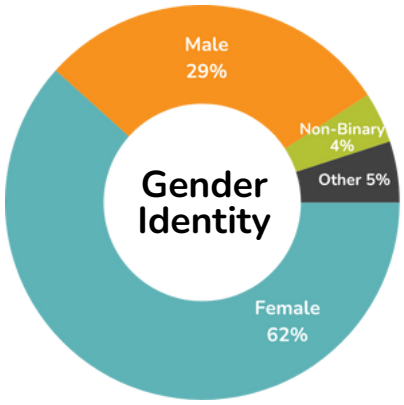


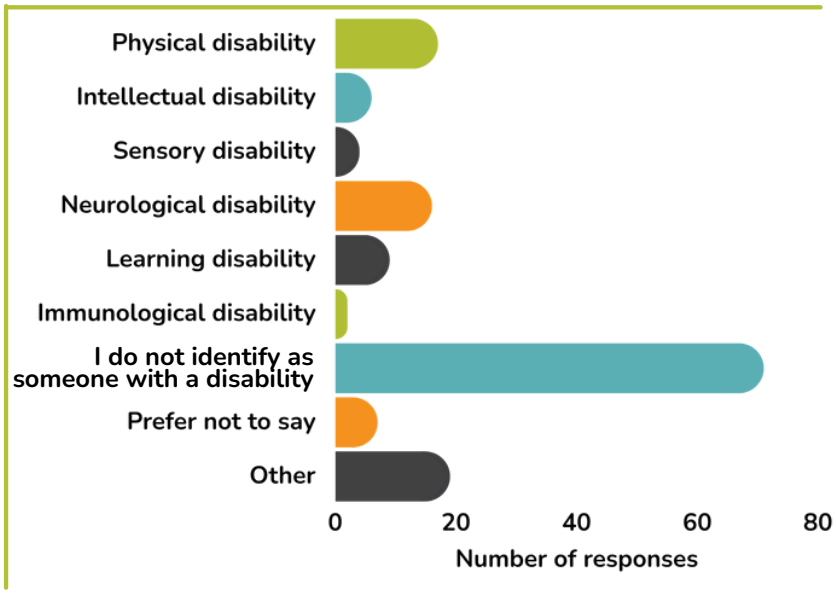


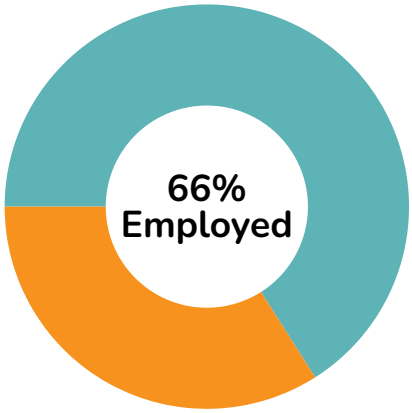


8% of participants identified as Aboriginal or Torres Strait Islander. **This is a 43% increase from last year's number.** 17% of participants indicated they were from a culturally and linguistically diverse background (CaLD). 19% of participants identified as LGBTQIA+SB. 5% stated they would prefer not to say.

We asked participants about their gender identity. 62% identified as female, 29% Male, 4% Non-Binary and 5% of participants chose to use 'other' identifiers such as: *he/they, none, heterosexual, queer, gay and prefer not to say*.







Approximately 66% of participants are employed. 30% of the participants stated they are in full time employment, 15% part time employment, 12% are self-employed, and 9% are casually employed.

In 2024, 34% of survey participants identified as a person with a disability. This number made us curious to explore this question further. The AODCCC understands that each person's experience of disability is unique and multi-dimensional and that disability can impact many aspects of a person's life. This year we asked participants to identify their disability type/s, with more than one option able to be selected (see graph above). 35% of participants identified as having a disability, 59% stated they do not identify as someone with a disability and 22% said they would prefer not to say, or other.

Beyond Stigma

Consistent to last year's figure, a **huge majority of participants (85%) have experienced stigma, discrimination or shame in relation to their lived/ living experience of AOD**. 3% of participants selected prefer not to say.
Members shared powerful and deeply personal experiences on how they have encountered stigma, discrimination and shame related to AOD use. Their responses reflected different sources and forms of stigma and how they manifest across various settings. Here's what our members said:

"Trying to responsibly dispose of sharps, I was made to feel incredibly shameful."

"My daughter's girlfriend wasn't allowed to come to our house when her parents found out I had gone to rehab."

"I do not disclose my illicit drug use to new friends. People judge and assume things - my kid won't get invited to parties or sleepovers because of the stigma; I don't want that for them. My drug use does not negatively impact my life at this time."

"Having worked in AOD Services for many years I have experienced first hand stigma within the system. Attitudes and the culture within government departments and mental health services in particular."

"Mental health, medical, hospital and workplaces. Emergency depts especially do not like people with AOD issues and try to blame everything on AOD use. If you talk about previous AOD use in the workplace, they treat you shamefully."

"Being a constant disappointment."

"I was told that if our child was on drugs we should just disown them. There were also assertions as to why did we let that happen."

"Lack of compassion or understanding. Treated with contempt"

"My practice is to use Lived Experience and peer frameworks in my work. When I am supporting a person and what makes sense in understanding their circumstances is understanding stigma or behaviour that comes from stigma, I know my colleagues or other providers I have contact with see me differently."

"My experience is currently one of shame and exile."

"Using drugs in a small country town meant there was no way of hiding my decline from anyone. I was pretty much shunned by the people I grew up with, which left the other drug users as the only people for me to associate with."

These stories show that stigma isn't just about how people use substances, it's also about how society reacts to recovery, abstinence, and identity. People have experienced stigma, discrimination and shame related to AOD use across systemic, interpersonal, and internal dimensions.

Healthcare, justice, and workplace systems often deny care, dismiss MH concerns, or treat individuals with contempt, especially after disclosure of substance use. Families and communities may ostracise, shame, or blame individuals, leading to secrecy, isolation, and emotional harm. Even abstinence or recovery can provoke judgement, while professionals in the AOD sector sometimes perpetuate stigma through language policing or biased attitudes. These experiences foster internalised shame, limit access to support, and reinforce harmful stereotypes, making honesty and healing profoundly difficult.

The AODCCC believes it is crucial to treat everyone with humanity and kindness regardless of past or current alcohol and other drug use.

Below, we demonstrate and expand the multifaceted aspects of stigma, discrimination and shame as we draw out key points from within the responses and stories gathered from our 120 survey participants.

Internalised and intrapersonal shame

Affecting self-worth, identity, and emotional wellbeing.

Self-stigma & secrecy:

- Concealing drug use to avoid judgment.
- Choosing not to disclose drug use to avoid stigma.
- Shame from overhearing derogatory comments at work or in social settings.
- Feeling shame when responsibly disposing of sharps.
- Personal shame around smoking and relapse.
- Embarrassment and humiliation in professional settings.

Identity & emotional impact:

- Feeling stupid, reckless, or "asking for it."
- Being labelled a disappointment.
- Identifying as an addict and sensing judgment.
- Selecting who to disclose to, due to fear of stigma.
- Feeling looked down upon or labelled as "one of those."
- Belief that stigma is "normal" and expected.
- Feeling shame and exile from family and society.
- Feeling unable to be honest with family due to fear of rejection.
- Shamed for not drinking in cultures where alcohol is normalised.

Interpersonal stigma

Perpetuated by family, friends, colleagues, and other substance users.

Family & friends:

- Being told to disown children who use drugs.
- Accusations of "letting it happen" or failing to "sort out" family members.
- Ostracism and vilification by family and extended networks.
- Daughter perceived as "scum" by relatives.
- Parents calling someone a "junkie" and evicting them.
- Harassment from family despite efforts to support loved ones.
- Mother using addiction history to divide family.
- Daughter's girlfriend barred from visiting due to rehabilitation history.
- Exclusion from social events and family gatherings.
- Blame for assault due to lifestyle.

Friendship & social circles:

- Friends distancing themselves after disclosure or sobriety.
- Shunned in small towns, leaving only other drug users as social contacts.
- Judged for recreational drug use more harshly than socially accepted substances.
- Treated as "strange" for choosing sobriety.
- Social shame from growing up in an alcoholic household.

Professional relationships:

- Colleagues viewing peer workers differently due to lived experience.
- Counsellor ending sessions due to feeling "overwhelmed" by disclosure.

Second-hand & Peer stigma:

- Witnessing family members being shamed for their AOD use.
- Children excluded from parties due to parent's drug history.
- Stigmatisation by people who use different substances (e.g. meth vs. alcohol).

Systemic and institutional stigma

Embedded in healthcare, justice, child protection, and employment systems.

