NAVIGATING SHAME AND STIGMA FOR CLIENTS ATTENDING AOD SERVICES: THE ROLE OF LIVED EXPERIENCE WORKERS

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Background:
Substance use is a highly stigmatised behaviour, with people who use drugs frequently experiencing judgement, blame, discrimination, and social exclusion. These experiences may become internalised as shame, contributing to withdrawal from health services and reduced engagement with care. Substance use is also frequently framed as controllable and morally blameworthy, reinforcing stigma, self-blame, and shame. Although lived and living experience (LLE) workers are increasingly embedded within AOD services, less research has examined how they understand and respond to shame and stigma within practice.

Methods:
This qualitative study drew on semi-structured interviews with 37 workers with LLE employed across Australian AOD services. Interviews explored understandings of stigma, shame, service engagement, and lived experience-informed practice. Data were analysed thematically.

Results:
Participants described shame as pervasive in the lives of people accessing AOD services, often linked to trauma, relapse, family conflict, criminalisation, and broader social judgement surrounding substance use. Workers described stigma as reinforced through healthcare interactions, organisational practices, language, and public discourse framing substance use as a personal or moral failing. Participants highlighted how these experiences became internalised, contributing to fear of judgement, disengagement from care, and reluctance to seek help. Workers with LLE described using non-judgemental engagement, shared understanding, self-disclosure, and careful language to reduce shame, and challenge stigma and described LLE approaches as helping reduce power imbalances and foster trust among clients.

Conclusion:
Findings highlight the central role of shame within experiences of substance use stigma, and the importance of understanding shame in the context of treatment of people who use substances. The study demonstrates how lived experience-informed approaches may help interrupt cycles of blame, judgement, and disengagement from care. Conference attendees will gain insight into how language, service interactions, and power dynamics can reproduce shame within AOD settings, and how relational, non-judgemental approaches may support engagement and emotional safety.

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