

Your Voice Ohio: Dayton

**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. Dayton is often referred to as the “overdose capital” of the United States. 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.

Our conversation in Dayton brought together family members, advocates, people in recovery, and others affected by the crisis share their stories at a local public library. Journalists were able to gather questions, understand how community members are thinking about the epidemic, and begin to identify potential community-based 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. While there have been recent city-county emergency responses in Dayton like a newly formed Community Overdose Action Team, attendees also discussed individual ways they could take action.

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?

- » Continues to increase with amount of overdoses. The same people continue to overdose multiple times. People are refusing treatment. The geographical area of the increase is being seen in suburbs and among the wealthier people.
- » Resources vary based on community.
- » 560 overdose deaths in Greene County
- » A lot of damage: overdose deaths; overdose survivors whose friends and family are terrified; loss of 'a generation' of growth and connection
- » Son's acquaintance -> Swarthmore, job on Wall Street, stole from my son to support addiction, and died within 3 days.
- » Depressed state of mind, possibly due to untreated mental health issues. Low self esteem, lack of knowledge, no desire to live. People from all walks of life. Closed eyes, how everyone may or may not think about the matter.
- » Health concerns/illness, mental illness, homelessness, isolation, death lack of treatment, lack of housing/support/education
- » Deaths and impact on families. OD survivors and their supporters are devastated. Peers of children are affected. Cuts across all demographics -> airline pilot and wife affected, it could be your neighbor.
- » Drugs to treat opioid are not effective in treating drugs that are added to opioids.
- » Witnessed clients who die or know those who are suffering. There is no concerted effort to address all the need. Relapse is more common than any other addiction. [Indecipherable] is reluctant to support treatment, e.g. opioid withdrawal.
- » Among Asian Americans, the topic is like the "white elephant" in the room. E.g. my niece died of an OD but throughout his life my brother could never talk freely about the circumstance. It is a topic that needs airing so those afflicted do not continue to suffer without social support, e.g. from family, friends. As coordinators of any upcoming health fair, we will be including this topic in our schedule of presentations
- » Not as bad as other community OD. Good public awareness. Frequent training - MVYM - school and community. Police relationship with surrounding agencies. Community resource guide to local/regional resources. Break-ins.
- » Dayton has been identified as the opioid overdose capital of the US. Seems everyone has been impacted. We are at a loss to solutions. People are detoxing in jail. 560 OD deaths last year in county.

- » Looks like all of us. No one is spared and it reaches into whole community and is far reaching. Treatment requirements are invasive to other components of your life (e.g. discussion groups as a part of MAT). Addiction is stigmatizing.
- » Like all of us. No one is spared, though it is more hidden in some areas (where people have more resources).
- » People from all walks of life are affected/touched by the opioid epidemic. Young/old, black/white, all income levels. There is widespread grief, sometimes invisible, in families and in workplaces, too.
- » Looks like everyone in the community – far reaching, no one untouched in some way.
- » Where I'm at is I see the prescriptions for opioids going down, and a lot more self-medicating. Problems making the requirements for MAT, people stop going, lose meds, and relapse.
- » Looks like our friends and family who need support, understanding and not isolation or stigma attached.
- » Abuse of pills and heroin which cause our police and first responders to work harder
- » Families, friends, coworkers, strangers all affected in many ways. Web of who addiction affects. Two points of view: how do we merge into something cohesive? Deaf community and lack of resources.
- » Table theme: Need to treat addiction as a mental health issue rather than a crime. Silver lining: people are resilient and communities are coming together to find solutions.
- » Hopelessness, grief, disjointed families, isolation, broken homes, neglected children. Starting to see communities come back together, faith groups increase, emphasis on schools and prevention.
- » Tainted substances and testing is illegal (considered paraphernalia). Overdose deaths. Increasingly dehumanizing rhetoric. Incarceration. Used needles in public spaces. Lack of knowledge: how to identify and respond to overdose.
- » Heartbreaking. Looks like a serious complex public health crisis with many intertwining pieces – affecting so many lives – but that is also inspiring resiliency and homegrown approaches + solutions but need for more access to mental health and treatment.
- » “Ground Zero” – most overdose deaths in nation (per capita). Many young women incarcerated worried about their children. Treatment Centers – STOP, Project C.U.R.E., Monday Program, Women's....
- » Committed people. Criminalization.
- » I only know what I read or see on news. It's tragic, wasteful, sad. It's a symptom of underlying problems of broken economy, healthcare injustice, racist laws + sentencing. But affects whole area.
- » Devastating. Cuts through all social, economic, gender, age demographics (rich, poor, white, BLACK, male, female...). Complicated – no silver bullet. Overtaxing our systems. Equal or worse than AIDS outbreak in '80s.
- » Families in crisis. Children subject to foster placement. Public overdose. Over-extended resources. Cyclical drug use/treatment/court involvement. Close to home.

