

MOUD Stigma Toolkit Sustainability Version

Together, we can
HEAL
our communities.



Health Equity

Considerations for MOUD stigma among different groups:

- MOUD (Medication for Opioid Use Disorder) stigma exists in all minoritized groups. Note that stigma around MOUD will differ based on age, educational status, socioeconomic status, race, and ethnicity. Be mindful of the norms in each of these groups as you are targeting your messaging.
- There are six main types of stigma. These are all entwined with different groups and should all be taken into consideration when creating messaging.¹
 - 1. Perceived Stigma- believing that discrimination and prejudice does exist toward an individual or group.
 - 2. Enacted Stigma- Behaving toward stigmatized individuals or groups in a way that shows prejudice or discrimination.
 - 3. Internalized/Self-Stigma- Acceptance/feeling of lower worth by a member of a stigmatized group.
 - 4. Anticipated Stigma- a person's expectation that they will experience stigma or discrimination.
 - 5. Public Stigma- the level and substance of stigma in a community or culture.
 - 6. Stigma "By Association"- Placed on individuals who interact closely with the stigmatized group.
- Religion can impact MOUD stigma. Many religious communities support 12-step programs, and 12-step programs may foster anti-MOUD attitudes.²
 - Religious institutions are critical players in the fight against MOUD stigma, especially in rural Ohio, where they may be able to influence judgements on SUD.³
- Stigma varies within racial and ethnic groups. Remain mindful that some groups have personal stigma (often among Black/African American and other minoritized groups) and some groups have social stigma (often among non-Hispanic White populations).

Themes and subthemes, dichotomized by racial/ethnic minoritized vs. non-Hispanic white race/ethnicity

	Racial/ethnic minoritized	Non-Hispanic white
Perception of MOUD	Strong negative opinions and distrust of MOUD	Mixed opinions of MOUD
Facilitators to addiction treatment	Social support	Self-motivation
Barriers to addiction treatment	Internalized stigma toward people treated with MOUD	Anticipated stigma for MOUD from family/community
Preferred treatment for OUD	Non-MOUD treatment, residential treatment	Naltrexone, non-MOUD treatment

Source: Husain, J. M., Cromartie, D., Fitzelle-Jones, E., Brochier, A., Borba, C. P., & Montalvo, C. (2023). A qualitative analysis of barriers to opioid agonist treatment for racial/ethnic minoritized populations. *Journal of Substance Abuse Treatment, 144*, 108918.

Sample Social Media Copy

One of the simplest and most effective means of communicating health messaging is through local social media platforms. Outlined below are some tips and sample social media posts for you and your partners to amplify MOUD Stigma messages in your community.

Social Media Tips

- Identify your audience and adjust the tone of your messaging accordingly
- Posts with images are more engaging – always include a photo, graphic, or video element
- Keep messaging concise and to the point to engage audience’s attention
- Be sure to use any relevant hashtags (e.g., #opioidusedisorder, #naloxonesaveslives) and use Twitter handles to tag partners (e.g., @NIH, @SAMHSAgov)
- Encourage coalition partners to share your posts
- Interact with followers and engage them in conversation online




Sample copy for social media posts are on the next pages. Edit the sample copy as needed to meet the unique needs of your community and desired social media platform. Be sure to include a URL to your local website so that people know where to go for additional information. To use the graphics, right click and “Save as Picture” to a folder on your computer. Then, upload to your desired social media platform.

Graphics provided are sized for sharing on Facebook and Twitter platforms (1200 x 628 pixels).

RESIZE GRAPHICS: Use this tool to re-size any of the below images for posting on other social media platforms: <https://sproutsocial.com/landscape>.

Post 1:

What are medications for opioid use disorder (MOUD)? Three medications are approved by the FDA to treat #opioidusedisorder – methadone, buprenorphine, and naltrexone. Learn more: [\[insert webpage URL\]](#).

