

Your Voice **Ohio:** **Middletown**

**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.

Our conversation in Middletown brought together around 50 people gathered at the Midpointe Library to share their perspectives and stories around opioid use in the community. 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.

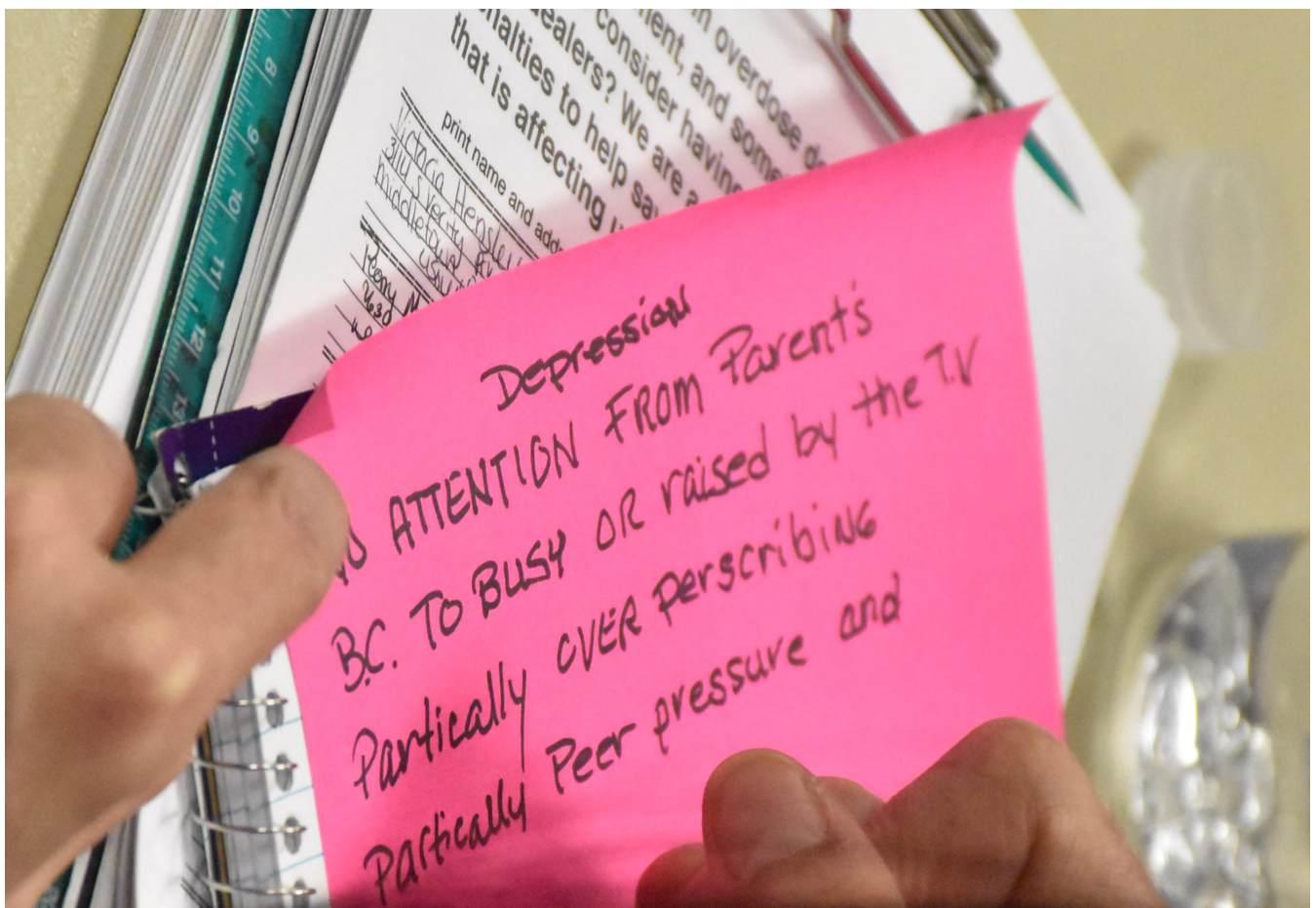


EVENT SUMMARY

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.

