

Podium Presentation 2

Opioid-Related Stigma in Patients Recovering from Severe Musculoskeletal Injury: Implications for Pain Management and Recovery

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Background: Severe musculoskeletal injuries (MSKI), frequently treated surgically, often lead to intense pain and interference with daily activities, potentially for months to years. Opioids effectively manage acute pain, especially during rehabilitation. Due to the opioid crisis, prescribing practices have focused on reducing misuse and overdose. Prescription volumes and durations have decreased, while monitoring and emphasis on non-opioid treatment plans have increased. These efforts have contributed to “opioid stigma”, a complex social process linked to negative stereotypes and discrimination that can hinder care. Research has explored stigma in opioid use disorder (OUD), but minimally following musculoskeletal pain and rehabilitation. This study explores stigma in patients following MSKI, treated surgically and non-surgically.

Methods: Participants (N =136) were adults hospitalized three months prior for severe orthopaedic injuries. Participants completed a survey on opioid use, stigmatized experiences, internalized concerns, stigma-related behaviors, and prescription deviations. Descriptive rates for endorsing opioid stigma were reported and by duration of opioid prescription (0-29 days, 30-59 days, 60-90 days). Trends were examined via chi squared and fisher exact tests.

Results: Sixty-nine percent (N=94) of participants underwent emergent orthopaedic surgery and reported reasons for opioid use beyond pain, including relaxation (24%), improved mood (15%), better sleep (34%) and increased energy (11%). Taking more than prescription was reported in 5% and less than prescription in 13% of participants. Stigmatized experiences included friend judgment (11%), provider judgment (11%), problems with filling (11%) and obtaining (19%) prescriptions, and awkward provider conversations (16%). Internalized stigma concerns included fear of family or friend judgement (13%), judgement of providers (15%), appearing drug seeking (23%), addiction (20%), and insurance prescription issues (16%). Endorsed stigmatized behaviors included taking less opioid prescription than needed (24%), saving up for medication (12%), avoiding opioids (19%), not discussing pain with loved ones (11%) or provider (7%), skipping prescriptions (8%), and avoiding social activities (6%). When compared to shorter durations participants taking opioids for 60-90 days reported greater proportions of using opioids for sleep ($p = 0.02$), problems filling prescriptions ($p = 0.04$) and obtaining prescriptions ($p = 0.05$), awkward provider conversations ($p = 0.04$), fear of appearing drug-seeking ($p = 0.04$), fear of addiction ($p = 0.02$), worries about insurance issues ($p = 0.04$), taking less opioids than needed ($p < 0.01$), and saving up opioid medications ($p < 0.01$).

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Conclusion: This study highlights the opioid-related stigma among patients recovering from severe MSKI, regardless of surgical or non-surgical intervention, particularly for prolonged courses. Participants reported various stigmatized experiences, internalized concerns, and behaviors that could impact their management and recovery. Issues such as judgment by providers, worries about appearing drug-seeking, and taking less medication than needed were more pronounced in those using opioids for longer durations. These findings underscore the need for addressing opioid stigma through continued research to ensure effective pain management and support for injured patients.