

Your Voice Ohio: Marion

**Exploring Community Solutions
to the Addiction Crisis**

April 2018



Since 2012, Ohio’s opioid and addiction 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 crisis 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 Central Ohio. The partners—the Chillicothe Gazette, Columbus Dispatch, Newark Advocate, Marion Star, WBNS-10TV, WOSU, and Eye On Ohio—all wanting to make a larger impact on the crisis in their backyard, agreed to try something new.

Around 70 people gathered at our community forum on April 23, 2018, at the Knights of Columbus in Marion. Participants included many people in recovery, and community officials who wanted to speak directly with people who were experiencing the addiction crisis. A few refrains emerged throughout the evening, like that addiction impacts people across all demographics. Community members also wanted journalists to showcase faith-based programs available in the area and research grants that are available to help community members who can’t afford treatment or aren’t covered by insurance.

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 addiction crisis.



EVENT SUMMARY

The event generated dozens of questions and ideas for media partners to explore. We asked these three questions:

- 1. What does addiction look like in our community?**
- 2. What do you see as causes of the addiction crisis here?**
- 3. What steps might we take to combat the addiction crisis?**



RESULTS

The following pages are ideas, personal stories, and solutions on the crisis written by participants during the events.

WHAT DOES ADDICTION LOOK LIKE IN OUR COMMUNITY?

- » Families broken up. More overdoses. Strain on public resources.
- » Addiction does not discriminate. It affects all of the family in a very powerful way. Addiction enslaves people's minds to affect every area of their lives. It is so powerful that it allows people to not value the most important things in life.
- » It's mostly a "quiet" crisis where the driving forces vary from family issues to financial stress. I don't believe anyone does drugs for "fun". Addiction is the result of a desire to escape an overwhelming problem.
- » Job opening unfilled. Needles in the street. Welfare rolls up. Offenders on probation.
- » Faceless. Crime. Poverty. No socioeconomic status. Knows no boundaries/limitless. Everywhere. Addiction is recovery. Friends and family/loved ones. Emptiness. Death. Lifestyle. Ugly cycle. Insanity. Doctors. You're just existing/not living. Denial.
- » Destruction of family. Economic strife. Inconsistent employment statistics. Increased crime and economic oppression. Numbing of the moral sense. People in pain (spiritual, physical, mental). Lost in circumstance. Feeling hopeless without support. Deceived in the life. Families broken. Needles everywhere. Crime rates up. Children Needing help everywhere. More homeless citizens. Families divided. Children burying parents every day.
- » Families torn apart. Children losing parents. Abandoned children with addicted parents leaving them in foster care. Hopeless people who see no way out. Lack of options to get help. Everyone knows someone affected by addiction.
- » Breakdown of family/traditional family norms. Increased crime. Decreased individual productivity. Increased deaths, depression, joblessness. Overall sense of a culture in trouble. Poverty, crime, broken families, impact on jobs in community. Chaos in schools, children are being neglected. Institutions, first responders are overwhelmed. Not enough one on one time in treatment centers or probation. Lack of connection/communication/structure.
- » Children suffering. New business struggling or not coming. Hopeless. Lack of effective help.
- » Lack of connections with individuals. Needs being filled w/fillers that causes one to rely on the filler rather than people or other outlets.
- » It is a sad problem that causes death and heartache, increases the cost of healthcare.
- » It looks like broken families – scared children, a loss of hope, and people hungry for help but don't know how.
- » Higher than in many communities. Running out of Narcan. Not enough rehab facilities.