- » I am here because I don't feel that I know how it looks like in our community. I was stunned to read about a couple (middle class) whose children discovered their bodies because they had overdosed. Obviously, this drug problem is not limited to only the juvenile community who has historically been known to have problems with drugs.
- » Opioid epidemic in our community is a major concern for all in our society. The epidemic is worsening, day by day. We are losing people's lives almost every day. Not only the person involved suffers, it also has a serious impact on the family and friends. It has medical, social, family and employment implications. We are still struggling putting our acts together in order to help the persons involved.
- » Horrible and growing loss of lives for reasons government created and refuses to address its root causes. Other countries have solutions.
- » A group of primarily white suburban kids who are lonely.
- » Broken homes, homelessness, children without parents and parents without children, high crime rates/overcrowded jails, divided communities, lack of mental health services, broken people without hope of discontinuing the cycle.
- » Looks like young lives lost, hopelessness, panhandling, pain of loved ones, frustration, taxed paramedics/police/firemen, drug company \$\$\$.
- » Hidden
- » OD deaths, involving people medication with prescriptions, neglect and abuse of children, broken homes, breakdown of families, foster care, traumatized kids who later end up medicated and vicious cycle continues, healthcare throwing pills at PT's and MH [mental health] issues.
- » Resources, mental health and other underlying issues, lack of knowledge
- » Pharmaceuticals/providers getting (non-opioid) meds covered; Students – access; war on drugs
- » Desperation, death, hopelessness, hope, healing, recovery, families, support, courage, illness, hopeless, orphans, overwhelming, community support and knowledge, MV Young Marines, supportive police, community resource guide, struggle for family.
- » Impact on families (multigenerational), difference in communities regarding resources, Miami Valley Young Marines, hope vs. hopelessness
- » The illegal use of many pain prescription drugs for other reasons, whether it be to hide from depression, sadness, money problems, or mental health issues!
- » A morgue – a refrigerated truck outside the coroner's office. A cheap funeral. Government-funded genocide. Adulterated supply – growing in size – not plateaued. Too silent – in denial, not discussed. Destruction.
- » Dayton = opioid capital of US. Not receiving attention that killing similar #s might. No face to it. Most people only know what they read. Prescriptions – who makes the money? Mental problem, won't be solved by a pill. How to detox?/Where?/Who benefits?
- » Increase in prescription abuse. Increase in deaths. Increase in number of family and friends affected. Economic impact – workforce. Many ind. Suffering. Stigma. Ind attached. Looks like all of us. No one is spared. Reaches the whole community.

- » Unemployment
- » Dysfunctional parents/ Splits families
- » Personal trauma
- » No hope. No one knows how to fix the problem. People on the streets, children without their parents.
- » It looks like everyone. No boundaries, no age limits. Multigenerational families (children without parents). No end in sight.
- » Kids growing up with absent parents / lack of role models. Predisposed to addiction, poor mental health, learned maladaptive behavior. Using drugs younger and younger.
- » Families are being torn apart. Lack of immediate treatment options. Stigma: choice v. disease. Overdose, death.
- » Looks like anyone and everyone, choice v. addiction, the cycle, overdose/death, stigma, people are numb and fatigued to the topic, a group of suburban kids who are lonely.
- » A control [sic?] form of how everyone may or may not to think about the matter.



