SUD Voices for Change

2026 Policy & Advocacy Platform

Who We Are

SUD Voices for Change is a California-based, community-led nonprofit organization dedicated to elevating the voices, rights, and leadership of people with lived experience of substance use disorder (SUD), which includes individuals currently using substances, those in treatment, those in long-term recovery, as well as individuals impacted by SUD.

We believe that people most impacted by substance use policies must be at the center of shaping them. Too often, decisions about treatment, housing, justice involvement, healthcare access, and recovery supports are made about us without being made with us. SUD Voices for Change exists to change that. Individuals closest to the problem are also closest to the solution.

Our mission is to advance policies and systems that are person-centered, non-punitive, evidence-based, and rooted in dignity, ensuring that all Californians affected by substance use have access to care, stability, and opportunity without stigma or discrimination.

This platform is grounded in direct community input gathered through statewide listening sessions, focus groups, and leadership interviews including people with lived and living experience of SUD, family members, providers, and system leaders.

Our Core Values

Lived Experience Leadership

People who have lived through substance use, treatment, and recovery are experts in what works and what doesn't work. Our advocacy is led by people with lived experience

and grounded in the principle of "Nothing about us without us." We believe those most impacted by substance use policies must have real power in shaping them. This includes having a genuine seat at the table during statewide and local policy decisions.

Dignity, Autonomy & Choice

We believe people deserve respect, bodily autonomy, and the right to make informed decisions about their care. Recovery is not one-size-fits-all, and no single pathway should be imposed on everyone. This includes the right to harm reduction, medication-assisted treatment, and diverse recovery pathways free from coercion.

Equity & Justice

Substance use disorder is deeply intertwined with racism, poverty, disability, trauma, and criminalization. We center the needs of communities most harmed by punitive drug policies, including Black, Indigenous, and people of color, LGBTQ+ communities, people with disabilities, tribal communities, English-second language communities, women with children, military families, and justice-impacted individuals.

Low-Barrier & Evidence-Based Care

Saving lives comes first. We support low-barrier care and access to the full continuum of evidence-based treatment, including all FDA-approved medications for addiction treatment. We oppose abstinence as a prerequisite for care, housing, or services.

Community Power & Accountability

Systems should be accountable to the people they serve. We work to ensure transparency, meaningful community engagement, and shared decision-making in policy implementation. Lived experience must drive outcomes tracking, not just advise it.

Cultural Responsiveness & Linguistic Access

Effective advocacy and care must reflect the cultural identities, languages, healing traditions, and community structures of those we serve. This includes culturally specific programs, Spanish-language access, and recognition of Native American healing practices and tribal sovereignty. Jargon and academic language that alienates the people we aim to serve has no place in equitable systems.

Our Advocacy Priorities

Priority 1: Protect Access to Care and Coverage for People with SUD

Goal 1: Defend and strengthen Medi-Cal and private insurance coverage for SUD services

We advocate for strong enforcement of mental health and substance use parity so that people with SUD can access medically necessary care without delay, denial, or administrative barriers. Coverage must include the full continuum of services: prevention, access to low-barrier treatment, medications, and recovery supports. Listening session participants across all regions described dangerous delays caused by confusing eligibility requirements, coverage denials mid-program, and authorizations that expire before treatment is complete. All SUD treatment services should be as widely available as other types of health care.

Goal 2: Ensure access to all FDA-approved medications for addiction treatment

People must be able to access the medication that works for them, without prior authorization, step therapy, or arbitrary limits. Medication choice should be driven by clinical need and personal preference, not insurer cost containment. This includes access to methadone, buprenorphine, and naltrexone across all settings, including for people in active use who are not yet in formal treatment.

Goal 3: Safeguard federal and state funding that supports community-based SUD services

We monitor and respond to federal and state policy and budget shifts that threaten the funding streams essential to care access, including Medicaid, block grants, and waiver programs. Our focus is on preventing cuts, mitigating instability, and protecting the continuity of SUD services that community-based providers rely on to maintain capacity, workforce, and access to care. As state and federal funding faces ongoing uncertainty, we will advocate for equitable statewide solutions that do not make access to care dependent on a county's tax base.