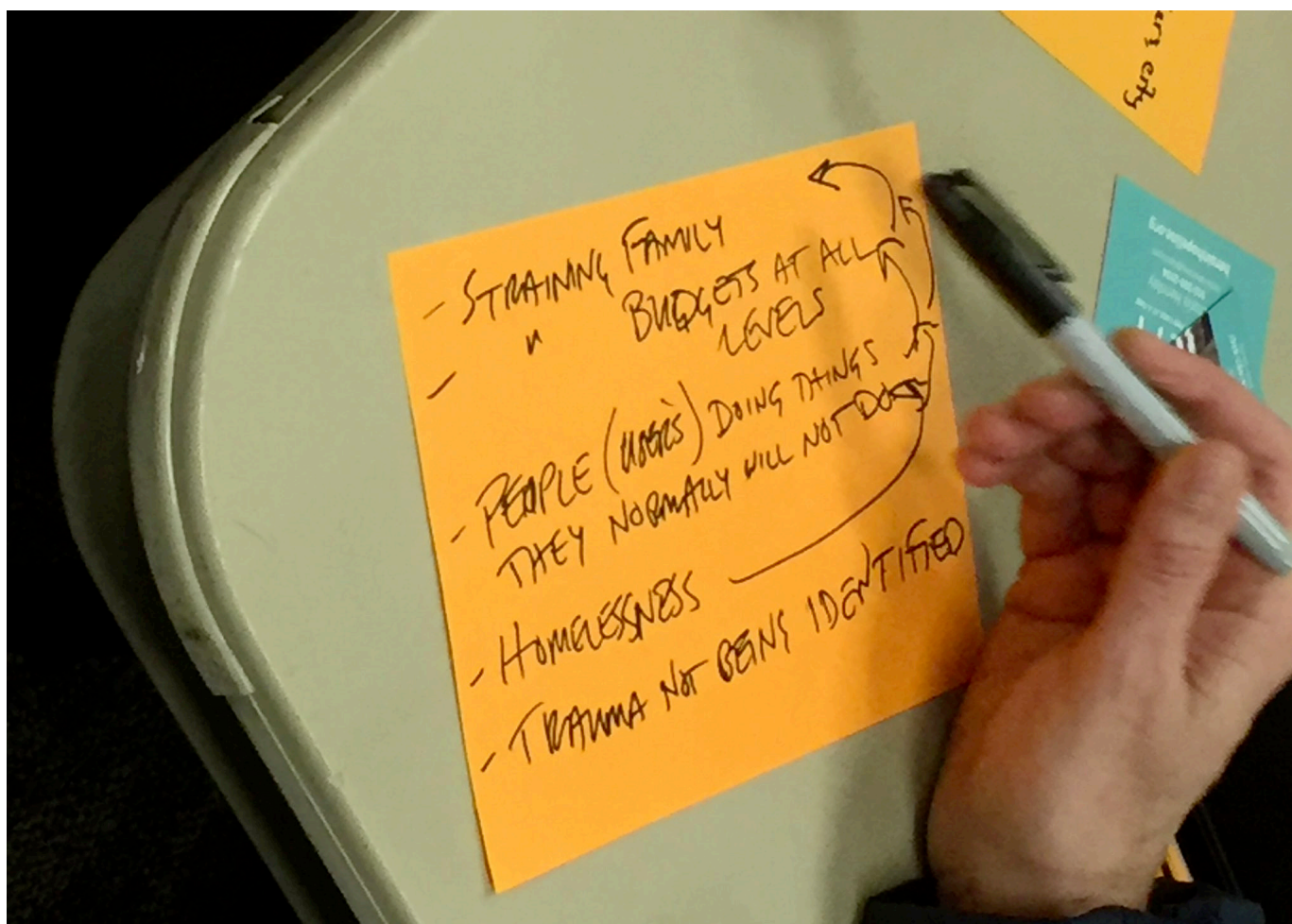
WHAT DOES THE OPIOID EPIDEMIC LOOK LIKE IN OUR COMMUNITY?

- » It encompasses nearly every social, ethnic, and economic facet of our city. Some prescribed, others pushed. Death not only because of the drugs but the hopelessness it brings. First funeral 16 year old boy. 2 employees, 2 attendees of my church – dead.
- » Mothers, fathers, brothers, sisters, friends, teachers, coaches – rich, poor, old, young, white, black, Latino, Asian
- » Death of certain age group (workers), poverty, other crimes, children growing up in repeat cycles. Confusion, wide scale mess, sadness all over. Combination (fentanyl), access to things online.
- » Friends, family, increased crime, confusion.
- » Touches all parts. A lot of death and damage. OD deaths + OD damaged people. Wasted time, chances, and lives (ex. Ivy Leaguer dying/stealing from friends). Combinations [of drugs] they're getting. No tolerance policy.
- » A living, growing organism with no working antidote. It is an issue not being addressed where the impact could be the greatest for those currently addicted. An attack with no frontline defense. Destroyer of families, hope, etc.
- » Parents unable to care for their children. Children in foster care or kinship. Parents imprisoned. Children being born addicted
- » Redundant, dehumanizing. 2000s – #s of dead – front page headlines. 2010s – #s of dead – by later #s. People become stats. Less sympathy as problems are less unique.
- » Group: Impacting children from birth, to home – all walks of life. Redundant, dehumanizing – less sympathetic, numb to it. Isolating, in pain – turning to self-medicating. No cohesive solution – autonomous groups. Something wrong in every step of process.
- » Isolation + pain + self-medication. Disjointed groups working independently. Everyone from all walks of life affected.
- » Looks like everyone (all ages, races, incomes, structure of support exists not found in rural areas). Need more resources. Impact on addicts, but especially kids. Growth of the impact over [indecipherable] the support services. Increasing across all populations. Still a negative stigma associated with addiction that is reinforced by when authority figures don't provide support.
- » Increased overdose rates leading to pressure on first responders, hospitals, etc. Stereotypes and prejudice about users and how to respond to them (i.e. Narcan debate). Strain on social services, courts, etc.