Healthcare discrimination:

- Refusal of treatment due to disclosed meth use.
- Judgemental treatment at oral health centres and dental clinics.
- Dismissive or contemptuous attitudes from emergency departments and hospital staff.
- Being labelled "drug-seeking" despite legitimate medical needs.
- Lack of support or empathy from MH services.
- Denial of ADHD assessment due to past meth use.

- Racial discrimination following suicide attempt.
- Public shaming at pharmacies when dosing Suboxone or Methadone.
- Dismissal of suicidality and mental health concerns due to AOD use.
- Hospitals refusing care due to intoxication.
- Health workers treating AOD-related presentations differently.
- Discharge without referral despite ongoing MH crises.
- Emergency departments blaming all issues on AOD use.
- Shock or minimisation from professionals when disclosing AOD use.

Justice & child protection:

- Stigma during interactions with criminal justice, child protection, and federal courts.
- Children removed from care due to disclosure of substance use.
- CPS worker and counsellor withdrawing support after disclosure.
- Homelessness following family rejection post-disclosure.
- Avoiding police contact to prevent incarceration.
- Long-term imprisonment linked to AOD-related issues.
- Stigma within justice and MH services.

Employment discrimination:

- Gossip and missed job opportunities due to past drug use.
- Bias and discrediting in workplaces, even when employed for lived experience.
- Functional users judged despite maintaining employment.
- Urine testing as a barrier to employment.
- Shameful treatment after disclosing past AOD use.
- Culture of judgment in corporatised services.

Cultural and societal norms

Broader societal attitudes and expectations that shape stigma.

Cultural expectations:

- In Scotland and Australia, binge drinking is normalised and choosing sobriety leads to social isolation.
- Stigma against meth use compared to other drugs.

Public discourse & media:

- Recreational drug use still met with shock.
- Derogatory comments about alcoholics in general conversation.
- Public misunderstanding of addiction and recovery.
- Societal contempt for people with dependency disorders.

Language & identity:

- Critique of AOD sector's language norms e.g. phasing out terms like "alcoholic" can feel silencing or invalidating.

Complex and overlapping experiences

Stories that reflect multiple layers of stigma - systemic, interpersonal, and internalised.

- AOD nurse facing stigma while trying to support her mother and son.
- Family GP dismissing concerns until repeated hospitalisations.
- Nurses and physiotherapists making cruel comments despite professional relationships.
- Son's sobriety inspired by witnessing grandmother's journey - showing the power of lived experience despite stigma.
- Brother with bipolar disorder and heroin/ cocaine addiction repeatedly discharged without support - reflecting systemic neglect, family stigma, and personal trauma.
- AOD service worker witnessing stigma within government departments and advocating for colleagues - highlighting systemic and professional-level stigma.

How comfortable do you feel discussing topics related to alcohol and other drug use?

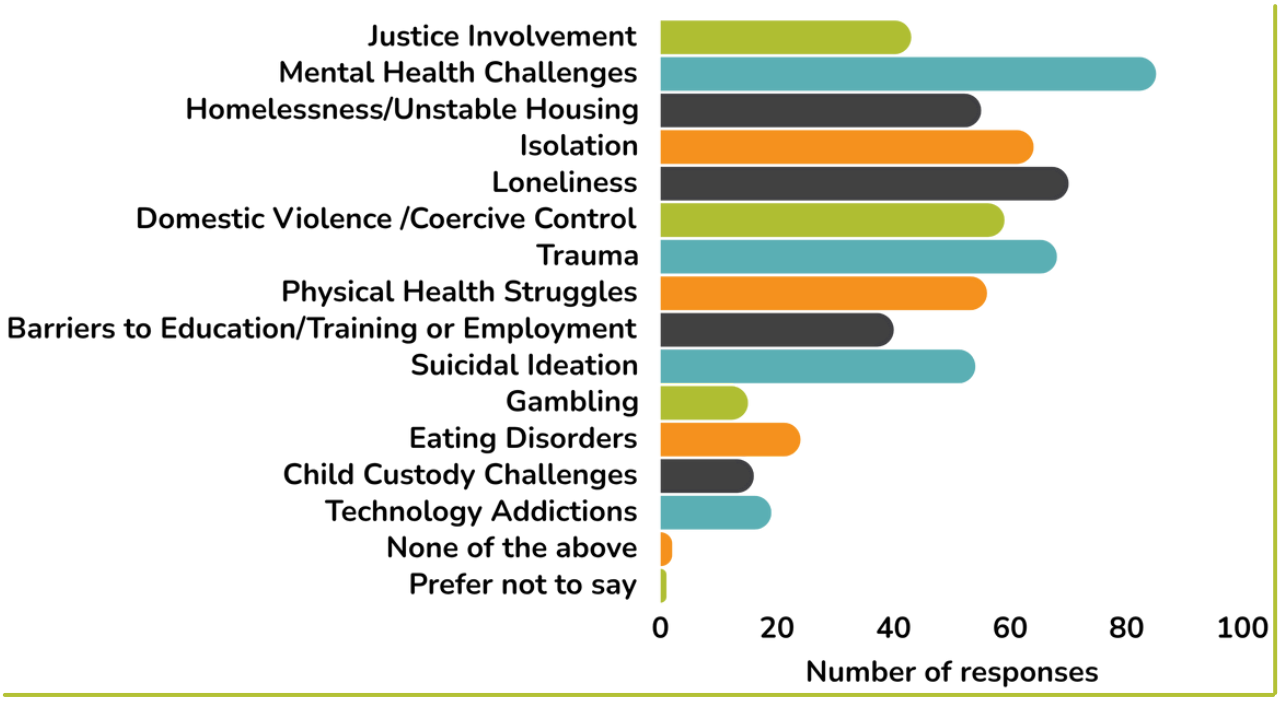
At the AODCCC, we know that real change begins with real conversations. That's why we're proud to share that **84% of our members feel very comfortable discussing AOD use**, a powerful signal that our membership is built on wisdom, expertise, and readiness for action. This comfort isn't accidental, it's the result of a culture that values authenticity, lived and living experience, and open dialogue. Our members don't shy away from the hard truths, they lean in. They reject stigma, challenge outdated narratives, and affirm a shared commitment to change.

We refuse to reduce lives to statistics. **Those with lived and living experience are not just participants, they are leaders, reality checkers, and insight-holders.** Alongside family advocates and grassroots mobilisers, they are driving transformative care across sectors, demanding better outcomes for communities across Australia.

This confirms that the AODCCC is building a movement with the right people. People who are genuine, informed, and unafraid. By amplifying lived and living experience and committing to rights-based change, we can support people who use drugs to claim their rights, dismantle stigma, and shape better policies and stronger services. This is not just advocacy, it's action.

The AODCCC understands that AOD use rarely exists in isolation for many of our members. It is deeply intertwined with multi-layered complexities such as mental health, trauma, loneliness, and housing instability. These are not side issues; they are central to the lived reality of our communities.

When asked *"have you, or a significant other/ family member, also experienced any of the following in addition to alcohol and other drug use?"* The survey responses we received paint a clear picture, see graph below (more than one option could be selected): mental health concerns affect 88% of participants. Loneliness impacts 73%, with 70% reporting trauma and 67% experiencing isolation. Around 57% face suicidal ideation, physical health struggles, homelessness, or unstable housing.



These figures reflect what our members have long known: substance use is often a response to pain, disconnection, and systemic neglect. Social isolation and uncertainty about the future create stress that substances may temporarily alleviate. But without addressing the root causes, we're not solving the problem, we're compounding it.

That's why AODCCC has expanded our advocacy and consultation partnerships. We are committed to capturing the full scope of co-occurring experiences and pushing for responses that reflect the reality on the ground. Across Australia, people are navigating intersecting health, legal, and social challenges. **We need a movement toward strong, robust collaboration between sectors - one that centres lived and living experience, amplifies community voices, and delivers holistic care grounded in human rights.** The AODCCC believes that better outcomes for WA communities are possible, but only if we treat people as whole human beings, not as problems to be managed. **By embracing complexity, rejecting stigma, and building systems of care that reflect reality, we can create a future where healing is not just possible - it's expected.**

What would help your community to be more understanding of the complexity of alcohol and other drug use?

The AODCCC thanks the membership for sharing their powerful and deeply insightful collection of voices in response to this question. The responses reflect a profound depth of knowledge, lived and living experience and an unwavering commitment to change. Our members speak not only from personal journeys but from frontline advocacy, family support, and community care. Their insights form a rich tapestry of frustration, compassion, and hope - revealing that addiction is not a failure of willpower, but a deeply human response to pain, trauma, and circumstance.
What follows is a synthesis of their recommendations, a roadmap for fostering empathy, dismantling stigma, and building systems that prioritise healing, dignity, and truth.

1. Education that speaks honestly and starts early

- Begin in primary school and continue through adulthood, focusing on risks, consequences, and compassionate understanding.
- Include psychoeducation tailored for diverse communities, especially CaLD groups where stigma may be heightened.
- Promote truth-telling campaigns led by people with lived experience, avoiding scare tactics and embracing person-first language.
- Fund organisations like AODCCC and ensure education reflects real stories and real people.

