Ohioans have solutions to the addiction crisis

What they told news media

An Ohio news collaborative
with
The Jefferson Center
What journalists learned by sitting with people in communities across Ohio

Journalists from the Your Voice Ohio media collaborative of nearly 40 print, radio, television and web news outlets met with several hundred people across the state from late 2017 well into 2018. The journalists were with the people, at the table, listening and sharing different perspectives on the opioid crisis killing 4,000 in the state annually.

This is a summary of what Ohioans said. General findings first, then an elaboration on their solutions.

Doug Oplinger, Your Voice Ohio director/editor

General findings:

• In every community we visited there was a feeling of desperation among those struggling with recovery, and a feeling of guilt or helplessness in their families. Do not underestimate the suffering. It is profound and ripe for action, constructive or destructive.
• There is a belief that the crisis is a symptom of far deeper issues in Ohio, with roots in the economy, education and culture of the people and leadership.
• There is deep-seated anger and hurt regarding the stigma with addiction, especially as it pertains to opioids. They blame media and American culture for a stigma that suggests people struggling with addiction are flawed. This stigma prevents open discussion about practical solutions, they argued.
• Ohio’s philosophy of local control is resulting in needless deaths and infections. Like our philosophy toward public schools, communities suffering from economic hardship cannot afford the necessary interventions. People there face more serious challenges to finding recovery services, let alone revival after an overdose.
• Again with local control: The state has no uniform policies for harm reduction, intervention and law enforcement. Examples: Needle exchanges, drug testing, rapid response teams, hotline services. There is no guidance across all 88 counties. Good data is not analyzed or collected.
• People were perplexed that we have sophisticated espionage operations but do not aggressively pursue people at computers ordering fentanyl from China, which is delivered through the mail. Or that doctors continue to write prescriptions for 30 days of Percocet and that there are reports of pharmaceutical companies spending lavishly on politicians. Conspiracy theories that we heard are often backed by strong experiential evidence.
• Reporter Katie Wedell, at the Dayton Daily News, heard people say they need to know where to go for help at any moment, and they need to be passed from one responsible provider to another. She heard people say that their local officials, while trying to do good, are not providing the seamless services that people need.

• In most sessions, the question was raised: Where is the medical community? There is belief that doctors and hospitals continue to over-prescribe and lack sensitivity. We heard concerns of collusion to make money at the cost of lives.

• Rachel Dissell at the Cleveland Plain Dealer documented the occupations most prone to deaths due to overdoses. Those jobs generally involve hard labor. We heard people in recovery discuss the need to find work to complete their recovery but employers won’t hire those with a record or test positive.

• Arrogance: Media, policy makers and the health care industry must come to grips with the idea that they are no longer trusted. Those professions are different, disconnected, and have not been patient enough to listen.
When asked to think about solutions to the addiction crisis, “Where to begin?” was the first thought for hundreds of Ohioans after describing the crisis and its causes.

First: Human dignity. Hope. Until people struggling with addiction are treated as something other than criminals, or people making bad choices, there can be no discussion of hopeful solutions.

“No one,” we heard several times, “gets out of bed saying I want to be an addict.”

Summary of what news media heard about solutions:

- Respect. Dignity. Hope. The act of listening, sharing and accepting people for what they know and do not know is critical to serving them better and achieving their first and most important need: Respect/dignity. This is the most important statement we heard. We found that by bringing people together, they realized that solutions come from all directions – not just state and federal officials.
- The causes of this crisis vary widely, thus action must be wide and reflect the multiple entry points.
- Conversation must move from illegal activity to mental health. This shift has not happened in many counties, preventing proven solutions. Moreover, this health issue is not limited to fentanyl. Alcohol was named repeatedly as a pervasive killer and pathway to opioid abuse.
• Doctors and others in the medical community must engage reflectively in community discussion and respect the fear of opioids. The growing mistrust we heard is something that should be met head-on – by listening. For example, we are hearing anecdotal evidence of patients receiving and refusing prescriptions for opioids, sometimes still billed for them. Some patients are terrified of opioids and in awe of the ease with which they are prescribed. When one doctor joined the Cincinnati session, the conversation changed dramatically as people heard his perspective. We’re not talking about medical lobbyists talking to state officials, we’re talking about medical professionals from the ER, surgery and examination room who will sit and listen with groups.

