

# Topic: Stay in Medications for Opioid Use Disorder (MOUD) Treatment Campaign Message Guidance for Communities

## Purpose

*This document provides important guidance for communities on how to create and disseminate messages related to MOUD. As communities develop their own materials (e.g., flyers, posters, op-eds, social media posts, presentations), they should follow the guidance below to ensure that all materials and activities present a consistent, evidence-based message. The findings in this document are based on both formative research with campaign audiences and best practices in persuasive communication.*

**WHAT ARE MOUD?** MOUD include the three U.S. Food and Drug Administration (FDA)-approved medications used to treat opioid use disorder (OUD) that improve patients’ health and well-being by reducing or eliminating withdrawal symptoms (methadone, buprenorphine); blunting or blocking the effects of illicit opioids (methadone, naltrexone, buprenorphine); and reducing or eliminating cravings to use opioids (methadone, buprenorphine).

**MEDICATION TERMINOLOGY:** In many communities, MOUD are often collectively called medication-assisted treatment (MAT). However, MAT can also refer to treatments that use medications in combination with counseling and behavioral therapies to treat alcohol and other drug use disorders. MOUD is the preferred term to avoid confusion. In addition, research finds that people often refer to medications using drug brand names (e.g., Suboxone) rather than generic ones (buprenorphine).

### 1. WHY ARE WE COMMUNICATING THIS MESSAGE?

**GOAL:** The goals of the communication campaign are to increase the number of people who stay on medication treatment for 6 months or more and increase support for MOUD treatment retention.

PERSONS WITH OUD	NEEDED SUPPORTERS	STIGMA TARGETS
<ul style="list-style-type: none"> <li>• Increase motivation, intent, and ability to stay in MOUD treatment.</li> <li>• Understand the MOUD treatment journey, including physical, social, and emotional factors that facilitate or threaten success.</li> <li>• Learn how to respond to common barriers to treatment retention.</li> </ul>	<ul style="list-style-type: none"> <li>• Understand the MOUD treatment journey, including factors that facilitate and threaten success.</li> <li>• Understand the short-term and long-term benefits of MOUD treatment retention and the consequences of ending MOUD treatment too soon.</li> </ul>	<ul style="list-style-type: none"> <li>• MOUD is not replacing one drug with another.</li> <li>• Using MOUD works and is “real recovery” for many people.</li> <li>• Social isolation is an obstacle to successfully recovering from addiction.</li> </ul>

PERSONS WITH OUD	NEEDED SUPPORTERS	STIGMA TARGETS
<ul style="list-style-type: none"> <li>Change attitudes and language around return to use (e.g., instead of labeling return to use as “failure” that it is a sign that treatment may need to be adjusted).</li> </ul>	<ul style="list-style-type: none"> <li>Address structures and policies within communities that keep people from staying in treatment as long as they need.</li> </ul>	<ul style="list-style-type: none"> <li>People with OUD on MOUD should have access to the resources that will help their recovery: transportation, housing, food, employment, medical care, recovery support services, and religious or spiritual support.</li> </ul>

## 2. WHO ARE WE COMMUNICATING TO?

Priority groups for this campaign are persons with OUD and needed supporters for their recovery.

PERSONS WITH OUD	NEEDED SUPPORTERS
<ol style="list-style-type: none"> <li>1. People with OUD receiving MOUD treatment</li> <li>2. People with OUD about to begin MOUD treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Loved ones</li> <li>2. Recovery support groups</li> <li>3. Recovery coaches</li> <li>4. Treatment navigators</li> <li>5. Employers</li> <li>6. Faith-based communities</li> <li>7. Others, defined by individual communities, whose support of MOUD treatment may positively impact treatment retention for people with OUD</li> </ol>

## 3. WHAT DO THEY CURRENTLY THINK ABOUT STAYING IN MOUD TREATMENT?

PERSONS WITH OUD	NEEDED SUPPORTERS
<p>Each treatment journey is unique, and successful recovery stories vary. People with OUD may think, feel, and believe many different things at various stages in their medication treatment journey (and as they face new and different challenges in recovery).</p> <p>Treatment and recovery experts, people with OUD, and campaign spokespersons describe some common thoughts and myths that may negatively impact MOUD treatment retention.</p>	<p>Different supporters may think, feel, and believe different things about MOUD. These ideas may affect how they address MOUD treatment in their organizations or how they interact with people who are in MOUD treatment. Treatment and recovery experts, people with OUD, and campaign spokespersons highlight some of the common beliefs and myths potential supporters of people in treatment and recovery have that can negatively impact MOUD treatment retention.</p>

