

## 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.*

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

**GOAL:** The goal of the communication campaign is to *reduce the stigma surrounding opioid use disorder (OUD)*. Results from message testing point toward continuing to focus on medication for OUD (MOUD) and the stigma that surrounds offering, seeking, and staying on MOUD for at least 6 months.

**OBJECTIVE:** Reduce stigma associated with receiving U.S. Food and Drug Administration (FDA)-approved MOUD.

**KEY POINTS:**

- OUD is a medical disorder that affects the brain and behavior.
- Anyone who shows signs of compulsive drug seeking and use despite harmful consequences may have a drug addiction and should seek treatment for it.
- People with OUD deserve the best medical care possible, including MOUD.
- MOUD is real recovery and is not replacing one drug for another.
- Recovery from OUD requires more than willpower, and medicines can be part of the solution.

### 2. WHO ARE WE COMMUNICATING TO?

There are three priority groups, including people with lived experience, key opinion leaders, and providers.

| PEOPLE WITH LIVED EXPERIENCE   | KEY OPINION LEADERS   | PROVIDERS   |
|--|---|---|
| <ol style="list-style-type: none"> <li>1. People with OUD</li> <li>2. Family members</li> <li>3. People in recovery</li> </ol> | <ol style="list-style-type: none"> <li>1. Elected officials (sheriff, mayor, city council members, aldermen)</li> <li>2. Opinion leaders (faith-based leaders, civic leaders, employers)</li> </ol> | <ol style="list-style-type: none"> <li>1. Primary care practitioners</li> <li>2. Nurse prescribers</li> <li>3. Pharmacists</li> <li>4. First responders</li> <li>5. Emergency departments</li> <li>6. Dentists</li> <li>7. Referral sources (Employee Assistance Programs, jail, administrators)</li> </ol> |

### 3. WHAT DO THEY CURRENTLY THINK ABOUT MOUD?

| PEOPLE WITH LIVED EXPERIENCE  | KEY OPINION LEADERS  | PROVIDERS  |
|---|--|--|
| <p><b>People with OUD</b></p> <ul style="list-style-type: none"> <li>• I'm to blame for my addiction.</li> <li>• Some family and friends give up on me when they find out I have an OUD.</li> <li>• People tell me that if I take MOUD I'm not in "real" recovery.</li> <li>• I wish people would be a little more compassionate and caring toward me.</li> <li>• When people find out about my OUD, it's difficult to find a job or a place to rent.</li> <li>• I don't talk about my OUD with those who are not drug users to protect the reputations of my family and friends.</li> <li>• Health care providers often look down on me and treat me poorly because I have OUD.</li> </ul> <p><b>People with OUD in recovery (particularly abstinence-based recovery)</b></p> <ul style="list-style-type: none"> <li>• Abstinence is the only way to recover from OUD. You're not really in recovery if you're on MOUD.</li> <li>• People with OUD can recover without medication if they are strong enough.</li> <li>• Those on MOUD should not be living in sober houses or engaging in back-to-work/ support programs.</li> </ul> | <ul style="list-style-type: none"> <li>• People who are addicted to opioids lack the willpower to quit using them.</li> <li>• People with OUD can't be trusted.</li> <li>• People with OUD have made a choice to use drugs.</li> <li>• Landlords and employers can discriminate against people with an OUD.</li> <li>• OUD stigma is a significant challenge that needs to be addressed in my community.</li> <li>• OUD impacts people from every demographic.</li> <li>• My community is resistant to the idea that OUD is a chronic disease. Many don't understand the nature of OUD until it happens to someone in their "house, church, or neighborhood."</li> <li>• What role can I play in reducing stigma?</li> </ul> | <ul style="list-style-type: none"> <li>• People with OUD have made a choice to use drugs.</li> <li>• Someone with an OUD who relapses just doesn't have the willpower to stop using.</li> <li>• Many of my colleagues don't see OUD as a chronic disease. They see it as a behavior or attitude problem.</li> <li>• We're experiencing "compassion fatigue."</li> <li>• I'd like to address stigma but think it should be optional rather than another "mandate."</li> <li>• I want to provide the best care for my patients, but treating someone with an OUD takes more resources and time than I have available.</li> </ul> |

| PEOPLE WITH LIVED EXPERIENCE   | KEY OPINION LEADERS | PROVIDERS |
|--|---------------------|-----------|
| <p><b><i>Friends/families</i></b></p> <ul style="list-style-type: none"> <li>• I feel exhausted by efforts to seek care for my loved one with OUD.</li> <li>• I want to help my loved one but do not know how.</li> <li>• I believe that my loved one could recover if they choose to do so and are strong enough.</li> <li>• Losing a loved one has motivated me to create meaning from this experience and to contribute to efforts to reduce stigma.</li> </ul> |                     |           |