- » Increased need for social service workers (social workers, case managers, etc.). Increased need for accessible resources. Huge need for education (i.e. what is addiction?). More children who need support.
- » It looks like a health epidemic that is increasing + spreading out among all populations of our community. It is getting more recognition by politicians + healthcare due to the increase of the epidemic, however, there is still a stigma/stereotype of opioid users.
- » It's catastrophic and it is tearing not just lives apart but a whole generation. BUT: more resources are being utilized against it and, I believe, the tide is turning. There are more treatment options becoming more available, there are more prevention and enforcement measures being used (HRT, K-9 units, etc.).
- » Lost generation of people, kids, families. Individuals, families, entire community. Grief, sadness. Death. Disease, HIV, Hep C. Loss of hope. Syringes on the street, in parks. Sex trafficking/sex for drugs. Statistics, data. Grants. Worn out first responders. Crime. Broken families. Moving to meth. Tip of the iceberg. Positive things: Recovery, courageousness, slow but steady responses (glacially slow but signs of turning the tide), QRT, canines.
- » An iceberg – we see just the tip of the crisis – this impacts individuals, families, and the whole community. The impact will not be fully seen until it is addressed as a crisis/disaster and plan devised to address.
- » Almost everyone is impacted in some way and searching for answers and help. Families suffering and desperate for some kind of hope.
- » In our community the opioid epidemic crosses all demographic and socioeconomic boundaries so it is hard to clearly define. Teens struggling with mental health and self acceptance. Parents and family members desperate to help their loved ones overcome addiction. Addicts facing so many barriers in their steps to achieve sobriety. First responders and ERs overwhelmed with calls. Traditional families broken up by addiction. Stigma/understanding/shame.
- » Affects every socioeconomic level, but is more visible in downtown areas with people wandering in the streets.
- » Shattered families trying to rebuild. Sadness in a child's eyes, lifetime of trauma effects. Well intentioned people wringing hands but struggling to come up with meaningful solutions.
- » It looks like all of us. This impacts everyone – no part of the community is spared. In some parts of the community, it's kept out of the spotlight, but it's there.
- » Numerous hospital admissions, repeat admissions for ODs, cellulitis, sepsis, sometimes death. Spans ages from 20s to 70s. All income brackets. Increase in homelessness, increase in childrens services issues.
- » It has grown now to represent people from all demographics. No longer the stereotype of just young kids partying too much.
- » Horrible, heart breaking.
- » Overwhelming. Deceiving.
- » It looks like regular faces we see every day. There is no discrimination, we live in fear that it will reach our own children or brother/sister – mother/father.

