

Your Voice Ohio: Washington Court House

**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.

At our events in Washington Court House around 60 residents, including people in recovery, nurses, treatment specialists, community leaders, a county commissioner, and a mayor, gathered to discuss how their community could face the opioid crisis. Many people agreed that more treatment and recovery resources are needed in rural areas like theirs, as those seeking treatment currently need to travel to metropolitan areas.

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.

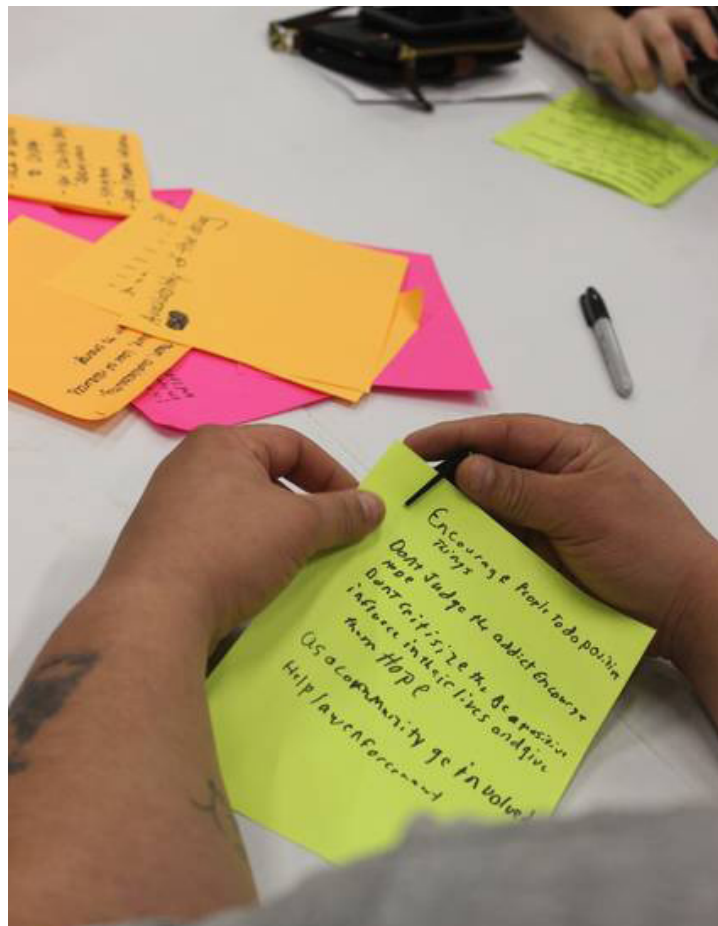


EVENT SUMMARY

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?

- » Overwhelming. Community that needs help. Lack of good resources to help combat epidemic in positive ways. Nowhere to turn as a concerned citizens. Need for collaboration. Lots of awareness.
- » Many people are using. Many are in jail serving time but don't get rehab. Many thefts. Too many deaths.
- » Burden on resources: Law enforcement, first responders, hospitals, foster care. Increased hardships on families. Terrible memories.
- » It's an addiction epidemic. Starts in adolescence, but we aren't intervening or creating youth treatment and recovery support. Everywhere, every sector, every community. Sometimes feels like throwing spaghetti on wall to see what sticks.
- » It's Horrible. Its controlling our community and taking over our community.
- » A lot of suffering
- » Horrible deaths
- » Invisible. Not my problem. A problem only in poor areas.
- » Tragic. Judgment. Stereotype.
- » The opioid epidemic isn't too good. From tearing families apart and loved ones dyeing. Some people that are using don't realize that what they are choosing to do also effects their family members as well as themselves. Everywhere you go there are people begging others for money to help their needs. It starts out younger and younger. Teens are told that their going to end up just like their parents and most of the time that's all they know.
- » It looks like death, failure, negativity, voiceless individuals because we are so focused on the negative outcomes that have happened instead of the positive ones that are happening. For example, all the resources and groups out there that have helped save thousands of lives.
- » Everyday people – all ages. Most impacted 20s–30s. Desperation. Broken homes and relationships. Violence, abuse, and manipulation.
- » Crowded ERs / crowded jails. Life squads. Slow-speed crashes. Foreclosures. Locked public bathrooms. Jaded law enforcement/medical [personnel].
- » Everybody is affected (all ages, careers). Negativity. Violence.
- » Over taking our citizens by a storm and spilling out to our youth.
- » Getting worse, not better. Lives of families of addicts are affected. Jails overrated.