2. Media and storytelling that reflect reality

- Share lived experience stories in schools, workplaces, and public events to reinforce humanising narratives.
- Use film, television and public campaigns to portray the complexities of addiction, resilience, and recovery.
- Prioritise positive media attention and public advertisements in everyday spaces to normalise help-seeking and reduce stigma.

3. Trauma-informed, integrated understanding

- Recognise addiction as a health issue that is often rooted in trauma, poverty, isolation, and emotional distress.
- Acknowledge intergenerational impacts and the intersection of mental health and substance use.
- Advocate for integrated care that de-stigmatises co-occurring conditions and supports holistic healing.

4. Empathy, respect, and human-centric connection

- Lead with compassion, curiosity and dignity of risk, rather than judgment.
- Respect autonomy and the right to define one's own recovery, even when paths diverge from conventional models.
- Champion peer support workers and lived experience advocates as essential voices in care and reform.

5. Systemic reform and accessible support

- Expand treatment options beyond abstinence-only models to include harm reduction and flexible, inclusive care.
- Advocate for decriminalisation and an end to punitive drug policies.
- Improve GP education, referral pathways and access to affordable mental health services and AOD-friendly professionals.
- Build community structures that foster meaningful connection across diverse backgrounds.

6. Practical support and community engagement

- Create clear, compassionate pathways to help for individuals and families navigating AOD challenges.
- Increase access to professional, tailored rehabilitation programs offering a broader range of models.
- Host community engagement events to reduce isolation and build social support networks.

7. Lived experience leadership and family focused advocacy

- Elevate lived experience voices in schools, rallies and outreach programs.
- Design family-focused education to reduce shame and empower support.
- Ensure peer-led initiatives are visible, valued and central to policy and practice.

AODCCC messaging strongly promotes and advocates for human connection and understanding in relation to alcohol and other drugs being perceived through a health and social lens...

At the AODCCC, we believe that authentic change begins with how we see people. Viewing AOD use through a health and social lens is not just a shift in messaging - it's a shift in values, systems, and relationships.

When we asked our members "*what needs to happen for this lens to be truly implemented in our communities?*" their responses were clear, insightful, and deeply grounded in lived and living experience. They called for **education that challenges stigma, systems that centre compassion, and policies that prioritise healing.** Their voices reflect a collective wisdom that understands addiction as a complex response to trauma, isolation, and social inequity.

What follows is an overview of their recommendations, a roadmap for building communities where connection, dignity and understanding are the foundations of care.

Education that challenges stigma

- Early intervention: Age-appropriate education in primary and high schools, with parallel modules for parents.
- Professional training: Trauma-informed, non-judgmental education for healthcare workers, police, teachers and social services.
- University reform: Inclusion of AOD and MH intersections in core health curricula.
- Public campaigns: Messaging that reframes AOD use as a health and social issue rather than a moral failing.

Lived/ Living experience at the centre

- Peer-led initiatives: More Peer Workers in services, storytelling platforms, and leadership roles.
- Co-design with reimbursement: Empowering communities to shape resources and policies.
- Humanising narratives: Sharing stories of high-profile individuals and everyday people who defy stereotypes.

Open conversations and connection

- Community workshops: Safe spaces for dialogue, truth-telling, and empathy-building.
- Social connection as recovery: Recognising isolation as a driver of addiction and connection as its antidote.
- Family involvement: Supporting loved ones to maintain relationships and offer non-judgmental support.

Policy and systemic reform

- Decriminalisation of all illicit drugs and law reform: Breaking the stigma of legality and shifting toward harm reduction.
- Government leadership: Moving away from shame-based advertising to preventative, compassionate messaging.
- Funding and accountability: Ensuring services are trauma-informed, inclusive, and held to stigma-free standards.

A culture of compassion

- Empathy over judgement: Seeing people as humans, not problems.
- Addressing shame: Addressing how shame drives disconnection and worsens outcomes.
- Social safety nets: Advocating for housing, support services, and systemic equity.

Implementing the AODCCC lens means moving beyond rhetoric and into action. It means embedding empathy into education, elevating lived/ living experience into leadership, and reforming systems to reflect the realities of those most affected. This is not just about changing how we talk about AOD, it's also about changing how we respond. Addiction is a societal challenge, shaped by trauma, disconnection, and structural barriers. To meet it, we must build a movement rooted in truth, compassion, and collective responsibility. **When we view AOD through a health and social lens, we open the door to better outcomes, stronger communities and a future where no one is left behind.**

We provided survey participants with a copy of Health Canada's *Substance Use Spectrum*, which is a model that categorises substance use into varying stages, with potential benefits and harms associated with each stage. The stages of the spectrum are:

- Non-use (abstinence)
- Beneficial use
- Lower-risk use
- Higher-risk use
- Addiction (substance use disorder)

This model acknowledges that a person may move back and fourth between the stages over time. This model and accompanying information can be found at *www.canada.ca*

We then asked our members to comment on whether a specific WA focused version of this model, or something similar, would be a helpful tool to educate and inform.

Most responses expressed clear support for a WA-tailored version of the model, citing its potential to:

- Educate and inform the public in a non-judgmental, accessible way.
- Humanise substance use by showing it as a spectrum rather than a binary of "addicted" vs "not".
- Reduce stigma and promote understanding, especially in healthcare settings.
- Support carers and families in recognising and responding to substance use.
- Reflect local realities, including WA-specific drug trends, laws, language, and cultural considerations.

> *"Yes, I think a WA-specific version of this would be incredibly helpful, especially if it included local language, cultural considerations, and real-life examples relevant to our communities."*
>
> *"It makes people understand that we are all on a drug spectrum - this in itself can help reduce stigma and open conversations especially in the health system."*

Members offered thoughtful suggestions to improve the tool's relevance and impact and suggested numerous enhancements and considerations:

Include WA-specific data

- Prevalence statistics, e.g. "1 in 5 people have used illicit drugs in WA".
- Motivations for use, e.g. trauma, coping, social factors.
- Impact of stigma on treatment outcomes.
- Benefits of respectful, person-centred care.

Centre lived and living experience

- Co-design with people who use drugs and those in recovery.
- Include stories and voices from WA communities.
- Use plain language and relatable examples.

> *"A more powerful message would be people with lived experience going around sharing their stories/ journey at schools doing talks."*

Address trauma and structural factors.

- Acknowledge trauma, poverty, discrimination and systemic issues.
- Avoid pathologising or moralising drug use.
- Include concepts like recovery capital and citizen capital.

"It completely ignores the structural and systemic reasons why people use at any level - poverty, discrimination, all the -isms, trauma."

"We need more on how to feel... I spent over 50 years squishing my feelings."

Reflect complexity and nuance

- Not all drug use is problematic.
- Some people use substances functionally or therapeutically.
- Avoid rigid categories; allow for fluidity and personal meaning.

"Not all use is problematic. Need to change language and understanding."

"Maybe people can use 'bad drugs' normally... does every meth/ heroin user become an addict?"

While support was strong, a few members raised concerns and offered critiques:

- Risk of further pathologising AOD use.
- Oversimplification of complex experiences.
- Limited impact if not paired with broader reforms or lived experience.
- Outdated communication style for younger audiences.

"I think we need to steer clear as far as possible from further pathologising AOD use... Our emphasis should be the human cost of prohibition."

"This form of communication is outdated and ineffective in 2025."

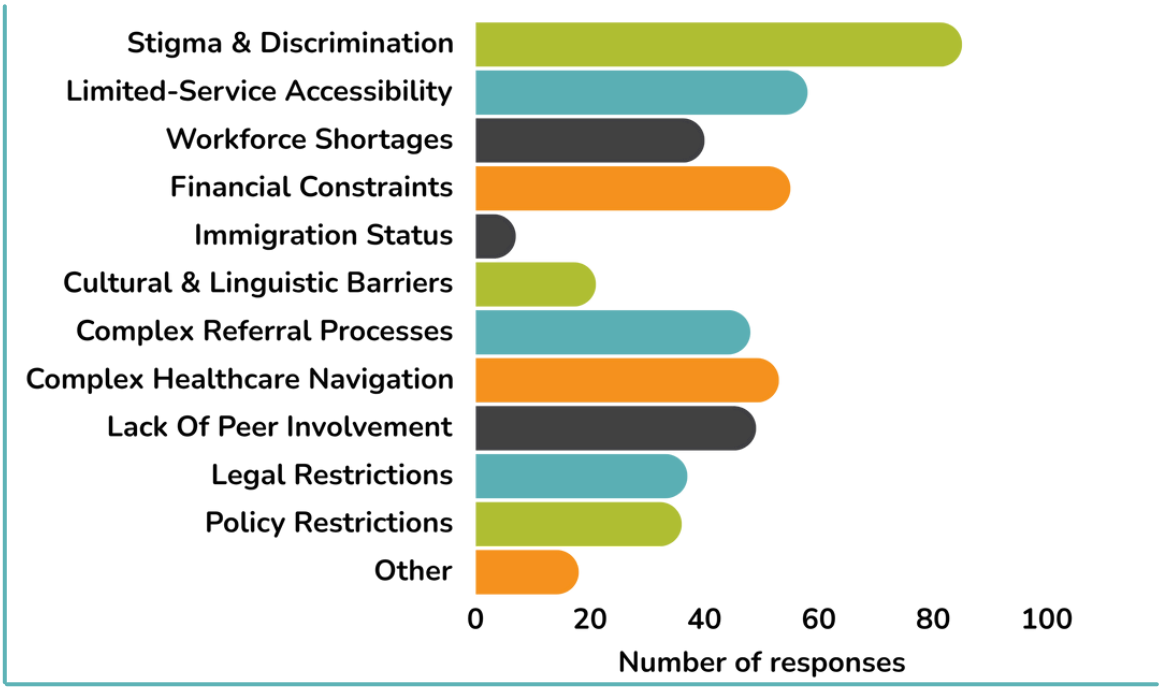
A WA-focused version of the Substance Use Spectrum model is widely and significantly supported by our membership, especially if it:

- Is co-designed with lived and living experience communities in WA.
- Reflects WA-specific data, language, and cultural context.
- Humanises substance use and reduces stigma.
- Acknowledges trauma and systemic factors.
- Serves as a foundation for education, harm reduction, and respectful care.
- Is integrated into healthcare settings, schools, and community services.
- Is paired with personal storytelling, peer education, and trauma-informed approaches.
- Translates into multiple languages and formats for accessibility.

The AODCCC looks forward to exploring possible pathways to develop and champion a WA specific Substance Use Spectrum Model for the WA community.

Systemic Advocacy

We asked our members *"from your perspective, what are the biggest systemic issues/ barriers those with a lived or living experience of alcohol and other drug use currently face in Western Australia?"* (more than one option could be selected), the graph below demonstrates these findings.



People with lived and living experience of AOD in WA continue to face a deeply entrenched and multifaceted set of systemic barriers that hinder their ability to access health and social support. Insights from our survey reveal a landscape marked by stigma, structural inefficiencies, and exclusionary practices that compound vulnerability and obstruct positive health choices.

Stigma & discrimination (85%)
The most cited issue, stigma remains a pervasive force that isolates individuals, discourages help-seeking, and perpetuates cycles of shame and marginalisation.

Financial constraints (59%)
Economic hardship often intersects with AOD challenges, limiting access to treatment, housing and essential services.

Limited-service accessibility (62%)
Many members highlighted the scarcity of services, particularly in regional and remote areas, as a critical barrier to timely and effective support.

Complex healthcare navigation (56%)
Navigating the healthcare system is often overwhelming, especially for those dealing with co-occurring MH conditions or unstable living conditions.

Lack of peer involvement (52%)
The absence of peer-led initiatives and lived experience voices in service design and delivery undermines trust and relevance.

Complex referral processes (51%)
Bureaucratic hurdles and fragmented pathways delay care and create confusion, particularly for those in crisis.

Workforce shortages (43%)
A strained workforce limits the capacity of services to respond effectively and compassionately to those in need.

Legal & policy restrictions (39% & 38% respectively)
Legislative and policy frameworks often criminalise or restrict access rather than support rehabilitation and reintegration.

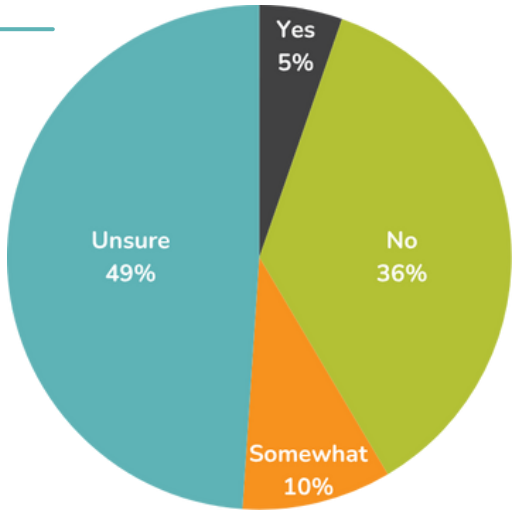
Cultural & linguistic barriers (22%)
For culturally diverse communities, language and cultural disconnects further alienate individuals from mainstream services.

Immigration status (7%)
Immigration-related limitations can exclude individuals from accessing public health services, compounding vulnerability.

These findings underscore the reality that addressing AOD-related health and social concerns is not a matter of isolated intervention but requires a holistic, systemic response. The barriers are not only numerous but interlinked. Stigma fuels policy neglect, which in turn exacerbates service gaps and workforce burnout. The lack of peer involvement and culturally responsive care further deepens the disconnect between services and the communities they aim to serve.

To move forward, **we must centre lived and living experience in policymaking, invest in community-led solutions, and dismantle the structural inequities that perpetuate harm.** Only then can we begin to build a system that is inclusive, compassionate, and truly responsive to the needs of those it serves.

For those seeking to make a complaint about an Alcohol and Other Drug Service Provider in Western Australia, in your experience is there currently enough supports or options to effectively do so?



Feedback from AODCCC members reveals deep systemic issues in Western Australia's AOD service complaint processes. Many feel unsure and/or disempowered, citing fear of retaliation, unclear pathways for lodging complaints, and a lack of follow-up or accountability across institutions, from service providers to government bodies.

The process is often described as opaque, cliquey and culturally resistant to transparency, with some noting that complaints are dismissed or ignored, especially in under-regulated or religious-affiliated services.

The power imbalance between consumers and providers, particularly in regional areas with limited options, further discourages people from speaking out. A lack of lived and living experience among staff, insufficient advocacy, and minimal staffing compound the problem, leaving vulnerable individuals feeling unheard and unsupported.

To address these concerns, **members suggest implementing independent, well-publicised complaint mechanisms**, such as CareOpinion.org.au, and **employing Peer Liaison Workers to bridge communication gaps**. Regular post-service surveys, stronger regulatory oversight, and systemic advocacy, especially around decriminalisation and consumer rights, are also recommended to ensure complaints are taken seriously and lead to meaningful change.

A National Police Certificate (NPC) contains a list of a person's disclosable court outcomes and pending charges from all Australian police jurisdictions. In your experience, if relevant, has the need to obtain this certificate created challenges/ barriers for you?

The requirement to obtain a NPC continues to present significant and often overlooked barriers for people with lived and living experience of AOD. While intended as a tool for transparency and safety, the NPC can inadvertently reinforce stigma and exclusion, particularly when drug use is framed solely through a criminal lens.
Our members shared how the NPC has created challenges in multiple areas of life:

Employment (44%)
A criminal record, especially one related to drug use, can shut the door on job opportunities even when individuals are actively pursuing recovery and reintegration.

Stigma & Discrimination (39%)
The very act of requiring a police clearance can perpetuate harmful stereotypes which reinforces the idea that people with AOD histories are inherently untrustworthy or dangerous.

Privacy & Confidentiality Concerns (28%)
Disclosing sensitive legal history can feel invasive and retraumatising, especially when it's not directly relevant to the role or opportunity.

Travel (22%) and Education (20%)
These areas, which are often critical for rebuilding one's life, can be restricted or complicated by the presence of a police record.

Cost (16%)
For those already facing financial hardship, the fee for obtaining a certificate adds yet another barrier.

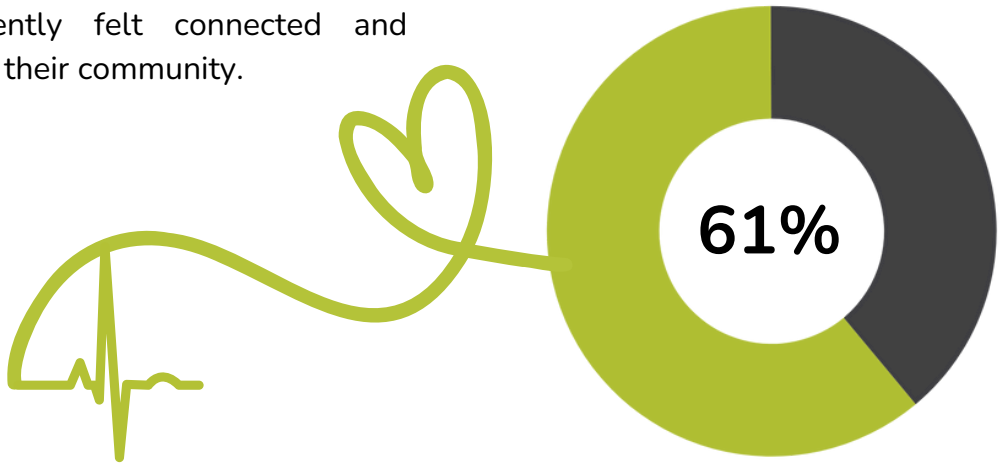
AOD Treatment (7%)
Alarmingly, some members noted that police clearance requirements have even impacted their access to treatment, which is an area that should be free from judgment and focused on healing.

