

Your Voice Ohio: **Mahoning Valley**

**Exploring Community Solutions
to the Opioid Epidemic**

October 2017



Since 2012, Ohio's opioid epidemic has taken nearly 14,000 lives and disrupted hundreds of thousands more. Last year, 4,050 Ohioans died of a drug overdose, more than doubling the 2012 total. We haven't seen signs the epidemic is slowing down, and it continues to affect the health, social, and economic welfare of every county in the state.

However, productive and community-oriented coverage of the opioid epidemic can be difficult to find. There's a need to listen to the citizens most impacted and implement their stories, perspectives, and ideas. Your Voice Ohio, a statewide news collaborative, seeks to focus on the needs of communities first, and share collective knowledge and resources to create more representative coverage.

To accomplish this goal, we joined forces with four competing newsrooms in Ohio's Mahoning Valley, the former steel production hub along the Ohio-Pennsylvania border. The partners—the Youngstown Vindicator, the Warren Tribune Chronicle, WFMJ-TV, and WKSU—all wanting to make a larger impact on the crisis in their backyard, agreed to try something new.

We hosted three public conversations across the Mahoning Valley to help journalists gather questions, understand how community members are thinking about the epidemic, and begin to identify potential community-based solutions. Over three nights, journalists sat down with dozens of community members—folks in recovery, families who have lost a child or sibling to overdose, public health officials, elected officials, and others.

Traditional journalism, too often, prioritizes weekly overdose statistics or individual stories, but doesn't provide the information and focus to help communities actively find and adopt solutions. Our goal, through these community conversations, is to supply Ohioans with the information and resources they need to confront the opioid epidemic.



Image: The Vindicator (Youngstown)

EVENT SUMMARY

From October 22-24, our events in Youngstown, Warren, and Struthers Ohio generated dozens of questions and ideas for media partners to explore. Many participants emphasized their immediate information needs, potential solutions, and questions about the media's coverage of the crisis.

Journalists asked these three questions:

What does the opioid epidemic look like in our community?

What do we see as causes of the epidemic in our community?

What steps might we take to combat the opioid epidemic?



Image: The Vindicator (Youngstown)

RESULTS

The follow pages are ideas, personal stories, and solutions on the crisis written by participants during the events.

WHAT DOES THE OPIOID EPIDEMIC LOOK LIKE IN OUR COMMUNITY?

YOUNGSTOWN

- » The impacts are pervasive, we all know someone struggling with opioid misuse regardless of who we are
- » Community and community resources (police, courts, treatment) are fragmented
- » Families feel isolated
- » Stress on parents and family members of those suffering from an addiction
- » Affects entire neighborhoods: it's very easy to get drugs; can get heroin outside almost any gas station in Youngstown; unsafe neighborhoods
- » Suboxone and some other heavy meds may not be effective treatments, or at least not the most effective.
- » Some are selling suboxone on the street
- » Financial and criminal impacts, including theft, lost income from tenants who can't pay rent, etc.
- » Leading to human trafficking
- » Can often start with prescription pills
- » People in recovery facilities sometimes bring drugs in them
- » Impacts of incarceration: people in recovery are often ostracized, have limited economic opportunity, which can lead to relapse
- » There is community discomfort with some solutions, like needle exchanges
- » Interventions like prescription guidelines are impacting people/patients with chronic pain
- » Employers seeing more job applicants not able to pass drug tests
- » Understanding addiction vs. disease
- » Opioids affect people differently, some may get addicted and others may not
- » Positives include: changing mindsets about addiction, growing compassion and declining stigma; changing mindsets can make jobs easier for professionals in mental health and addiction recovery fields

WARREN

- » Family devastation. Broken families.
- » Hidden amongst any/all neighborhoods
- » Denial can happen to anyone, any family
- » Lack of recovery resources, housing, funding.
- » Not able to get help when needed or the amount of help needed due to insurance.
- » Taxing on every system: first responders, schools, police, healthcare system, etc. Overwhelmed social service system.
- » Impacting everyone
- » Stigma
- » Shame
- » Death
- » Feelings of hopelessness.
- » Heartbreaking.
- » Folks aren't or can't get treatment
- » Personally destructive
- » Less safe, less neighborly neighborhoods/communities. People are fearful, especially for their children.
- » Poverty
- » Same old responses, we need new solutions
- » Children impacted by parental use. Children are suffering, don't have stability.
- » Parents and grandparents becoming caregivers for grandchildren, nieces and nephews.
- » Jail or rehab.
- » Ohio CAN
- » Hidden in the country.
- » News emphasizes ODs, break-ins, robberies. We know it's there. Negative perceptions in community. Community involvement and community discussions help you get to know solutions and that there is help out there.
- » Huge need for sober houses, many people turned away. Need recovery housing.
- » Affecting high school, young adults.
- » Looks like it is affecting everybody in one way or another. No particular age/class/race/social circle/wealth/etc. Everybody knows somebody affected.
- » It affects everyone! No one is immune.
- » Looks like your neighbor, your doctor, your attorney.