Goal 4: Advance geographic parity in access to SUD treatment

Treatment should not be determined by your ZIP code. We work to ensure access to low-barrier SUD services in rural and underserved communities, address disparities between DMC-ODS and non-ODS counties, strengthen provider networks in high-need regions, and advance parity across the behavioral health system so access and quality are consistent statewide. Listening sessions in Northern and Central California documented travel distances of 90 miles or more to the nearest treatment provider, with no public transportation available. This is unacceptable.

Goal 5: Eliminate administrative and childcare barriers to accessing treatment

Administrative complexity and the absence of childcare are among the most concrete, solvable barriers to treatment access identified across our listening sessions. Participants in Los Angeles, Sacramento, and the Inland/Desert Region described being turned away from outpatient programs because they brought their children, or stopping treatment because they had no childcare. We advocate for policy changes and funding requirements that mandate childcare provision in treatment settings, simplify intake and eligibility processes, and ensure that administrative systems do not function as gatekeepers to care.

Goal 6: Address and eliminate brokerage rehab exploitation

The proliferation of patient brokering and predatory rehab practices, where individuals are recruited with cash payments, placed in facilities primarily for insurance billing purposes, and cycled through programs without receiving genuine care, was identified as a critical and urgent concern in Los Angeles and Inland/Desert listening sessions. Participants described a revolving door that perpetuates homelessness and continued substance use rather than supporting recovery. We advocate for strengthened regulatory oversight of private treatment facilities, robust enforcement of anti-patient-brokering laws, community accountability mechanisms, and public education to help individuals and families identify and avoid exploitative practices.

Priority 2: Center Lived Experience in System Design and Oversight

Goal 1: Require meaningful lived-experience representation in policy and program decisions

People with lived experience should have real seats and real power on advisory boards, oversight bodies, and planning processes at the state and local level. Representation must be compensated, supported, and not merely symbolic. Listening sessions confirmed that tokenistic inclusion, being invited to share a story and then sidelined from decisions, is a widespread, damaging pattern. We advocate for governance structures that give people with lived experience voting rights, leadership roles, and budget authority, not just advisory status.

Goal 2: Improve transparency and accountability in how SUD resources are spent

Public dollars must be used in ways that directly benefit people impacted by substance use. We advocate for clear reporting, community input, and outcome tracking that reflects lived experience. People with lived experience should be involved in defining what success looks like and not just in reviewing reports after decisions are made.

Goal 3: Elevate lived-experience voices in public education and narrative change

We work to counter stigma by amplifying authentic stories of substance use, treatment, recovery, and resilience. We challenge harmful stereotypes that drive discrimination and punitive policies. This includes supporting media training and storytelling skill-building for advocates, partnering on anti-stigma campaigns, and ensuring that the communications and language of the SUD system are accessible, non-shaming, and reflective of community experience rather than academic or policy jargon.

Goal 4: Address stigma and discrimination in healthcare settings

Listening session participants across all regions described experiencing stigma and discrimination in healthcare settings as one of the most significant barriers to care. Participants described being denied pain medication after surgery, being blamed for injuries, and being turned away from treatment because of their substance use history. We advocate for mandatory anti-stigma training for all healthcare providers, enforcement of anti-discrimination protections, and accountability mechanisms for providers who deny or degrade care on the basis of SUD history.

Priority 3: End Punitive Responses to Substance Use and Expand Voluntary, Supportive Alternatives

Goal 1: Oppose policies that criminalize substance use or expand coercive treatment

We oppose policies that rely on punishment, incarceration, or forced treatment as responses to substance use. Evidence shows these approaches increase harm and undermine trust in care systems. We explicitly oppose coerced and involuntary treatment in all its forms. People must be able to consent to treatment free from threats of incarceration, loss of custody, or other coercive pressure. Mandated pathways that remove individual agency are incompatible with person-centered, dignity-based care.

