

Your Voice **Ohio:** **Wilmington**

**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.

More than 50 people met at the Wilmington Municipal Building to discuss the impact opioids have had on their community. Among the group were medical professionals, first-responders, parents who have lost children to opioid addiction, and people in recovery. 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?

- » Diverse issues. Pain pills. Overprescribed. People don't see the severity of the problem or see how it affects them physically. Doctors overprescribing; some receive the prescription are selling it as a business. Manufacturer marketing. It's everywhere, from the house next door to across the community and state.
- » There is no face, age, gender, ethnicity, religion, occupation, or wealth. My view: death, crime, broken families.
- » Devastating. Heartbreaking. Breakdown of the family/kids. People who are addicted are our family and friends – we have lost many.
- » Devastating. Ignorance. Hopelessness.
- » Parents are heartbroken. Cruel withdrawal. Economic joblessness. It is wrong to put people back on the street to kill themselves or others (especially in an accident). We don't currently have the infrastructure to handle the load. But we have the tools if we will make it happen. I want to assemble a dossier describing this.
- » Pervasive. Destructive. Crosses all socioeconomic levels. Trendy among users. Shifting to meth. Ages 22–35.
- » D.A.R.E – Drugs are really expensive.
- » It's everywhere – next door, across the street. It affects absolutely everyone.
- » Loss of innocent life. Family being torn apart. Continued problem throughout county! Crime going up!
- » Hardships: Financial, social, burdens (family, loss of family), community degradation.
- » Covers people of all ages, all economic groups. Some of it has started innocently (via prescription). Lack of support for family members of addicts. Bring all individuals (people) / ideas to [indecipherable].
- » Diverse – heroin, to prescription pain pills. Young adults to senior citizens. Illegal drugs (heroin and opiates) to over prescription of pain medications. Using for recreational highs to chronic pain users unintended consequences.
- » Mothers, fathers, sons, daughters, young, old, rich poor – this problem does not discriminate.
- » No chance of help unless one is to be in trouble, if one is in trouble then they “we” are subject to go to what we done before to survive. Housing, job, support, etc.
- » Young children/teens with no structure. Mothers. Fathers. Felons with the feeling of no help. Families with addicts. Doctors that just prescribe what “people” want.

- » Crowded ERs / crowded jails. Life squads. Slow-speed crashes. Foreclosures. Locked public bathrooms. Jaded law enforcement/medical [personnel].
- » Injured families (and broken, displaced kids). Health concerns – Hep C, HIV? Recovery community. Criminal justice concerns.
- » Increasing death-disability from increasing numbers of addicted directly. 2nd order effects – children, theft, etc: Increasing judicial, police devotion to problem detracting from ability to deal with other issues; increase in first responders dealing with issues.
- » Under the radar to most people.
- » Lost of misunderstanding. Lots of depressed souls. Death. Overdoses – increased use of Narcan. Lots of possibilities. A growing community involvement.
- » Everyone is affected and touched by it. Scary, ugly. Growing constantly, no hope of getting better. Troubled people who had nowhere else to turn. Embarrassing, shameful. Crime. Drains our resources. Hardships on families/victims of addicts.
- » Children without parents. Homeless families. Higher EMT calls.
- » Overwhelming – growing – taking too many lives. Concern to elderly and young.
- » Destroy lives of families, children. Children raised by people other than parents. Higher cost to community in multiple areas (police, medical, crime). Neighborhood changing. Across all economic levels. Overprescribing. Affects ability to learn/education. See no future/no options
- » Prescription pill and heroin use. No socioeconomic parameters. No age parameters. Poly substance abusers. Lack of understanding among addicts and family/social supports.
- » Destroying lives/families/children. Increase cost for community/services. Neighborhoods changing – each eco. Marketing prescriptions. Employment issues/prior record. Academic decline in schools. Trauma first responders. School programs to help kids w/ family addicts.
- » Serious epidemic in Clinton County, getting more serious daily. Hundreds of our families are impacted. Children are being displaced. Lives are being lost. Costly to communities. Costly to law enforcement, the courts, service agencies. Legislative control against overprescribing should be a priority.
- » Children in crisis, removed from families, lack of care, medical care, abuse. Hopelessness, loss of generation, children abandoned by parents, services stretched by care givers and first responders. Grim, lack of guidance, understanding, too much of revolving door to combat the issues. Kids are lost in system. Overwhelmed, impacted entire community, recognition but needs to be more.
- » Sad, overwhelming, spreading.
- » The opioid epidemic in our community causes daily struggles in the functioning of everyday living affecting children and families and all of those who serve them. We are overwhelmed by this impact.
- » Grim. There is a lack of guidance, lack of understanding, and too much of a revolving door to combat the issue. Kids lost in the system.
- » Children in crisis: removed from their family/mom/dad; change in school; neglect – food/care/proper clothing/lack of medical care; abuse – exposed to domestic violence.