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

- » Availability. Now that they are cutting back prescribing. People already used to opiates. Self-medicating. Not getting right mental health diagnoses -> self-medicating.
- » Family cycle of drug abuse. Pain – medicate feelings, self-medication. ACE Study – childhood trauma. Genetic/hereditary. Availability. Boredom/curiosity of youth.
- » Childhood trauma (ACE). Heredity. Availability.
- » Family cycle of drug abuse. Availability. Mental/emotional pain – using to medicate feelings. Lack of information/education.
- » Economy, lack of coping skills (not a personal failure though), lost souls, drug manufacturers, practice of overprescribing, boredom for youth, medical system failure.
- » Life (depressing from economy, injuries in DR. prescriptions)
- » Hopelessness about the future: lack of jobs, isolation, advertising/commercial media are purveyors of unmoralistic lifestyles + a culture of drug use. Lack of alternative therapies in use such as meditation/yoga.
- » Doctors [indecipherable] out prescription drugs. Pharmaceutical companies and profits.
- » Mental health concerns. Lack of income in some areas. Broken family plays a part. Lack of community as a whole.
- » Generational legacy, lack of hope/employment opportunities. Lack of community support of health healthy recovery. Medication based society.
- » Lack of communication. Lack of cohesive care/continuity of care. Resources not working together. Funding. Not enough story-sharing (positive and negative outcomes). Focus on prevention for children.
- » Socioeconomic issues (unemployment, housing, mental health issues). Availability.
- » Untreated mental health diagnoses. Socioeconomic issues within the community and nationally overall. Overprescribing -> amount of hospitals in area. Baby booms with health issues -> prescribed meds -> family/friends steal meds. Instant gratification.
- » Socioeconomic issues, poverty, untreated mental health and health. Baby boomer prescription use and have pills taken by children/grandchildren. No pain culture. Pills used too long result in addiction. Crisis has reached every race and income level. Drugs can be ordered on internet, higher availability. Anxiety/competitive pressures.
- » Corporatism, corrupt politicians, broken healthcare system, environmental and economic injustice, racism.
- » People's willingness to seek chemical experimentation/drugs. Opioids availability: pills and number of cases of pain. New intersection: narcotics + opioids + mail-order fentanyl. Opportunity, willingness, and availability.
- » Impact on brain of opioids. Tradition of addressing physical and emotional pain with "medicine." Pill mills. Pain as 5th vital sign. Financial, easy money, cash. Marketing of "wonder drug" oxycotin.

- » Lack or shortage of resources to help before a crisis. Community and public safety. Lack of awareness/education. Easy access to drugs. Depression or other emotional/physical medical issues. Peer pressure. Lack of leadership. Lack of compassion. Medical prescriptions for pain management. Feel isolation. Lack of treatment facilities.
- » Depression/suicidal. Money problems/work problems. Health issues. Death. Low self-esteem. Physical/sexual abuse. Fit in with society. Peer pressure.
- » I see the causes as deeply personal, the pain – emotional or physical – impacting each individual. Some people don't have positive opportunities to address that pain and then drug dealers and doctors have made these drugs available.
- » Stigma about addiction. Poverty and isolation. Lack of education/hope. Lack of treatment services and mental health. Criminalization of drugs. Documented drug trafficking + prescription drug manufacturers. Drugs flooding communities. History of overprescribing in vulnerable communities.
- » High rates of prescription opioid prescribing. Illegal opioid supply. Drug companies marketing that opioids were non-addictive in the 90s. Lack of treatment options for those who became addicted when pill mills began to close down which lead to individual increase in illegal drug use. Lack of coping skills + mental illness.
- » Mental health issues, learned behavior from others, lack of proper treatment, accountability of those using drugs.
- » Lack of mental health treatment or treatment for wrong thing. Lack of motivation, just don't want more for their life.
- » Lack of coping skills. Mental illness. High amount of prescriptions.
- » Lack of education: coping skills. Stigma. Lack of treatment availability (not cause but effect). Mental illness.
- » No knowledge of what drug use can really look like. A need for instant gratification. Self hate. No knowledge of a community that is ready and willing to help you if you do find yourself a drug addict. Self isolation.
- » Supply is plenty available. Medical community owns some responsibility. Pharmacy community. Power of opioids grew exponentially from China. Location of Dayton at 70 & 75. Injury -> prescription -> over use -> addicted -> death
- » Family cycle of addiction. Poverty. Untreated mental health. Ease of access. Broken families. Lack of community support. Lack of education. Isolation of young people – digital world, looking for “real” connections and sense of community.
- » Our culture: “wine time,” Xanax, benzos, breakdown of nuclear family. Easy access. Medical community not educated about addiction. Traumatized kids will most likely use. Our culture encourages alcohol abuse so why won't kids use.
- » War on Drugs – not fighting successfully. Public failure to respond and doesn't know origin of the drug problem. Self-medication from emotional suffering. Lack of education about side effects (acute, medium, long-term use). Lack of peer support for young people. Failure to address Addiction as a medical problem vs. a moral issue in the US (regardless of substance). Economic distress in communities (poor economy + poor coping skills + limited access to healthcare + stigma of mental health treatment. Failing to treat trauma of individuals.