Methadone	Buprenorphine	Naltrexone
 <ul style="list-style-type: none">• Reduces withdrawal symptoms and cravings• Can be used to treat pain• Can reduce effects of other opioids (protects against overdose)• Taken as a liquid• Given at licensed opioid treatment programs	 <ul style="list-style-type: none">• Reduces withdrawal symptoms and cravings• Can be used to treat pain• Can reduce effects of other opioids (protects against overdose)• Taken as film or tablet that melts under the tongue• Available in a variety of settings by prescription from a healthcare provider with special training	 <ul style="list-style-type: none">• Blocks the effects of opioids• Patient must not use opioids for 7-10 days before starting medication• Comes as pill or a monthly shot (shot is recommended)• Administered in a variety of settings• Any prescriber can write the prescription

Post 2:

We, as a community, need to eliminate the stigma associated with #opioidusedisorder. Be part of the change and help us HEAL our community. Learn more: [\[insert webpage URL\]](#)

#EndStigma #EndOverdose



Post 3:

The myth that addiction is a lack of willpower stops people from seeing their doctors and getting treatment that can help them rebuild their lives, relationships, and health. If you or a loved one is ready for help, visit [\[insert webpage URL\]](#). #EndStigma



Post 4:

People who take FDA-approved medications like buprenorphine (Suboxone®), methadone, and naltrexone (Vivitrol®) are more likely to stay in recovery and enjoy healthy, productive lives.

Learn more: [\[insert webpage URL\]](#). #MOUDworks



"I am a proud dad of three boys, a mechanic, and a movie fan. I also take buprenorphine."

Learn more about FDA-approved medicines proven to overcome opioid use disorder.

Post 5:

People with addictions are often discriminated against at their jobs, lose their housing, and are poorly treated by health care professionals. Learn how you can help end stigma in [\[insert webpage URL\]](#).

#EndStigma



Post 6:

Each person has their own path to recovery from #opioidusedisorder, but research shows that medications for opioid use disorder (MOUD) offer the most effective treatment. Start your path to recovery here: [\[insert webpage URL\]](#). #recoveryispossible #MOUDisRealRecovery #MOUDworks

MEDICATIONS FOR OPIOID USE DISORDER (MOUD)
can help people be successful in their recovery by:

- Lowering the risk of relapse
- Lowering the risk of overdose death
- Increasing the time they stay in treatment
- Improving their lives and relationships with others

Post 7:

Stigma leads some to believe that taking medication for opioid use disorder is “replacing one drug for another” and “not real recovery.” In fact, people who take FDA-approved medications are more likely to stay in recovery long term. Learn more: [\[insert webpage URL\]](#).

#MOUDisRealRecovery

**Use of methadone
and buprenorphine
IS NOT
substituting one
addiction for another.**



Post 8:

The words we use to talk about addiction matter. Commit to changing your language and help to end stigma. Learn how you can help end stigma in [\[insert webpage URL\]](#). #EndStigma

Words Matter

Use these recommended terms to reduce stigma when talking about opioid use disorder.

Instead of...	Use...
<ul style="list-style-type: none">• Addict• User• Substance or drug abuser• Junkie• Substance dependence• Former addict• Reformed addict	<ul style="list-style-type: none">• Person with opioid use disorder (OUD) or person with opioid addiction• Patient• Person in recovery or long-term recovery

Post 9:

Recovery from #opioidusedisorder is possible and there are effective medical treatments, including medications to support recovery. Learn more: [\[insert webpage URL\]](#). #RecoveryIsPossible

"I am a devoted father, waiter, and coach. I also take methadone."



Learn how medicines to treat opioid use disorder can be part of the solution.

Post 10:

Medications for #opioidusedisorder (OUD) are effective, research-supported, and an important path to recovery for many with the disease. Learn more: [\[insert webpage URL\]](#). #EndOverdose




“I am a grandma, knitter, and church leader. I also take buprenorphine.”

Learn how medicines to treat opioid use disorder help improve lives.