- » Hopelessness. The loss of a generation. Lives ended at a young age. Children abandoned by their parents. Children raised by extended family and strangers. Services stretched for caregivers and first responders.
- » My community, for being a small population (2000) has many EMT runs daily (many of same people). Need to know organizations for reference.
- » Continuum of all these issues: problems with overdose deaths; problems with crime; problems with children and foster care; problems with employment.
- » Overwhelming for both person battling with addiction and community. Lack of resources, employment (felonies), housing. Involves family member (directly, indirectly). Lack of collaboration. Stigma of treatment – “drug for a drug” instead of meeting people where they need.
- » In my church people are atriad [sic?]. Increasing children in foster care / kinship care. The trauma and secondary effects on first responders.
- » Rising overdoses. Strained family ties/structure – greater burden on foster care, relatives – kinship care. Strained medical resources – both from EMS and emergency care. Economic challenges – continued cycle of poverty.
- » As far as Wilmington, last year at this time, there were 60 kids in foster care. This year there are 100. This is a direct correlation to this epidemic. In Hamilton County, our adopted son’s mother is a heroin addict. She has overdosed in front of him and around her other kids.
- » It’s an addiction epidemic, not opioid epidemic. We are building drug-specific solutions that won’t work on the next “epidemic.” We wait to intervene til people are older and experience grave consequences despite this being pediatric disease. Starts in adolescence.
- » It’s all over the place. There’s several things that have contributed to what is happening. Due to how much “stuff” is happening simultaneously, hard to pinpoint what is all happening simultaneously.
- » Broken homes. Grief. Foster care exhausted. Opposing views stifling progress. Siblings forgotten, gaps in support. Stigma regarding addiction. Gap in correct understanding of the definition of addiction. Gap in the understanding of proper prevention initiatives. Jobs.
- » Children living separated from their parents. Grandparents raising grandchildren. Employers searching for job candidates. Adolescents using at younger ages. Elderly people abusing prescription meds. Young adults dying and OD. First responders exhausted and social services overwhelmed.
- » Horrifying and endless. Can’t seem to get a grasp on it and hard to get people to open their minds to try and understand addiction.
- » Scary. Heartbreaking. Seems to be growing as so many are going backwards even though so many of us are reaching out. Too many think not their problem. So many suffering family, friends, and children.
- » Families destroyed. People dying. Grandparents raising grandchildren / other family members raising children of addicts. Children in the foster care system. Emotional trauma in children/families. Mental, physical, and emotional abuse of children seeing parents that are addicts (includes parents of addicts / siblings of addicts).

- » Higher crime rates. More children in foster care. Discarded needles in lawns, parks, etc. Hidden, silent killer. Confused public. Misunderstanding. Denial. Drugs in jails.
- » Fear, uncertainty, confusing, stigma, overdose, death.
- » Academic decline, child removal, death, service disparities, strain on all services, lack of public awareness.
- » Academic decline, children suffering, lack of compassion with disease, overburdened in services, hidden/silent/denial, confused, death rate.
- » Overburdened emergency services. Overburdened social services. Distance to be covered is great (vast).



