Medication for Opioid Use Disorder (MOUD) Conversation Guide for Outreach & Support Staff

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There are common questions that often arise when discussing medications for opioid use disorder (MOUD) with clients or potential clients. The goal of this document is to provide answers to these frequently asked questions and prepare outreach teams, and behavioral health staff for these discussions. We have included information for background knowledge, as well as recommended responses to questions that have been asked by patients.

Please note, this document is intended for use by outreach teams and clinical support staff. Not all elements of each response may be applicable to your setting, so please use your best judgement when engaging in discussions with clients and tailor your response as appropriate.

Role of Outreach and Support Staff

Outreach teams and non-prescribing staff can help by listening, reducing stigma, sharing basic information about MOUD, encouraging medical follow-up, and helping connect people to care. They should not determine which medication is best, advise on dosing, or make promises about how treatment will be started. Those decisions should be made by a licensed prescriber based on the patient's needs.

Key Messages for Outreach Staff to Communicate to Clients

We want to support you with exploring recovery so you can:

- stay alive
- feel more stable
- reduce cravings
- have a chance to get back to the life you want

MEDICATION EDUCATION

1. What medications are used to treat opioid use disorder?

Methadone	Methadone is a long-acting opioid medication taken under medical supervision. Methadone can be a good option for people with high opioid tolerance or who benefit from a structured daily program.
Buprenorphine	Buprenorphine partially activates opioid receptors and can reduce cravings and withdrawal with a lower overdose risk than full opioids. Buprenorphine can be a good option for people who want office-based treatment or quicker access
Naltrexone	Naltrexone blocks opioid effects and works differently because it does not relieve withdrawal the way the others do. Naltrexone may fit people who have already stopped opioids and want a relapse-prevention option.
Others	

2. **Why should someone take MOUD?**
    - To help patients who are dependent on opioids to stop using dangerous drugs.
    - To help manage withdrawal symptoms (detox).
    - To help patients prevent cravings and maintain sobriety.
3. **Are all the medications the same or different?**
    - Each medication works differently, and the choice of medication depends on the patient's needs. A doctor can help patients make the best choice for their circumstances.
    - Different medications have different possible side effects. These can include things like constipation, sleepiness, headache, nausea, and the need to avoid mixing with alcohol or sedatives unless discussed with a clinician.
    - People do not have to just suffer through side effects. If something feels off, the answer is to tell the doctor so they can adjust things. Treatment can still be worth it, even if it takes some fine-tuning at the beginning.
4. **When is the best time to start taking the medications?**
    - Medications can be started at any time. There is no need to stop using opioids before seeing a doctor. The person should seek care right away, and the exact medication start process depends on the medication and the person's current use pattern.
    - A doctor will work with the patient to begin MOUD treatment. Patients' symptoms will be monitored to ensure their treatment is as comfortable as possible and any withdrawal symptoms are properly managed.
    - If the patient is interested, offer to help connect them to a provider or clinic that day.
5. **What if a patient doesn't like the medications and wants to stop taking them?**
    - It is very important that patients discuss all concerns or desired medication changes with their doctor prior to stopping them.
6. **What if the patient indicates they will (or may) continue using drugs?**
    - Patients should discuss their situation and concerns with the doctor.
    - Patients should always be encouraged to see a doctor regardless of their current situation.
    - Even if the patient is still using, offer help with connecting to care, offer harm reduction resources like Narcan or test strips, or a same-day appointment if available.

WITHDRAWAL AND PRECIPITATED WITHDRAWAL

7. **Can MOUD cause withdrawal symptoms?**
    - Prescribers are trained to monitor and manage withdrawal symptoms during MOUD treatment.
    - Patients should make their doctor aware of any concerning symptoms they're experiencing while taking MOUD.
    - If MOUD is not taken as prescribed, it can cause symptoms of withdrawal.
    - In the early stages of MOUD treatment, dosing may need to be adjusted frequently to make patients comfortable. It is important to maintain open communication with the doctor.

8. **What is precipitated withdrawal?**
    - Precipitated withdrawal is a fast, intense withdrawal that can happen if certain medications are started too soon after using opioids.
    - It happens because the medication can replace the opioids in the body too quickly, causing withdrawal symptoms to hit all at once.

Opioid antagonist	**Partial agonist**	**Full agonist**
A medication that blocks opioids from working (e.g., naloxone)	*A medication that activates opioid receptors, but not as strongly as other opioids* (e.g., buprenorphine)	*An opioid that fully activates opioid receptors* (e.g., fentanyl, methadone)

9. **A patient shares they had precipitated withdrawal after taking MOUD (e.g., Suboxone) and don't want to go into "precip" again.**
    - Precipitated withdrawal feels terrible and doctors do not want patients to experience it.
    - Over the years, MOUD prescribing and the starting dose of MOUD has been adjusted to decrease the likelihood of precipitated withdrawal.
    - It is very important for patients who are starting MOUD to stay in frequent contact with their doctor to make appropriate adjustments to their dosages to address all their symptoms. There are other medications that can be prescribed to minimize withdrawal symptoms in addition to MOUD.
    - Offer to help the patient connect with a prescriber to discuss options for a safer start.

INEFFECTIVE MEDICATION

10. **Suboxone didn't work when taken in the past.**
    - The dosing of the medication has changed. A patient can start at a much higher dose to keep them from feeling withdrawal symptoms or to control cravings.

STIGMA-RELATED

11. **Isn't MOUD just replacing one drug for another?**
    - Opioid use disorder/addiction is a medical condition/disease—like high blood pressure or diabetes. We give medicine to treat high blood pressure and diabetes—taking MOUD to treat opioid use disorder is similar, and it can help treat the medical condition of opioid addiction.