WARREN (continued)

- » What does it look like? It looks like everyone – young people, old people, women, men. At this point it affects everyone in some way. It also looks like broken families. Parents losing a kid, sometimes more than one. It looks like frustration, anger, and apathy.
- » No color, no boundaries, no ages, no gender, no race, no urban/suburbs/rural. Looks like family. Affects our community. Larger jails. Newer courthouses and jails.
- » No demographic is exempt. It impacts every aspect of my life. Kids, school, work, doctors, etc.
- » Epidemic is diverse. It knows no demographics.
- » Shocking to loved ones and friends. Don't seem to see it coming. Lack of education + stigma.
- » One can score almost anywhere.
- » I'm an advocate and I receive calls several times per week from people needing guidance for recovery.
- » At one time I couldn't keep a "Drug dealers not welcome" sign in my yard.
- » Loss. Fear. Children without parents. Parents without children. Intolerance. It looks like loss. Literally every person can potentially lose someone, whether they realize it or not.
- » I hear a lot of negativity. People not knowing what to do when they have a child or grandchild that is either addicted or the parents are addicted.
- » No beds, no access. Are treatments equal?
- » It makes it difficult to trust the neighborhoods my kids live in, go to school in, and play in, makes me suspicious.
- » It looks like missed opportunities – for families, for the economy.
- » It looks like holes left in our lives.
- » Death of young people. Loss of potential.
- » An "epidemic" encompassing everyone.
- » Families confused and in pain, searching for answers and solutions.
- » A ton of in-fighting, judgment, and stigma.
- » Loss of thriving businesses, people, positive activity.
- » Hits more families hard every day. More education and perceptions are negative by media somewhat.
- » Hidden in plain sight.
- » Affecting older people.
- » Hear about when there is an overdose. Hear about problems, not solutions.
- » It affects everyone – families, workplaces, kids, crime rates.
- » Is funding going to the right place?

STRUTHERS

- » Unemployment
- » Dysfunctional parents/ Splits families
- » Personal trauma
- » Peer pressure
- » Experimenting
- » Self medicating
- » Not enough /not long enough treatment
- » It's right in front of our eyes everywhere and most choose to judge rather than help. We are losing dozens daily and people screaming narcan/chemo.
- » Too many people on drugs
- » Impacts everyone
- » Too many struggling, it's everywhere but not everyone is talking about it due to stigma
- » Criminal component
- » Explosion & Pain – in all classes; no one is immune
- » Not enough support for people
- » Addiction in immediate family
- » Children
- » Drug houses
- » Lives being lost
- » Families torn apart
- » Employers unable to find workers
- » Schools struggling to save kids
- » Church programs overload
- » Agencies long waiting lists.
- » Thefts
- » Burglaries
- » Hurt families/neighbors/friends
- » I feel my community is suffering sadness from the pain and despair.
- » It's a problem that impacts everyone from schools to government to business. Everyone knows someone who has been affected.
- » It looks like the way communities were impacted in WWII. Nobody doesn't know somebody that has been affected in some way!

STRUTHERS (continued)

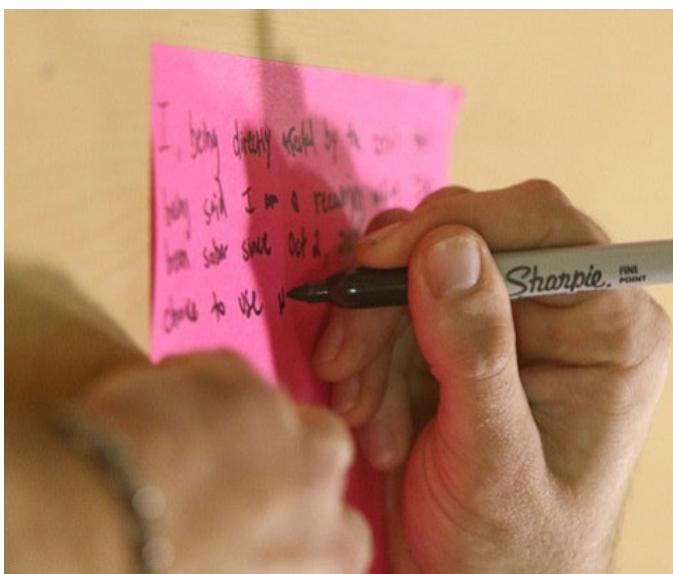
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STRUTHERS (continued)