Post 11:

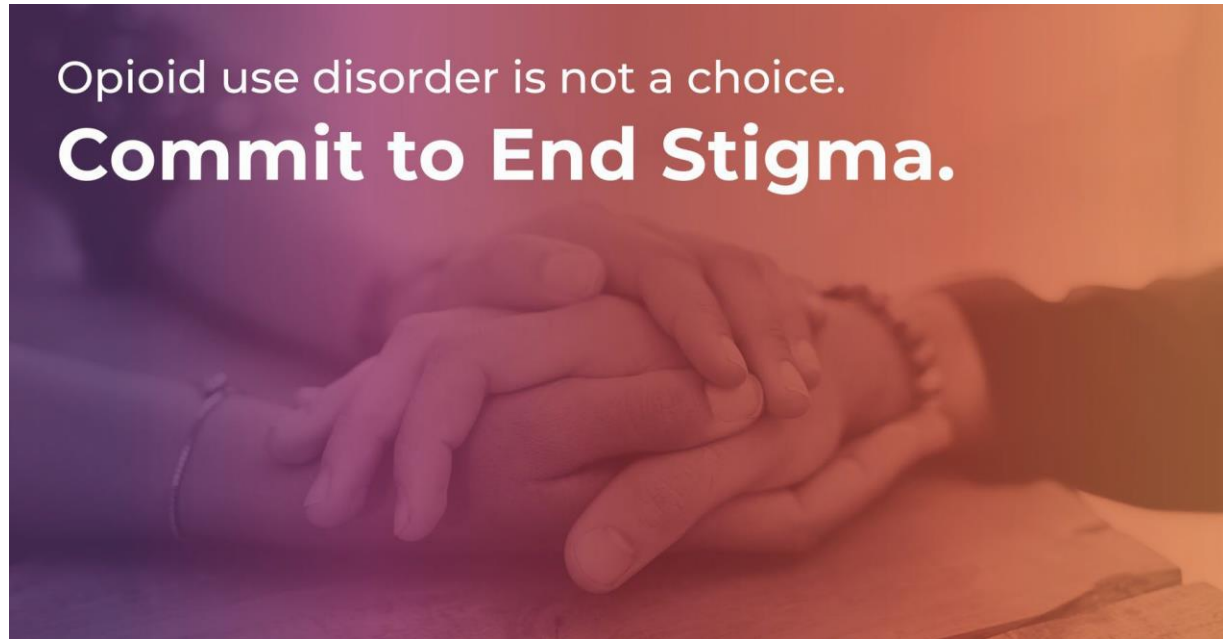
Why do we recommend medications for opioid use disorder (MOUD)? Because they save lives! People who stop using opioids often relapse (return to use) without medication to help them. Stopping and then restarting opioid use increases the chance of dying from an overdose. MOUD lowers the risk of relapse and death. [\[insert webpage URL\]](#).



Learn more about medications for opioid use disorder available in our community.

Post 12:

Fear of being judged or discriminated against keeps people with #opioidusedisorder from getting the medical help they need and increases their chances of dying from an overdose. Learn how you can help end stigma in [\[insert webpage URL\]](#). #EndStigma #MOUDworks



Post 13:

People with #opioidusedisorder (OUD) can recover when they have our support to get and stay in treatment with medications for OUD. Learn more: [\[insert webpage URL\]](#).