- » The war on drugs. The lassitude of the public. Politician fears of attacking an unpopular cause. Public's lack of knowledge of how drug problem developed.
- » Lack of mental health treatment, proper access to health care = self-medication. Economic distress – “lost generation.” Legality + coming from a doctor must be okay. Lack of educating kids of dangers. Stigma driving issue underground.
- » Self-medication to find relief from suffering. Inadequate awareness of the right way to get help. Lack of education of long-term/less-useful effect of drug use. Lack of peer support. Nature of addiction.
- » Failure to address addiction as a society in the US: stigma; alcohol still #1 drug of abuse; significant costs to healthcare, etc. US society's values of treating pain.
- » People searching for something to fill a deep void in their lives. Loneliness/depression. Over-prescription, not enough follow-up from physicians, pharmacists, etc. Only apparent solution for chronic pain.
- » Ignorance that addiction is a brain disease and not a moral failing. Lack of available resources. Wait times at treatment centers. Lack of healthcare coverage. Coping and communication skills not being taught to children (therefore they don't learn to deal with stress and trauma and turn to substances). Societal stigma of addicts. Length of residential treatment programs (only 28 days).
- » Availability is high. Joblessness. Lack of healthcare options (self-medicating). Mental illness unaddressed.
- » Since opioids treat pain, I have to surmise that persons who are experiencing emotional, mental, or physical pain are seeking relief by taking the drugs. Each individual should receive help in addressing what factor in their life is the cause. Oversight and tracking of prescriptions of these drugs is needed!
- » Over prescribing. Lack of knowledge. Numbing effect from real-life issue. Barriers to treatment.
- » A reality that is too difficult to face and numbing yourself is easier.
- » Not an epidemic, not a disease. Mental illness. Addiction. Pharms make pills addicting. Western medicine – pill to numb pain v. Eastern medicine – root cause. Overall medical system problem: hospitals/doctors/pharms are for-profit, not 501c3; no money in curing, only money in treating.
- » Lack of opportunities. Untreated mental health issues (especially concerning child trauma in poor communities). Stigma preventing people from reaching out. Lack of public understanding of addiction. Irresponsibly prescribed opioid medication + lack of proper follow-up care. Lack of long-term support for returning citizens.
- » Culture of drugs can fix all. Not enough prescribing of alternative medicines. FDA and drug companies creating a need for drugs and profit. Profit over people.
- » Multifaceted – stigma, lack of opportunities and mental health resources especially in rural communities, take politics and money out of it, childhood trauma.

WHAT STEPS MIGHT WE TAKE TO COMBAT THE OPIOID EPIDEMIC?