- » Delaware County: creates “us/them”. Morrow: rural nature keeps it more hidden. Looks hopeless but it’s not. Focus on those it kills. In Morrow, “political” power, wasted resources, belief among some. Union County: across all demographics starting to talk about it.
- » Rampant, run down, all citizens touched. More notifications of rehab. Lack of true education for families.
- » Poverty – generational. Hungry, lost children/people. People who are stuck. Broken families/relationships. Us and them social mentality. Abuse and depression (often self diagnosed). Numbing affect. Lack of empathy for addicts. Trauma. Isolation.
- » Poverty. Split families. Loss of employment/unable to keep a job.
- » Lack of empathy from people unaffected. Let them die.
- » Depression. Hopelessness. Disconnection. Lack of purpose in life. Abuse. Us vs them mentality. Children and parents. Root/fruit. Limited resources, leading to relapse.
- » Terrifying. Misread. A generation of people who live in an age when support joy, and quality of life have failed again and again all around them. Love is hard to find – genuine love – looked down upon and beat down by failures.
- » It is impossible to write it in only one sentence or paragraph. It is something that affects most aspects of society, either directly or indirectly. I see the effects in the school systems that I cover down to the ride-alongs I take with first responders. It has been in the background of many of my articles.
- » Scary. Out of control. Brings down morale. Children being orphaned. Sadness. Too many funerals. People reaching out for help. Not receiving adequate care. Lack of education.
- » Addiction is not bound to race or socio-economic status. Individuals have different assets. Addiction is a deadly disease. Everyone’s journey is different – arrive at different places by different routes. Recovery is different for everyone.
- » Sucking the life and promise out of our young adults, often parents. Lack of hope for a better life or healthy future. Weary older adults, who have been through many cycles of relapse.
- » Like all of us. The crisis does not discriminate. It affects all socio-economic groups, all races and genders. It looks like increased crime. It looks like an increase in the need for foster families. It looks like overburdened medical facilities and it taxes our first responders.
- » People committing crime to support a disease rather than because of criminal minds or thinking. Overcrowded jails due to drug sick individuals rather than due to violent offenders.
- » People feeling out of control – doing things they wouldn’t normally do to get drugs/ alcohol... Showing up in ERs, physician offices, desperate for pain medicine. Exaggerating symptoms after injury or surgery to get longer duration of meds. Families in crisis, \$ and emotionally. Physicians uncomfortable treat legitimate pain.
- » Incarceration.
- » A drain on community, personal lives, families, resources, outlook/psyche, progress. Some of this is perceived and not reality, but perception can be reality.

- » Sometimes evident sometimes well hidden.
- » Addiction impacts family, friends, and the community in addition to the addict.
- » Personally – non-existent, don't see it. Professionally – everywhere (counts).
- » What does addiction look like?
- » Stigma within a small community. Little to no relapse prevention and extra help! Lots of relapse. Increase in foster care/hurt family ties with no option of repair. Lack of community advocates to navigate work, court, medical, transport.
- » Feeling “unsafe” in our community (theft, burglary, violence). Desperation for help – with drug abuse. Open using – no safe places. Community full of “unemployable felons” no other options rather than conviction and incarceration.
- » More than just heroin. Every age group. Powerlessness and unmanageability. Society is waiting until it's sever rather than intervening early when the SUD is mild or moderate. Collateral consequences.
- » Children without parents. Children out of their homes. Heartbreak. Generational.
- » Addiction is a family disease – it has no color, face, age or nationality. Every eligible. It affects everyone!
- » Widespread, hidden, multiple drugs, opioids, cocaine, meth.
- » Families town apart. No stereotype. Carry-over, generational. Trouble finding jobs. Depressing/sad. Dishonest/denial. Everywhere! Cycle (viscous). Hidden/family.
- » Families in crisis. Deaths ages 25–35 years old. Employers unable to fill jobs.



WHAT DO YOU SEE AS CAUSES OF THE ADDICTION CRISIS HERE?

