

How State Health Departments Can Reduce Stigma to Improve Care for Patients Taking Long-Term Opioid Therapy

Chronic pain is a pervasive health condition affecting as many as one in five adults.¹ It can impact almost every aspect of a person's life, leading to impaired physical functioning, poor mental health, and overall reduced quality of life.¹ While it can be the primary diagnosis of pain stemming from unknown causes, chronic pain is often a symptom of an underlying disease or injury, and it can also co-occur with behavioral health conditions.²

Due to its clinical complexity, preventing, assessing, and treating pain is a persistent challenge for clinicians—one that is exacerbated by the historical and evolving overdose crisis, in which opioid overprescribing played a key role. Clinical guidelines state that “nonopioid therapies are preferred” for chronic pain, and that clinicians should maximize use of nonpharmacologic and nonopioid pharmacologic therapies as appropriate for the specific condition and patient before initiating opioid therapy for chronic pain.³ Still, the debate over the use of long-term opioid therapy (LTOT) for chronic pain goes on, and opioids continue to play an important role in the treatment of pain for many adults when other forms of treatment are less accessible or effective and the benefits appear to outweigh the risks⁴—necessitating involvement of state and territorial health departments, particularly when it comes to stigma reduction in healthcare settings.

Policy changes, prescribing guidelines, and increased awareness of the risks of addiction associated with prescription opioids reduce opioid prescribing significantly.^{5,6} These changes, as well as awareness of the persistent overdose crisis in their communities, likely contributes to a “chilling effect,” whereby many healthcare providers have avoided prescribing opioids for chronic pain.⁷ Associated negative opinions and attitudes about opioids, in general, have stigmatized patients who take opioids for chronic pain.⁸

Several types of stigma have created a major barrier to care continuity among these patients who can suffer serious health risks if abruptly discontinuing treatment, as is the case with long-term opioids.⁹ This resource is intended to help state and territorial health departments reduce the stigma affecting patients who are already taking LTOT for chronic pain and who are in need of care continuity due to the increased risk of adverse health consequences if forced to abruptly discontinue their medication because they cannot access care.¹⁰

How Significant Stigma in Healthcare Affects Patients Taking LTOT

Stigma labels, stereotypes, and fundamentally devalues some social identities, leading to discrimination and internalized shame.¹¹ Meanwhile, stigmatization is the social process by

which people marked with a stigma encounter adverse effects, like prejudice and discrimination.¹²

Three types of stigma are common to healthcare and afflict patients taking LTOT specifically:¹⁵

- **Public stigma:** Occurs when the public endorses negative stereotypes and prejudices, resulting in discrimination against people who use LTOT.
- **Structural stigma:** Occurs when institutional policies or other social structures create fewer opportunities for those who use LTOT.
- **Healthcare practitioner stigma:** Occurs when a healthcare professional allows stereotypes and prejudices about LTOT to negatively impact a patient’s care.

Ultimately, stigma in the healthcare setting can result in individuals’ health conditions being discredited, their care needs ignored, and facing rejection and exclusion from healthcare services.¹⁴

Reducing Stigma in Healthcare Settings

State and territorial health departments can play a critical role in reducing stigma in healthcare settings and, in turn, eliminating a significant barrier to care for individuals on LTOT reducing health risks.

Type of Stigma	Reduction Strategies and Resources
Public Stigma	<ul style="list-style-type: none"> • Highlight the prevalence and negative impact of chronic pain on public health, mental health, and productivity.⁹ Patients who are in chronic pain deserve effective care.² • Humanize experiences by incorporating voices of those with lived/living experiences of chronic pain into narratives.¹⁶ • Ensure messaging, communication campaigns, and educational materials uncouple opioid use from identity.¹⁷ • Be mindful about phrasing in communication campaigns and avoid language that implies low self-worth, moral failure, or is deficit-based.¹⁸ • Highlight structural barriers to pain management that individuals often face when trying to access treatment.^{19,20} • Highlight inequities in chronic pain treatment to increase public awareness.²¹
Structural Stigma	<ul style="list-style-type: none"> • Encourage organizations to review and revisit policies that may be creating structural stigma for patients who are taking LTOT and in need of care continuity.²⁰

	<ul style="list-style-type: none"> • Encourage health centers, clinics, and health systems to establish procedures for healthcare providers inheriting patients on LTOT that balance the patient’s well-being with safeguards to their practice.²² • Monitor and accurately communicate the release of and changes to federal recommendations to healthcare providers, including: <ul style="list-style-type: none"> ○ The 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain, which expands on and updates the 2016 CDC Guideline.³ ○ Section 1262 of the Consolidated Appropriations Act, 2023, which removed the federal requirement for healthcare providers to have a DATA-waiver to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD).²³ ○ Medicare’s HCPCS codes G3002 and G3003, effective January 1, 2023, which include payments for person-centered, comprehensive management and treatment of chronic pain.²⁴
Healthcare Practitioner Stigma	<ul style="list-style-type: none"> • Write a letter of support highlighting the important role healthcare providers play in addressing the opioid epidemic and encouraging them to see the critical and unique needs of patients.²⁵ • Share resources with healthcare providers, such as opioids for chronic pain documentation suggestions, which includes sample language for discussing chronic pain management.²⁷ • Promote pain education to expand knowledge and assessment of chronic pain.² • Connect healthcare providers with the CDC’s training modules for healthcare professionals on issues related to chronic pain and opioid use.²⁸

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