- » Over crowded jails and emergency rooms. Slow speed crashes. Foreclosed homes. Sick coworkers. Dirty neighborhoods.
- » Isolation, exclusion – stigma and criminalization children and families broken apart overwhelmed social agencies, health providers, and first responders. Deep division over how best to respond.
- » Generational Impact. Children going into foster care or being raised by grandparents. Touches all aspects of community and private life.
- » Stretches over all ages, financial levels, races and cultures. Affects our children.
- » It is affecting the teenagers in our community. Not just poor families. Just about every family has an addict. Overdoses are very high.
- » Progressively getting worse.
- » Overwhelmed court system.
- » Tearing families apart.
- » All ages, races, incomes, backgrounds.
- » Theft, overdoses, instability of families, deaths.
- » Out of control. No slow down.
- » Taken over our community. Almost someone in every family.
- » Rampant, unsolvable, getting worse, no longer just about opioids.
- » Everyone I talk to has a family member or friend in similar circumstances. From professors to fast food workers.
- » Overdoses. Arrests. Hardship on medical providers. Children in foster care due to parents incarceration/deaths. Not enough treatment programs.
- » Increase in arrest and strain on judicial system. Increase strain on children services. Affecting all generations and income groups.
- » Drugs in all neighborhoods. Affecting all ages.
- » Too many overdoses. Easily obtainable drugs.
- » Insanity/confusion. Family distress. Lack of resources. Does not discriminate.
- » Grandparents raising kids. Broken families. Poor health mental & physical. Hopelessness.
- » Overwhelming. Don't see any improvement.
- » Every class, race, families. Death. Broken families. Worsening daily. Younger and younger. Larger scale than we can handle.
- » It's bad but it can be beat if you can find the help. It's not easy but it can be done. Stop the hate.
- » People are homeless, living under bridges dying there is no hope for them. They are sick spiritually. Poor health, don't bath, no clean clothes.
- » Lapse in care. Inadequate resources.
- » Not enough help. Too much hate and not enough love. If you give up on an addict.

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

- » Lack of education in youth. Prescribers not following CDC guidelines of opiate prescribing. Lack of resources (we have, just helping people know where it's at). Stigma surrounding treatment. Closure of "pill mills."
- » Family tree issue ("generational") use->use->use. Lack of education. Socially acceptable, "bars," leads to additional use. Mental illness. Lack of community activities. Over medicated, over diagnosis.
- » How you was raised, like in an addictive home (parents using around children). Who you surround yourself around (people who use). Availability of drugs. Prescriptions.
- » Not enough resources – everyone says "get help," it's not always that easy.
- » If addicts know Narcan is available, maybe they do it more (Narcan abuse). Misinformation (when it doesn't affect you, you don't care). Supply of pills dried up, demand for heroin went up. Can't test for pain, pain is relative.
- » Perfect storm (pain as 5th vital sign, Oxy marketed as non-addictive, cheap and readily available then heroin moved in). Lack of recognition and treatment of this as a disease. No screening – we screen for scoliosis and not addiction even though way more impacted by it.
- » Mental health issues. Family. Self-medicating. "Stuck" in the cycle. Enabling. Lack of readiness to change. You can find drugs everywhere. Stigma. Peer/media influence.
- » Lack of nothing for the kids to have anything to do. Peer pressures. Lack of resources to get the proper help needed. Steal.
- » Nothing in this town. Availability. Family. Peer pressure. Lack of resources for people who want to change.
- » Ignorance of the disease. Ignorance of local and state resources.
- » Availability of the drug.
- » Loss of hope. Trauma (dealing with). Peer pressure. Brokenness. Lack of coping skills. Lack of coping skills. Proliferation of opioids. Accessibility.
- » Nothing to do – young people – so go out of town. Easy access by friends.
- » Dealers selling to any and everyone no matter age or size. Discrimination to many ages. Police and locals telling children/teens of addicts they won't every amount to anything.
- » People with disabilities being prescribed ridiculous amounts of pain pills, then the tolerance levels on the pain meds sky rocket higher and higher so then the people on prescription meds go to street drugs to help with pain. People with mental health issues being prescribed meds that are addictive as well. Meds instead of finding real solutions to issues the individual faces. BIG PHARMA. Willingness of the individual to want sobriety.
- » Lack of personal interest due to it not personally affecting one another or their families. DOESN'T HIT HOME!
- » As a reporter, I see the way that people share drugs as one cause. For example, same family members in same household likely to share drugs. More difficult to see how people can get away from the drugs if they live under the same roof. There is no transitional housing.

