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 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 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.