

PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

FACTSHEET STIGMA

Stigma can be a barrier to treatment of painful conditions. **Compassionate, empathetic care centered on a patient-clinician relationship** is necessary to counter the suffering of patients with painful conditions and to address the various challenges associated with the **stigma of living with pain**. Stigma can be a **challenge for patients, families, caregivers, and clinicians**.

Why do people judge me?
I'm not faking my pain.
Maybe this is affecting
someone I know.



The different facets of stigma at the



PATIENT CLINICIAN SOCIETAL

levels collectively serve as a significant barrier to effective treatment of chronic pain.

According to the Centers for Disease Control and Prevention

50 MILLION adults in the United States have chronic daily pain

↳ **19.6 MILLION**

adults experiencing high-impact chronic pain that interferes with daily life or work activities.

STIGMA PATIENTS WITH PAIN FACE

- Comprehensive pain management can be a challenge for various reasons. In the current environment, patients with chronic pain — particularly those being treated with opioids — can be stigmatized. The stigma can be further exacerbated when their pain condition is **complicated by mental health comorbidities such as anxiety and depression or by substance use disorder (SUD)**.
- Stigma associated with having chronic pain**, especially when opioid therapy is used as a treatment modality, is a major concern and has **far-reaching effects on patients and all those involved in their care**.
- Studies suggest that patients who are receiving or who have previously received long-term opioid therapy for nonmalignant pain face both **subtle and overt stigma from their family, friends, coworkers, the health care system, and society at large** for their opioid treatment modality.

PATIENTS WITH PAIN AND SUBSTANCE USE / OPIOID USE DISORDER FACE STIGMA

- Furthermore, the sub-population of patients with painful conditions and comorbid SUD face additional barriers to treatment because of **stigmatization of both chronic pain and addiction. Chronic pain is common among individuals with SUD**, including opioid misuse, yet **stigma remains a significant barrier** to implementation of programs and treatments for chronic pain or opioid use disorder (OUD), such as medication-assisted treatment and naloxone.
- Patients with comorbid problematic opioid use and chronic noncancerous pain report **significant perceived stigma associated with methadone and buprenorphine treatment.**

According to one study,

ONLY 12.2%

of individuals who require treatment for a SUD actually seek treatment.



In addition, stigma is found to be a significant barrier, with **20.5%** not seeking treatment because of negative consequences associated with their work

and around **17%** being concerned about negative judgements by friends or community.



STIGMA CLINICIANS FACE



- Clinicians who treat acute and chronic pain, particularly with opioids, may experience stigma from colleagues and society in general that — in addition to fear of scrutiny from state medical boards and the Drug Enforcement Administration (DEA) — may also dissuade them from using opioids appropriately.
- Stigma, combined with the enhanced time required to effectively evaluate and treat pain, leads to over-referral and patient abandonment.

LEARN MORE

For more information on how stigma impacts pain management:

- Review **Section 3.2** of the Task Force's Report at <https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf>
- Visit the **Pain Management Task Force** website for fact sheets, talking points and infographics to learn more about the report's finding on stigma <https://www.hhs.gov/ash/advisory-committees/pain/index.html>
- For more news about the Task Force and the Report, check out the [HHS Blog](#).