- » A disease that has permeated every facet of the community. Death, hopelessness, crime, generations growing up without parents, high poverty, strained school system, strained law enforcement, broken hearts. Cheap, easily accessible. Problem so ingrained going to take lots of different solutions, all encompassing. Employment, businesses. Opportunistic campaigning by officials. Disconnect from medical community
- » Broken families, crime, employment issues, poverty, not enough treatment resources (ie detox + residential), misunderstood/stigmatized, hate toward addict, pain, death, vicious cycle.
- » Hopeless, all consuming, never ending.
- » Despair, poverty, sadness, broken homes, children without 1 or both parents, FEAR, destruction, grandparents raising grandchildren, siblings raising siblings, isolation.
- » People using on heroin – heroin is easily accessed – it’s cheap. People losing jobs, families, resources. It looks gloomy and hopeless, the # of deaths continue. People use the idea in political campaigns – promises are made -> results are few!
- » As an RN that works at the bedside with overdose patients daily I see firsthand what the opioid epidemic does to the communities around us. Opioids have taken good people with strong families and turned them into addicted individuals that spend all resources until their bottomless needs are temporarily met.
- » I cannot provide an honest answer. I’m a college student from Oxford and am not familiar enough with this community to make an evaluation. I am here to learn from those who are.
- » Visually speaking, it has taken on the appearance of a war. A battle between drugs, addicts, and families.
- » Straining financially – families, first responders, city. Trauma – 1st hand/2nd hand trauma. Mental health – addict + family/children + 1st responders treating both. Increase in homelessness, crime, and public health concerns. Lost souls, broken families. Effects on children + elderly.
- » Straining family. Straining budgets at all levels. People (users) doing things they normally will not do. Homelessness. Trauma not being identified.
- » Devastating from every aspect. Broken families and homes. Homelessness, increase in public health concerns. Children stuck in this crisis with no voice and no escape.
- » We have a huge epidemic in Middletown. Lost lives. Broken families. Lost souls.
- » The opioid epidemic looks like an overwhelming mess. From a child’s perspective, it looks like that family member is sick, doesn’t care, never there. It looks like 9 or 10 year olds taking care of 2 or 3 year olds in our parks and neighborhoods. The elderly needing taking [sic] care of are being stolen from and forgotten. Kids are running dope.
- » Evil, sad, depressing. No end! NEED funding for facilities! I miss my son and so many others. Need harsher sentencing.
- » Frequent overdoses consuming significant healthcare resources. Crime associated with funding drug purchases. Not sure about the demographics of the addict population. Hamilton may be different from Middletown.

- » It looks like increases in theft, overdoses, children without parents, deaths, full jails, stressed EMS workers, hopeless (somewhat).
- » Looks challenging as it continues to drain resources, take lives in an indiscriminate manner.
- » All demographics (M, F, b, w, latino, but here more poor, low income, struggling to find "a place" just getting by day by day). Fatalistic view, prayer as hope.
- » It is subtly visible most of the time. Frequent short visits to a particular house, increase in panhandling at the corner store, neighbor kids asking for jobs because they are hungry, and an occasional ambulance.
- » Very prevalent, across all age groups and genders, affecting all socioeconomic levels. Awareness of epidemic is also increasing throughout the community.
- » Lately, it appears that the number of overdoses have decreased. It has been an alarming reality to know so many residents are using this drug. Families have been so stressed from fighting for and with their loved ones. Mothers have eagerly supported incarceration to save the life of their child. They pray for the programs will keep their child and not on a voluntary basis.



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

- » Mental health. Stress. Initial cost effectiveness.
- » Mental illness. Isolation/lack of social supports (in poverty only 1 in 12 relationships are not [with] professionals). Medical community – not recognizing how addictive (not understanding how pain works). Cultural outlook of a pill can take away all your problems.
- » Social acceptance of pills v. shooting or smoking drugs. Isolation – social media. Too much time – economy/unemployment. Recession -> opioid epidemic.
- » Loss of traditional family. Not enough education for youth on drugs (young children). Raising kids that depend on drugs to solve problems.
- » Overprescribed opiate painkillers + doctor's abruptly cutting patients off. Cartel pushing fentanyl. Not enough treatment centers. Stigma on addicts.
- » Lack of education on prevention as kids for this generation. Disconnect of families, increase in parents working, in jail, hospitalized, etc. Decrease in mental health treatment or knowledge of resources. Struggle of navigating the treatment resources. Stigma.
- » A lengthy history of negligence to mental health issues. A naïve approach to opioids (addictive). Healthcare readiness to prescribe opioids. Marijuana. Reluctance to address until crisis.
- » Prescription opioids, doctor shopping, availability and cost of illegal drugs. Peer pressure. Lack of preventative programs and work support programs. Regulations limited long-term recovery programs. Understanding addiction (stigma). Transition to fentanyl (opioids – heroin – fentanyl). Medication society.
- » Started with over prescribing of pain pills. Broken family structure. Few people actually willing to understand addiction. Untreated mental health issues/trauma. Little prevention education. Economics. Generational dynamics. Lack of treatment options. Lack of recreational options.
- » Heroin is cheap. Easy access. When arrested, if you have money you get out (dealers let go)! People become addicted after medical scripts are written. It's an escape. Government funds don't trickle down to treatment.
- » Causes are complex. Belief that these drugs are ok to test. Too much supply of the pills. Narcotics also available. Unclear what causes people to use first, but lack of belief that there is something worth living for.
- » Addictive personalities either because of prior prescribed opiates, or mental health issues (addictive personalities), or peer pressure (as examples). Availability – heroin, etc. is so much cheaper than cocaine even was. Profit – drug dealers can make more \$ now than ever before; the pipeline from Mexico and beyond is flowing freely. The preventative system is overwhelmed (police, first responders, medical providers, courts, etc.)
- » Lack of affordable treatment options. Drugs are more available/cheaper. Mental health issues that have gone untreated.
- » Lack of hope. Despair. Disconnected humans, families, communities. Social media – only connecting with phones/internet. Need for a quick fix. "I should never be in pain, it's my right." Some physician responsibility -> but not all. Many people did not start with prescriptions.