- » No positive changes. Only getting worse. No help to youth, family, and addicts.
- » Mental health. Lack of family bond. Lack of resources/education. Self worth, values of individual. Life is fair mentality and feeling sorry for oneself.
- » No hope!!! Poverty and no way to get out of it. Stereotyping. EASY ACCESS. Broken homes. No other options. Drug replacement -> pain pills to heroin to meth. Disconnect with people.
- » Disconnect between family/community.
- » Lack of good resources for both MH and SA [mental health and substance abuse]. Collaboration lacking between existing resources -> policy, services. Lack of financial means. Misunderstanding of disease -> stigma -> “once a drug addict, always a drug addict,” “why won’t you just quit.”
- » Pharmaceuticals – over prescribing of opiates. Generational impact of addiction. Isolation/no social skills. No coping mechanisms. Untreated mental illness/trauma.
- » Pushing drugs as non-addictive. Snowball effect. Not taken seriously?
- » Lack of treatment. No motivation for change. Lack of leadership. No coping skills.
- » Not enough positive things for the youth to do.
- » Peer pressure. Someone they know uses.
- » Experimentation. Prescription drugs gone wrong. Despair/pain.
- » Over prescribing pain medications. Peer pressures. Family use. Lack of education on effects of drugs. Lack of prevention.
- » Lack of education. The “not me” syndrome. Boredom. Self-medication.
- » Easy access to opioid pain pills.
- » Location, drop zone for drugs off 22/23, 75/70 highways. Lack of education. Physicians over prescribing. No inpatient treatment facilities.
- » Peer pressure. Availability of drugs. Apathy.
- » Limited economic opportunity. Breakdown of family. Reduced funds/support for mental health. Pharmaceuticals/drug pushers. Complicit doctors.
- » Recreational users move up. Treatment for chronic pain. Depression, self-medicating. Mental health (illness), self-medicating. Deal instead of work at a job.
- » Self esteem (friends). Profitable – 120 pills a month for \$3 co-pay, street value \$1200.
- » Drugs are too easily available, cheap, drug manufacturers spent \$10m to advocacy groups to promote opioids to doctors and people. Too many pain pills available. Profitable. Pills lead to harder drugs = epidemic. Children have too much access.
- » Trauma. Easy access. Few outs/opportunities.
- » Opioids. Meth. Parenting/users. Schools a blind eye. Children who have nothing!
- » Lack of hope. Too many prescriptions. Cheap heroin and fentanyl. Low paying jobs resulting in lack of hope.

- » Lack of parenting, lack of support, lack of hope, lack of willingness to help people instead of looking down on them.
- » Peer pressure/bullet proof. Lack of direction. Avoidance of personal responsibility.
- » Hopelessness – no good jobs. Doctors who continue to prescribe opioids when not necessary. Easy access to heroin/meth.
- » Abuse.
- » Dysfunctional families. Misusing – taking more than needed. Judgement. Mental health.



WHAT STEPS MIGHT WE TAKE TO COMBAT THE OPIOID EPIDEMIC?

