Patients with chronic pain — particularly those being treated with opioids — can experience stigma. The stigma can have far-reaching effects on patients and those involved in their care.

Studies suggest that some patients face stigma from their family, friends, coworkers, the health care system, and society for their opioid treatment modality.

Patients with painful conditions and comorbidities such as anxiety, depression, or substance use disorder (SUD) face additional barriers to treatment.

Stigma remains a significant barrier to implementation of programs and treatments for opioid use disorder, 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, as well as scrutiny from state medical boards and the Drug Enforcement Administration (DEA).

Stigma can lead to inadequate treatment, forced tapering of opioids, or patient abandonment.