- » An explosion – and pain
- » All ages, all classes, all races, no borders.
- » A student getting home from school to find his parents dead in bed
- » Generational
- » A huge segment of our society
- » A lack of preventive education
- » Brain power
- » Schools reluctant
- » There are too many people struggling with addiction and/or dying.
- » Takes away productive skills
- » Brain damage
- » It looks like death and community destruction of all classes of families
- » It looks like shame and stigma preventing people from getting help.
- » Sad – losing a generation
- » Crime wave migration
- » It is something families and individuals battling the epidemic try to hide
- » Many talk about it but don't get involved
- » At the door for helping feeling like they will be turned away.
- » Death, no parents, no families together, pain, suffering.
- » Individuals suffering because they don't get help they need
- » Tears families apart
- » Loss of life too young
- » Loss of generation of youth.
- » A problem that is out of control
- » Not enough help for the people that need it.
- » It looks like death of a generation
- » Not enough help
- » Devastating and pervasive – tears families apart.
- » Out of control
- » People dying everyday
- » Losing entire generation

STRUTHERS (continued)

- » The death of a generation
- » Children without parents
- » Suffering
- » No funding for addicts
- » Jail
- » Thefts
- » Drug court
- » It affects all families – rich/poor
- » Too easy to obtain drugs
- » Dealers get light sentences
- » Go after the “little man” dealers
- » Robberies.
- » It looks like everyone – different ages, men and women, all different backgrounds
- » Right now, it looks like exhaustion and frustration
- » Has become the norm...for young people especially
- » Behind closed doors- not something we see in everyday life
- » We're talking about it but not involved
- » At hospitals: frustration and embarrassment among patients and families
- » Schools not always educating students about what's going on
- » Schools not doing a good job of intervening with early signs.



Images: The Vindicator (Youngstown)

WHAT DO YOU SEE AS CAUSES OF THE EPIDEMIC IN YOUR COMMUNITY?

YOUNGSTOWN

- » Social stigma: Does our community understand addiction, and how does that influence treatment/solutions?
- » Not understanding that people react to opioids differently
- » Fentanyl and carfentanil driving deaths
- » Lack of faith and spirituality; addiction can be mental, physical, and spiritual
- » Ease of access; too cheap and accessible; “Easy as ordering a pizza.”
- » Doctors prescribing too much; people react differently to opioids
- » Denial, thinking “it won’t happen to us/my family”
- » Exposure to triggers
- » Trauma and other underlying factors
- » Abuse, anxiety, depression, and other mental health issues
- » Peer pressure, especially for non-prescription use
- » Thrill-seeking youth
- » Where the drugs are coming from: Afghanistan, Mexico, China
- » Societal mindsets about substance abuse: “We think we should never feel pain.”
- » Folks aren’t educated; not everyone understands the facts about addiction/opioids
- » Media focuses on negatives, not on successes/recovery or presenting the full context of the issues
- » Debate about impacts of some drugs being legal v. illegal; debate about legalizing opioids
- » Unique highway system in Ohio as cause of drugs and human trafficking
- » 16-bed rule: professionals can’t help enough people as a result
- » People are often disconnected from their families; lack of communication with their family
- » Communities are disconnected; lack of support structure
- » Lack of commitment in the community to find and adopt solutions
- » Misdiagnoses

WARREN

- » Difficulty during the initial stages of recovery. Lack of support, resources, employment opportunities, social opportunities (places to go) especially to avoid triggers. Many in the early stages of recovery can't find a job, don't have financial stability, can't afford to do new things to avoid falling back into old habits. Lack of support during this time often leads to relapse.
- » Kids aren't taught life skills, like how to cope or deal with stress/difficult situations.
- » Many recovery programs are ineffective: too short and aren't addressing underlying issues.
- » Lack of after school activities
- » Lack of economic opportunities, jobs
- » Family and social norms
- » No early education for kids
- » Lack of rental housing
- » Physical and emotional trauma
- » Lack of community and parental support
- » Inadequate or uncertain police response
- » No 24/7 detox (including after care and follow up) for individuals trying to get into recovery
- » Easy access to drugs
- » Doctors overprescribing opioids. Some doctors overprescribing and pharmacies filling script.
- » Big money/political influence from pharmaceutical lobby influencing regulation/legislation
- » Stigma around Medically-Assisted Treatment, even though many are effective ("MAT works")
- » Some doctors are abusing or misusing MAT to make money by overprescribing suboxone, which is often sold on the street
- » Parents enabling, sometimes without knowledge.
- » Too many dealers are hidden in plain sight, and they use "runners" to remain hidden.
- » Cutting off medications without thinking about addiction or next steps.
- » Not easy to get into detox
- » Not having enough beds at treatment centers
- » Young thrill-seekers, prescription roots, inner pain/depression/etc.

