

Your Voice Ohio: Cincinnati

**Exploring Community Solutions
to the Opioid Epidemic**

February 2018



Since 2012, Ohio’s opioid epidemic has taken nearly 14,000 lives and disrupted hundreds of thousands more. In 2016, 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.

At the same time, 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 competing newsrooms in Southwest Ohio. The partners—Dayton Daily News, Journal-News, the Miami Student, the University of Cincinnati News Record, Springfield News-Sun, Washington Court House Record Herald, Wilmington News Journal, WHIO – TV , WKRC – Cincinnati, WVXU – Cincinnati, and WYSO – Yellow Springs—all wanting to make a larger impact on the crisis in their backyard, agreed to try something new.

Dozens of people joined the conversation at the Madisonville Recreation Center in the East End of Cincinnati, where they discussed the over-prescription of medication and poor pain management. Journalists were able to gather questions, understand how community members are thinking about the epidemic, and identify potential solutions.

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.



EVENT SUMMARY

The event generated dozens of questions and ideas for media partners to explore. Participants came from a wide variety of backgrounds, including people in recovery, social workers, emergency room staff, and more. Journalists and community members worked through three main questions together, and many left with a renewed sense of community awareness and energy to get involved with local solutions.

We asked these three questions:

- 1. What does the opioid epidemic look like in our community?**
- 2. What do we see as causes of the epidemic in our community?**
- 3. What steps might we take to combat the opioid epidemic?**



RESULTS

The following 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?

- » We are constantly behind on efforts to deal with the effects of opioids on our community. We can sink all the money into medical care, police work, and education, but there is no end in sight for stopping the scourge of controlled substances. Looks like a black hole.
- » Looks like community Cincinnati Greater Region – OKI. Bad!!! Overdose. Cannot get treatment after 3rd overdose – understandable from a perspective, on the other hand, it should be treated as suicide.
- » Death rate is high for parents. Increased number of foster parents. Costs in emergency rooms. Young women. Pain medication. Heroin. Sick. Hopeless, loneliness, desperate. Lack of education in prevention. Treatment is expensive (even transportation to get there). Destroys families. Zombies. Crimes? Social crisis. Pharmaceutical issue. Has been going on for years. Political. Pharmaceutical. Treats drug addiction with more drugs and more drugs. “Ripple effect.”
- » Not opioid crisis but addiction crisis.
- » Depends on where you are. Not a factor personally* until I start looking at kids in my daughter’s generation. My daughter knows people directly suffering losses. But from a community view, it’s a horror – so many young deaths, trauma, and tragedy. And if you are (like me) actively working to stop the thing, it’s even worse. You see community systems taking their time, missing opportunities to do things right. *Sorry, it is a factor personally. I compartmentalize to cut down on the trauma effects of all this.
- » All types of people affected, no one is immune. Fatigue with the issue – lots of talk and little action. Families torn apart and frustrated – isolation and stigma.
- » How to turn in dealers. Asking for help? [indecipherable]
- » Friend, students. Building awareness from news and statistics.
- » Death, lack of resources, poverty, lack of education, disease, less punitive.
- » District 2 – invisible, indirect. Varies from town to town – mostly hidden except for news reports of overdose deaths, parks with syringes shown. Symptoms: Increase in number of foster kids, stretched budgets of law enforcement, full prisons.
- » It looks like something underground, destroys families/lives, zombies, something treated as a crime, social crises, humanitarian crises, pharmaceutical issue.
- » Looks like everyone, anyone. Looks like adults, parents, mom, dad, kids, family. Looks devastating and death with the B.C. Coroner having trouble with room for bodies -> 40-50% are there for drug overdose and the lion’s share of those are opioid-based
- » Overdoses, deaths, and confusing/frustrating navigation process.