- » 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.
- » Prescription drug use evolves into heroin use. Experimenting with other drugs leading to opioid use. Lack of education about opioids. Pain management issues. Self-medicating to mask other mental health issues.
- » Lack of communication and education. Doctors – perhaps not considering long-term effects of a single prescription. Fear – no one wants to talk about it. Lack of resources or lack of awareness that resources exist. Underlying causes – rather than utilizing coping skills, some turn to a quick fix.
- » Jobs moving out. Low-income housing moving in. Drugs readily available. Opioids being prescribed has lowered but still a big problem.
- » Untreated mental health issues / social isolation / lack of access to proper healthcare, all = self-medicating. Advertising of drugs – idea that there’s a pill that will cure anything. Lack of education and training of kids to cope with trauma/loss/life in a healthy way.
- » Mental health needs – untreated depression, anxiety, etc. Hopelessness – economic difficulties and lack of opportunities leave people feeling trapped and with no way to advance in life. Physical health – poorly managed pain. Lack of strong family or community support – the stigmas of addiction can be isolating, which can exacerbate the issue.
- » Lack of positive outlets. Snowball effect – children seeing parents use. Accessibility. Some agencies trying to help but not fully working together.
- » Despair – as a cause of addiction with “opiate addiction” only the most recent, most severe manifestation of it. People feel hopeless, trapped, and are in pain. They become prey to entrepreneurial pushers, amoral individuals who are only interested in their own situation.
- » Overprescription of opioid painkillers. Ripple effect – those who end up in dire circumstances due to a family member’s addiction may turn to drugs themselves. Increase in intensity and danger of the substances (fentanyl, etc.). Stigma surrounding seeking help.
- » Doctors giving prescriptions without knowing the patient went to another doctor for the same reason; no computer cross check. Doctors giving prescriptions with too strong of doses. Doctors not knowledgeable about alternative holistic methods to get their patients healthy. Doctors are only trained to write prescriptions. They need more than that path to health. Prescription sharing.
- » Expectation of low or no pain. Physician prescription meds – in abundance – maybe lack of focus on alternative pain control. People looking to fill a void? Like minded groups into drugs? Return to same social groups.
- » Hopelessness, powerlessness, emptiness. Families that lovingly enable or blindly ignore or don’t know how to respond. Inadequate mental health interventions/services/follow-up. Abundance of product. Profit.

- » Doctors to free with prescribing opioids. Trauma. Unresolved mental issues. Patients being cast off opioids by their doctor left to find their own. Big pharma / insurance companies.
- » Mental health, self-medicating. Poverty, hopelessness. Easy access. No accountability in youth/young adults. Glorifying dealers. Fast money.
- » Not enough treatment options for mental health issues. Not enough job service programs. Not enough resources. Doctors/pharma.
- » Primarily I believe the largest cause would be street drugs. Prescribed painkillers. Deeper causes: hopelessness, lack of purpose or motivation, emptiness.
- » Feeling of hopelessness. Mental illness. Economic struggles – inability to potentially obtain gainful employment because of past issues. Easier to stay addicted than obtain affordable/accessible care. Inappropriate prescriptions / access to drugs.
- » Availability. Price. Addiction breeds need for more. Strength of new next gen drug. Lack of adequate treatments. Lack of resources to treat. Lack of education to addictions.
- » Mental health + social acceptance/peer pressure. Pain management + pharma dependency. Cycle of family experience. Affordability + easy access of opioids. Physiological dependency -> chasing dragon. Recreational -> Lack of purpose/boredom/hopelessness.
- » Mental health and unresolved trauma. Lack of knowledge. Lack of jobs – Middletown. Not enough income. Experimenting = addiction – no care about selfs. Isolation = families are too busy. All the hype about this epidemic intrigues young or vulnerable. When they took away a lot of prescribed meds – all ages considered suicide or streets.
- » Depression. No attention from parents because too busy or raised by the TV. Partially over prescribing. Partially peer pressure and wanting to experiment. Maybe all the hype about it?
- » Poverty. Lack of education – knowledge. Lack of well-paying jobs + resources. Mental health and childhood trauma (unresolved). Gateway drugs (pills).
- » Mental health. Childhood trauma (unresolved). Broken families.
- » Bad initial data on the probability of addiction with opioid pain drugs. Social tolerance of drug abuse. Slow response to the crisis in every stage of development. Possible involvement by enemy states pushing heroin to destabilize the USA.
- » Overselling pain medications top down. Creating pain as 5th vital. How inexpensive the drug is. Uneducated doctors in the symptoms of substance use and how to get patients into treatment as the right time: not cutting them off.
- » A spiritual void, lack of purpose, hopeless from poverty, peer pressure.
- » Hopelessness – un & underemployment. Personal pain and limited coping skills. A “it won’t happen to me” attitude. Accessibility and a different stigma than crack. Pill started it.
- » Mental health. Broken families. Over medicated. Denial. Generational. No jobs. No community. No faith. Greed.
- » The drug is inexpensive. People/addicts know where it’s available. Lack of family/community support. Unemployment. Despair. Pain management.