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

- » Individuals seeking solutions to cope. Overprescribing (grew over time). Lack of resources with mental health. Preventing issues (lack of). Education. [indecipherable]. Won't happen here.
- » Inability of our society to handle or manage pain. Overprescribing opiates to give short term relief to pain. Voids in people's lives lead to lifestyle changes that cause more feelings of despair and leads to drug use, but then people choose to continue with that lifestyle as nothing else arises to replace it.
- » Get high. Avoid problems: tamp. escape. Injury – overprescribing pain meds.
- » Addictive behavior (to get high). “Pain” escalates to stronger drugs, pain killers. Quick fix from problems, hurts, etc. Business – drug cartels, big pharma – where do they go? On drugs, need help, no resources.
- » Easy to acquire. Overprescribing opiates then taking away. No resources to get sober. Lack of jobs, depression. Coping skills. More rehabs and sober living.
- » Poverty which causes depression. Children being brought up in homes with addiction. Lack of resources. Lack of law enforcement.
- » Overprescribing of opiate pain meds. False medical belief that ‘pain’ is a vital sign (perb [sic] by pharma). Over marketing and false information give out by pharma industries. Illegal drug networks flooding small town communities with easy access to drugs / greed.
- » Lack of job opportunities (prior to use, after use). Lack of programs to teach children/teenagers coping skills. Lack of programs to educate children/teens about drugs. Lack of programs and services for addicts coming out of rehab. Lack of interest for people to get involved that are not directly affected by addiction. Childhood trauma. Pharmaceutical company advertising drugs on TV – pushing the prescribed drugs on public.
- » Lack of hope (purpose). Mental illness (undiagnosed / untreated). Childhood trauma. Lack of coping skills. Lack of programs and services. Lack of education. Overcoming stigma.
- » Parents, etc. only know this life. Multi-generational. Disease vs. conditions. Lack of education. Prejudice.
- » Lack of resources. Un-education. Stigma -> not seeking help.
- » There are surface and root causes. Root causes: lack of purpose and connection with family; boredom; lack of wisdom; lack of faith.
- » General: economic decline, over prescription. Specific: trauma, 2nd generation. Little interventions.
- » Lack of resources to help. Parenting – poor, lack of involvement. Lack of education. Generational. Prescription drugs = gateway. Ignorance (won't happen to my family).
- » Access. Pill mill issues. Self-medicating.
- » Peer pressure. Supervision of families. Mental health support. Unemployment. Programs (support).
- » Over prescription of narcotics. Generational factors. Poverty. Addictions that start as recreational use.

- » Individuals who are seeking out solutions because they have no coping skills, support, economic and social and educational concerns. Mental health issues / self-medication.
- » Friends. Depression.
- » Anxiety, depression, boredom.
- » No hope of return. Once addicted it feels like a calling (“awesome”). Once a mess up you are always a mess up.
- » Lack of education. Money (medication). Stress. Hopelessness. Generational. Availability. No peer mentors. No rec centers, pool (public), YMCA.
- » Availability of drugs. Lack of jobs/opportunities for something different. Peer pressure. Lack of resources to get out or not get into drug culture.
- » Prior overprescribing of meds. Lack of treatment options. We (people) in general are self-absorbed and have general addiction issues.
- » Lack of jobs. Education about drugs. Low money. Not enough for kids, teens, and young adults to do. Not a good support system.
- » Economic strain/poverty and despair – deaths of despair. Physical, mental, and emotional trauma – childhood/adolescence. Shifting resources/access to drugs – painkillers, opiates like heroin, meth, alcohol, etc. Lack of safety net.
- » To some degree, the lack of alternative entertainment for some populations for teenagers (i.e. pool, YMCA).
- » Lack of empathy/resources. Too accessible. Younger generation not accountable. Lack of things to do without drugs. Education in schools (drugs). Lack of safety net. Broken families, value system.
- » Work being done to combat addiction – more education of those in authority – more resources being put into prevention.
- » Over prescribed drugs – pain meds. Then the limits of pain meds. Pain clinics. Pediatric addiction issues. Predisposed to addiction (mom/dad addict).
- » Prescription drug over prescribing. Lack of help. Depression (mental illness/self medication). Pediatric addiction.
- » Lack of good paying jobs. Depression/anxiety over financial issues. Overprescribing. Seeing a pill as the “panacea” in general. Peer pressure.
- » Overprescribing of opiates, doctors graded on managing pain. High rates of adverse childhood. Experiences (ACES) that often manifest as mental illnesses that go untreated. Influx of cartel activity and fentanyl distribution. Pain as a vital sign. Quick fix mentality.
- » Oxycontin overprescribed – creating users. Social “silo”-ing. Past economic downturn (hopeless). Returning to the street post-incarceration – without positive influence.
- » Pharma. Lack of training in doctors. Social siloing.
- » Prescriptions. Ease of access to drugs.
- » Recycling of life style. Not enough structure in place. Little help before the point of getting in trouble.