PERSONS WITH OUD	NEEDED SUPPORTERS
<ul style="list-style-type: none"> <li>• Some people say using medications like methadone or buprenorphine is not “real recovery” from OUD, because the person on MOUD is still “addicted” to a drug. These people then go on to say that you must stop using these medications and then get into recovery (for example, they will say “methadone is liquid handcuffs”).</li> <li>• Others say it is okay to use MOUD for a short time to help with immediate withdrawal symptoms, but people receiving MOUD treatment should stop taking medication as quickly as possible (“taper down”) so that they can get into recovery.</li> <li>• Others (for example, a loved one, employer, sponsor, pastor) say to stop MOUD treatment. Even though they are doing well, and their provider supports continuing MOUD, they begin to doubt whether staying in medication treatment is the right choice.</li> <li>• Treatment and recovery can be hard and have many challenges (physical, social, emotional). At times, this can lead to thoughts such as “I am not sure that I can succeed and stay in treatment long-term.”</li> <li>• Negative thoughts can also take the form of “I am not worthy of support from my loved ones. I cannot ask for the help I need to be able to stay in MOUD treatment,” or “If I return to use or ‘relapse’ (even briefly), I am a failure and will never be in recovery. I should quit treatment now and return to using drugs.”</li> </ul>	<ul style="list-style-type: none"> <li>• You might hear that your community should not be encouraging people to seek or stay on MOUD (for example, “they need more willpower and should do it on their own”).</li> <li>• You might believe that using medications like methadone or buprenorphine is not “real recovery” from OUD, because the person on MOUD is still addicted to a drug: “People must stop using these medications and then get into recovery.”</li> <li>• Some colleagues might insist that it is okay to use MOUD for a short period (“detox”) and then to taper and that long-term MOUD use is not okay.</li> <li>• You might think you are supporting your loved one best by encouraging them to stop taking MOUD (“taper down”) as quickly as possible so that they can begin “real recovery.”</li> <li>• You might consider your role to be narrow— simply encourage people to seek treatment for their addiction. Once they enter treatment, you might assume success or failure is up to the individual (“willpower”).</li> <li>• You might think, “I have been harmed by my loved one’s addiction and am worried that this form of treatment (potentially, like other attempts I have witnessed in the past) will not work. I am not sure that I am able to provide support. I wonder if my support will enable my loved one’s addiction.”</li> <li>• You could feel that it is too difficult to accommodate people in medication treatment for OUD at work (e.g., their schedule of appointments, support groups): “It would be better for my employee to stop medication treatment and recover with will power and determination.”</li> </ul>

#### 4. WHAT WOULD WE LIKE THEM TO THINK?

PERSONS WITH OUD	NEEDED SUPPORTERS
<ul style="list-style-type: none"><li>• Research shows FDA-approved medications (methadone, buprenorphine, and naltrexone) are the most effective treatments for OUD.</li><li>• Buprenorphine and methadone can make many aspects of the treatment journey (like withdrawal, cravings, and pain) easier to manage. They can help people in treatment focus on the hard work of achieving goals and building a new life in recovery.</li><li>• There are solutions to MOUD treatment challenges that have worked for others and may work for me. This is my story and my recovery.</li><li>• Each treatment and recovery journey is unique, and there is no “set time” when someone should stop MOUD. I should trust myself and my doctor to decide when I am ready to stop medication treatment (or if I should continue to take it long-term to treat the chronic health condition of OUD).</li><li>• MOUD is “real recovery” and, for many, an essential element of successful recovery.</li><li>• I am worthy of support. Seeking support will increase my chances of staying in MOUD treatment long-term. Though it may be difficult, it is possible to find people who will support and encourage my MOUD treatment.</li><li>• OUD is a chronic disease and return to use (relapse) can happen. While this can be very dangerous (and should be avoided), relapse and slips do not make me a failure. I should discuss these learning opportunities with my doctor so that we can modify my treatment plan together.</li></ul>	<ul style="list-style-type: none"><li>• Treating people in MOUD treatment as if they are drug seeking, still in active addiction, and not in “real recovery” is harmful. These attitudes harm people with OUD and my community and work against our goal of reducing opioid overdose deaths.</li><li>• My support of someone in MOUD treatment can make a big difference in their success.</li><li>• I recognize that each recovery story is different, and it is important to support what works for the individual.</li></ul>

## 5. WHAT IS THE SINGLE, MOST PERSUASIVE IDEA WE CAN CONVEY?

PERSONS WITH OUD	NEEDED SUPPORTERS
<ul style="list-style-type: none"> <li>• Staying in MOUD treatment as long as you need (as determined by you and your provider or treatment team) is the best way to reach your goals and enter long-term remission and recovery.</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting MOUD (for as long as providers or treatment teams recommend) is an essential piece of healing our community from OUD (and preventing opioid overdose deaths).</li> </ul>

## 6. WHY SHOULD THEY BELIEVE IT?

PERSONS WITH OUD	NEEDED SUPPORTERS
<ul style="list-style-type: none"> <li>• You and your provider/treatment team are the most important voices to consider when making decisions about your treatment plan. It is YOUR treatment and YOUR recovery.</li> <li>• Many others share the challenges you face along your medication treatment journey. You can overcome these challenges and stay in MOUD treatment.</li> <li>• The time and work that you put into treatment is worth it to achieve your goals.</li> </ul>	<ul style="list-style-type: none"> <li>• People in MOUD treatment will have a greater chance of success if they have my support.</li> <li>• Experience tells us that every successful recovery story is unique.</li> </ul>

## 7. WHAT DO WE WANT THEM TO DO?

PERSONS WITH OUD	NEEDED SUPPORTERS
<ul style="list-style-type: none"> <li>• Stay in medication treatment as long as you need to achieve your goals; this is your story and your recovery.</li> <li>• Listen/trust your own voice in terms of how you are doing while in MOUD treatment and what you need to achieve your goals.</li> <li>• Talk to your health care provider or treatment team to determine how long you should be in MOUD treatment.</li> <li>• Seek support from others in medication treatment to help you solve problems and navigate challenges that are a normal part of the treatment and recovery journey.</li> </ul>	<ul style="list-style-type: none"> <li>• Take actions that can reduce stigma of MOUD in their community.</li> <li>• Support the idea that each successful recovery story is unique—there is no single path that fits everyone.</li> <li>• Increase support for people in MOUD treatment, including improving access to resources that will help their recovery: transportation, housing, food, employment, medical care, recovery support services, and religious or spiritual support.</li> </ul>