- » Generational factors. No jobs. Mental health. Broken families. Terminology, how we talk about it Community lacking a sense of togetherness. Pain management. View that medications are taken without thought as to how it affects a body. Commercials on TV promoting drugs, “Ask your doctor for...”. Despair, hopeless with no secure future. City is dark and polluted making people not care about self. No confidence, no outlook. Lack of medical system that follows set path for treatment.
- » Prescription pills. Being around others who are addicted, experimenting, depression and other mental health issues.
- » Everyone has pain and everyone suffers. Some people have more positive ways of coping. But some turn to opioids, which are highly addictive and which change a person. Cause = pain + lack of good coping mechanisms and support.
- » Pain medication -> opioids. Cheaper than pot. Mental health concerns – self-medication. Lack of sustainable employment in our community.
- » Limited employment in community. Availability. Free time.
- » Unmonitored doctors and health professionals over prescribing opioids.
- » Dayton’s proximity.
- » Interstate.
- » Poverty.
- » Intergenerational drug use and abuse.
- » Non-existent drug prevention and education for youth.
- » Pain med -> opioid abuse. Mental health -> self-medicated. Highly addictive -> build tolerance. Sustainable employment. Easily available. Drug combinations?



WHAT STEPS MIGHT WE TAKE TO COMBAT THE OPIOID EPIDEMIC?

- » More detox. Immediate access to treatment. Stop sending people home from hospital after overdose (plan in place to start detox/24hr monitoring or 72hr hold). Identifying and treating underlying issues. Increase awareness, decrease stigma. More prevention education in schools.
- » Small groups. Coordinated services/collaboration. Longer/holistic treatment accessible to all.
- » Education of people at all levels: K-8, 9-12, college, adults || medical community / educational community. Proactive media campaigns: TheTruth.com (smoking) is a good example. But smoking still took a generation to fix (50% in 90s, 20% today).
- » Better pain management drugs. Mental Health Marshall [sic?] (keep people alive and help them avoid a life with aftermath). A higher purpose for everyone. More civic engagement in hardest-hit communities.
- » More collaboration between law enforcement, mental health, courts, medical community. Teaching coping skills to children as part of school curriculum; not just drug education program but overall mental health coping. Using funds to pay for treatment, job programs, etc, expansion of Medicaid/SSI. Education to decrease stigma – like the “just say no to drugs.” Decrease isolation – no idea how to make that happen. Mental health services to first responders, court, and jail personnel to increase empathy and reduce burn out. Better medical care to address holistic approach – alternatives to opioids be available.
- » Implement more early education prophylactically among our children such as role playing on how to say no to the peer pressures of drugs, educated about harm and consequences. Provide more funding for treatment centers and resources, such as drug courts. Mandatory.
- » Courts send to treatment as mandatory without chance to leave. Overdosed person ticketed and sent to court. Place on house arrest. If the overdosed person returns to drugs after completing a program, send to detox, then chance for 1 more program or incarceration. We need an inpatient center.
- » Better education in schools (young kids). Better way of [indecipherable] sooner treatment after OD or when a person is released from jail.
- » Single point of [indecipherable] across the county. Ensure expanded Medicaid is maintained in Ohio. Add Hep C treatment. Including family counseling treatment programs. Create needle exchange with program information. Overdose treatment plan. Early education. Drug court.
- » Transparency! Honesty – no more getting funds and they stay in administration instead of real treatment for real addicts. Cutting through misunderstanding of the situation – what is an addict, how is he affected, what would help him individually? – needs of each, not group. Admitting what a real problem looks like, combat your fears and anxiety, come out of denial – it’s ugly and needs help.
- » Offer rehab during and after incarceration. Legalize heroin for physician prescription – FDA can manage purity, etc. Teach alternative pain management options. Teach prevention in schools (probably being done). Support groups for individuals and family.