- » Actively combat stigma. Community support: maybe a community center, more sober activities. Accessible: Detox, treatment, transitional, mental health services. Community education. Task force with 1st responders, social worker, counselor, treatment coordinators.
- » Talk-to-addicts.
- » Encourage people to do positive things. Don't judge the addict, encourage hope. Don't criticize the [indecipherable] positive influence in their lives and give them hope. As a community, get involved. Help law enforcement.
- » Provide a home/shelter/halfway house for folks struggling to recover both financially and with sobriety. Provide a wider range of activities for youth and young adults. Provide more information for families struggling. Education from those who have been there!
- » Wrap-around treatment. Compassion.
- » Collaborate as community. Education x100 with evidence-based information. Share stories of success. Break stigma. Get youth involved. Stop social acceptability of alcohol. Learn to talk about it without hate, moral judgment. See addiction as a disease, not a moral decision.
- » Treat it as addiction epidemic. Invest in youth treatment and recovery supports. Ensure patient-centered care -> treatment often determined by which door you walk through. Abstinence-based as goal and gold standard.
- » First thing I believe is people need to feel loved and wanted.
- » Youth counseling. Positive environment. More activities. Adult interaction and free recovery. Place and people to turn to when in need. More recovery resources. Love. God.
- » Education the community, adults and children. Have more places (recovery and shelters). Have understanding. More family involvement.
- » Community education!! Prevention with youth. Acceptance. Accessibility of information. Getting leaders and influencers on the same page. Recovering addicts speaking out. Family help.
- » Keeping the conversation going!! Mental health education. Helping people find their voice and become their own advocate. Life skills education.
- » Needle exchange – instead of addicts throwing their needles on the street it gives them a place to dispense their dirty needles which reduces hep C / HIV being exchanged in addicts. But it also lessens the harm risk of children/adults stepping on them in the streets. STOP PLACING BLAME – instead of trying to blame this person or that for the issues we should ALL BE WORKING TOGETHER! AA is against addicts, NA is against working with AA, Celebrate Recovery is against the Reformers Unanimous Breaking Chains meetings. Most of the people running the biblically-based programs do not have an addiction or have enough understanding of addiction to be running the programs. They all feel AA, NA, CR, and RV say you must work their program only. We all should be saying yes go to the other programs along with ours if that is what works for the individual. Groups like Alateen for teens!!
- » Listen. Treatment centers. Educate/activities.

- » There needs to be more supporters not just family members and friends. But the community needs to come together to help each other solve the problem. There should be more things free for teens to do other than the warehouse a couple times a week. The community should help teens share their minds other than having to keep to themselves. Not needing to stay to themselves!! WE NEED PEOPLE TO TALK TO THAT WON'T JUDGE US!!
- » Work together as a community. Plans for youth. Transitional housing. Giving hope to addicts and families affected.
- » Recovering addicts having events to show other addicts it's possible. Places for addicts to go for resources – lots homeless, jobless. Resource center. Sober living after treatment. More word of recovery in community, like recovery events!
- » Not prescribe it at all? Treatment before court system intervenes.
- » Acknowledge that it is everywhere and affects everyone (it's not “someone else's problem”). Give hope and support to those who need it.
- » Grants to help programs. More accessible groups, more narcotics groups, family groups like AlAnon. More access to rehab facilities. Community understanding.
- » BE OPEN. Have a needle replacement program to cut down on communicable diseases – HIV, hepatitis. Have programs WITHIN THIS community. Humanize addicts! They are still people. Decriminalize use. Be supportive of those trying to recover. CONNECT WITH EACH OTHER.
- » Addicts need to get to court and are referred to rehab like Fayette Recovery, after being arrested for drugs. More people need to seek treatment. Less drug prescriptions. More enforcement of laws.
- » Small ones [steps] – repeated. Better is better. Encourage positive attitudes.
- » Community involvement. Awareness. More recovery programs. Retrain physicians. Prevention efforts community-wide.
- » More recovery centers. More undercover. Be suspicious. DARE officers.
- » Prevention. Education for community. Skill building. Parenting classes. Pain management alternatives -> exercise, acupuncture.
- » Change hospital policies, satisfaction surveys. Youth clubs/destinations. More treatment options. Create liaison position in law enforcement. Peer supporters. Barriers to treatment.
- » More mental health/substance abuse resources. Collaboration: community -> police -> justice system -> families. Financial means. Family support <-> treatment program. Get community involved.
- » Educate, educate, educate. Access to services. More services. We need proportional defense to opioids attack. Challenge traditional stereotypes. Information is key! Empathy for people in recovery. Money! Money! Money! -> attract new doctors and services.
- » Medical not criminal – when someone overdoses or gets caught with drugs send them to treatment, NOT JAIL! More recognition for those in recovery.
- » Educate (start young). More accessible treatment. Local support groups/system. Social support. Inpatient treatment facility. Outpatient treatment programs.