• The word “trauma” was used repeatedly to describe impact on families. Education is imperative, not just for the children, but for the people who nurture them. As one official in Warren said after listing to families in crisis: It sounds like every time we have kids, there should be a learning experience. In Fayette County, West Virginia, after public meetings led by a similar effort there, the students said they wanted to lead the school conversations themselves. They revealed personal trauma that teachers did not know existed. In Belpre in Southeast Ohio, schools created a class around the topic of drugs. In both cases, students realized they were not alone in the suffering and developed support groups. It is our understanding that Ohio has no requirements for meaningful discussion of a crisis that affects almost all young people in Ohio.

• Data should be used across the state. Cincinnati pinpoints overdose hotspots by collecting and publicly mapping all EMS OD calls every 24 hours. The city has evidence that this online feature is saving taxpayer dollars, saving lives, and reducing stress on first responders. EMS analyzed the calls for who didn’t go to the hospital after treatment and changed practices to encourage a visit to the ER. Moreover, government and non-profit social welfare organizations say they watch the real-time maps on the internet and adjust services to neighborhoods at appropriate times of the day and week. Two other counties have attempted similar analysis, although not as comprehensive. What can be done to duplicate this type of EMS data in communities with a high number of deaths or high death rates? Will people die in Middletown, Dayton, Springfield and Warren because those communities don’t have the resources? (There also may be a missed-opportunity in crime-lab analysis of confiscated drugs from 14 labs. We’re exploring that question).

• Jobs: This is a crisis for Ohio. An unemployed work force of non-violent felons or people who cannot pass drug tests is unattractive to new industry. One man in Youngstown said he cannot complete his recovery and support his child unless someone hires him. He has a felony related to an addiction he overcame a year earlier. The Plain Dealer, using Ohio’s OD death list, identified industries prone to pain and drug overdoses. What has been done to help those workers and businesses navigate this challenge?

• People want to help. The most experienced and passionate people are those from families who lost a member to opioids. Who is harnessing this power? Who can guide these families in helping others. We heard, for example, one woman in Middletown describe her own mission by joining Facebook support groups and connecting people in far-away cities. In Wilmington, a man who lost both children said he attends many
public meetings to encourage intervention. Several parents traveled to attend more than one Your Voice Ohio session.