Goal 2: Expand voluntary, treatment-first alternatives to incarceration

We support diversion, collaborative courts, and community-based pathways that prioritize timely clinical assessment, voluntary treatment, and ongoing support without threats of punishment for relapse. When people commit to treatment, they must be able to go immediately. Delays caused by administrative and jurisdictional barriers during moments of readiness are a major driver of treatment failure.

Goal 3: Ensure continuity of care for justice-involved individuals

People leaving jails, prisons, or courts must have uninterrupted access to medications, treatment, housing, and benefits. Warm handoffs save lives. We support mandatory 90-day in-reach beginning prior to release, ensuring that incarcerated individuals are connected to community-based treatment, housing, and peer support before they walk out the door. We also advocate for full availability of all FDA-approved medications for addiction treatment within jail and prison settings. Abrupt discontinuation of MAT upon incarceration or release is life-threatening and must end.

Goal 4: Address criminal records as barriers to recovery and civic participation

Felony records create cascading, long-term barriers to employment, housing, professional licensing, educational opportunity, and civic participation. Listening sessions across all regions documented how these barriers undermine reintegration and economic stability, and deter people from engaging in public advocacy out of fear of re-exposure. We support record expungement, ban-the-box policies, occupational licensing reform for people with SUD histories, and criminal justice reform that ends the lifetime penalization of substance use.

Goal 5: Expand overdose prevention and low-barrier harm reduction

Naloxone, fentanyl test strips, and other overdose prevention tools should be widely available in communities, treatment settings, and upon release from incarceration. Preventing death is a moral and public health imperative. Low-barrier access to care is

the foundation that makes recovery possible. We support syringe service programs, overdose prevention sites, and all evidence-based harm reduction approaches as legitimate, life-saving interventions.

Priority 4: Advance Integrated, Trauma-Informed, and Culturally Responsive Care

Goal 1: Integrate mental health and SUD services

Participants across all listening sessions and all regions identified the fragmentation of mental health and substance use disorder services as a critical, statewide barrier. People with co-occurring disorders fall through the cracks of siloed systems funded, regulated, and staffed separately. We advocate for policy changes, integrated funding structures, and service delivery models that truly integrate, not just coordinate, mental health and SUD care, so that people receive whole-person treatment that reflects the reality of their lives.

Goal 2: Expand and protect peer support services

Peer support specialists are among the most effective interventions in the SUD system. People with lived experience navigating recovery are uniquely positioned to help others navigate the same systems, in ways that professional providers cannot replicate. We advocate for increased funding for peer support specialists, clear certification and career pathways, fair compensation, and integration of peer support across the full continuum of care, including in treatment settings, jails, and post-release transition.

Goal 3: Ensure culturally and linguistically appropriate services

Services must be designed with, not just for, the communities they serve. Spanish-speaking participants in Los Angeles and Central California described insufficient language access, interpreters cobbled together from office staff, and outreach materials written in academic language inaccessible to the people they aim to reach. Tribal community members in Northern California described services that fail to account for

Native healing practices, historical trauma, and community structures. We advocate for increased funding for culturally specific programs, mandatory language access standards, community-based hiring, and cultural competency requirements that go beyond translation.

Goal 4: Expand access to telehealth and flexible service delivery

COVID-19 accelerated telehealth and flexible service delivery innovations that dramatically expanded access for people who were previously unreachable, particularly in rural and remote regions. Listening session participants emphasized the importance of maintaining these gains. We oppose reversion to pre-pandemic access barriers and advocate for sustained telehealth reimbursement, mobile service expansion, and flexible scheduling that accommodates people who are working, caregiving, or in rural areas without transportation.

Priority 5: Advance Youth-Centered, Trauma-Informed Prevention and Care

Goal 1: Promote honest, stigma-free substance use education

Youth deserve accurate, age-appropriate education that focuses on health, safety, and support and not shame, fear, or misinformation. Education must reflect the realities young people face, including the social and structural drivers of substance use.