WARREN (continued)

- » Trauma, pain, poverty, overprescribing by doctors, social acceptance (drinking, gambling, etc.), lack of hope or help, denial, experimentation, shame, guilt.
- » Profit motive, stronger drugs, lack of understanding, youth, poverty.
- » Lack of God in lives, looking for love in all the wrong places, lack of morals (movies, tv, blended families w/ multiple moms and dads), lack of mental health sanitariums, low cost drugs, easier access from doctors and dealers, dealers' network with customers who won't turn in dealers, peer pressure, gateway drugs, embarrassment, can't get jobs to get ahead, bullying, lack of activities for youth, soft parenting/lack of discipline, enables in their life, lack of detox centers.
- » Loss of jobs, leaving the community, state, and country.
- » Loss of family members and friends.
- » Health and medical conditions.
- » Trauma, pain pills, lack of support, family dysfunction, financial resources.
- » Stigma causes secrets, secrets cause sickness.
- » Lack of long-term treatment models.
- » Families need treatment (enabling perpetuates addiction)
- » Lack of faith, trauma.
- » Addiction is a disease, it runs in the family.
- » Supply and demand.
- » Steady supply.
- » Lack of faith, connectiveness, jobs, ways to get to jobs, poverty, and a sense of entitlement.
- » The belief there is no future.
- » Pharmaceutical companies rewarding doctors for overprescribing.
- » Not teaching how to deal with stress.
- » No personal accountability
- » No job, no easy intervention, over prescribing, rental housing.
- » Are there possible non-drug solutions to pain (e.g. chiropractic care, acupuncture, electrical stimulation)? Understanding of these options.
- » Economic condition in our county, state, and country.
- » Lack of education in lower grade levels.
- » Lack of activities
- » Lack of police presence.
- » Lack of "long" term treatment

WARREN (CONTINUED)

- » Lack of emphasis on mental health
- » No family discussions
- » Poverty, urban blight, unemployment, violence
- » Lack of support for single parent households
- » Lack of “wellness” activities for youth and families
- » Lack of resources: jail is not the answer, need to learn a new way of living
- » Lack of empathy
- » Lack of treatment options
- » Lack of support, short term and long term
- » Lack of access to building resources
- » Not knowing how, where to get resources
- » Lack of immediate help
- » Not enough legitimate treatment
- » Poor economy – job losses that were never replaced
- » Inability of law enforcement to concentrate on large busts and prevention because they’re tied up with minor deals
- » Pain relief through prescribed medication
- » Overabundance of doctors prescribing pain pills and anxiety meds that are addicting.
- » Inability to get to the “real” issue the patient is experiencing.
- » No connections and relationships. Mental health issues and not enough guidance from those who are and have been in the same situation.
- » Too many prescription drugs, easy access to street drugs
- » Untreated mental illness
- » Not having anything to live for
- » Turning a deaf ear
- » Ineffective recovery programs (not long enough, not stringent enough)
- » Some police responses aren’t satisfactory (too long of a wait to bust dope houses)
- » Society’s attitude toward pain
- » Role of pharmaceutical industry
- » No will to solve epidemic
- » Injury, heartache, pain, stress, abuse, trauma
- » Lack of infrastructure in medical field for existing usage

WARREN (CONTINUED)

- » Multiple supply avenues
- » Ineffective recovery programs
- » “Dope boys” everywhere
- » The high anxiety of the average person’s life, with no one to give support or advice to them
- » Drug-dependent culture: pain management drug dependency
- » Those impacted do not have power, not organized
- » Lack of sense of true community
- » Lack of a 360 degree approach to prevention and treatment



Image: The Vindicator (Youngstown)

STRUTHERS

- » Unemployment.
- » Dysfunctional families.
- » Bad choice in friends.
- » Easy to get drugs.
- » Hopelessness/despair.
- » No economic opportunities
- » Self medicating
- » Too frequent and too quick to prescribe.
- » Don't want to feel pain. Expect to be pain free.
- » Ease of getting drugs.
- » Peer Pressure
- » Personal Trauma
- » Split family & no supervision
- » Experimenting – Kids need to be informed as a young age.
- » Over prescribed drugs
- » Mental health issues
- » Self medicating
- » Don't think it can happen to them.
- » Injuries at work/ surgeries
- » Kids experimenting/peer pressure
- » Easy access to drugs.
- » Doctors who are over prescribing pain medication
- » Lack of job opportunities and people looking to experiment
- » Addictive personalities
- » Lack of jobs, faith, and family”
- » Lack of self confidence
- » Too affordable
- » Trying to fit in
- » For some, use of prescribed meds
- » Affordable and available drugs
- » Dealers – supply of drugs

STRUTHERS (continued)

