

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**.



The different facets of stigma at the



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 experience high-impact chronic pain that interferes with daily life or work activities

PATIENTS FACE STIGMA

● Pain management can be a challenge for various reasons. Today, patients with chronic pain — mainly those being treated with opioids — can experience stigma. **Reducing barriers to care that exist because of stigma is crucial** for patient engagement and treatment effectiveness.

● Studies suggest that patients who are receiving or who have previously received long-term opioid therapy for nonmalignant pain **face both hidden and obvious stigma from their family, friends, coworkers, the health care system, and society** at large for their opioid treatment modality.

● Stigma has far-reaching effects on patients and all those involved in their care. Feelings of guilt, shame, judgement, and embarrassment resulting from stigma can **increase the risk for behavioral health issues, such as anxiety and depression, which can also contribute to chronic pain**.

PATIENTS WITH COMORBIDITIES FACE STIGMA

- Patients with painful conditions and comorbidities, such as anxiety, depression or substance use disorder (SUD) face additional barriers to treatment because of stigma. Chronic pain is common among individuals with SUD, including opioid misuse, yet stigma remains a major barrier to implementation of programs and treatments for chronic pain or opioid use disorder, 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**

ONLY 12.2%

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



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.



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 dissuade them from using opioids appropriately.

Stigma leads to **over-referral and patient abandonment**.

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 factsheets, talking points, and infographics to learn more about the report's finding on stigma at <https://www.hhs.gov/ash/advisory-committees/pain/index.html>.
- ➔ For more information check out the HHS Blog post at <https://www.hhs.gov/blog/2019/05/10/patient-centered-care-is-key-to-best-practices-in-pain-management.html>.

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