

# How Healthcare Providers 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 in the United States.<sup>1</sup> 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. Opioid therapy is an effective treatment for chronic pain.

When a person is prescribed opioids to manage chronic pain over an extended period, they are said to be taking long-term opioid therapy (LTOT)<sup>2</sup>—which is often offered to patients when all other pain management options have been unsuccessful and the benefit of LTOT is believed to outweigh the risks.<sup>3</sup> However, there are negative views about prescription opioids, stemming from the ongoing overdose crisis and its origins, which involved widespread overprescribing of opioids. These negative views can lead to stigmatization of patients taking prescribed LTOT for chronic pain<sup>4</sup>—necessitating increased awareness and action among healthcare providers.

Stigma is a barrier to care continuity, which is particularly critical for patients taking medication associated with adverse health effects if abruptly discontinued, due to physical dependency, as is the case with LTOT.<sup>5</sup> This resource is intended to raise awareness of stigma and help healthcare providers reduce stigma towards patients taking LTOT, focused on those who are already taking LTOT and at risk of adverse health consequences if they rapidly taper or abruptly discontinue their medication due to lack of access to care.

## Stigma in Healthcare and Its Critical Impact on Patients Taking LTOT

Stigma is a process in which some social identities are labeled, stereotyped, and devalued, leading to discriminatory behavior and internalized shame.<sup>6</sup> Meanwhile, stigmatization is the social process by which people marked with a stigma encounter adverse effects, like prejudice and discrimination.<sup>7</sup>

Here are several types of stigma common in healthcare and how they can afflict patients taking LTOT specifically:

- **Healthcare practitioner stigma:** Occurs when a healthcare professional allows stereotypes and prejudices about LTOT to negatively impact a patient's care.
- **Structural stigma:** Occurs when institutional policies or other social structures create fewer opportunities for those who use LTOT.

- **Public stigma:** Occurs when the public endorses negative stereotypes and prejudices, resulting in discrimination against people who use LTOT.

Ultimately, stigma in the healthcare setting can result in individuals’ health conditions being discredited, their care needs ignored, and their rejection and exclusion from healthcare services.<sup>8</sup> It can also lead to misdiagnosis or underestimation of pain by healthcare staff who may be skeptical about reported pain—as clinicians who are suspicious of patients’ medical condition may undertreat, dismiss patients from care, or refuse treatment altogether.

## Reducing Stigma for Patients Taking LTOT

Healthcare providers play an important role in addressing the needs of patients taking LTOT and are uniquely positioned to help prevent adverse health effects associated with abrupt discontinuation of opioid therapy.<sup>9</sup> By recognizing the potential impact stigma may have in the clinical setting, healthcare providers can then take steps to avoid stigmatization of patients<sup>10</sup> and in turn:

- Provide patient-centered care.
- Accurately assess the patient’s health.
- Evaluate the risks and benefits of current treatment protocols.
- Determine appropriate treatment protocols if modifications are needed.

The following recommendations, accompanied by examples for application and further resources, will help healthcare providers increase their awareness of stigma and reduce barriers to care for patients taking opioid therapy for chronic pain:

Recommendations	Examples and Resources
1. Increase awareness of stigma in the workplace that may contribute to adverse outcomes for patients taking LTOT for chronic pain.	<ul style="list-style-type: none"> <li>• Review stigma reduction resources.               <ul style="list-style-type: none"> <li>○ <a href="#">“Stigma Reduction” by CDC</a></li> <li>○ <a href="#">“Stigma in health facilities: why it matters and how we can change it” by BMC Med</a></li> <li>○ <a href="#">“Stigma and Discrimination Research Toolkit” by NIMH</a></li> <li>○ <a href="#">“Science of Stigma Reduction” by NIH</a></li> </ul> </li> </ul>
2. Destigmatize messaging around treating patients with chronic pain who are taking LTOT for chronic pain.	<ul style="list-style-type: none"> <li>• Focus on <a href="#">symptoms or experience</a>, not identity, by uncoupling long-term opioid use from the character of the patient.<sup>12</sup></li> <li>• <a href="#">Be intentional with words</a> and avoid phrases that imply low self-worth, moral failure, or are deficit-based.<sup>12</sup></li> <li>• Continue to use non-stigmatizing language and engage in <a href="#">patient-centered conversations</a>, even when disagreements occur.<sup>13</sup></li> </ul>