Goal 2: Expand access to youth-specific, culturally responsive services

Youth services must be accessible, confidential, trauma-informed, and reflective of the communities they serve, including LGBTQ+ youth and youth of color. Services must create genuine safety for young people to seek help without fear of family or legal consequences.

Goal 3: Reduce structural barriers that prevent youth from accessing care

Transportation, parental consent barriers, stigma, and lack of culturally competent providers all prevent youth from getting help. Policies must address these structural barriers directly, including allowing youth to consent to their own SUD treatment and ensuring confidentiality protections are robust and enforced.

Priority 6: Secure Safe, Stable, and Non-Discriminatory Housing

Goal 1: End housing discrimination against people with SUD

No one should be denied housing because they are in treatment, in recovery, or using prescribed medications like methadone or buprenorphine. Housing stability is foundational to recovery and health. These protections must extend explicitly to people engaged in low-barrier care, including those actively using substances. Housing access must not be contingent on abstinence, participation in a specific treatment modality, or any other condition that imposes a recovery pathway on individuals. We explicitly oppose abstinence requirements as a condition of admission to housing programs.

Goal 2: Expand recovery-supportive housing options

We support a full range of voluntary housing options, from recovery housing to supportive housing, that respect resident rights, choice, and autonomy. No single housing model should be mandated as the default. People must be able to choose the environment that best supports their individual recovery pathway.

Goal 3: Address the housing crisis as a SUD crisis

Housing instability was identified as the single most common barrier to recovery, treatment engagement, and advocacy participation across all listening sessions and all regions. In the Bay Area, participants described gentrification and displacement disrupting recovery networks and sober living communities. In Los Angeles, participants identified housing as a prerequisite for everything else. You cannot focus on recovery when you don't know where you're sleeping tonight. We advocate for dedicated SUD

recovery housing funding, tenant protections for people in recovery, and housing-first approaches that recognize housing as healthcare.

Priority 7: Build a Movement Led by People with Lived Experience

Goal 1: Invest in leadership development, training, and civic engagement

We support training, stipends, and leadership pathways for people with lived experience to engage in advocacy, public testimony, boards, and policymaking. Effective training must include policy literacy and the legislative process, storytelling and media skills, system navigation across behavioral health and related sectors, self-care and burnout prevention, cultural competency and intersectionality, and practical advocacy skills such as coalition building, organizing, and legislative testimony. Training must be trauma-informed, multilingual (beginning with Spanish), and experiential and not just classroom-based.

Goal 2: Provide material support to sustain participation

Sustainable advocacy requires financial investment. Stipends, childcare support, transportation reimbursement, and access to mental health support are foundational requirements for equitable participation. Volunteer-based advocacy is not sustainable for people facing economic instability, and expecting it is itself a form of inequity. We advocate for compensated lived experience participation across the behavioral health system, not just within SUD Voices for Change.

Goal 3: Partner across systems while maintaining independence

We collaborate with providers, policymakers, advocates, and systems, while remaining accountable first and foremost to the people we represent. We build strategic partnerships with existing organizations, including mental health advocacy, harm reduction, recovery community organizations, and civil rights groups, to amplify collective power without duplicating effort or losing our independent voice.

Goal 4: Establish regional chapters and affinity structures

California's diversity requires both statewide coordination and regional responsiveness. Listening sessions documented that barriers in Los Angeles, including brokerage rehabs, urban density, LGBTQ+ safety in treatment settings, are distinct from barriers in Northern California (geographic isolation, tribal community needs), the Bay Area (housing costs, displacement), Sacramento (policy-practice gap), the Central Region (county fragmentation, workforce variability), and the Inland/Desert Region (complex entry processes, gaps in continuity of care and services for women with children). We commit to establishing regional chapters or affinity groups that address these distinct local realities while advancing shared statewide priorities.

Our Commitment

SUD Voices for Change is committed to building a California where people affected by substance use are not silenced, punished, or excluded, but are respected, supported, and empowered to lead. The voices gathered through our statewide listening sessions have shaped every priority in this platform, and they will continue to shape our advocacy as we grow. We are building a movement, one that transforms both systems and the people who lead them.