- » Education: Risk and resiliency factors, awareness of available resources, Miami Valley Young Marines. Collaboration between public safety organizations and more intense collaboration between schools and police departments. Collaborative treatment – I STOP Regional Treatment. Get youth involved in spreading the message.
- » Better ways to deal with pain. More long-term treatment options. More treatment options in rural counties. Education to general community about risk/resilience factors and best practices. Listen to each other.
- » More assist with stay time [sic] in treatment center. Understand why some once chose drugs and how they can't stop. More education in school age.
- » Make MAT requirements not so invasive. Offer activities, exercise, parenting skills, etc. as a requirement/option to get your meds.
- » Educate public on facts and myths about single payer universal healthcare so we have resources to prevent and treat addiction. Get money out of politics. End corporate grip on government.
- » Offer alternative meds first. Crackdown on big pharma. Change mindset from a pill for everything to a healthier society.
- » Quicker and easier access to treatment. Insurance payment for alternative medicine. Longer treatment stays with longer follow-up. Teaching school age kids coping and communication skills; also, “red flags” of addiction. More media coverage of recovery stories and hope.
- » More community resource centers such as FAH and The Hope Spot for addicts and families.
- » Group themes: Supervised consumption sites; decriminalization to decrease stigma and increase opportunities; test before you ingest; restricting manufacture, distribution, and advertisement of prescription pills.
- » Stop the war on drugs altogether. Instead of spending 90 cents of every dollar on punishment, spend all of it on harm reduction policies. Implement safe consumption facilities throughout every town – staffed by medical personnel and peer recovery advocates. Have government provide clean drugs. Take away all monetary charges and record. Quit talking and start changing.
- » More community support, less stigma for recovery. More structured sober living facilities. Treatment, sober living, community. School and teen prevention programs. Access to long-term treatment.
- » Legal/medical: Pill prescribing, manufacturing, and shipping. Spiritual: Coping without drugs. Chemical: Pain pill only works for days, then deteriorates. Detecting fentanyl shipments from overseas. Immediate access if you're ready for help. I'm intrigued: Curtailing medical advertising.
- » Tax? Greater support for those providing support.
- » Education from an early age to destigmatize, to cope with addiction + mental health + trauma. Realigning resources to address issues sooner (harm reduction). Buy-in from all stakeholders to tackle together.

- » Harm reduction is key. Faster access to treatment, support, etc. Education/prevention in schools (elementary level). Support for families involved so they can help their loved ones.
- » Talking, being open, destigmatizing. Educating people about the epidemic. Public policy (obviously), healthcare (obviously). Coping skills.
- » Educate public on solutions. Keep people alive until they can get cured. Expand treatment availability. Provide legal, pure, known strength maintenance drugs. Education of users.
- » Treatment – longer stay. Prevention, educate young. Incentives: housing, car, job. Access to mental health treatment. Reduce stigma of addiction. Accountability/enforcement of drug companies. Coordinated community response.
- » Offer treatment options with longer length of stay. Increase resources. Prevention programs. Incentives to stop using (housing/employment).
- » Treatment. Access to affordable healthcare and mental healthcare. Education, reducing stigma. Outreach and meetings like this one. Listening to communities impacted by epidemic. Harm reduction.
- » Community discussions. Cultural competency. Education: prevention and treatment. Policy: insurances companies need to cover alternative treatment. Resources come together so we're all on the same page – what do we all have to offer so you find the best fit for each client?
- » Provide more health services w/ support of the insurance companies. Limit the ads advertising drugs in media. Also ask for tracking of drugs being prescribed. Have health providers engage with the schools, businesses, etc. to provide information about addiction. Alternative medicine/non-traditional medical treatment.
- » Proper + longer treatments, teaching coping mechanisms at a younger age, accountability for decisions, stronger penalties for drug dealers, better screening for problems that can be corrected before person uses drug, alternative treatment.
- » Educate the youth more about drugs. Longer treatment programs – insurance learning that 1 long treatment will cost less than more short ones. Stiffer laws for medical community.
- » Education at early age, school age. Provide resources and support services. Community outreach.
- » Micro-level: education, teaching coping skills. Macro-level: funding, treatment, prevention, breaking stigma (disease, not crime). Crisis care: 224-4646. AA/NA. Attraction rather than promotion. HS there + available. Seek out if want it.
- » Organize more AA type treatment facilities? More public announcements on the issue. Get medical community involved. Begin to educate at a young age. De-stigmatize it.
- » Get medical community to stop medicating addicts and other drug. Find a way to decrease stigma. Better support for children living in dysfunctional homes, better solution to foster care. More education on early signs of addiction. Better parenting. Stop medicating kids.
- » Cooperative/combined approach: legal community partnered with medical community and treatment providers. Early education. Investing in early prevention by targeting at-risk youth.