- » Why isn't the population here to answer these questions??? Mental health/trauma. Lack of collaboration. Lack of good support system -> small town "everyone knows everyone." Lack of affordable entertainment. Judgment -> stigma. Easy access to drugs -> limited resources/motivation to improve. Continuation of care - after no script, where do I go?
- » Economic trauma. Fractured support system. Lack of "things to do." Over prescribing. Acceptable social norm to keep and share prescriptions without disposing as needed/ properly.
- » Despair over future - patients future life is not attractive. Addiction became more "interesting" than family or career. Depression and mental health realities - not treated or undertreated. Existing "dealers" enticing individuals into use. Culture of use abuse - growing and feeding on itself.
- » Pain pills / cheap heroin. Lack of treatment programs (especially mental health). Breakdown of family. Lack of education in schools. Lack of community investment in both time and money.
- » Cheap and readily available. Lack of understanding that this is genetic -> families don't talk about family history. Not intervening early -> waiting til they are on heroin to do anything. This is addiction epidemic and we need to talk about addiction early often and in a comprehensive way.
- » Lack of family values/common values. Isolated teens. Pharma - reliance on pain meds. No tolerance to pain. Societal factors - instant gratification. Failure to rehab. Lack of mental health centers.
- » Overprescription of opioids. Breakdown of traditional family structure. Gateway drugs (i.e. marijuana, alcohol, etc.). Lack of resources for individuals in the beginning stages of addiction. Peer pressure. Lack of education at an early age. Mental health problem that [indecipherable] self medication.
- » Breakdown of family units. Economic problems. Peer pressure among children. Overprescribing of drugs.
- » Unidentified and untreated trauma - leads to self medicating. Lack of prevention in early childhood education. Lack of understanding of addiction and what it actually is. Lack of resources to early intervention. Misunderstanding of effective prevention programs.
- » Breakdown of family unit, lack of family support. Lack of motivation to work - lack of finances. Lack of motivation to be educated - less opportunities. Hopelessness.
- » No hope/hopelessness. Chemicals can temporarily change reality. There is economic incentive to continue to sell drugs. Pain is real, medication works, but as Americans we want 2x, faster, quicker.
- » Culture. Overprescribing pain meds -> cut back from pain management. Prejudice/ community division. Lack of emotional expression. Isolation.
- » Lack of oversight on prescriptions. Lack of insurance to cover health and mental health issues. Lack of stronger laws to correct/punish drug dealers. Lack of law enforcement personnel. Lack of mental health services and resources. Lack of employment and activities. Lack of community/connections.
- » Lack of proper coping skills or mechanisms. Traumatic experience. Lack of community. Anonymity. Overprescribed/lack of controlled opioids. Mark Zuckerberg. Addiction happens in isolation, recovery happens in community.

WHAT STEPS MIGHT WE TAKE TO COMBAT THE OPIOID EPIDEMIC?

- » More support, community engagement; Provide greater communication, education through the news media; Tell stories as journalists that help to give communities a sense of community connection and understanding – build community trust; If rural and impoverished communities are disproportionately affected and unequal, then need better equity to bring solutions to those communities; Find ways to listen/connect with people in isolated neighborhoods/rural areas; Make youth prevention and awareness a bigger priority.
- » Wilmington House of Prayer programs – prayer churches coming together – spiritual side/faith based; Where does an addict go if needs help? No walk-in problems; Suboxone not helping – it's a joke
- » Passage of drug-treatment bill; Education; Treatment not jail; Treat as an addiction, not a crime
- » Education at all levels; Give alternatives to anxiety, depression; Partner with families – provide support; Multilayer team approach; Education, training, employment; Resources should be readily available, walk-in detox, suboxone/methadone
- » Programs and resources; More rehab and sober living; Programs in jails/speak to inmates; Awareness in the community; Larger community watches; Treat addicts like people and try to get them help; More rehabs that accept Medicaid and Medicare; Rehab for people with children; Immediate help so not on wait lists; Awareness of programs
- » Quit selling on the street
- » Media: Stop dehumanizing the addicted person; Community: Start give a crap about people
- » Employers: Teach a man to fish; Government: Make resources available with less red tape; Church: Be the church, stop “acting” like the church; Transformational corrections; Better allocate public funding
- » Talk to neighbors, create community events; Change ER policies; Don't incentivize doctors to prescribe; Get out of the Middle East
- » An Appalachian Dawn video – integrated approach engaging faith-based volunteers, funding, industry, medical and mental health, legal, working together as Americans regardless of politics or beliefs, increasing community solutions/funding over state federal. Repeatable. Sustainable. (Editor's note: Appalachian Dawn is a faith-based documentary showing community response to exponential growth in opioid addiction in Clay County, WVa., in about 2006)
- » Reduction of availability of prescription opioids; Greater education at an earlier age; Less stigmatization and love [for people] with addiction problems; Recognition of drug addiction as an illness; More support for those wanting assistance in combating their addiction; Job training and placement
- » Educate on addiction in school at young age, and continue the education; More support groups to show addicts we are here; More resources available when needed
- » Refocus on disease of addiction, not opiate specific; Access – treatment teams; Academics – social, mental, emotional; Education – early in schools; Nicotine, alcohol gateways, need sober living