- » Dealers make 150,000 a year
- » Access to dealers and getting drugs
- » Not enough stiff incarceration for dealers
- » Doctors prescribing narcotic scripts.
- » Easy money
- » Young adults use drugs for anxiety issue and pain
- » Easy to obtain drugs
- » Law enforcement and judges need to do more – stricter sentences for dealers.”
- » Different than the 1970's, 80% begin their journey to addiction with a prescription for pain from their doctor.
- » Lack of focus on prevention
- » Education
- » Over-prescribing
- » Lack of support and compassion
- » Apathy
- » Pain – loss of quality of life
- » Revolving door in judicial system
- » Coping skills
- » The cause is how many people are affected by this disease and not enough resources to help them.
- » Accessibility & attitudes
- » Attitude that: We can take a pill for instant “cure”, Rx are safe just because they are prescribed by doctor, AND Everybody is doing it
- » Accessibility: Heroin highway
- » Variety of causes, but most of the time the addict thinks “that won’t be me”. I’m untouchable mentality.
- » It’s everywhere
- » There is a flood of pills from distributors
- » The DEA has tried to stop it but big pharmaceutical companies have money to prevent them.
- » Sheltering the children
- » Lack of treatment opportunities that are affordable
- » Insensitivity towards the issues

STRUTHERS (continued)

- » Not being able to get these people out of their environments
- » Need for communication
- » Pain treatment
- » Availability
- » Following the crowd
- » No jobs
- » Kids experiment
- » Lack of education for youth (they say 1st drug use by 11)
- » Medication not monitored enough
- » Kids on medication like crazy for behavior (over prescribing)
- » Drugs are always available
- » Accessibility → Prescription
- » Lack of public understanding on how to help us hurting.
- » Behavioral health – self medicating
- » Experimenting – younger people not reading
- » Post surgery
- » Low tolerance for feelings, to manage emotions quick.
- » Fear
- » Low self esteem
- » Pain, temptation, depression, prescriptions, loss of family member.
- » Seems like 3 core issues: Over-prescribed medication that are addictive, People in pain or depression self medicating, Young people thrill seekers
- » Lack of education
- » TV/Movies glorify drugs
- » Family values (single parent families)
- » Breakdown of family unit
- » General lack of knowledge
- » Not enough oversight/awareness from doctors
- » Pain free mentality/ reliances on painkillers
- » Pharmaceutical industry/insurance companies
- » No purpose in life
- » Dual diagnosis people not getting correct help

WHAT STEPS MIGHT WE TAKE TO COMBAT THE OPIOID EPIDEMIC?

YOUNGSTOWN

- » Needle exchanges
- » Safe houses
- » Education
- » Media report success stories
- » Better perception understanding for people with addictions; more compassion
- » Reduce availability of drugs; reduce access to fentanyl; decrease access by decreasing the demand
- » Continued discussion/debate about legalizing various drugs; not helpful to legalize marijuana
- » More federal government involvement
- » Quick interventions/rapid response after overdoses, after treatment with Narcan
- » Better treatment for mental health issues/mental illnesses
- » Longer (e.g. 90-day) in-patient treatment programs, need more time for recovery since addiction changes the brain
- » Comprehensive treatment, including treating physical health, mental health, and addiction issues; “treat the whole person”
- » More oversight of treatment providers (some are working well, some are in it for the money)
- » Treatment providers working with, and not against or in competition with, other providers
- » Erosion of the value of life: need to (re)build the sense that life matters
- » End the 16-bed rule
- » Clean out medicine cabinets; dispose of old drugs/prescriptions
- » Free treatment; treatment providers have counselors with experience; treatment providers with people who care and know the difficulty of dealing with addiction
- » More beds for detox, sober living, etc.
- » Address underlying social issues
- » Growing capacity for treatment; collaboration among providers
- » Solutions should focus on substance abuse, not just opioids, since there's always another drug on the horizon
- » Need employment opportunities for people in recovery, especially for those with criminal background (often charges for drug possession); people need purpose and responsibility

WARREN

- » Folks caught with drugs or found using shouldn't just be let go, they need to be encouraged or forced into treatment. Need quick response teams. Folks need help. Stricter consequences to encourage folks to enter into treatment. Mandatory treatment? But some who are struggling with addiction may not want help at that point. Depending on the treatment, they will go through the program, leave, and go back to abusing drugs, potentially increasing the likelihood of an overdose and/or death.
- » Need positive community involvement
- » Resources to support recovery
- » Better, effective education. Early education for kids, not "just say no." Needs to be based in science. Need to educate teachers as well, many aren't educated about drugs, opioids, and addiction.
- » Support, treatment for family/friends of people struggling with addiction. Lots of organizations agree that families need to receive treatment and training. Families are dealing with stress, guilt, mental health issues as a result; also may be acting in ways that contribute to or enable addiction. Family treatment is just as important as treatment for addiction.
- » Need to have community conversations like this one once per month.
- » Reduce stigma by opening up dialogue in the community.
- » More meeting like this (informal, open).
- » Provide wraparound services for children with parents struggling with addiction.
- » Limiting or eliminating advertising for pharmaceuticals
- » Ending incentives for opioids (doctors prescribing, etc.)
- » Require step down off opioids/benzoies
- » Insurance needs to better support treatment for mental health issues and addiction
- » Fund recovery services
- » Providing treatment for people in jail, so they don't exit and go back to misusing drugs
- » Need to know what's working (policies, programs, and practices) at the local level in other communities. There may be some political or ideological barriers to adopting those things here.
- » More beds for treatment. Ending the Medicaid rule limiting the number of beds available.
- » Battling the legalization of marijuana
- » Eliminating gang activity
- » Not sharing/promoting celebrity drug use
- » Need positive role models and mentors
- » Don't just talk, do it! Implement these solutions!
- » Need more positive stories of people in recovery. Folks in recovery can be their own