<p>3. Review education materials about the clinical practice guidelines, stigma reduction training, and resources to evaluate and treat patients.</p>	<ul style="list-style-type: none"> <li>• <a href="#">Continue prescribing opioids</a> for patients in transition until a formal review of their health status and patient records, and consultation with other healthcare providers is possible.<sup>7</sup></li> <li>• Review the patient’s previous plan of care and discuss the plan with the previous healthcare provider, if possible.<sup>7</sup></li> <li>• Make any changes to a new care plan carefully by <a href="#">weighing benefits and risks</a> and exercising care when changing opioid dosage.<sup>8</sup></li> <li>• <a href="#">Screen patients</a> for anxiety and depression as well as opioid and other substance use disorder(s).<sup>14</sup></li> <li>• Provide overdose education, naloxone, and harm reduction resources for all patients taking opioids.</li> <li>• Document the treatment plan, including any opioids prescribed and any changes to the previous plan of care.<sup>14</sup></li> <li>• Consider the content and tone of clinical notes and documentation as well as how the patient may perceive them.<sup>17</sup></li> <li>• Take the individual clinical circumstances of the patient into account when weighing the benefits and risks of continuing as well as tapering opioid medications.<sup>8, 18</sup></li> <li>• Communicate all benefits and risks to the patient and apply shared decision-making to develop a plan for how to move forward.<sup>3</sup></li> <li>• Keep in mind that patient buy-in for the care plan is often the key to successful tapering.<sup>8</sup></li> <li>• Work with the patient to try nonopioid therapies in conjunction with continuing opioid therapy, if opioid therapy is continued.<sup>14, 8</sup></li> <li>• Work with the patient to gradually taper to a desired dosage if tapering opioids.<sup>8</sup></li> </ul>
<p>4. Consider inheriting patients taking LTOT when they suddenly lose access to a healthcare provider.</p>	<ul style="list-style-type: none"> <li>• Develop a patient-centered, individualized care plan.<sup>14, 15</sup></li> <li>• Allow <a href="#">patients to be involved in their care plan</a> and empower them to make decisions about opioid management and tapering after an informed discussion with their healthcare provider(s).<sup>19</sup></li> <li>• Utilize pain management best practices that emphasize the importance of personalized care for the diagnosis and treatment of acute, subacute, and chronic pain.<sup>8</sup></li> </ul>

	<ul style="list-style-type: none"> <li>• Use <a href="#">motivational questions and statements</a> to open dialogue and encourage patient involvement in their treatment and healthcare plans.<sup>20</sup></li> </ul>
Additional Resources	<ul style="list-style-type: none"> <li>• <a href="#">“Chronic pain: an update on burden, best practices, and new advances”</a>, PubMed</li> <li>• <a href="#">“Chronic pain as a symptom or a disease: the IASP Classification of Chronic Pain for the International Classification of Diseases (ICD-11)”</a>, PubMed</li> <li>• <a href="#">“Chronic pain: a review of its epidemiology and associated factors in population-based studies”</a>, PubMed</li> <li>• <a href="#">“Chronic Pain Among Adults — United States, 2019–2021”</a>, CDC</li> <li>• <a href="#">“Chronic pain as a symptom or a disease: the IASP Classification of Chronic Pain for the International Classification of Diseases (ICD-11)”</a>, PAIN</li> <li>• <a href="#">“CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022”</a>, CDC</li> <li>• <a href="#">“Continuing Opioid Therapy”</a>, CDC</li> <li>• <a href="#">“Prescription Opioid Use Among Adults with Chronic Pain: United States, 2019”</a>, CDC</li> <li>• <a href="#">“The Interplay between Chronic Pain, Opioids, and the Immune System”</a>, PubMed</li> <li>• <a href="#">“Use and Misuse of Opioids in Chronic Pain”</a>, PubMed</li> <li>• <a href="#">“Knowledge, Beliefs, and Attitudes of Emergency Nurses Toward People with Chronic Pain”</a>, PubMed</li> <li>• <a href="#">“Measuring Stigma in Chronic Pain: Preliminary Investigation of Instrument Psychometrics, Correlates, and Magnitude of Change in a Prospective Cohort Attending Interdisciplinary Treatment”</a>, PubMed</li> </ul>

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