- » Get real.
- » Crack down on trafficking. Awareness, doctors, wholesalers. Prevention.
- » More education, understanding addiction. Standing together as a community.
- » In house – mandatory. Where is the line? Revive Ohio.
- » With journalism, I feel that a regular fact box or a weekly page – web place – for resources / information will help people know where to go. Promote success stories.
- » More empathy and compassion. More treatments. Info on more resources – not many people know of all the resources out there.
- » DFCA / youth programs. More community education on addiction. Highlight / celebrate recovery. Help law enforcement. Seek to understand. Mental health as a state/fed priority. Need more businesses to hire 2nd chance.
- » Reduce prescriptions for opioids and encourage other ways to deal with pain. Mental health assistance. Support for parents and families. Good paying jobs. Evidence-based education programs for children and youth to reduce the risk of misusing drugs. Disposal of unused and expired drugs.
- » Making sure people know how to receive treatment and what is available locally. Education – not just youth but adults as well. Support groups for recovery and families of people with addiction. More access to mental health. Community coalitions and involvement. Breaking stigma.
- » Resources available. Educate our youth before they start. Make it more difficult to buy needles. Provide more support to those trying to recover.
- » Educate the youth about the addiction.
- » Recovery.

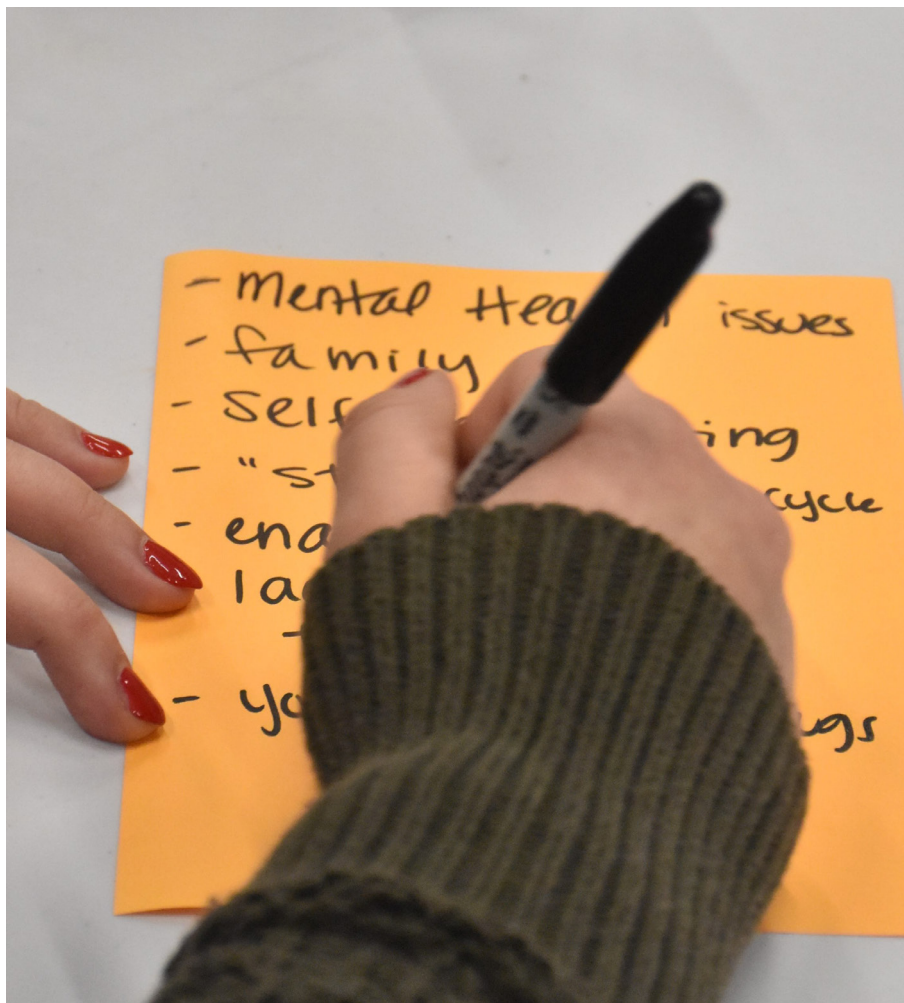


FUTURE RESEARCH

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
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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
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WVXU CINCINNATI
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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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