And while 40% reported that the NPC was not a barrier, the remaining majority experienced tangible consequences that ripple across their lives.

In today's climate, where peer-led movements and lived and living experience leadership are gaining momentum, it is deeply ironic that a police clearance can uphold the very barriers these movements aim to dismantle. When we ask people to share their stories, lead initiatives, and shape policy, yet simultaneously require them to disclose criminal records rooted in a stigmatised past, we risk undermining the trust and empowerment we claim to foster. This isn't just a policy issue - it's a human one. **Behind every statistic is a person striving to rebuild, reconnect, and contribute. If we truly value lived and living experience, we must challenge the systems that continue to punish it.**

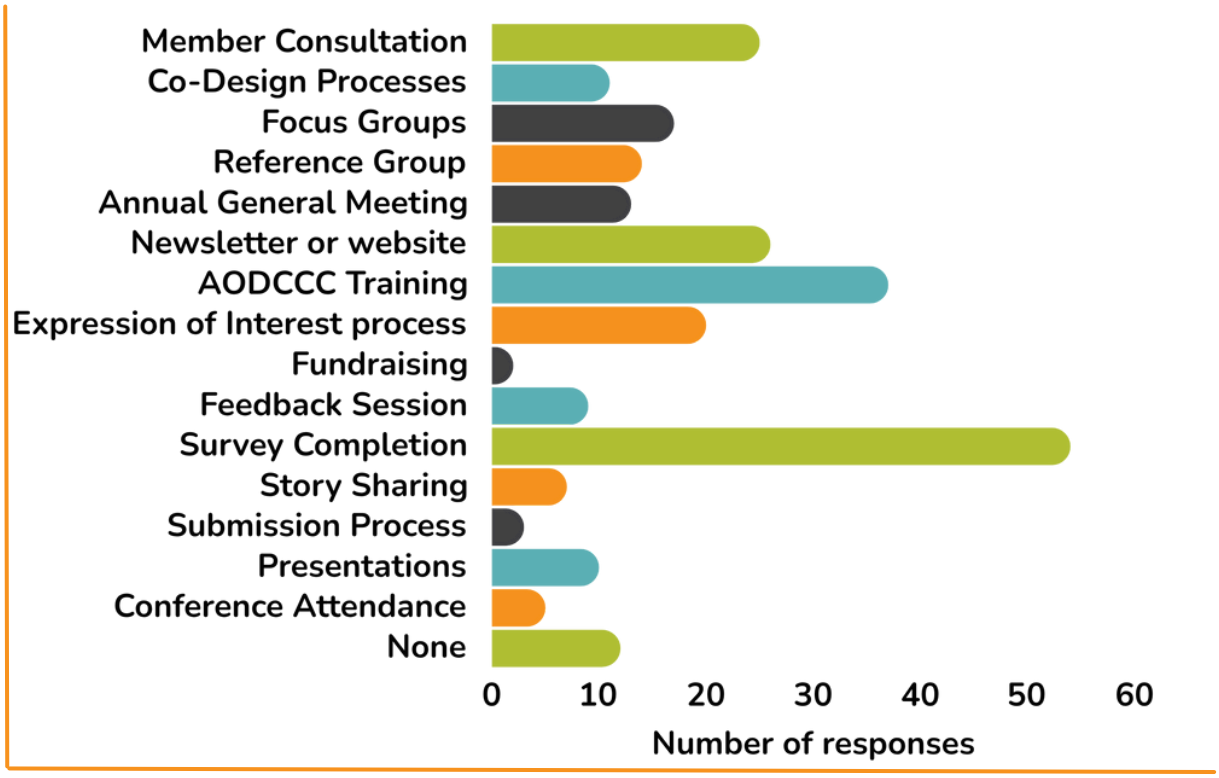
The AODCCC advocates for healthy and connected communities.

61% of our members declared that they currently felt connected and included in their community.



Education & Training

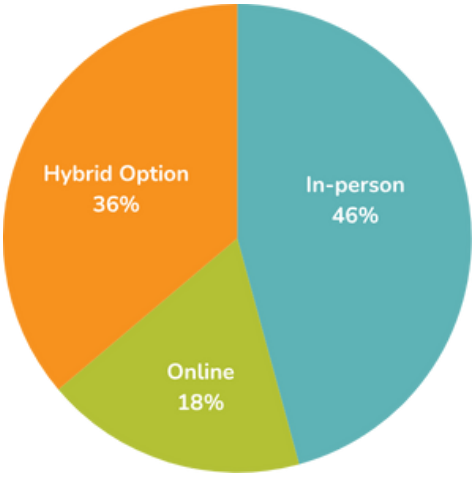
At the AODCCC, we believe that meaningful change begins with meaningful connection. Our commitment to systemic advocacy is deeply rooted in the voices, experiences, and leadership of our members. The responses gathered from the survey reflect the diverse and dynamic ways our members engage with us, and how together we continue to shape a more inclusive and responsive system. From consultation to co-design, training to storytelling, our members have participated in a wide range of activities that reflect both their passion and our shared purpose, see graph below (more than one option could be selected):



The most engaged activity is **survey completion** showing our members' dedication to shaping our direction through feedback and data. This is followed by **AODCCC training** which is a testament to our commitment to capacity-building and empowerment through knowledge sharing. A large portion of our members take up **opportunities via newsletter/ website** which demonstrates how accessible and transparent communication fosters ongoing involvement. The uptake of **member consultation co-design processes, focus groups, reference groups and feedback sessions** allow for deep dialogue and collaborative problem-solving, ensuring our initiatives are grounded in real-world experience and community wisdom. **Story sharing and submission processes** invite personal narratives which are powerful tools for our advocacy efforts and education. **Annual general meetings, expressions of interest and presentations** are formal avenues which emphasise our members attendance leadership and visibility in broader systems. While less frequent, **conference attendance, fundraising and position statement processes** represent important opportunities for growth and influence.

This spectrum of engagement reflects ownership, empowerment, and community. Every training session attended, story shared, and survey completed, contributes to a collective voice that drives our advocacy forward. Our work is never done in isolation; it is shaped by those who live it, lead it, and believe in it.

As we continue to challenge stigma, influence policy, and promote the value of lived experience, we celebrate the many ways our members show up - not just for AODCCC, but for each other. We recognise that engagement looks different for everyone, and we remain committed to creating inclusive pathways for all. Together, we are not just building a coalition, we are building a movement.



When attending AODCCC training, how do you like to attend?

Survey responses indicate a clear preference for in-person training, with 46% selecting this option. However, a significant portion (36%) expressed interest in trialing a hybrid delivery model that combines both online and in-person formats. Online-only training was preferred by 18%.

These results highlight the value of offering varied training delivery methods to accommodate diverse needs and circumstances. Hybrid models can enhance accessibility for those facing geographic, mobility, or scheduling barriers, while still preserving the relational benefits of face-to-face engagement. By diversifying our training formats, AODCCC can foster broader participation, reduce exclusion and ensure that learning opportunities remain flexible, inclusive, and member informed.

What areas of personal development/ training are you most interested in?

Responses to this question highlight a powerful and inspiring truth, that people with lived and living experience of AOD are not only seeking support but they are also actively pursuing growth, leadership, and change. The areas of personal development and training most valued by our members reflect a deep desire to transform personal experience into collective impact.

What our members want to learn:

Lived/ Living Experience (67%)
Members want to deepen their understanding of their own journeys and how to use that insight to support others and influence systems.

Stigma & Discrimination (62%) and Advocacy (61%)
These high-priority areas show a strong interest in challenging harmful narratives and becoming effective voices for change.

Alcohol & Other Drugs (57%)
A desire to build knowledge and confidence in the very systems and substances that have shaped their experiences.

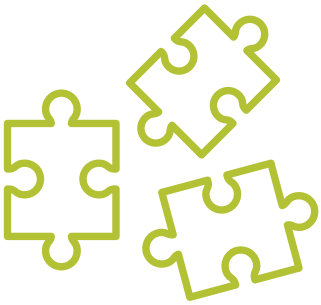
Co-Occurring Experiences (49%) and AOD Supports for Families (48%)
Reflecting the complexity of recovery and the importance of holistic, family-inclusive approaches.

Navigating Systems (46%) and Self-Empowerment (45%)
Members want tools to move through bureaucracies and reclaim agency in their lives.

Storytelling (41%)
Sharing lived experience can be both healing and a powerful advocacy tool that can shift hearts and minds.