- The state program to distribute Naloxone was well received, although the resistance of some communities to avail themselves of this aid generated disgust.
- Tougher rules limiting opioid prescriptions did not receive uniform, warm support. There is evidence that the new rules resulted in people who needed medically-directed treatment to seek illegal drugs.
- Rapid response teams have been effective in Hamilton and Lucas counties for a couple of years. There has been a recent and rapid rush in other counties to implement these teams, yet rural areas with high death rates remain without. Response teams identify the needs of victims and opportunities to encourage them into treatment. Again, local control and lack of resources may result in unnecessary deaths and resentment toward authority.
- Jail coordination: We heard anecdotal evidence of many dying after release from jail. While the AG has discussed efforts at a few jails, what do we know about uniformity?
- Drug courts: Some counties have become highly effective at using seamless services through drug courts. In a state that routinely ranks among the top four for death rates, should there be a policy and adequate support across all counties? We detected tension among judges on this matter and saw differences in death rates between two similar counties where one had medically assisted treatment through drug court and the other did not.
- Needle exchanges: So what IS the law in Ohio? We know the answer, yet in some counties, health departments want to launch needle exchanges but commissioners and prosecutors block implementation with the argument that exchanges are either unsupported in law or they support illegal activity. Meanwhile, numbers illustrate clearly that the costs to families and the state are rising due to more cases of hepatitis, HIV and heart disease. Needle exchanges provide multiple contacts with people struggling with addiction and reduce the spread of diseases. This is low-cost and high-reward intervention, yet Ohio’s aversion to local control allows our people to die.
- Safe-injection rooms. These are highly controversial as they allow the use of controlled substances. Nonetheless, this idea was raised in many conversations. These are used effectively in foreign countries, reducing deaths, spread of disease and reducing the need for EMS calls. If safe injection reduces government cost and saves lives, what are the reasons this is not discussed?
- Visit the web site of each county as if you are in a life-and-death panic and get an understanding of how difficult it is to find help. In many cases, resources are not immediately clear, including in crisis counties. Can the state provide templates? And how will communities be sure that what they have provided is effective?
- We heard multiple anecdotes of ineffective local services, mostly because the victim or family struggling with recovery was left to their own resources — to find the help. Should there be a process for evaluating those services?
- Finally, a statement heard in Warren that circles back to the beginning of this discussion. A senior pastor, asked why Trumbull County has adopted a law-and-order approach in
lieu of helping the afflicted, observed that “Showing compassion loses votes.” Moreover, she said, there are people who disappear from church because of the guilt and perhaps fear of judgmental people. Trumbull is among Ohio’s worst for deaths due to overdoses. Look at the Ohio map and there are correlations: High death rates, lack of resources, local control that focuses on criminal activity and questionable compassion.

What Ohioans said about the media

- Tell stories of hope. This was a plea – that recovery is possible.
- People in recovery told us that images suggestive of drug use are “triggers” to use drugs again. For that reason, the Cox news organizations and some in the Mahoning Valley have attempted to eliminate those images from their stories. This is an issue to be considered statewide. How are images playing a role in drawing people back into opioid use?
- Youngstown Vindicator reporter Jordyn Grzelewski observed: The information people need is granular. They need quick answers, easily found, that can address the emergency needs of an individual or family in crisis. The information they need may have been reported sometime in the past, but they were not interested then. They need it now. Some news outlets have created resource pages. Should these become universal across 88 counties? How can we create a model? Who gathers the information?
- Dayton Daily News reporter Katie Wedell observed that public officials get together often, discuss the programs they have launched, but they don’t have opportunities to hear people talk about the gaps through which families and victims fall. After listening to three Your Voice Ohio conversations, she has a new understanding that helps her better represent the people of her community.

Meeting methodology

The engagement sessions were designed by Andrew Rockway, program director at the Jefferson Center, a non-partisan non-profit civic engagement and research organization in St. Paul, Minn.

The Jefferson Center co-wrote the original funding request with the Akron Beacon Journal and University of Akron in 2016 and The Jefferson Center secured all funding thereafter. Funders are the John S. and James L. Knight Foundation and the Democracy Fund.

Community meetings held:
Youngstown, Warren, Struthers, Dayton, Middletown, Cincinnati, Wilmington, Washington Court House, Hilliard, Marion, Newark
To be scheduled: Akron-Canton; Mid-Ohio Valley (Marietta, Belpre, Parkersburg)

Style of meeting: Two-hour world café, in which participants discuss thoughts about a question with 4-5 others at a table, report to the large group, then change tables, meet others, and repeat the process.

Questions for each round of table discussions:
1. What do you know about the opioid (or addiction) crisis in your community?
2. What do you think are the causes?
3. What do you think are the solutions.