- » Offer rehab during and after incarceration. Legalize heroin for physician prescription – FDA can manage purity, etc. Teach alternative pain management options. Teach prevention in schools (probably being done). Support groups for individuals and family.
- » Look at epidemic from all angles – causes, treatment, etc. Coordinate/collaborate on resources. Early treatment, early intervention – schools, ER. Increase mental health screening, insurance coverage.
- » Have a more cohesive system for all who work with or around the addict so a better wraparound can happen beginning to end. Education of each type of drug root. Work on sustainable community life. Work closer with the children affected (get them dreaming). Talk about it.
- » No stigma. Harsher penalties with compassion -> more funding for these facilities. More media reaching everyone explaining just how bad it is. Maybe mothers and families like me on commercials. WAKE UP – watch for signs and education yourselves!
- » Long-term: Pay attention to mental health needs of all people; provide counseling groups in schools for kids impacted by parents using; get control of social media, help people reconnect with each other again; address social determinants of health – education, housing, income, transportation. Short-term: QRT teams, get treatment option coordinated, make treatment affordable.
- » Coordination, particularly of treatment providers. Education/prevention: we need to go into the schools (even elementary schools) and initiate prevention (where are the DARE programs of the 80s and 90s). Enhanced enforcement: this is a tough one as police and courts are maxed out already in terms of manpower, jail space, funding, etc. Children Services: enhanced responses, particularly more in-home provision of treatment – again, \$\$ is the issue.
- » Earlier education. Support groups for addicts, those with mental health issues, etc. Keeping pills/painkillers out of reach and locked up. Change thoughts around “pill popping culture.”
- » Follow the money to get a clearer picture of where resources are going and what’s working well or not. Push for more collaboration and coordination. Require publicly funded programs and services to be part of wraparound provision and be available 24/7.
- » Follow successful models (other countries, certain cities, etc.). TALK. Have more of these meetings. Honest communication. Encourage involvement in social services. Spread/share resources. Coordination of care.
- » Increased communication about addiction within the community, within schools, within families. Fight against the stigma on mental illness and getting treatment for it. Improve coordination between services for people with addictions (ie drug court, residential treatment, ongoing aftercare and services).
- » Group themes: Follow the money. Coordination of care -> wraparound services. Where are the resources going? Let’s change the stigma. Increase communication. Not serious enough -> people who are voting don’t understand; those who are truly impacted see it vividly. Non-medical pain treatment (yoga, etc.). Earlier education. Needle exchange. Better distribution of \$.
- » Encouraging families of addicts to be a strong support in recovery. Identifying specific gifts and talents in youth and encouraging their pursuit of goals (to give purpose and ambition).

- » Stop drugs from entering our borders. Fix a healthcare system by not paying hospitals/ doctors based on health satisfaction from patients. Harsher punishments for drug dealers. Quit legalizing gateway drugs. Fund treatment centers.
- » Increase availability of mental health services. Pair intensive rehab with incarceration. Bring in sustainable jobs to the Middletown area. Increase community awareness of epidemic and available resources for addicts and families.
- » Education on addiction. More treatment centers. Funding. Harm reduction.
- » Doctors educating themselves. Big Pharma quit lying to medical professionals. Insurance companies reevaluating their policies. Changes in the justice system.
- » Resources in the community working together toward common goal. Aligning resources to treat the whole picture. Start working on the youth and develop programs around them (positive outlets, positive role models).
- » Group themes: Resources in community – work towards common goal; aligning resources – pairing for optimum effects. Youth programs. Preventative approach – talk to young people at earlier age, have former victims explain their experience. Harsher penalties for dealers. Vote out corruption. Encouraging moderation in life.
- » Communication at all levels. Divert resources to better help people to get treatment. Open more treatment facilities. Maybe limit medication commercials as was done with cigarettes. Courts order treatment instead of jail.
- » Deal with a more preventative approach. This type of forum is helpful. Open the conversation earlier with our children than we might even feel comfortable with. Harsher penalties for dealers, because really each would be responsible for the deaths of users.
- » Educate young people about the dangers of opioids. Bring in former victims to talk about their experience. Provide more outlets for young people to gather and socialize. Create more community initiatives to gather around. Provide more career opportunities.
- » We need officials who acknowledge that there is a problem – do something about it. Make funds available for education. Start early in the schools. Make courses in school that require a credit to graduate.
- » Provide more treatment centers. Provide more mental health. Provide more resources. Be more proactive. Get out more in the community providing outreach and detox centers.
- » Find ways to reach addicts quicker, be more proactive. Find healthier ways to manage pain. Look at more education geared towards younger kids. Try to lessen stigma of addiction.
- » Work as community to remove barriers for addicts getting into workplace. Celebrate recovery/stop addiction shame. Collaborate. More mental health awareness, support for youth in schools. Holistic wellness, alternative healing, mindfulness. Love, compassion, respect, understanding.
- » Engineer pain medication that is effective, not as addictive. Improve education about drug use and danger (more than Just Say No). Increase availability of mental health services. Better screening of mail to detect illegal drugs coming into our country.
- » Better education/coping skills all the way through school. Destigmatizing. Stop advertising meds on TV. Stop marketing to doctors. More resources for mental health care and recovery than criminal courts.