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

| PEOPLE WITH LIVED EXPERIENCE  | KEY OPINION LEADERS  | PROVIDERS   |
|---|--|---|
| <p><b><i>People with OUD</i></b></p> <ul style="list-style-type: none"> <li>• I am not alone—support is available. Recovery from OUD is possible and there are effective medical treatments, including MOUD.</li> <li>• Although there are many paths to OUD recovery, research shows that FDA-approved medications (methadone, buprenorphine, naltrexone) are the most effective treatments.</li> </ul> <p><b><i>Families/friends</i></b></p> <ul style="list-style-type: none"> <li>• I'm proud of my loved one's decision to get treatment with MOUD. I have a role to play in educating my community about MOUD and advocating for access to this life-saving treatment.</li> </ul> | <ul style="list-style-type: none"> <li>• We, as a community, need to offer better treatment and recovery services for people with OUD, which includes increasing access to MOUD. It can start in my organization or business.</li> </ul> | <ul style="list-style-type: none"> <li>• It's my responsibility to address stigma so that more patients seek treatment and MOUD. I can create a stigma-free environment for my patients.</li> </ul> |

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

| PEOPLE WITH LIVED EXPERIENCE  | KEY OPINION LEADERS  | PROVIDERS   |
|---|--|---|
| <p><b>People with OUD</b></p> <ul style="list-style-type: none"> <li>I can recover with the help of effective treatments like MOUD.</li> </ul> <p><b>People with OUD in recovery, particularly abstinence-based recovery</b></p> <ul style="list-style-type: none"> <li>MOUD is effective, evidence-based treatment for OUD and a “real” and important path to recovery for many with OUD. MOUD will save lives.</li> </ul> <p><b>Families/friends</b></p> <ul style="list-style-type: none"> <li>People with OUD can recover when they have our support to get and stay in treatment with MOUD.</li> </ul> | <ul style="list-style-type: none"> <li>People with OUD deserve our support. I can help by addressing stigma in my organization/community.</li> </ul> | <ul style="list-style-type: none"> <li>Raising awareness of stigma-free health care practice can help my staff and I provide better treatment to our patients who ask for and receive treatment with MOUD.</li> </ul> |

## 6. WHY SHOULD THEY BELIEVE IT?

| PEOPLE WITH LIVED EXPERIENCE   | KEY OPINION LEADERS  | PROVIDERS   |
|--|--|---|
| <p><b>People with OUD and families/friends</b></p> <ul style="list-style-type: none"> <li>Everyone has their own path to recovery, and many have found it through MOUD.</li> </ul> <p><b>People with OUD in recovery, particularly abstinence-based recovery</b></p> <ul style="list-style-type: none"> <li>People who use medication to treat OUD are in recovery. Their path to recovery is no less “real” or acceptable than my own.</li> </ul> | <ul style="list-style-type: none"> <li>When people with OUD feel accepted and supported in their decision to seek treatment/MOUD, they are more likely to recover and contribute positively to their organizations/communities.</li> </ul> | <ul style="list-style-type: none"> <li>When people with OUD feel accepted and supported when seeking treatment/MOUD from health care providers, they are more likely to have a successful recovery</li> </ul> |

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

| PEOPLE WITH LIVED EXPERIENCE  | KEY OPINION LEADERS   | PROVIDERS  |
|---|---|--|
| <p><b><i>People with OUD</i></b></p> <ul style="list-style-type: none"> <li>• Get and stay on the path to recovery by seeking treatment with MOUD.</li> </ul> <p><b><i>People with OUD in recovery, particularly abstinence-based recovery</i></b></p> <ul style="list-style-type: none"> <li>• Encourage and support all people with OUD—regardless of their path to recovery. Work within your organization to advocate for acceptance of MOUD, including allowing those on MOUD to live in sober housing and participate in peer-recovery support programs.</li> </ul> <p><b><i>Families/friends</i></b></p> <ul style="list-style-type: none"> <li>• Support your loved one's decision to get treatment with MOUD.</li> </ul> | <ul style="list-style-type: none"> <li>• Take steps to address stigma in your community and help people with OUD seek effective treatment.</li> </ul> | <ul style="list-style-type: none"> <li>• Learn more about how to provide the best care for your patients in treatment and recovery. Reduce stigma that discourages people with OUD from seeking help.</li> </ul> |