12. **The patient doesn't want to be on MOUD forever.**
    - Starting MOUD now can help patients stop using dangerous drugs/fentanyl. They don't have to be on medications forever.
    - MOUD can help treat withdrawal, control cravings, and help people move toward recovery.
    - If a patient starts MOUD now and wants to stop taking it in the future, a doctor can help them wean the dose down over time to keep them comfortable.

- MOUD is just one tool in recovery, and recovery can include multiple treatment options. When someone chooses to stop medication, other clinical and recovery supports remain available to help maintain stability and support long-term abstinence.

13. Denial, e.g., patient says: "I'm not using drugs/opioids."

- Staying alive and safe are the most important things for every person. It is their choice what and how much information they share with anyone. No matter what, help is available. If a person is interested, connect them with a doctor who can discuss treatment options and other supports that may be a good fit for them.
- Many people with opioid use disorder need multiple attempts to engage in treatment before they agree to it (research says it takes between 3 and 8 attempts at treatment before recovery). Engaging with a patient can help them feel better and move toward recovery.
- If the person is open to it, offer to make the referral, place the call together, or provide information they can use later.

OTHER CONCERNS

14. With all the other stuff in street drugs now (medetomidine and sedating adulterants), how can one get started on treatment?

- Adulterants in the street drugs (such as medetomidine) can make starting treatment more difficult, but treatment is still possible, and MOUD can help.
- With medetomidine, we often see:

Overdose: Very sleepy/sedated and low heart rates.

Withdrawal: High blood pressure, high heart rates, shaking, and a lot of vomiting.

- Encourage patients to talk with a doctor/prescriber about other medications to help treat withdrawal symptoms. Examples of medications that could be given are clonidine, tizanidine, and ondansetron.
- If the person is interested, help connect them to a medical provider who can discuss symptom management and treatment options.

15. The patient is on probation. They're concerned that starting MOUD will result in people knowing they violated their probation and will result in negative consequences.

- We're here to help, not to get anyone in trouble. We don't report to probation or parole unless a signed consent form to release treatment updates to probation is given by the patient; it is confidential patient medical information protected by HIPAA and 42 CFR Part 2.
- That said, even though treatment is private, staff should not promise absolute secrecy in every circumstance; specific releases, safety concerns, or legal requirements may affect what can be shared.

16. Why is it so important for people to carry naloxone if they're actively taking MOUD?

- MOUD reduces overdose risk, but people should still have naloxone available, especially during early recovery, after missed doses, or if they continue using other substances.

17. Will a patient get into trouble if they don't follow up at the clinic?

- No, they will not get into any trouble if they do not continue to follow up with the clinic, but if they stop showing up and don't let anyone know whether they want to continue treatment, they may be administratively discharged. All patients should be encouraged to go for follow-up appointments.
- Encourage follow-up and ask whether the patient would like help scheduling or arranging transportation.

18. What if a person is pregnant or has recently had a baby? Can they still take MOUD?

- Yes, people who are pregnant or recently postpartum should still be connected to treatment right away; MOUD can be an important part of care, and treatment decisions should be made with a qualified clinician.

19. The patient lives out of state and is only visiting Delaware. Are they able to get MOUD?

- It is best to start MOUD treatment with a doctor who will be able to monitor the patient for several weeks at the beginning of treatment. The doctor will also need to examine the patient and perform appropriate lab work. However, substance use can be harmful, and MOUD can keep someone alive and safe until they return back to their permanent residence. MOUD treatment can be transferred from one doctor to another.
- To find treatment visit www.FindTreatment.gov, or call 1-800-662-HELP or 988 for assistance in finding substance use treatment near your home.

TRANSPORTATION

20. A patient doesn't have transportation to get to/from an appointment.

- If transportation is the barrier, help the patient identify and use the appropriate transportation option below.

	Purpose	Geography	How to Use
DSAMH and Community Partner Support Unit (CPSU) Partnership	For individuals following an interaction with a hospital or EMS to help access an MOUD appointment.	Statewide	Delaware EMS agencies and EDs may refer patients to this transportation resource using the Transportation Pilot Referral Form. Outreach teams can refer clients to the referral postcard and suggest clients engage with CPSU for transportation after an EMS encounter or ED visit.
DSAMH's DTRN Rideshare (powered by RoundTrip)	For clients receiving behavioral health treatment who require non-emergency transportation.	Sussex County	DSAMH-contracted behavioral health providers can request the service via DTRN.
Medicaid Non-Emergency Medical Transportation (Modivcare)	For Medicaid clients needing non-emergency transport to and from a covered medical service.	Statewide	Eligible Delaware Medicaid clients or their medical providers (on behalf of client) can request.

INSURANCE/PAYMENT

21. Patient doesn't have any insurance.

- Delaware residents may be eligible for publicly funded addiction treatment services through DSAMH.
- Publicly funded treatment options can be found on Help is Here: https://www.helpisherede.com/.
- If the patient is interested, offer to help them contact one of these resources now.
- For intake and short-term management, local DSAMH Bridge Clinic can help:

Bridge Clinic New Castle County Fernhook Building
14 Central Ave.
New Castle, DE 19720
M-F, 8:00am to 11:30pm
S-S, 8:00am to 4:30pm
302-288-0230

Bridge Clinic Kent County James W. Williams State Service Center
805 River Rd., 3rd Floor
Dover, DE 19901
M-F, 8:00am to 4:30pm
302-857-5060

Bridge Clinic Sussex County Thurman Adams State Service Center
546 S. Bedford St.
Georgetown, DE 19947
M-F, 8:00am to 4:30pm
302-515-3310

Questions? *Contact:*

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