While training often focuses on skill-building and knowledge transfer, personal development is about growth, reflection, and empowerment. Our members are asking for both structured learning to become advocates, facilitators and leaders; and personal support to build confidence, resilience and a strong voice. At the AODCCC, we see these pathways as complementary. One builds capacity, the other builds courage, and together, they create change.

We are excited to continue developing training and personal development opportunities that reflect these priorities. Using our existing community engagement tools, consultations, co-design processes, feedback sessions and storytelling platforms - we will ensure that every offering is shaped by those who know the journey best. Our members are not just participants in our work, they are the architects of it. And as we move forward we remain committed to walking beside them, amplifying their voices, and building a future where lived and living experience is not just acknowledged, but celebrated and empowered.



Have our education and training efforts, including our monthly newsletter, helped you feel more informed, confident, or connected?

Many members expressed that AODCCC education and training efforts (especially the newsletter) have significantly improved their awareness and understanding of AOD-related issues, opportunities, and events.

Key Themes:

- **Access to relevant information:** Members appreciate being kept up to date on current issues, sector updates and lived experience opportunities.
- **Visibility of workshops and events:** The newsletter helps members discover and attend events they might not otherwise know about.
- **Clarity and structure:** The newsletter visuals, content sections and tone make it easier to digest, even for those with limited time.
- **Sector-specific insights:** Members in fields like disability services find the newsletter useful for meaningful conversations and professional development.

"The newsletters are incredibly informative, and I love the addition of jobs in it."

"I'm kept up to date on all the cool things I could take part in."

"Field news and future events news always more helpful for me."

AODCCC training sessions and inclusive communication have helped members build personal and professional confidence.

Key Themes:

- **Safe spaces to share lived experience:** Trainings have empowered individuals to speak openly about their journeys, often for the first time.
- **Skill-building and qualifications:** Members gained knowledge and certifications that boosted their self-esteem and employability.
- **Validation of lived experience:** Feeling heard and accepted has helped members recognize the value of their stories.

"The training gave me confidence in the worth of my experiences."

"I became confident enough to speak my truth in front of strangers."

"I've gained knowledge and qualifications which has improved my confidence overall."

AODCCC efforts have fostered a strong sense of community, inclusion and support among members.

Key Themes:

- **Shared experiences:** Members feel less alone knowing others are championing the cause and sharing similar journeys.
- **Community building:** Trainings and reference groups create opportunities to meet others and form meaningful relationships.
- **Supportive environment:** The AODCCC is seen as a non-judgmental space where people feel accepted and valued.

"I feel wanted/ accepted without any judgement or shame whatsoever."

"Since joining I've become part of a team, found myself friends that I can trust and relate to."

"Just to know there are others championing the cause too."

While most feedback was positive, some members offered constructive ideas, such as shorten the newsletter and consider a fortnightly format; offer more after-hours training sessions for full-time workers; include older audiences more intentionally; and ensure accessibility for new members and those still finding their footing.

Amplify Voices

What current issues would you like to see AODCCC advocate for or speak out about?

Our members have spoken with clarity, urgency, and insight. Responses to this question demonstrate an interconnected web of concerns, calling for an advocacy agenda that is bold, intersectional and unapologetically rooted in lived and living experience. The AODCCC is proud to stand with the community, committed to amplifying their voices and driving systemic change across every level of service, policy and government.

Here's what our members would like to see AODCCC advocate for or speak out about:

Stigma & discrimination

- General stigma reduction in health and community services.
- Language and judgment used by professionals.
- Stigma within services themselves.
- Shame and societal misunderstanding of AOD issues.
- Support for family members impacted by stigma.
- Even progressive spaces using stigmatising language.
- Removing stigma around AOD use and its causes.
- "We are not a burden on society" - reframing public narratives.

Mental health & co-occurring experiences

- Reducing stigma around co-existing mental health and AOD issues, especially amongst men.
- Recognition of complexity in co-occurring conditions.
- Dual diagnosis support: ending the silo between AOD and mental health services.
- People falling through the cracks due to being rejected by both systems.
- The failure of the "No Wrong Door" approach in practice.
- Trauma-informed care that goes beyond buzzwords.
- Mental Health Act application for those unable to make healthy decisions (NSW model).
- Standardised risk assessment for people presenting to healthcare.
- Lack of understanding of AOD by mental health professionals.

Education & awareness

- Improved AOD education in schools and colleges.
- Public conversations around AOD and its contributing factors (e.g., Family & Domestic Violence (FDV), MH, homelessness).
- Promotion of available services and support.
- Education on the impact of alcohol and vapes.
- Awareness of unconventional pathways into AOD use.

Employment & economic reintegration

- Less employment discrimination for people with AOD history.
- Police clearance reform for lived experience workers.
- Post-recovery employment pathways and economic reintegration.
- Assurance of continuity of employment vs short-term project work.
- Reduced reliance on unpaid student placements and volunteer programs.
- More entry-level and casual paid roles in the sector.
- Barriers in education and transition into the workforce.
- Advocacy for second chances in employment.
- Better workplace policies for employees who test positive for AOD.
- Pay equity and career progression for Peer Workers.

Health services & emergency departments (ED)

- AOD-trained nursing staff and Lived Experience Professionals in ED.
- Addressing discrimination in ED triage departments.
- More treatment options in ED.
- Ending blame of AOD users for bed shortages.
- Shorter waitlists and more rehab beds/ funding.
- Follow-up support after hospital discharge.
- Increased medical inclusion of AOD support.
- How staff in treatment centres treat clients, especially with bias.

Peer support & lived/ living experience leadership

- Expansion of peer support roles in professional services.
- Properly funded, embedded peer support roles - not tokenistic add-ons.
- Inclusion of lived/ living experience in governance and decision-making.
- Interconnection of lived and living experience across sectors (not siloed).
- Advocacy for AOD peer services at influential policy levels.
- Recognition of Peer Workers' worth through fair pay and career growth.

Housing & homelessness

- Housing for those with permanent disability due to AOD use.
- Addressing homelessness and lack of housing.
- Homeless camps and lack of social safety net.
- Cross-sector continuity between AOD, housing, MH, and justice systems.

Policy reform & advocacy

- Decriminalisation of drug use.
- Drug law reform and political education platforms.
- Human rights in relation to AOD use.
- Advocacy against prohibition and discriminatory medicine schedules.
- Legalising cannabis.
- Carceral approach in MAT (Medication-Assisted Treatment) and CPOP (Community Program for Opioid Pharmacotherapy) programs.

- Advocacy for better practices around workplace drug testing.
- Increased government funding for AOD treatment services.

Equity & inclusion

- Culturally safe, trauma-informed support for:

- People with disabilities
- People with co-occurring conditions
- People facing housing insecurity
- CaLD communities (especially around prescription medication)

- Support for generational AOD use and intergenerational trauma.
- Social determinants of substance use.
- Fatherhood and separation-related addiction/ coping mechanisms.

Access & service delivery

- More choices for treatment (e.g. not requiring relocation away from family).
- More accessible, preventative, and proactive community services.
- Support for people post-prison release.
- Services for non-drug addictions (e.g. gambling)
- Addressing limited services and long waitlists.
- Service accountability focused on outcomes (not just outputs).
- Access to safe consumption services.
- Support in remote and regional areas.

Children, families & community

- Impact of AOD on children and families.
- Support for families of people struggling with addiction.
- Community tolerance and pathways to change.
- Social support groups in CaLD communities, sport clubs, and schools.

Specific substances

- Vapes and young drinkers.
- Nitazenes.
- Alcohol-related brain damage.
- Pharmacotherapy reform (e.g. ending daily chemist visits for methadone).
- Massive alcohol problem and its link to suicide.
- Marijuana and driving laws: DUI risks for medicinal cannabis users.
- Workplace drug policies that isolate medicinal cannabis users.

Systems & bureaucracy

- Advocacy directed at government (e.g. Esther Foundation inquiry actions).
- Navigating obviously siloed government departments.
- Redirecting resources toward social and health perspectives.
- Citizen capital and structural determinants of AOD use.

The AODCCC will continue to walk alongside sectors, services and organisations to create collective impact. We know that real change happens when we work together to bridge gaps between systems, prioritise lived and living experience and push for accountability at every level. We will use our community's voice to guide this work, ensuring that our efforts remain grounded in community priorities and driven by member-informed strategies. Whether it's through co-design, consultation, or collaboration, our goal is to amplify community voices to the highest levels of government and decision-making, with our members leading the way.

What our members are asking for:

The dismantling of stigma and discrimination

Through public education, professional language reform and workplace drug policy change, we can challenge the narratives that isolate and harm.

Lived Experience leadership

Members want peer roles embedded in services, with fair pay, governance inclusion, and career pathways that reflect the value of their expertise.

