



Build Empathy for People with Opioid Use Disorders (OUD)

Public health is “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.” — Charles-Edward Amory Winslow

Often times, people use dehumanizing language to describe conditions or circumstances. This is especially true for conversations around subjects like drug use. Health equity requires that all people be addressed inclusively, with respect, using non-stigmatizing, bias-free language. Before you move further into this lesson, take a minute and think about the power of language.

Remember the person! It is important when addressing health issues in communities to always remember the person behind the condition and treat them with respect and dignity. The person always comes first.

Term to Avoid → Preferred Term

diabetic	→	person with diabetes
disabled	→	person with a disability
homeless	→	person experiencing unstable housing
drug user	→	person who uses drugs



CDC's Rx Awareness campaign tells the stories of people whose lives were impacted by prescription opioids. The goals of the campaign are to increase awareness that prescription opioids can be addictive and dangerous, to reinforce that help is available for those suffering from an opioid use disorder, and to encourage those struggling with prescription opioids to visit the campaign website to locate help and resources. Visit the campaign site and explore some of the stories. Most videos are 30 seconds long, but the first six have full length videos available that tell a longer story.

<https://www.cdc.gov/rxawareness/stories/index.html>

After reading the stories and watching the videos, reflect by answering the following questions:

- What are some reasons people started using opioids?
- What were some of the consequences of opioid use?
- How did the people in the featured stories get treatment for their **opioid use disorders**?
- The people featured in the campaign represent a broad range of ages and identities. How did these stories change your image of what a person who uses drugs looks like?
- Many of the people featured denied that they had a problem with opioid addiction because they initially got a prescription from a doctor. They later express a sense of betrayal that they became addicted after trusting that their doctors were acting in their best interests. How can trusted authorities like health care practitioners, teachers, and religious leaders play a role in preventing OUD?
- Some people see OUD as a moral failing rather than a medical condition. Why is it important to move past that misconception to create effective public health interventions that help save lives?



Design an Intervention for Opioid Use Disorder (OUD)

There are overarching principles that serve as a guide for the design and implementation of effective **overdose** prevention strategies. The four guiding principles below are lessons learned from previous **public health** emergencies.

1. Know your epidemic, know your response. Opioid **overdose** is driven by many different mechanisms and human experiences, and people may follow a variety of paths toward opioid misuse and **overdose**.
2. Make collaboration your strategy. Effectively responding to the opioid **overdose epidemic** requires that all partners be at the table. Make collaboration your strategy.
3. Nothing about us without us. Prevention strategies need to consider the realities, experiences, and perspectives of those at risk of **overdose**. Those affected by opioid use and **overdose** risk should be involved in the developing the solutions.
4. Meet people where they are. The guiding principle of “meeting people where they are” means more than showing compassion or tolerance to people in crisis. This principle also asks us to acknowledge that all people we meet are at different stages of behavior change.

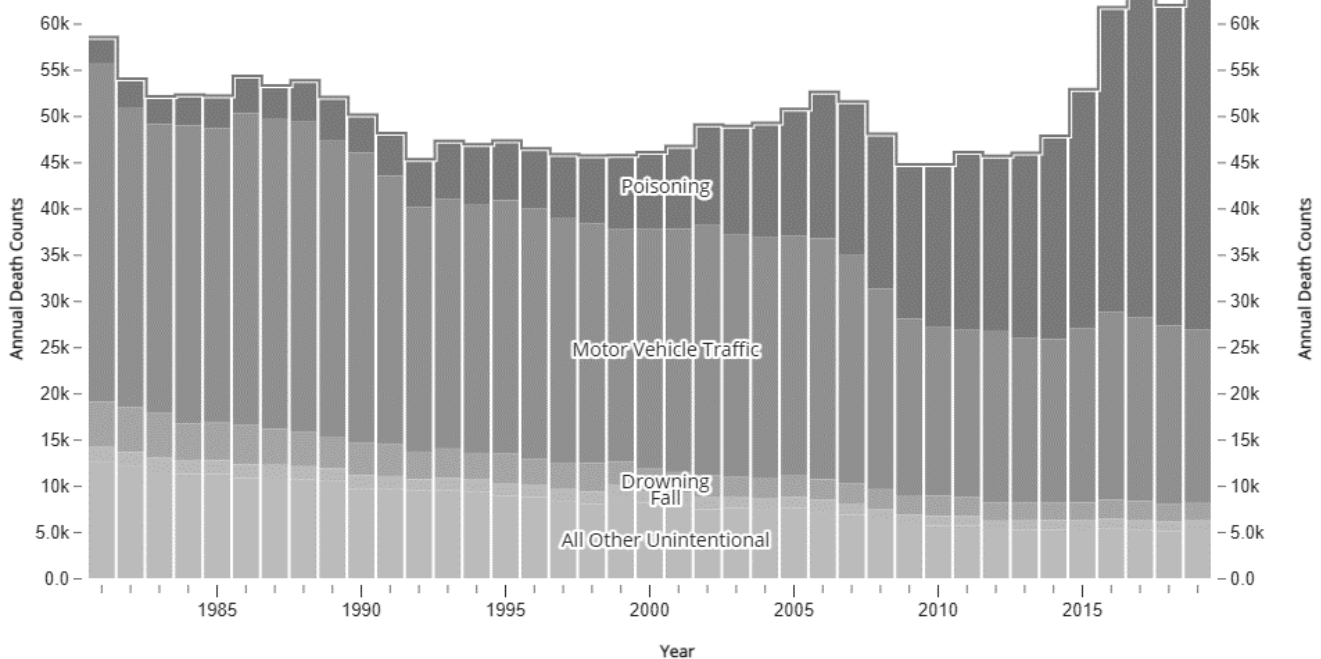
Use the four steps of the public health approach to design an intervention for this epidemic

1. Surveillance: What is the problem?

Use the links below to explore data related to drug **overdose** deaths and fentanyl and answer the questions on the Data Collection Sheet.

- Fatal Injury Data Visualization Tool: <https://wisqars.cdc.gov/data/explore-data>
- Provisional Drug Overdose Deaths: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.html>
- Drug Overdose Death Maps: <https://www.cdc.gov/drugoverdose/deaths>
- Fentanyl Encounters Data: <https://www.cdc.gov/drugoverdose/deaths/fentanyl-encounters>
- Causes of death, 1981-2019: <https://www.cdc.gov/injury/wisqars/animated-leading-causes.html>

Unintentional Injury Deaths in the U.S. for Ages 1-44 from 1981-2019



2. Risk Factor Identification: What is the cause?

Who is being affected by drug overdoses? How old are they? Where do they live? What races or ethnicities are most affected? Is one sex more affected than another? Answer these questions on the Data Collection Sheet.

3. Intervention: What works?

For this section, you will be exploring three interventions that are all known to be effective in treating and preventing **opioid use disorders**: medication-assisted therapy (MAT), syringe services programs, naloxone distribution program. You will evaluate the pros and cons of each in order to decide which will work best given the populations and risk factors you have identified.

You can use knowledge gained from this lesson or you can conduct further research on the internet. Just make sure you are using reputable sites to find credible information. Sources that end in .gov or .org are generally reliable as are sites from medical journals and universities.

Write your responses on the Data Collection Sheet.

4. Implementation: How do we do it?

Which intervention will you implement? How? Where will you get the resources? Describe your plan on the Data Collection Sheet.



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