The effects of stigma *(directly, and by association)* on AOD & harm reduction workers and services

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Leilani Talulah Knight, "U gonna listen now?", 2021

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Theory

1. Exploring stigma by association – or ‘courtesy stigma’ – Goffman (1963)

2. ‘Dirty work’ - Everett Hughes in 1958, developed further by Ashforth and Kreiner (1999)

Theory

Occupations that are physically, socially, or morally tainted

Viewed as undesirable or disreputable by mainstream society

Often essential but undervalued

Three types of “taint” (Ashforth & Kreiner, 1999)

- Physical taint – contact with dirt, death, danger
- Moral taint – work seen as ethically questionable
- **Social taint – association with stigmatised people**

  Workers come to be seen to ‘personify’ the dirty work so much so that they become ‘literally, “dirty workers”’

Study aim

1. Examine how stigma by association *impacts* Australian AOD/harm reduction workers and services
    - job satisfaction
    - workplace wellbeing
    - burnout and intentions to leave the sector.

2. Explore whether *living/lived experience of AOD use* moderates experiences of stigma and workplace outcomes

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Methods

- Cross-sectional, mixed-methods, online survey design
- Circulated nationally via email lists and newsletters of non-government harm reduction and AOD organisations
- Data collection occurred over 3 weeks in late 2023 (n = 228)
  - 66% female, 6% nonbinary, 27% male
  - Average age: 46
  - Average duration in sector: 10 years
  - 64% identified AOD living/lived experience
  - 38% identified AOD service consumer experience
  - 84% also provided written reflections of stigma impacts

Quantitative findings

- Workers who reported experiencing **more stigma by association** had poorer workplace wellbeing, greater levels of burnout, and stronger intentions to quit

- Participants with **living/lived experience** reported higher levels of job satisfaction and lower intentions to quit or leave the sector

Experiencing secondary impacts of stigma directed at service participants

Witnessing people become ill because, “a medical professional has deemed them [to be] drug seeking” (harm reduction worker with lived/living experience, female, 60)

Observing that hospital staff can “let their own personal biases [override] their duty of care in treating people who use drugs” (designated peer worker, female, 61)

Increased workload: “I have to accompany my clients to services within the hospital and community so they don't get berated…” (designated peer worker, female, 63)

Stigma makes it harder to do the work

“Workers in the broader organisation sometimes blame things on "our clients", tend to see our service as a hassle and a program that needs to be separated from other programs, and don't seem to see our clients as worthy of [receiving other] services.” (harm reduction worker with living/lived experience, female, 33)

“People who inject are seen by organisations as problematic/undesirable, visually disturbing and a safety/[violence] risk. […] We can’t do the work [that] we need or want to do to improve services in a timely way because there’s always concerns about risk.” (harm reduction team leader with living/lived experience, female, 50)

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Stigma is also a motivating factor

"A major motivation in my work is the desire to help ensure all people have equitable access to health services and are treated with the same level of care and empathy, regardless of their circumstances." (harm reduction service manager, male, 57)

"[Stigma] makes me more determined to be sensitive to the needs of each person who access[es] our service and to reassure each person that they are valued."
(harm reduction team leader with living/lived experience, male, 69)

Experiencing stigma by association

"I sometimes find myself only mentioning certain aspects of my job to people for fear of judgement or assumptions made about me for working in the AOD industry." (harm reduction worker with living/lived experience, female, 42)

"When the clients I work with are stigmatised, the work they do to better themselves is stigmatised. That includes the work that I do with them. I am not stigmatised as a person or worker, my work effort is stigmatised." (counsellor, female, 35)

Stigma impacts on peer workers & people with living/lived experiences

- experiencing discrimination: “If my title was different, I would be paid more and have my previous study acknowledged” (designated peer worker, female, 30)
- feeling “undervalued” within their workplace (designated peer worker, female, 53)
- experiencing “a loss of power at work” when disclosing living/lived experience or moving into peer roles (designated peer worker, non-binary, 33)

Implications and key takeaways

- Acknowledge societal notion of ‘dirty work’ and interpersonal experiences of stigma by association
- Understanding and combatting stigma is vital but under-acknowledged work performed within harm reduction & AOD services
- Supportive organisational cultures help workers gain meaning and satisfaction from their work, buffering against stigma and burnout

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Publications

Drug and Alcohol REVIEW APSAD

ORIGINAL PAPER | Open Access

Stigma by association among alcohol and other drug and harm reduction workers: Implications for workplace outcomes

Loren Brener, Theresa Caruana, Elena Cama, Candice Gilford, Sione Crawford, Thomas Capell-Hattam, Courtney von Hippel

https://doi.org/10.1111/dar.13861

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International Journal of Drug Policy

Volume 143, September 2025, 104916

"A huge, unwieldy barrier to push through on a daily basis": The effects of stigma on AOD workers and workplaces

Theresa Caruana [a], Loren Brener [a], Courtney von Hippel [b], Elena Cama [a], Candice Gilford [c], Joanne Bryant [d]

https://doi.org/10.1016/j.drugpo.2025.104916

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