Equitable access to care

This includes culturally safe, trauma-informed services, shorter waitlists, more rehabilitation beds, and better support for regional, remote, and CaLD communities.

Integrated mental health and AOD support

Ending siloed systems and ensuring dual diagnosis pathways are accessible, accountable, and person-centered.

Policy and legal reform

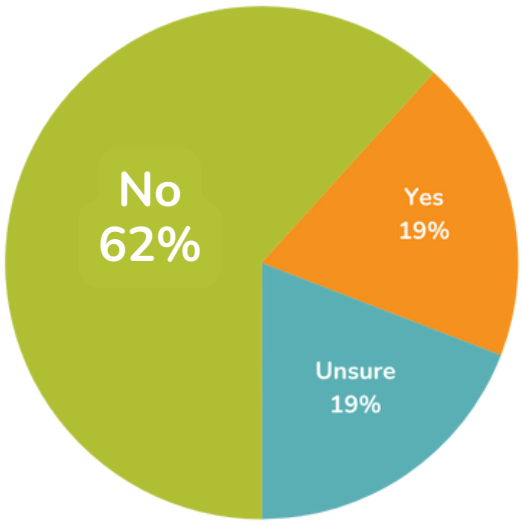
From decriminalisation of drug use to reforming MAT/ CPOP programs and cannabis laws, members are demanding a justice-informed approach to care.

Action on social determinants

Housing, poverty, family violence, and intergenerational trauma are central to recovery and wellbeing.

"We are not a burden on society. We deserve support & dignity."

Do you feel the value of lived and living experience is recognised equally alongside other forms of expertise in the community?



Over 60% of participants believe that lived and living experience is not valued or recognised equally alongside other forms of expertise in the community.

We asked the question **"What supports could help you amplify your AOD lived and living experience voice further - to lead, influence or connect?"** The responses show a broad range of suggestions of supports and strategies that could be implemented at various levels.

Advocacy, leadership & representation

- Funded peer navigator roles across AOD, housing, mental health, and justice, for not only support, but to also lead system change.
- Mentorship from experienced advocates to build skills, confidence, and networks.
- Formal inclusion pathways such as positions on governance boards, committees and projects specifically for lived experience advocates.
- Leadership development programs and guidance in public speaking, advocacy and systemic change.
- Platforms with large reach to share stories and influence public discourse.
- Register of speakers, e.g. a list of people available to share recovery experiences.
- Organisations inviting AA and NA to the table.
- More opportunities in public forums to share lived experience.
- Ongoing funding and support for peer workers.
- Union involvement to support systemic change.
- Recognising the political nature of lived experience and supporting safe activism.

Training & education

- Tailored governance education that is practical, flexible and trauma aware.
- Governance training for those in lived experience roles.
- AOD-specific training for peer workers.
- Free or low-cost workshops and networking opportunities.
- Formal study pathways, such as TAFE, university, and accredited courses.
- Training on how to advocate, navigate systems and declare drug use safely.
- Education for the public about lived experience and drug use.
- Training on consumer representative work, including EOIs, meetings, conferences.
- Support with reference group participation, including preparation time, respectful facilitation and inclusion.

Peer support & connection

- Safe, peer-led spaces for connection, collaboration and learning.
- Peer support to build confidence and share experiences.
- Group supervision for AOD peers.
- Wrap-around supports for those navigating recovery and advocacy.
- Support groups and storytelling spaces.
- Connection with networks of lived experience advocates.
- Support from family/ loved ones affected by AOD.

Employment & volunteering

- Clearer pathways into employment, training, and volunteering.
- Support for job seekers in the AOD space.
- Viewing lived experience as an asset for employment.
- Paid opportunities for advocacy and advisory roles.
- Support to attend events and conferences, including physical accessibility and mentoring.
- Marketing tools and funding to amplify voices and stories.

Systems navigation & inclusion

- Support navigating systems and platforms where decisions are made.
- Organisational culture change beyond inclusion policies, toward genuine respect and centering of lived experience.
- Consistency in NGO recruitment and frameworks.
- Standardised hospital referrals for people with dependency/ addiction.
- Support for smaller voices in group settings, e.g. designated facilitators.
- Recognition of different professional backgrounds among lived experience advocates.
- Understanding the difference between peers and professionals with AOD experience.

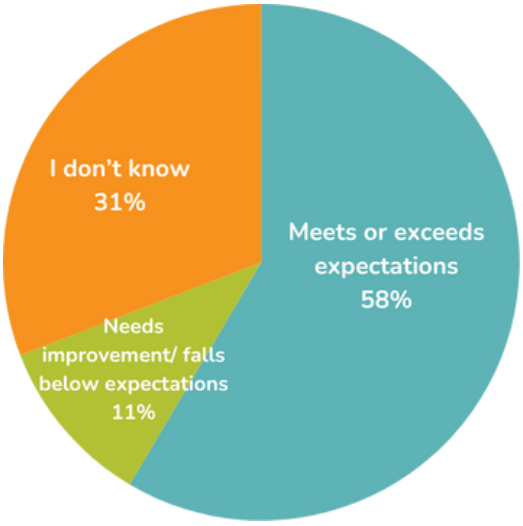
Awareness & cultural engagement

- Greater representation in arts, media and cultural spaces.
- Opportunities to discuss the benefits of drug use from a consumer perspective.
- Challenging stigma and stereotypes in public and professional spaces.
- Raising awareness in educational settings like universities.

Values & emotional safety

- Non-judgmental environments.
- Less stigma and more stable jobs.
- Being listened to by peers and professionals.
- Feeling safe to speak without fear of incarceration or career harm.
- Support for emotional safety and trauma-informed engagement.

The AODCCC invites readers to use the information outlined above as a reflection in their ongoing work in this space. Members are calling for real inclusion, not symbolic gestures. They want funded roles, tailored training, peer-led spaces and platforms that respect and elevate their voices. They're asking for systems that value lived experience as expertise, not just when convenient, but as a core part of leadership, design and decision-making.



How well are we collating and amplifying the voices of people with lived and living experience in our advocacy?

The Annual Membership Survey provides an opportunity to gather valuable insight into how our community perceives AODCCC's advocacy efforts. A combined 58% of participants rated our advocacy as meeting or exceeding expectations with 24% selecting "Good," another 24% choosing "Very Good," and 10% rating us as "Excellent." This is a strong endorsement of our work and a reflection of the trust our members place in us to represent their voices.

However, 11% indicated that our advocacy needs improvement or falls below expectations. Additionally, 31% shared that they "don't know" if we are advocating effectively, which defines an important signal that we must become more visible, transparent and consistent in how we communicate our impact.

We acknowledge this feedback with humility and determination as we aim to strengthen our advocacy through clarity and connection. In response, AODCCC will:

- Sharpen our messaging through clearer position statements and public communications.
- Invest in full communication pathways that show where member voices go and how they influence change.
- Ensure transparency and accountability in our advocacy outcomes and partnerships.

Our valued Annual Membership Survey and ongoing paid Reference Groups will continue to guide and shape our work. These engagement tools ensure that our advocacy remains grounded in lived and living experience, responsive to community needs and aligned with the bold, intersectional agenda our members are calling for. We are committed to walking alongside our community, partnering across sectors, and amplifying voices to the highest levels of government. Together, we will continue to build a movement that is informed, inclusive and impactful.

Governance & Sustainability

Thanks to the heartfelt reflections from our members, a powerful picture has been captured of what drives long-term engagement and contribution.
Here is an overview of the core motivations for long-term engagement with AODCCC:

Lived and Living Experience as a catalyst for change

Members have expressed feeling deeply connected to AODCCC's mission to elevate lived and living experience as a central force in reform, with many voicing a desire to use their personal journeys to advocate, educate and lead systemic change. There is strong support for co-designing services with those directly impacted by AOD issues and challenging traditional power structures.

"It's not just about money, it's about sharing power, doing things differently."

"I believe in the power of the people (lived and living experience) and systemic advocacy."

"Lived experience course - I'm being heard."

"The whole subject matter of advocacy & AOD is so important to me... what I've got to say should be heard."

Purpose, progress and hope

AODCCC's strategic direction and visible momentum inspire confidence and commitment. Members have expressed they are motivated by the sense that the organisation is making real progress and building a meaningful profile.

"I see you starting a journey that is well worth supporting."

"Seeing my own contributions included in newsletters shows me I'm being actively listened to."

"Giving people a voice when no one else will goes a long way."

"Want to support a new org that's fronting with peer voices."

"Its guaranteed funding for the next 5 years makes me feel stable in the advocacy you will provide."

"I feel it is a tool that is part of my support network."

"I want to continue my work in the AOD sector and connection to the AODCCC assists with this."

Connection, inclusion and belonging

The openness, warmth and welcoming nature of the team are repeatedly highlighted. Members feel seen, heard and valued, especially those who have felt marginalised elsewhere. Paid participation, inclusive opportunities and zero-cost membership reinforce accessibility.

