### 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**.

<table>
<thead>
<tr>
<th>The different facets of stigma at the</th>
<th>According to the Centers for Disease Control and Prevention</th>
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</thead>
<tbody>
<tr>
<td>Patient</td>
<td><strong>50 MILLION</strong> adults in the United States have chronic daily pain</td>
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<tr>
<td>Clinician</td>
<td><strong>19.6 MILLION</strong> adults experiencing high-impact chronic pain that interferes with daily life or work activities</td>
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<tr>
<td>Societal</td>
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**The 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 co-morbidities 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.
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.

For more information on how stigma impacts pain management:

- 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](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.