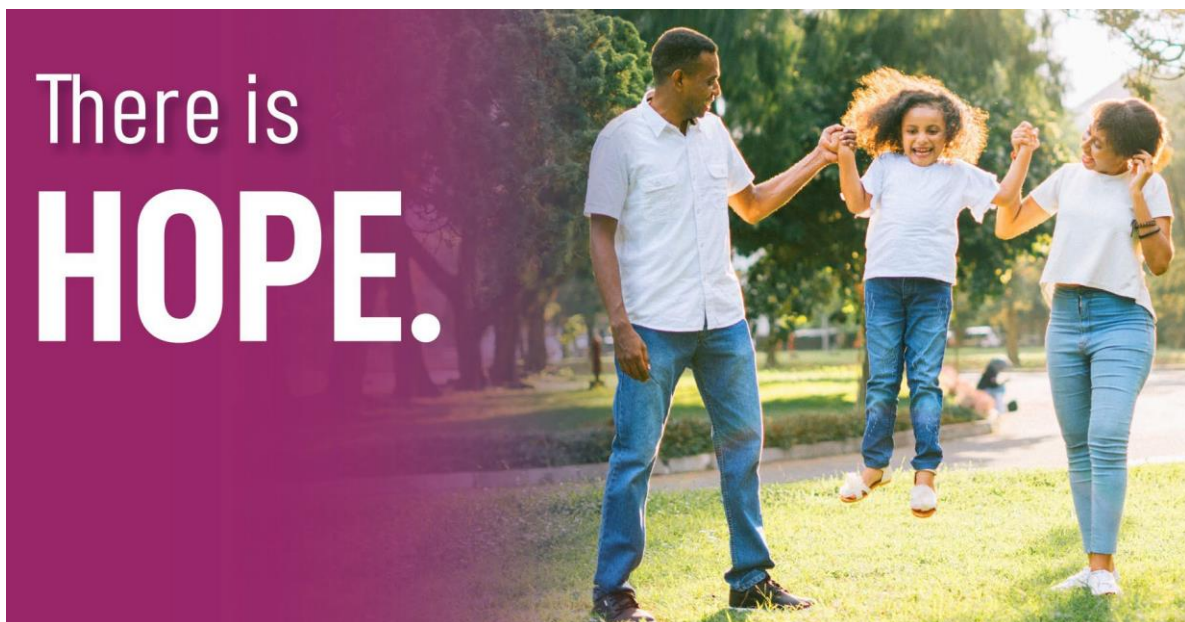
Post 14:

#Opioidusedisorder is a chronic medical condition that can be treated with medication. If your loved one struggles with opioid use disorder, help them seek the life-saving medication they need to treat it. Learn more: [\[insert webpage URL\]](#).



Post 15:

If you are one of the millions of Americans who suffer from opioid use disorder, there is hope. There are medications that manage withdrawal symptoms and cravings, reduce your risk of relapse and death, and help you stay in recovery. Learn more: [\[insert webpage URL\]](#).



Post 16:

Why do we recommend medications for opioid use disorder (MOUD)? Because they save lives! Buprenorphine and methadone treatment decrease mortality by 50% in patients with OUD. These meds also help patients manage symptoms and achieve long-term recovery. Learn more: [\[insert webpage URL\]](#).



Post 17

When someone is treated with medications for opioid use disorder (MOUD), it does not substitute one drug for another. Buprenorphine and methadone help reduce opioid cravings and withdrawal. These medications restore balance to the brain circuits affected by addiction, allowing the patient's brain to heal while working toward recovery. ([National Institute on Drug Abuse, 2016](#)) [\[insert webpage URL\]](#).



Partner Engagement Outreach

PURPOSE: Send this to partner organizations to secure their support in sharing campaign content.

Sample Email

Hi [Director, Communications Director, or other staff name listed on website or social media],

I am working with [insert Coalition name] on the [insert project name]. This project aims to [insert project aim name] in [insert county name]. Learn more about our work here: [insert webpage URL].

I am writing to ask for your help. From [insert date – date], our coalition is running a campaign to address stigma around medications for opioid use disorder (MOUD). Stigma leads some people to believe that taking MOUD (often referred to as MAT) is “replacing one drug for another” and “not real recovery.” In fact, people who take [FDA-approved medications](#) like buprenorphine (Suboxone®), methadone, and naltrexone (Vivitrol®) are more likely to stay in recovery and enjoy healthy, productive lives.

We will be sharing content over the next several weeks and would be so grateful if you could help us get life-saving information out to our community members. Would you be willing share these resources throughout your communication channels or have a quick conversation about how you can help our communication campaign?

Best wishes,
[Signature line]

[insert your coalition’s social media accounts and hyperlink]

Sample Direct Message (sent through the desired social media platform's message feature)

I am working with [insert Coalition name] on the [insert project name]. This project aims to [insert project aim name] in [insert county name]. We are planning a communication campaign [insert date – date] to combat stigma toward opioid use disorder. Would you be willing to share our content? Can I message you when posts are available to share? Or would you be willing to have quick conversation about how your organization can support our campaign? Thank you, [insert Name]

Sample Newsletter

PURPOSE: Send this to partner organizations and ask them to include in their newsletters to help end stigma related to opioid use disorder.