- » Start helping when stop judging. Treat it like the health issue it is, not a criminal issue. Divert resources used for incarcerating users to treatment. Cultivate culture of care and community compassion vs. cynics, hate, divisiveness, lies. Prevention, prevention, prevention. Invest in prevention (make pharmaceuticals pay for it). Classroom management that teaches social skills (“pay” good behavior game). Recovery Alliance (Jodi Long ADAMHS). Teach social skills at a young age.
- » Ensure alignment of all activities, etc. for collective impact for population health (C.D.A.T). Ensure people in recovery, families impacted are at the table and have a voice. Educate people re: treatment resources available and how to access. Prevention embedded in all school systems.
- » Get medical community involved. Alignment of initiatives. Invest \$\$.
- » More and better treatment. Force hospitals to provide detox. Educate public. Identify high-risk youth. Easier access to treatment. More sober housing and longer-term care. Stop judging.
- » Increase resources for community behavioral health programs, focusing especially on primary prevention strategies in schools, community centers, community clinics. Reduce stigma and penalties for users – treat addiction as a behavior health and not a criminal issue. Coordinate criminal justice and health providers so resources/sanctions alternative to jail are known among judges.
- » Listening. Action after listening. Less opioids on the market period!! Government needs to take acceptance to a lot of the drugs being distributed that are making them money! More education in the schools! More awareness of a problem happening!
- » Supervised consumption sites -> clean needles, less litter, connect most marginalized to resources. Public education of how to prevent, identify, and respond to overdose: Role of media in spreading knowledge of, how to access, and use of naloxone; make it more acceptable to test before ingesting. Investing in mental health care rather than punishment/incarceration.
- » Teach children better coping skills. Consider alternative medicine to treat illnesses. Legalize drugs (which would hopefully take it off the black market). Tougher penalties for drug dealers and others who push these drugs.
- » Monitor pharmacies. Increase number of more affordable care centers/resources. Education/awareness. Team up resources to help with the underlying factors.
- » Complete system overhaul. Medical pressure on the pharm/distribution/doctor kickback system. Return to holistic/alternative medicine originally in place. Education system overhaul. Emphasize root cause of pain. Understanding of how present system came to be.
- » Educational: general public, schools/college, workplace, churches, etc. Identification of person who needs help + treatment/counseling. Narcan – prevention of overdose deaths. Prevention of addiction: those who may be in vulnerable situations – young, mental health issue, trauma victim, persons released from incarceration (risk of OD), underresourced people and families.
- » Public conversations like this are helpful – do some targeted invitations to invite healthcare, service providers, educators, politicians, school principals, families, etc. all together to meet and share ideas about solutions. Turn off the TV and meet your neighbors.

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

Chillicothe Gazette

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The Chillicothe Gazette is part of the USA Today Network and published daily at Chillicothe, Ohio, the seat of Ross County, by the Gannett Company.

The Columbus Dispatch

THE COLUMBUS DISPATCH

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The Columbus Dispatch is a daily newspaper based in Columbus, Ohio.

Dayton Daily News

DAYTON DAILY NEWS

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Dayton Daily News is a newspaper published by Cox Media Group in Dayton and the Miami Valley, covering the latest in political, business, sports and Ohio news.



EYE ON OHIO

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Eye on Ohio is an independent, nonprofit, investigative news service.

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

THE MIAMI STUDENT

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The Miami Student is an independent, student-run media outlet based in Oxford, Ohio.



The News Record is the twice-weekly, independent student news organization at the University of Cincinnati.

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THE RECORD HERALD
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News Journal

The Wilmington News Journal is a newspaper in Clinton County, owned by AIM Media Midwest.

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WHIO-TV, virtual channel 7, is a CBS-affiliated television station licensed to Dayton, Ohio serving the Miami Valley.

