

Stigma Creates Barriers to Pain Care for



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PATIENTS WITH PAIN FACE STIGMA

- Patients with chronic pain — particularly those being treated with opioids — can be stigmatized, which is exacerbated when their pain condition is **complicated by mental health co-morbidities such as anxiety and depression or by substance use disorder (SUD)**. This has far-reaching effects on patients and 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 COMORBIDITIES FACE STIGMA

- Patients with painful conditions and comorbid SUD face additional barriers to treatment because of **stigmatization of both chronic pain and addiction**.
- Stigma remains a significant barrier** to implementation of programs and treatments for opioid use disorder (OUD), such as medication-assisted treatment (methadone and buprenorphine), and naloxone.



CLINICIANS FACE STIGMA

- 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 can lead to inadequate treatment, forced tapering, or patient abandonment.