REMOVING THE STIGMA OF MEDICATIONS FOR OPIOID USE DISORDER

No matter who we are or where we come from, we all know at least one person that is affected by opioid use disorder (OUD). An estimated 2.1 million Americans have OUD¹. [Insert community specific data on opioid overdose deaths and other impacts, if available].

The good news is there are many proven ways to help people with opioid use problems, including opioid overdose education and naloxone distribution (OEND) programs; strategies to reduce inappropriate opioid prescribing; FDA-approved medications for opioid use disorder (MOUD) including methadone, buprenorphine and naltrexone; behavioral therapies; and recovery support services. Unfortunately, the stigmatization of people with OUD and their loved ones keeps many from accessing these practices.

Some gains have been made in reducing stigma around medical disorders. For instance, public education and widespread use of effective medications has demystified depression, making it somewhat less taboo now more than it was in past generations. However, little progress has been made in removing the stigma around OUD. People with opioid use disorder continue to be blamed for their disorder. The public and even many professionals in the healthcare and criminal justice systems continue to view addiction as a result of moral weakness and flawed character. This keeps people with OUD from getting the best possible care and leads to overdose deaths.

What many do not realize is that OUD is a medical disorder characterized by an inability to stop the use of an addictive substance, despite the negative consequences associated with its use. Addiction is a chronic brain disease not a lack of willpower. More importantly, OUD is treatable and people who use medications like buprenorphine (Suboxone®) and methadone are more likely to stay in recovery and enjoy healthy, productive lives.

The Need for Change

¹ Substance Abuse Center for Behavioral Health Statistics and Quality. Results from the 2016 National Survey on Drug Use and Health: Detailed Tables. SAMHSA. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.htm>. Published September 7, 2017. Accessed March 7, 2018.

Alleviating stigma is not easy. Some people may have concerns that reducing stigma will make opioid use “normal” or somehow encourage people to use opioids in a harmful way. That is simply not the case—we need to reduce stigma about *recovery* from OUD so that those who are struggling have one less barrier to taking those critical first steps toward a life that they feel is worth living. We do this while continuing to educate our communities about the dangers of opioid *use* and risk for overdose.

Change needs to come from all angles, which involves the hearts and minds of policy makers, the families of people with opioid use disorder, and healthcare professionals. There must be wider recognition that opioid use disorder is a disease, and that there are FDA-approved medications that can help.

Be the Change

Everyone can make a difference by creating a stigma-free environment for people with OUD in your family, community, workplace, and/or health care setting. Learn more: [\[insert webpage URL\]](#)

Sample PSA Scripts

PURPOSE: Sample copy to record and distribute a community-oriented public service announcement (PSA) for air on radio stations at no cost in order to fulfill their obligation to serve the public interest.

NOTE: This script is ~:30 seconds in length. Edit as needed to meet your placement specifications.

Option 1

No matter who we are or where we come from, we all know at least one person that is affected by opioid use disorder. Stigma keeps people who are struggling with addiction from getting help and staying in treatment. Learn what you can do to end stigma around opioid use disorder in [\[insert community name\]](#) at [\[insert webpage URL\]](#).

Option 2

Opioid use disorder is a brain disease that can be treated. Overcoming it takes more than willpower. People who take FDA-approved medications like buprenorphine and methadone are more likely to stay in recovery and enjoy healthy, productive lives. However, stigma keeps millions from accessing this life-saving treatment. Learn more at [\[insert community name\]](#) at [\[insert webpage URL\]](#).

Option 3

Are you or a loved one struggling with opioid use disorder? Now is the time to seek help. FDA-approved medications – including buprenorphine, methadone, and naltrexone – are a path to recovery from opioid use disorder. These medications lower the risk of relapse and increase the chances of staying in recovery long-term. Seeking recovery is a brave step, and help is available. Learn more about medications for opioid-use disorder available in our community at [\[insert webpage URL\]](#).