Addendum: Local Policy Focus Areas & Regional Issues (2026–2027)

While SUD Voices for Change advances statewide policy priorities, we recognize that many of the most urgent barriers to care are shaped by local decisions, regional capacity, and county-level implementation. This addendum highlights priority local policy issues where people with lived experience are being directly impacted and where community-led advocacy is urgently needed. These regional priorities emerged directly from our 2026 listening sessions.

1. NIMBYism and Opposition to Recovery Housing

Local resistance to recovery housing and low-barrier care continues to displace people who are seeking stability and care. Community opposition, restrictive zoning, and discriminatory local ordinances create barriers to siting recovery residences, syringe service programs, and low-barrier treatment sites, particularly in suburban and coastal regions such as Orange County. These practices undermine fair housing protections and perpetuate stigma against people with SUD. SUD Voices for Change will advocate for stronger enforcement of fair housing laws, local zoning reform, and community education to counter misinformation and stigma.

2. Rural Access Gaps and Network Adequacy

Rural communities face the highest overdose rates in California, yet have the fewest treatment providers, longest travel distances, and weakest care networks. Many rural counties have not adopted DMC-ODS, limiting access to the full continuum of Medi-Cal SUD services. Workforce shortages, transportation barriers, and lack of low-barrier access points compound these challenges, leaving people without timely care. Listening sessions in Northern California documented participants traveling 90 miles to the nearest program with no transit available. SUD Voices for Change will prioritize rural network adequacy, DMC-ODS adoption and expansion, mobile and telehealth models, and equitable resource allocation based on overdose burden and unmet need.

3. County System Mergers and Service Disruption

Local administrative restructuring can have real consequences for people seeking care. In Los Angeles County, the proposed merger of the Substance Abuse Prevention and Control (SAPC) division into the Department of Public Health has raised concerns about service continuity, provider contracting, and the visibility and prioritization of SUD within broader public health systems. SUD Voices for Change will elevate lived-experience feedback on how these structural changes affect access, quality, and continuity of care, and will advocate for safeguards that prevent service disruption during system transitions.

4. County Fragmentation and Cross-County Access Barriers

Central Region listening sessions documented how each county operating its own eligibility, referral, and intake requirements forces individuals to navigate entirely different systems when seeking care outside their home county, often during moments of crisis when readiness for treatment is fleeting. When someone commits to treatment, they need to be able to go right then. We will advocate for cross-county coordination, unified intake processes where feasible, and policy changes that eliminate jurisdictional barriers to timely care.

5. Services for People with Children

Inland/Desert Region listening sessions identified significant gaps in family-centered treatment and recovery housing for women with children. Fear of losing custody is itself a barrier to seeking help, and treatment programs that do not accommodate children, or that report child welfare information in ways that feel punitive, deter parents from accessing care. We will advocate for expanded family-centered treatment options, housing that accommodates children, non-punitive child welfare engagement policies, and childcare provision as a standard feature of treatment programs.

6. Local Revenue Measures to Backfill State and Federal Cuts

As state and federal funding for behavioral health faces uncertainty, some local jurisdictions are considering or relying on local sales taxes or ballot measures to backfill cuts. While local revenue can stabilize services, it risks deepening geographic inequities by making access to care dependent on a county's tax base. SUD Voices for Change will advocate for equitable statewide funding solutions that do not force people's access to treatment to depend on where they live, while supporting local efforts that meaningfully protect access to care.

7. Regional Workforce Shortages and Uneven Capacity

Workforce shortages are felt statewide but hit certain regions, particularly the Central Valley and rural counties, far more severely. Vacancies, burnout, low reimbursement rates, and lack of training pipelines limit the availability of culturally responsive, low-barrier services. Central Region participants described inconsistent quality of care ranging from life-saving to stigmatizing within the same regional system. These gaps

delay care and increase reliance on crisis and justice systems. SUD Voices for Change will support local and regional strategies to strengthen workforce pipelines, improve retention, ensure people can access timely care in their own communities, and hold providers accountable for quality and dignity of care.