WARREN (continued)

- » Find ways to combat apathy or negative attitudes among community members and policy makers
- » Provide treatment, get people to treatment immediately after overdose
- » Address underlying causes of addiction
- » More sober living homes
- » Readily available intake/detox
- » Longer sober programs
- » More sober “night life” opportunities for people in recovery
- » Treatment after incarceration if the offence was criminal. Or offer treatment instead of incarceration.
- » Community-based and family-friendly programs/organizations.
- » Change the conversation in the community to get everyone involved in a variety of fields. Work on funneling voices together for a stronger impact. Make a community slogan for it.
- » Need mentors for youth.
- » Quit judging and blaming, just help
- » Stop dramatizing overdoses
- » End the stigma by communicating the mental illness that many times leads to drug addiction.
- » End the stigma by promoting greater understanding. Talk more. Read more. Share more. Promote success stories as much as news of the day.
- » Address mental health issues with treatment facilities available.
- » Communicate and acknowledge we have a problem on our own streets.
- » Provide proper nutrition, availability of healthy choices. Need financial resources and transportation
- » Mandatory treatment in medical facility.
- » Stop incarcerating low-level users. Treatment instead.
- » Long-term treatment.
- » Better, effective treatment and education.
- » Acceptance of medication assisted treatment
- » Support groups: meeting topics, activities, health topics, fitness (yoga), 12 step programs, painting, one-to-one connections
- » Create gathering places
- » Bring awareness
- » Continue growing a sober community who find sobriety “fun”, productive and rewarding

WARREN (continued)

- » Prevention programs: prioritize funding curr. [?] requirement
- » Prevention education. Start prevention education in every community/school for K-12. Make health classes a gradable course of instruction.
- » Family education on dealing with addicts (coping, setting boundaries)
- » Need DART team!! Quick response team. Start quick response teams to respond to all opiate overdoses to quickly get addict to detox + treatment.
- » Needle exchange program under health departments
- » Police departments as safe refuge for addict to turn drugs in and get help
- » Additional law enforcement
- » Harm reduction
- » Long-term, evidence-based treatment
- » Laws to on private insurance to mandate long-term treatment
- » Encourage a moon shot comprehensive approach
- » Alternative approaches to pain management, and healthcare coverage to pay for it
- » Break down drug dependent culture
- » Legalize medical marijuana
- » Medicaid treatment shouldn't be denied by providers
- » Organizing impacted families
- » Training and retraining of medical professionals
- » Redesign medical school curriculums
- » Street outreaches
- » Battle legalization of marijuana
- » More involvement from mayor/city officials
- » Job training
- » Better regulation of doctors in prescribing pain meds and MATs
- » Better support systems: mental, emotional, physical
- » More open discussion at every venue (schools, social events, community gatherings)
- » Assign resources intelligently
- » Provide those that are willing to assist law enforcement with greater protection
- » Aggressively pursue, harass, and frustrate the efforts of dealers, drug houses, etc.
- » Faster intake time
- » More families doing the same program as their addicted family member.

WARREN (continued)

- » Working together as a community: “It takes a Valley.”
- » Cannot jail our way out of the crisis
- » Drug courts
- » Strengthen and empower recovery community.
- » Teach children to be skeptical of substances, even pharma.
- » Develop centers to send people to before they enter rehab – utilize old schools, doctor offices, churches, houses that are not in use.
- » Have hotlines answered 24/7 to get people help
- » Get volunteers to help with cooking, counseling, doctors, nurses
- » Have businesses and community help until center is able; have addicts help and also do chores + labor work
- » Remove barriers to treatment
- » Stop treating addicts like street criminals
- » Remove barriers to employment
- » Provide a holistic approach rather than a cycle of arrest
- » Longer recovery + post-recovery resources
- » More police presence in high drug communities
- » More laws/different laws surrounding drugs and overdoses
- » Consult the TCMHRB, ASAP Coalition, and Opiate Response Team action plan
- » Media use its power to educate about the disease of addiction and reduce stigma
- » Continued efforts to support recovery culture (treatment, housing, employment)



Image: The Vindicator (Youngstown)