Attendance: From October through April: More than 500
Solutions, in their words

Southwest Ohio is where the epidemic is killing the most people, both in sheer numbers and as a percentage of the population. Here are solutions in their words, from flip charts in rural and urban settings:

**Dayton**
- More/longer treatment
- Same day treatment – immediate help
- Prevention and early ID of symptoms
- Alternative methods and medications for pain
- More interpersonal relationships
- Parental involvement/accountability
- Supervised injection sites
- Decriminalization to improve opportunities for intervention
- Test before ingest
- Restrict drug advertising
- Support groups
- Get youth involved in spreading the message
- Naloxone
- More PSAs

**Middletown**
- Alignment of all initiatives and services
- Support families
- Educate on health care/single payer
- Coordination of care
- Need inpatient care in Middletown
- Need detox in Middletown
- Target services (aka rapid response) for people who OD
- Address the online purchase – need global solutions
- Legalize to control
- Funding for public programs
- Education/Awareness/childhood education/it needs to be ingrained in the curriculum, not episodic
- What other countries are better at this? What are the reasons? Which countries have less-stressed families?
- Come together – no one is better than another – everyone needs to participate – take responsibility – dignify every life
- People who are dealing with addiction are afraid of people in suits
- Don’t just talk, act
- Redefine our backyards (where we deal with addiction, aka, social media)
Cincinnati
Education, de-stigmatization of addiction
Doctors and clinicians should decide treatment, not insurance
Resources should be available when needed
Need long-term treatment beyond detox
Collaboration – patients need seamless treatment
Ease of access to information
This is in every community, a societal problem (not just a few), need to rescue the population from exploitation
People with addiction need inspiration, celebrate recovery
Share stories of success, inspiration, Army of survivors

Wilmington
Reduce availability
Train doctors
Communicate where to get help, how it will make a difference
Education
CPR training for people struggling with addiction, most likely to be in environment where someone overdoses, CPR best way to keep alive until EMS arrives
Reduce/erase stigma, honor, dignity
Jobs
Prevention, treatment, curtail supply, criminal enforcement
Alternative pain treatment
Faith involvement
Identify needs, community take pieces, integrated approach, enterprise of recovery
Clinton County needs more resources/more effective punishment
Continuum of care, each taking a piece
Positive stories
Schools need to help counseling families for issues with mental health and trauma
Harm reduction, such as needle exchanges, contact
Early education
Treat as a whole, for downstream problems that develop with addiction
Streamline efforts
Be loud
Effort begins with community
Love for families and addicts and children

Washington Court House
As community, what resources are available?
Don’t be judgmental, encourage them
Lots of money -- rural people in communities don’t have it. Cities have resources.
More word of recovery, recovery is possible
Many in recovery don’t want to be public
Keep conversation going, can’t stop here. Continuity
Medial issue, not criminal or character; treatment vs criminal record
Not enough non-judgmental support – need positive support
Needle exchanges – harm reduction, opportunities for contact
AA/NA/Celebrate Recovery not well known and not working together
Need to want change

About Your Voice Ohio

Your Voice Ohio is a collaborative effort by news organizations across Ohio to better respond to the needs and aspirations of all Ohioans. Through this effort, we aim to:

• Produce quality journalism on the issues that matter most to Ohioans.
• Rebuild relationships of mutual trust between Ohioans and Ohio media.
• Connect Ohioans across the state through shared discussions and shared understanding of important issues.
• Engage and support communities across Ohio, especially those underserved by traditional news media, including communities of color, rural communities, and low-income communities.
• Focus on solutions to the challenges we face throughout Ohio.

Our two priority focuses for 2017 are the ongoing addiction and opioid crises in Ohio, as well as exploring the future of economic vibrancy across Ohio.

The effort is underpinned by an ethic of “engaged journalism.” Engaged journalism centers the community at the heart of journalism by seeking to better understand the information and resources Ohioans need to make informed decisions and be engaged in their communities. We’re exploring a mix of in-person and digital engagement strategies to reach more community members. We’re also emphasizing “solutions,” or ideas that might make a positive difference on the challenges that community members identify, rather than simply reporting on the problems facing communities.

For a more detailed description of this work, check out this recent article on Medium or visit yourvoiceohio.org.