- » Economic incentives for recovery; Community engagement; Family and children resiliency; Social resources for kids in schools; Legislation – pain control in health care; Character building – self regulate; Trauma support for those who work with children
- » Early intervention for children/adolescents; True mental health support and programming for those who work with children; Education about the disease of addiction; Community resources for children and families; More effective medical treatment for mental illness and addiction
- » Education in the schools; Legislation so pain is not a deciding factor for funding; Social workers/mental health in schools to help children suffering at home
- » More access to treatment with care coordinators; More access to detox options; Sober living options; Engagement of both the general and faith communities; Revamp Casey's Law (court-ordered treatment for relative); Focus on building resiliency in children, families and communities
- » Stiffer penalties for dealers; Mandatory treatment for addicts with treatment in 4eu (sic) options; Mental health resources; Education component in schools and for families; Treatment center without financial objectives; Eliminate the business model (may refer to conversation about pharma producing drugs that cause the problem and then alleviate the problem)
- » Education at the doctor's office/hospital for both patients and providers on pain management; Seek treatment with professionals to find a healthier life style post-addiction; Multifaceted approaches, including law enforcement, courts, family , faith, jobs, recovery, jail, education, physicians, transparency; Pharma: Eliminate business model – cycle of money making from opiates to Narcan.
- » Utilize social media to influence new generations who are susceptible to the “throw them away” mentality; Ripple-effect: legislation, college tuition to train providers, sentencing for offenders for various crimes, guidelines for ORC, funding for schools; CPR training for inmates who are at high probability of being around people who will overdose, start with county, move to state and federal
- » Address appropriate prescriptions of Subutex/suboxone in conjunction with therapy. Not intended for long-term use; Youth intervention critical; Accessibility to resources for mental health providers. Clinton County is an example of a county where there is lack of providers compared to those requiring treatment; Would like to see more effective punishments for suppliers of illicit drugs; On federal level restrictions on pharma for donations (PACs, large corporate donors) or backing politicians who influence laws regarding drug trafficking and abuse
- » Education about opiates at the doctor's office; Education about opiates in elementary schools; Help the addict see the addiction; Line up supports for both the addicted person and family members
- » Support the whole person: Deal with addiction; Support/accountability; Education –GED/vocational training; Housing; Co-op with local businesses; Address emotional/spiritual aspects
- » Connect all the dots with our agencies – law enforcement etc.; Safe re-unification of the self, that is, the whole person, in recovery housing (not detox); Education with a purpose – peer support, trades; Mentors
- » Community support; Education; Events to help make addiction aware