"My voice being seen as valuable alongside other AOD users and their experiences."

"The AODCCC has a family feel... they care and are passionate."

"The sense of community & connection... I feel like a person who holds value, worth and matters."

"The camaraderie I've found is wonderful. I've made some true friends."

Advocacy and systemic reform

The AODCCC is viewed as a vital platform for drug law reform, stigma reduction, and broader social justice. Members want to dismantle oppressive systems and promote acceptance of people who use drugs as contributing citizens.

"I believe in change and dismantling systems that oppress others."

Training, resources and opportunities

Ongoing training, newsletters and shared resources are key engagement drivers. Members appreciate the chance to grow personally and professionally, with many pursuing qualifications in AOD and mental health.

"Opportunity. Resources shared. Ongoing training. Newsletters."

"Positive action through education and training."

"The amount of relevant and useful information that is provided."

"I love the newsletters; they keep me well informed."

"Training and advocacy."

Community impact and broader vision

Members are drawn to the AODCCC's commitment to improving societal wellbeing for individuals, families and communities. There is a strong desire to see change across WA and nationally, with some members advocating nation-wide.

"I want less suffering and more healing/ helping for us all."

"I want to see change... I want to believe the stigma around AOD will one day be gone."

"Hope for systemic change."

"I believe this will change the future of health care and AOD treatment."

Values alignment and emotional resonance

Members stay engaged because the AODCCC reflects their values, passions and hopes. The organisation is seen as leading with heart, purpose and resilience, even when resources are limited.

"To pull any positive from a negative is a blessing... it heals you just a little bit inside."

"How I feel emotionally & physically after [the Reference Group] is a major motivating factor."

"I've grown & learnt to be comfortable in group settings... it makes me want to gently push myself."

"You lead with hope... there's never a sense that the work is pointless."

Why Members Stay Engaged?

Members are driven by a shared belief in AODCCC's mission to amplify lived experience, challenge stigma and create inclusive, systemic change. They value the organisation's warmth, transparency and progress, and see it as a place where their stories matter and their contributions can shape a better future for themselves, their communities and society at large.

AODCCC is more than an organisation, it is a movement built on lived and living experience, advocacy and connection. Members stay engaged because they feel heard and empowered to drive change. They value the education, community and emotional healing that comes from being part of something that matters.

On the other side of this, some members have identified problematic or challenging themes that impact their engagement with the AODCCC:

Lack of clarity or direction

A few members expressed uncertainty about their role or the organisation's direction. Some are still 'figuring it out' or unsure how their engagement fits into the broader mission.

"Still figuring that out."
"About to leave tbh."

Limited accessibility or engagement

Factors such as time constraints, geographic distance and lack of clarity around opportunities may be limiting deeper involvement. Some members feel disconnected or unsure how to stay engaged.

"Because I work full time, I don't access it very often."
"I know that I reside in another state... I am trying to keep up to date."

Desire for more political advocacy

There's a clear call from some members to move beyond a "treatment lens" and embrace more systemic and political advocacy. This suggests a tension between service-focused work and broader activism.

"Be good to see the AODCCC become more political and out from under the 'treatment' lens."

Emotional vulnerability and unresolved pain

Several responses reflect deep personal trauma and ongoing emotional challenges. While these are not 'negative' in intent, they highlight the need for trauma-informed engagement and support structures.

"Addiction has ruined my life... I've become someone I never wanted to be."
"When you've lived a life with huge amounts of pain, trauma & stress... it heals you just a little bit inside."

Barriers to participation

Some members mention financial hardship, fixed income or lack of paid opportunities as barriers to sustained involvement. This underscores the importance of accessible and compensated participation.

"The $ incentive is massive as I'm on such a fixed income."
"I want to be part of something that drives real change... but I'm limited."

Ambiguity around collaboration and structure

There's some confusion about how AODCCC connects with other movements or organisations, particularly the Lived and Living Experience movement.

"I believe in the systemic power of such an organisation... I am just not sure how it correlates/ collaborates/ connects with the LLE movement."

While members overwhelmingly support AODCCC's mission, some feel unsure about their place in it, such as feeling disconnected due to life circumstances, or eager for more political and systemic advocacy. By addressing these concerns through clearer pathways to engagement, trauma-informed support and transparent collaboration, we can strengthen trust and foster long-term commitment.

What do you think the AODCCC will need most to thrive, 5 or 10 years from now?

Most mentioned themes:

- Long term, independent & sustainable funding
- Resources
- Grants
- Meaningful roles
- Avoiding tokenism
- Lived and Living Experience inclusion at all levels
- Decision making power
- Vocal leadership
- Support, training & career pathways for peer workers
- Stronger advocacy across sectors & systems
- Bold systemic advocacy
- Greater visibility and public/ media presence

Frequently mentioned themes:

- Engaging directly with people who use drugs
- Collaboration within the sector
- Growing & activating the membership
- Building trust & relationships with community
- Support from government, health systems & peak bodies
- Influence on policy, law reform & systemic change
- Strong governance & clear strategic direction
- Empowering grassroots collectives

Occasionally mentioned themes:

Broader reach expanding across WA

Decentralised services & flexible work options

More paid courses, work-ready training & skill development

Employment of experts in submissions, research, and advocacy

Willingness to challenge harmful systems

Engagement with CaLD communities

Confronting power (protests)

Best practice, up-to-date information

Data to show impact of funding on health/ social outcomes

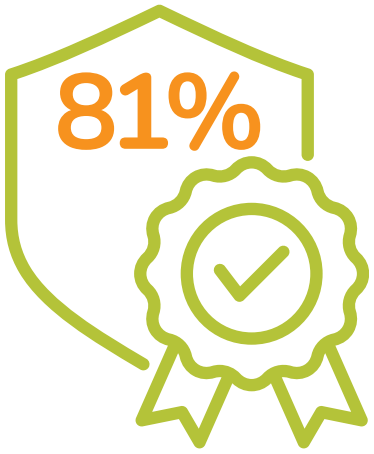
Cultural safety for Aboriginal, Torres Strait Islander & LGBTQIA+ groups

Thank you to everyone who contributed their insights and vision for our future. Your thoughtful reflections and bold ideas have painted a powerful roadmap for what it will take to thrive as a movement and as a community. From sustainable funding and lived and living experience leadership, to systemic advocacy and cultural safety, our members voices have made clear what matters most.

We are grateful for this honesty, passion and commitment and we will use this collective wisdom to shape our ongoing strategic directions, strengthen our advocacy, and ensure our work remains grounded in the needs and aspirations of our membership.

How authentic do you perceive the AODCCC to be?

Our members recorded on a scale format, their perceived level of authenticity of the AODCCC. The average outcome demonstrated an 81% level of authenticity.



Moving Forward Together

As we wrap up this year's Annual Membership Survey Report, one truth stands out: our community is powerful. It is wise, resilient, and deeply committed to change. Every response, insight, and story shared is more than a contribution, it's a catalyst. Together, we are not just moving beyond stigma; we are rewriting the narrative. Our member's participation in this survey is not just data - it's direction. It lights the path forward, fuels our purpose, and keeps our organisation accountable.

AODCCC will continue to foster human connection and deepen our understanding of the complexities surrounding alcohol and other drug use. Through collaborative projects and inclusive platforms, we will dismantle stigma, elevate lived and living experience and create spaces where stories spark empathy and drive change. Education and training will remain at the heart of our work. We will continue to be a source of knowledge, developing and sharing resources that empower individuals, families, and communities and amplify voices that have long been silenced.

Our commitment to systemic advocacy remains unwavering as we continue to work purposefully to ensure AOD challenges are recognised across all sectors of society. With transparency and integrity, we aim to strengthen partnerships across health, justice, education, and community services, building systems that are effective and compassionate.

We seek to amplify lived and living experience and commit to rights-based change. By supporting people who use drugs to claim their rights, we can build stronger services, improve policies and dismantle stigma. Harm reduction is about keeping people alive, reducing harm and offering hope. It acknowledges reality and responds with compassion. Whether Abstinence or Harm Reduction is the priority of an individual, the AODCCC seeks to ensure these options are available to the community with a person-centred focus and of a quality standard that safeguards the wellbeing of the community. Autonomy, support and trust are crucial, and we urge policymakers to divest from punitive control measures and invest in evidence-based harm reduction strategies. As we move forward with courage, humility and a shared commitment to change, we can strive to build a future where care is not conditional, and people are met not with judgment, but with compassion. Lives depend on it and so does our collective humanity.

To our 949 members, and especially the 120 who completed this year's survey - thank you. Your voice matters. Your experience matters. And together, we are building a future where everyone feels seen, heard and empowered.

We look forward to walking beside you in the year ahead, being guided by your insights, grounded in your experiences and united in our shared vision to.... Move Beyond Stigma.

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