STRUTHERS

- » Science based education in schools.
- » Trauma informed care
- » Holistic Approach
- » Shift the healthcare system to a non-drug first rather than a drug first approach to pain
- » Drug Court
- » Education/Awareness
- » Strong federal penalties
- » Focusing on K-12 prevention & education (it cost less to build good young boys and girls than rebuild men and women)
- » Tone down movies/TV glorifying drugs
- » Stronger law enforcement
- » Family values
- » Directly following treatment we need to get these people into an environment where they can prosper.
- » Need more community support.
- » Get them out of prisons/jails, stop incarceration.
- » Educate the youth, preventative programs that are strong.
- » Longer more available tx stop early prescribing of opioids.
- » More effective prevention.
- » Trauma informed care across the board.
- » Encourage personal responsibility for all ages.
- » More community involvement.
- » Stress family values.
- » The education of this.
- » Example: someone who has been through it and can give testimony and share what they have been through.
- » Hold people accountable to these ideas. Implement changes and follow up.
- » Find a way to remove the stigma.
- » Educate the community
- » Treat this as a disease, not “lock em up” the war on drugs mentality does not work.
- » Education & Awareness.
- » Community Support.

STRUTHERS (continued)

- » Drug Courts – send to rehab and not jail.
- » Jobs for reformed addicts.
- » Funding for rehab.
- » Must incarcerate dealers.
- » Drug Courts.
- » Dual Diagnosis.
- » Expand access to immediate intake of people who need treatment.
- » Expand long-term comprehensive treatment.
- » Continue to bring it out into the open.
- » Find ways to get whole community invested.
- » Get info out to people.
- » Eliminate the need to self-medicate.
- » Education.
- » Dual Diagnosis
- » Eliminate the inflow of drugs.
- » Family support necessary.
- » Find a holistic approach because people and addictions differ so much. Mandatory treatment that is long term! End 16 bed limits!
- » Prevention in school.
- » Strong penalties!
- » Catch the dealers and put away.
- » Start school education earlier.
- » Drug penalties tougher for those caught with Fentanyl, or repeat history of drug offenses.
- » Scared straight program to let young people know it only takes trying this drug one time to become addicted.
- » Control opioid prescriptions better.
- » Provide more options for addicts for treatment.
- » Don't keep people on methadone for a decade.
- » Be more aware.
- » Have more support for families.
- » Americorp volunteers as observers.
- » Deterrence focus.

STRUTHERS (continued)

- » This type of setting to openly talk to people we don't know. It allows for listening and awareness.
- » Be the voice for those that don't feel they have one to speak up all the time.
- » Prevention -> Community involvement.
- » Education.
- » Legal consequences.
- » "Prevention.
- » More recovery facilities.
- » Education – to stop stigma & shame.
- » Have safe place to go 24/7.
- » Adequate number of rehab facilities, and long enough duration of treatment.
- » Increasing hope
- » Community involvement/support
- » Crackdown on dealers/ eliminate criminal networks.
- » Decrease stigma.
- » Increase services and treatment availability.
- » Increase resources for employment/purpose.
- » More law enforcement.
- » More drug court.
- » Longer stays in rehab & more help after rehab...help those in recovery get jobs.
- » Punish dealers.
- » Prosecute dealers.
- » Adequate rehab vs jail time
- » Crack down on physicians
- » Education.
- » Longer period of rehabilitation
- » Make more free treatment available

FUTURE RESEARCH

Using these results, here are the major questions and ideas Your Voice Ohio journalists are setting out to answer and explore:

1. What are lawmakers doing?
2. What is marijuana's role in addiction and the opioid epidemic?
3. Is suboxone an effective drug to treat addiction?
4. How do we get more counselors who have personal experiences with addiction, know the pain of recovery?
5. How do we get people with drug-related convictions back into the work force so that their recovery can be a success? (We'll get to this with the occupational story coming from the PD and localized data for the MV)
6. Which schools have drug education, participate in key programs, such as Dare, Red Ribbon and January talk.
7. What types of interdictions are courts and law enforcement doing to cut down or eliminate easy flow of drugs?
8. Where can people turn right away when loved ones need help?
9. Why do you keep showing pictures of needles and people overdosing? These are triggers to the addicts.
10. Report that this is a chronic relapsing brain disease, not a moral failing. Change community attitude from its current lack of compassion.
11. What are good examples of policies and programs that are working in other communities?
12. Why do our Trumbull County sheriff, prosecutor and judges not want to look into treatment programs that are working in other parts of the country? Why do our local news outlets not question local officials for not trying new ideas?