- » Young, sick, desperate. Female, hopeless, lonely. People who were treated with prescription opiates and became addicted to those. Turn to use heroin when pills are no longer prescribed. Treated as a crime. No education from doctors about signs of addiction and how to report, or doctors screening for addiction and doctors not referring to treatment centers.
- » Can only speak for my street and surrounding area. My street is quiet and reserved.
- » Bad, hopeless – see signs to report dealers – want to see more signs offering help.
- » Children left without parents. Increase in foster care. Lack of great rehab centers for people on fixed income with Medicaid. Increasing costs in ERs. No education on prevention.
- » From a public perspective: Looks out of control related to the inability to control overdose and repeat overdoses. It's the aftermath of the effects of the drugs. It's affecting adults, children. Can lead to an increase in criminal activity.
- » Why is the opioid problem/addiction increasing in recent [years]? Answer: Because hospitals wanted their patients not to be in any pain -> customer satisfaction. Not being monitored by their doctors properly. Not many appropriate treatments for clients. Poor representation or prevention. Treatment is not accessible for poor income clients. Treatment is too expensive for most of these people.
- » Confused families experience great fear.
- » Crime, fear, alone, confused, lost, outcast, hiding in plain sight, feeling helpless, white, desperate.
- » Desperate, crime increasing. White. Users being lumped. Helplessness, confusing treatment process. Lack of knowledge for families. Disease. Lost generation.
- » KY license plates in my park. High theft and car break-ins. Homelessness. Frightened/sheltered community.
- » Death of good [sic?] people. Losing a generation of individuals. Frustration by caregivers. Lack of understanding of addiction by many.
- » Tragic. All walks of life. Too many deaths resulting from this. Stigma. Ignorance.



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

- » Lack of education. Lack of pain management technologies and skills. Seems like everyone is chasing it with the inability to get ahead of it. Lack of productivity. Lack of communication -> or rather getting the communication org. late.
- » Pain management. Addictive personality. Made the “pill” cheap, cheaper than crack. Not following meds as prescribed by MDs (prescription abuse).
- » 80% of substance misuse disorders started with prescriptions. Environment -> political policies. Infrastructure -> policy makers force users to visit criminals. People -> naturally going to look for drugs. Pharmaceutical companies -> incentives for prescriptions.
- » Lack of education. Lack of mental health awareness and resources. Knowledge of power and control – lack of political understanding. 12 step recovery versus treatment – knowing the difference. Not being treated like a chronic disease – change of lifestyle. Not understanding it is a family disease. More outreach to reengage the client back to recovery. Narcan kit educations in the home. Stigma to addiction
- » Lack of education. Lack of resources. Lack of mental health awareness. Lack of ongoing support and celebration of recovery. It’s a family disease (shunning). Overprescribing.
- » Lack of education. Lack of resources. Insurance restrictions that determine CoC (\$\$), rather than proper treatment. Easily accessible drugs.
- » Group themes: Lack of education. Mental health awareness and resources. Lack of political understanding. Lack of sobriety. 12 steps vs. recovery. Chronic disease. Not understanding it’s a family disease. Lack of understanding the use of a Narcan kit.
- » Disconnection. Lack of long-term vision. Lack of hope. Lack of sense of mission. Lack of others’ awareness.
- » Cartels, drug dealers. Legalization (benchmark Portugal). Weird things in Prohibition drug policy. Restrict the reasons to go visit your neighborhood criminal. Over prescription, NKY, education, people use drugs, criminal thinking, addiction thinking. People get hooked up in the drugs. Trauma healing protocol. Learn to cope.
- » Lack of education. Illegal shipments. Hopelessness. Peer pressure. Addictive attitude.
- » Pharma, doctors. Knowledge, education. Lack of seeing the spike.
- » Lack of economic opportunity and low chance of social advancement. Pharmaceutical drug company campaign to push opiates for chronic non-cancer pain while downplaying risks of addiction. Stigma associated with controlled substances leading to criminal penalties.
- » Hopelessness – lack of jobs, not being able to get a job. So many people prescribed opioids – then cut off / BWC. Being able to buy \$5/pop.
- » Treatment pain pills/legitimate pain. Lack of education. Hopeless. Lack of support systems.
- » Money, power, pharmaceutical, medical school, doctors.
- » Human nature – it is normal among humans to use whatever drug is around in societies. Medical marketing etc prepared people to be addicted. Cartels target people with health problems/vulnerability and exploit people to sell/market/distribute.

- » Availability of drug. No service (preventative). Doctors not waning patients off meds.
- » Poor self esteem. Lack of parental support. Peer pressure to use drugs.
- » Closure of pill mills, but lack of recognition that there are still addicts. Lack of mental health treatment -> self-medication. Lack of education, not just about drugs but problem solving skills, coping skills. Drug industry pushing pills, creating a culture of “just take a pill.”
- » Understanding/education. Love of fellow man, respect for each other.
- » Loss. Prescription drugs. Desperate. Confusing stories. Young people – now older. Escape – now addicted.



WHAT STEPS MIGHT WE TAKE TO COMBAT THE OPIOID EPIDEMIC?