WHIO-TV
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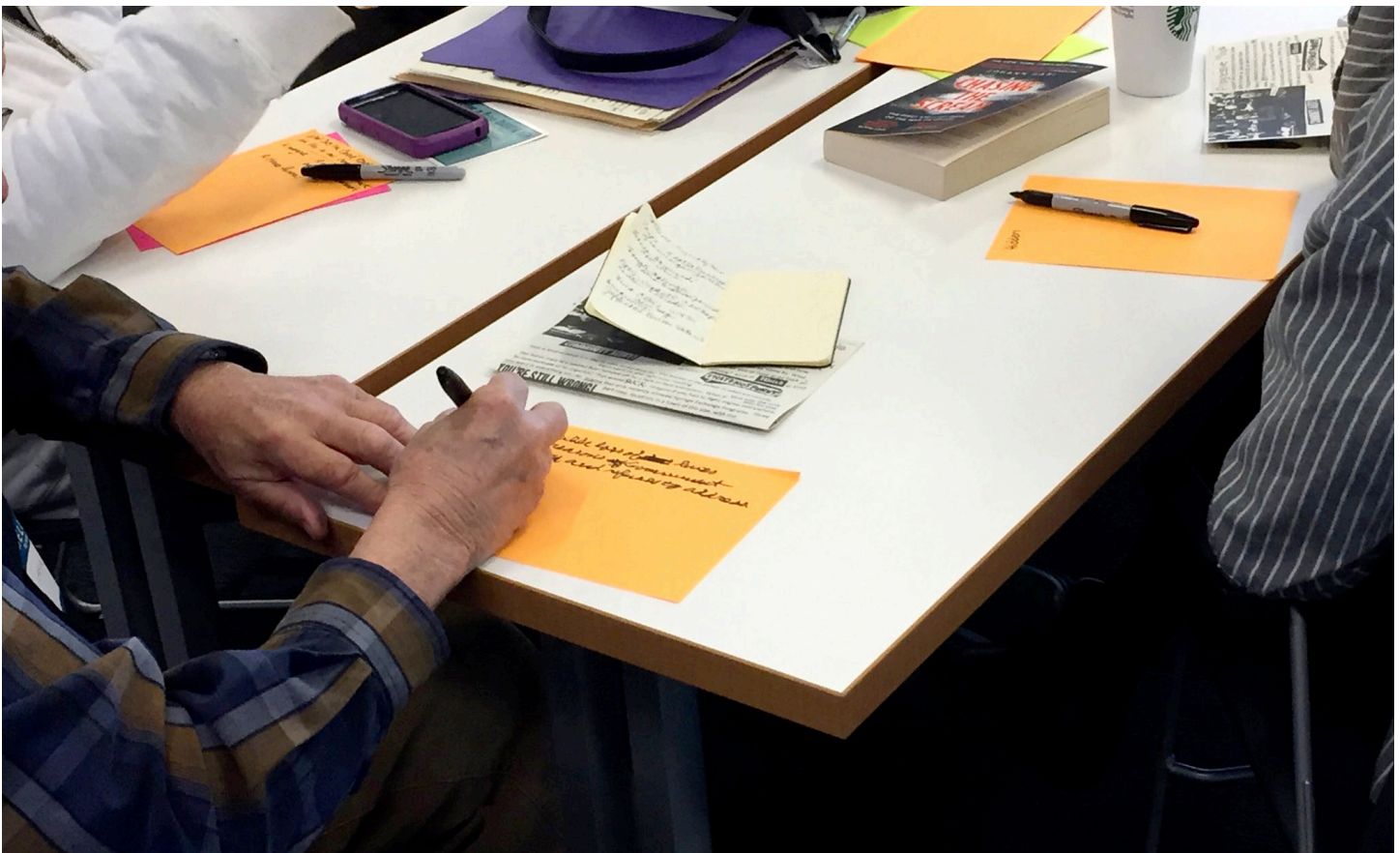
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WVXU is a public radio station located in Cincinnati, Ohio. It is owned by Cincinnati Public Radio, which also operates station WGUC and WMUB.



WYSO YELLOW SPRINGS
@WYSO
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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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