13. Can the medical community become more involved?
14. Can there be a law that private insurance to pay for 30-day treatment like Pa?
15. Who is providing long-term recovery in the area?
16. What steps will the community officials take to fix the problem of 24/7 care?
17. What will you (media) do with the information collected? What is YOUR next step?
18. What are we going to do to make changes and keep these forums?
19. How do we get more community and business involved to help in the crisis?
20. What is the plan to help families of those dependent on drugs?
21. Give us a media report that lists what the people say they want the media to report on.
22. Why aren't drug dealers prosecuted?
23. Why is prosecuting drug dealers for OD deaths cost prohibitive?
24. What are the costs of addiction vs prevention?
25. Where are the stories of recovering addicts who are positively impacting the community?



Image: The Vindicator (Youngstown)

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The Youngstown Vindicator is a daily newspaper serving Youngstown, Ohio, United States and the Mahoning County region as well as southern Trumbull County and northern Columbiana County.

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CONCLUSION

Reporters across these four organizations are dividing up the questions now and reporting answers back to the community. The partners will also dig deeper into potential solutions that the community identified as worth pursuing in the Mahoning Valley.

**For up-to-date information and reporting,
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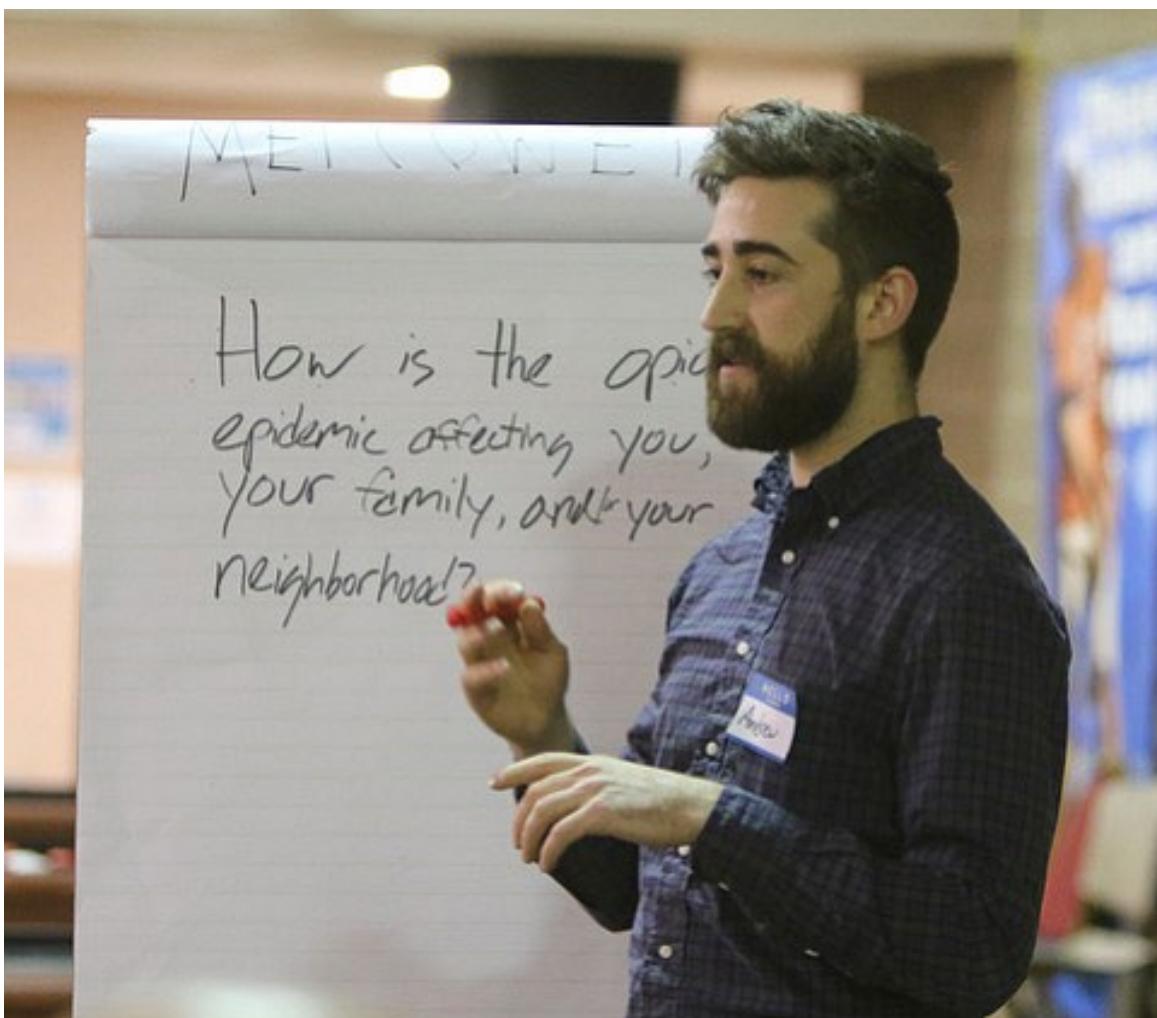


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