- » Create a hub of connected resources. Affordable, accessible treatment options – yesterday. Employer education. What can NA learn from AA? Jail is not always the answer.
- » Break down the stigma surrounding reaching out for help. It's okay to not be okay. Community focused discussions, open dialog. Make more treatment options/resources available.
- » Community-wide cohesive planning. End stigma of seeking help with mental health. Community education and awareness. Norwegian approach with safehouses and volunteer programming for adults.
- » More treatment available. Detox. Mental health services. Less law enforcement more medical treatment. 72-hour holds for overdoses. FIND AN ALTERNATIVE TO OPIOIDS. Do something about drugs smuggled into US. Treat addicts like humans. Summary: prevention, treatment, law enforcement, harm reduction, community education.
- » Get them motivated into detox asap. Prevention. Detox. Harm reduction. Law enforcement.
- » Better jobs. Community outreach. Power in numbers – not alone. Provide education to parents, doctors, pastors (enablers). Media focus on those who have overcome addiction. Early education.
- » Stop talking, start doing. Mental health care. After care support. Give hope to children. Support families emotionally. More casual low-cost activities for families with no alcohol/drugs.
- » Start with children and families, teach healthy coping skills and help them understand that everyone suffers. The goal of life is not to suffer. It's what we do with the suffering that matters. Alternative medicine, supported by insurance to help people avoid pain and medications.
- » Educate youth about the danger of addiction. Educate doctors about best practices for prescribing drugs. Aggressively target dealers. Mandate opioid blockers for treatment of convicted users. Target global production sites or illegal drugs, poppy fields, change factors.
- » Social emotional resilience development in early childhood. Increased funding for effective community support services and programs. Public education to address enabling, recognizing, getting help.
- » Heroin response teams. Faith-based involvement. Family involvement in detox. Reporting more on solutions and success. Court, law enforcement, first responders be able to see the other side.

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

CHILLICOTHE GAZETTE
@CHILLIGAZ
GAZNEWS@CHILLICOTHEGAZETTE.COM

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
@DISPATCHALERTS

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

Dayton Daily News

DAYTON DAILY NEWS
@DAYTONDAILYNEWS
NEWSDESK@CMGOHIO.COM

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
@EYEONOH

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

JOURNAL-NEWS

JOURNAL NEWS
@JOURNALNEWS
NEWSDESK@CMGOHIO.COM

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
@MIAMISTUDENT
EIC@MIAMISTUDENT.NET

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.

THE NEWS RECORD
@NEWSRECORD_UC
CHIEF.NEWSRECORD@GMAIL.COM

SPRINGFIELD NEWS-SUN

The Springfield News-Sun is a daily newspaper published in Springfield, Ohio, by Cox Media Group.

SPRINGFIELD NEWS-SUN
@SPRINGFIELDNEWS
NEWSDESK@CMGOHIO.COM



The Record Herald is a daily newspaper (Tuesday-Saturday) located in Washington Court House, Ohio, owned by AIM Media Midwest.

THE RECORD HERALD
@RECORDHERALD
WCHINFO@AIMMEDIAMIDWEST.COM

News Journal

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

WILMINGTON NEWS JOURNAL
@WILMINGTONNEWS
WNJINFO@AIMMEDIAMIDWEST.COM



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

WHIO-TV
@WHIOTV
NEWSDESK@CMGOHIO.COM



WKRC-TV, virtual and VHF digital channel 12, is a CBS-affiliated television station licensed to Cincinnati, Ohio.

WKRC CINCINNATI
@LOCAL12
LOCAL12@LOCAL12.COM



WVXU CINCINNATI
@917WVXU
WVXU@WVXU.ORG

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
WYSO@WYSO.ORG

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:

YOURVOICEOHIO.ORG

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