Option 4

Opioid-use disorder is a chronic disease that affects many residents in [\[insert community name\]](#). Like other chronic diseases, it can be treated with medication. Medications like buprenorphine and methadone are the most effective way to save lives by preventing overdose. They also help people stay in treatment and achieve long-term recovery. Learn more about medications for opioid-use disorder available in our community at [\[insert webpage URL\]](#).

NOTE: speak website address phonetically (e.g., www dot HealTogetherOH dot org forward slash [insert community name]).

Op-Ed Template

From: [signatory, title]

For more information contact:

[local contact info]

Opioid overdoses remains one of the principal causes of death in our community, especially among younger people. [INSERT LOCAL STATISTICS IN ONE SENTENCE HERE].

We know how destructive and dangerous opioids and opioid dependence can be. However, our own prejudices and misunderstandings can directly contribute to unnecessary deaths and broken lives.

These are strong words. Here's why we say so.

The fact is that opioid dependence changes the brain in ways that make cure through will power alone extraordinarily difficult or impossible. Medications that address these brain changes, and block the effects of opioids on the brain, have been scientifically demonstrated to be effective and are a key tool in combatting opioid dependence and opioid overdose.

This treatment may be under the supervision of a physician or of a substance use treatment clinic that also offers other forms of supportive treatment and therapy. Medications that are typically prescribed and used here in [NAME OF COMMUNITY] include [NAMES OF MEDICATIONS TYPICALLY USED LOCALLY].

That's the good news. Here's the bad news. Too often, people make comments such as "It is just substituting one drug for another." "If you have to take something, you are still an addict."

When such attitudes prevent people from seeking help, staying in treatment, or supporting their friends and family who are in treatment, the effects can be tragic. It can mean lives and families stay broken; it can mean death from an opioid overdose. Conversely, successful treatment can mean people with opioid use disorder who can hold a job, parent their children, keep a healthy relationship with parents and siblings.

Sometimes people can reduce and eliminate their need for medications for treatment of their opioid use disorder. Sometimes they need to continue the use of such medications long-term. We are glad that diabetics can take insulin to remain healthy and contributing members of society. It will be a good thing indeed when we can feel and say the same thing about people taking medications for opioid use disorder.

We use this term, “medications for opioid use disorder” (or MOUD) precisely because of our concern about stigma about such medications. The term emphasizes that opioid dependence is a disorder or disease of the brain. The brain has changed. Even appropriate, prescribed use of opioids can lead to dependence in certain people whose brains are particularly vulnerable to these chemicals.

You can do something very important to help reduce overdose deaths, and help people rebuild their lives. You can encourage referring people with opioid use disorder to clinics and physicians who are experienced in prescribing and supervising use of medications for opioid use disorder. You can respect the courage and commitment to recovery of people who are using these medications under appropriate supervision.

And you can try using this language: “persons with opioid use disorder”, which recognizes that people are not merely their dependence, and that dependence is a disease of the brain that can be treated.

For more information about where to refer people to obtain such medications under appropriate supervision contact [\[NAME OF REFERRAL ORGANIZATION, TREATMENT FINDER WEBSITE, ETC\]](#).

References

1. Pescosolido, B. A., & Martin, J. K. (2015). The stigma complex. *Annual review of sociology*, 41, 87.
2. Andraka-Christou, B., Totaram, R., & Randall-Kosich, O. (2022). Stigmatization of medications for opioid use disorder in 12-step support groups and participant responses. *Substance abuse*, 43(1), 415-424.
3. Schalkoff, C.A. (2022). Understanding the opioid epidemic in rural Ohio: A mixed methods analysis of moral values, stigma, and medication for opioid use disorder (MOUD). *Dissertations Publishing, The University of North Carolina at Chapel Hill ProQuest*. <https://www.proquest.com/docview/2758999546?pq-origsite=gscholar&fromopenview=true>