- » ID faith-based organizations and help with funding ideas for them; Build on success stories, such as Judge Tim Rudduck's drug court; Reduce availability – not just prescription drugs; ID safety net before getting into court system and funding mechanism
- » More sober living or opportunities for the addicted and self-help programs; Less labeling and more encouragement
- » Continuous care after the fact; Programs for kids and families to do after school; Find or create work study; Programs for addicts; Educating the community about this being a community problem, not just individuals
- » Education for children and families; Community working as one (share!); Resources for everyone; Activities for everyone (rec centers, YWCA, public pool); Support for students and families; Treatment/sober living; Rehab availability (funding); Peer counseling
- » Reduce availability of drugs; Education – places to go (communication); After care – after completing treatment; Resources for everyone not just people in the criminal justice community; Community investment –working together; Reduce stigma; Give addicts their honor back with jobs, housing etc.
- » Community buildings – things to do investment in hope; Work towards prevention through lifetime, not just schools but every area of life; Supply demand – we need to reduce the demand—but also support the local recovery community
- » Educate; Community supports; Resources affordable/accessible; Accountability; Legislature (address drug companies, manufacturers)
- » Community collaboration; Don't waste time duplicating efforts; Exchange ideas between community groups; Education, information dissemination; Needle exchange
- » Continue the discussion with all interested citizens; Continue educating the community; Assess the problem more systematically to have solutions that are cohesive and less disjointed
- » Erase the stigma; Love!! Be supportive of the addicts and families; Talk in schools
- » Provide more treatment options: inpatient, outpatient, transitional, sober living, after treatment; Offer more housing options; Bring community together, surround
- » Make better use of resources; Begin educating younger, school age; Explain in settings, to older persons more likely to be on medication; Talk to doctors when prescribing
- » Real education at the school level; De-stigmatizing the disease so that people can see treatment as possible and that they should not be ashamed.; Some sort of central database that all resources can take part in, all info, resources, financial requirements, updated regularly
- » Family support groups; School resource officer; More detailed information on effects on the body
- » Identify the continuum of care, then find people/organizations to take part of that and champion it: Safe affordable housing; employment; faith community involvement' peer support and sponsors; recovery coaching; family support
- » Compassion; Empathy; Listening; Community involvement
- » Increase funding for programs to community organizations and church partnerships

- » Expand access to treatment in all forms; Coordinate all community agencies engaged in addressing addiction; Create a community coalition that focuses on recovery selflessly, not how can I get paid for what I do.; Prevention, MAT, criminal justice, supply curtailment; (Why aren't our PTOs here)
- » Educate those who are disassociated that it is everyone's problem to work on
- » Commit to programs that give opportunities to separate the addict from their source lifestyle
- » Schools – get in there and educate about addiction not just drugs themselves
- » Increase support/funding to law enforcement for cracking down on dealers, hard penalties for big dealers
- » Accountability in medical/medicine; More resources; More structure; More recognition of the problem by those who might be in a position to do things to help
- » More drug education programs that reduce teacher/school roles using peer pressure, rewards; More employers willing to give willing addicts a second chance
- » Education! For educators, insurance companies, for prescribing drugs and their affects; Training in schools to recognizing pediatric addiction; More resources for people before they are in trouble with the law
- » Education from an early age; Better resources in schools (kids report parents, break the cycle); Remove financial barriers; Remove the stigma; More support for families of addicts; Stop the pain prescriptions; Better recovery programs, more wholesome, less for-profit; More mental health support and intervention
- » Multilayered approach – children, adults, teens; Not one thing for everyone; Long-term treatment options with life skills for re-entry, accountability groups and job skills; Help/support for families/children
- » Prevention, treatment, harm reduction, law enforcement
- » Early, effective prevention; More access to stabilization resources; A more detailed step-by-step process from stabilization treatment to sober living, long-term recovery
- » Resources for detox, more detox; More interventions with OD encounters and with law enforcement
- » Needle exchange; Increase availability of Narcan; More research
- » Public education; Dispel the belief that addicts aren't like us, they have moral failing; Treatment that treats all the individuals' needs, not just the drug problem
- » Explain to the population why they are battling education; Collaboration and community law enforcement; Family support; Work as community on all levels; Resources that help not hinder
- » Fund educational programs; Curtail over-medication; Make Narcan more available; Treat addicts with less incarceration
- » Release from jail programs; School education for kids with addicted parents and families; Law enforcement; Buy-back on drug dealers like gun buy-back; Doctors educating patients on pain management

- » Develop a coalition to discuss with the commissioners best use of the hospital funds dedicated to health issues; Countywide initiative to develop new effective programs for schools; Education of public about long-term issues of hep c, foster care
- » Fund mental health professionals in schools for support and to reduce stigma; Lobby state legislature for stronger laws regarding drug sales, prescription and illegal drugs; Create activities and support for community involvement in reducing separation of individuals
- » More rapid availability of treatment facilities; Education on drugs/people telling their story to young people; More job resources for those in recovery; More sober living/after-care programs; More resource centers to support recovering addicts with job-search, transportation etc; Media/TV rid of pharmaceutical commercials.



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?



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EYE ON OHIO

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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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