- » Every family physician and internist should treat their addicted patients. R&D for better non-addictive pain meds. Medical social workers – assigned to each addicted patient for help in all transitions. Take the morality out of it, addiction is a medical diagnosis.
- » Better support for treatment centers and follow-up. Law enforcement. Decrease distributions by drug companies. Prevention. Provide coordinated services between agencies. Needle exchange program.
- » Education – real educational information from the medical field, those that know the effects of the epidemic.
- » Build bridges not walls -> increase connections. Increase sense of belonging. Sense of community. Community engagement (today is a good example – share responsibility); all inclusive website portal. Change in public policies – decriminalization of drugs.
- » Education at the school level. A more statewide resource availability -> updated bed availability. Availability of resources. Insurance. Create group.
- » Decriminalize possession of controlled substances to relieve felony sentences and decrease recidivism. Invest in public health services so individuals at risk can find assistance without needing to turn to opiate addiction.
- » Education at school level – making it comfortable for children to speak openly about addiction. More funding to employ individuals to treat [addiction]. Think tanks – educators + medical service providers + judicial system. Criminalization.
- » Family education – al. anon. Advocate for specialized programs (drug courts).
- » Address children/young (those susceptible). Self-esteem. Education about drugs/opioids. Education about facilities.
- » Education. Sunrise Treatment Center. More MAT and therapy centers.
- » Education. Start young -> it's long term, no short term answers. Can't arrest out of it, but getting the dealers is key. Multifaceted. Communication.
- » Money. Political policy. Medical schools. Connection.
- » Don't focus only on street dealers – hit at the top. Offer good treatment to everybody, not just those with “good” insurance. Treat the whole family/whole problem.
- » Invest in complete and functional treatment systems – emphasize rescue, not recovery, because people are trapped and need a way out. We need to compete with the cartels for the lives of people affected by drugs.
- » See as mental health crisis. Normalize chronic mental health. More time in medical school discussing addiction. Have the conversation. Money for good treatment.
- » Better treatment centers, which also should do follow up.
- » More national advertisement like the Say No to Drugs Campaign for the upcoming youth. School speakers. More outreach centers.
- » We should develop a coordinated plan that would be inclusive of prevention, intervention, and ongoing quality of life.
- » 1) Prevention 2) Treatment 3) Harm Reduction 4) Law enforcement

FUTURE RESEARCH

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

- Community access and education to Naloxone
 - More info on access, training for Naloxone use
 - What should you do after Naloxone use?
 - How can we get more people to understand how to prevent, identify and respond to overdose
 - How much naloxone is being used across the State of Ohio?
- Affordability/availability of treatment
 - Why are there not any free rehab centers? CAT House is only \$20 with little to no room to house.
 - How to get more money for treatment? Funding from county boards?
 - How can treatment centers change? Longer treatments and outpatient versus inpatient?
 - How many treatment centers are in the area? What are the requirements?
 - Where/how are monies for treatment found?
 - Where can homeless populations go for treatment?
 - Faith-based support groups
 - How can we help people get into rehab quicker?
 - 2 year success rate of various treatment programs such as “STAR” through ODRC.
- How can community members get involved in local solutions?
- Do you think the stigma is decreasing or increasing the awareness of the epidemic?
- Flow of drugs into the country and state
- Has a reporter ever asked those in wealth or power what role their impact has in the crisis?
- What are elected officials’ short-term and long-term plans to address this issue?
- What solutions does our community need now and what can we do to get those?

- De-stigmatizing (explaining how addiction works, identifying the root of the stigma and the harm it causes)
- Would you do (if you haven't already) an article on person in recovery/success story?
 - Can you report/focus on people trying, wanting to do better?
 - Are you telling positive stories – of hope?
- Have you asked the pharmaceutical companies about this epidemic?
- How does addiction work?
- How are pharmaceutical companies benefitting from the crisis?
- Who has prescribing power for MAT?
- What resources are available to specialty populations, such as people with disabilities/youth?
- What are the insurance barriers to getting treatment services?



YOUR VOICE OHIO PARTNERS

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The Columbus Dispatch

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JOURNAL-NEWS

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Journal-News is a daily newspaper published by Cox Media Group in Liberty Township, Butler County, Ohio, United States.

The Miami Student

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WYSO is a radio station in Yellow Springs, Ohio, near Dayton, operated by Antioch College. It is the flagship National Public Radio member station for the Miami Valley.



CONCLUSION

Reporters across these organizations are dividing up the questions now and reporting answers back to the community.

For up-to-date information and reporting, visit:

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