- » Too easy to access the drugs (dealing/prescribing) combined with a susceptible community of people without hope for their own future and too few resources to address the upstream causes or downstream impact.
- » Doctors. Trauma (mental and physical). Accidents. Experimental stage (parties). Family. Friends. Loss of loved ones. Drugs being easily available. Voids in life. Mental health issues. Poverty numbness. Physiology.
- » Abundance of heroin (availability). Need for harsher penalties for dealers. Lack of mental health help prior to treatment
- » Increase in availability of opioids. Lack of mental health services. Ease of access – can buy anything online. Push of opioids by drug manufacturers. Broken system. Boredom. Generational. How it makes you feel.
- » Easy access. Lack of supervision. Lack of education. Undiagnosed mental health.
- » Breakdown of the family unit. Ease of access. Easy excuse/escape. Hereditary. Cyclical/generational. Poverty. Lack of hope/unable to see a future. Depression. Pain medication prescribed. Glorification of drug use in entertainment/media.
- » Filling a void. Jobs. Family issues.
- » Generational/social norm. Poverty. Hopelessness/lack of coping skills. In youth, family removed, no education. Prescription rates.
- » Access to drugs. Population look to “escape”. The level of addiction within the community is attacking the resources in place to fight it (counselor burn out, frustrated police and EMS, economic burden)
- » Escape: depression, pain, grief, relief.
- » Loneliness, lack of resources to do or learn any other way of life. Lack of resources to cope with trauma. Loss.
- » Injury, pain, docs, genetics, party lifestyle.
- » Limited resources to transportation, info on therapy, trouble identify support. Limited mental health therapy early on in life/addiction. Social stigma/isolation in response to drug use, poverty, criminal background.
- » Generational. Lack of hope. The pain pill epidemic. Unfinished trauma. Mental health crisis.
- » Disease – genetic. Environmental – family.
- » Isolation – no support group, lack of empathy from community at large. Genetics and home life.
- » Loss of hope. Ease of access to drugs. Loss of faith. Deterioration of family. Breakdown of relationships. Feeling that it is normal/ok. Stopping = pain = accountability.
- » No community support for human life. Curiosity and lack of knowledge of what addiction is. Negative cycle of jail/prison. False beliefs of ignorance. Non-treatment of mental health. Availability. Loss of hope/faith. Feel norm. Loss of community.

- » Experience hunting – due to youth, peer pressure, boredom, etc. Overprescribing. Getting high feels good. Decreases reason – becomes the “norm”.
- » Jobs. Family. Stress of every day life. Medical reasons to use in first place. Mental health problems that goes untreated.
- » Unstable homes. The doctors being uneducated.
- » Poverty – lack of resources. We thought we would never face an epidemic like this. Education – addict and families. Social capital.
- » Lack of screening (SBIRT). Don’t talk about our family history. Combination of many things usually genetics, it’s fun at first, trauma, early exposure, co-occurring, mental health or learning disabilities, availability. Lack of early and often evidence based prevention.
- » Poverty, politics, lack of education, lack of family structure.
- » A void that needs to be filled. Lack of resources to help after treatment. Numerous resources that seem inaccessible. Inadequate options to address problems. Easy access and supply. Community acceptance of addiction.
- » Poverty. Generational. Cheap/available. Risk education in schools?
- » Pain pills. Pill mills. Not enough residential treatment. Available easy to get. In things to do. Not enough education.
- » Being vulnerable genetically and socially.
- » What do you see as causes of addiction.
- » Easy access to drugs, both legal and illegal. Loss of connection community, family, faith. Emotional and physical trauma. Underlying addiction or mental health disorders. Fear to self-report and consequences.
- » Exposure can happen to anyone at anything or any place. Environment: family, friends, one time social occurrence.
- » Causes of addiction crisis. Breakdown of family unit. Unemployment. Lack of coping skills. Put the fear of god in drug dealers! No matter what don’t go to Marion. Shut down Big Pharma.
- » Poverty. Family upbringing. Environment. Big pharma. Pain Management clinics. Lack of positive activities available. Subjective.
- » Pain – physical/emotional. Hopelessness. Readily accessible.
- » Trauma. Prescriptions. Not enough education. No support from families/friends. Self-medicating mental illness. Lack of morality. Spiritual principles. Attention. Societies acceptance and readily available drugs, peers, negative thinking. MAT.
- » Physicians/health care system. Disconnected broken families. Poverty. Too much spare time, i.e. lack of work, lack of work ethic. Mental health.
- » Opioids pushed by drug companies, especially 5-10 years ago. Medical community not understanding addictive nature of many drugs. High unemployment: manufacturing having left Marion, lack of medical care.

- » Overprescribing opioids. Easy access. Hopelessness/rust belt jobs leaving. Poverty/lack of opportunity. Synthetic Fentanyl and Carfentanyl. Stigma for getting help. Education. Resources not well known. Mental health/self-medicating. Monitoring/ parenting/ extra curriculars. Trauma.
- » Trauma. Economic downturn. Self-medication. These factors have contributed to prolonged use for decades. Cheap, easy to find.
- » It is difficult to list the causes of this addiction crisis, has always been a problem. Overprescribing.
- » Trauma. Physical dependence. Genetic tendencies. Cheap drugs. High highs – pure drugs. Multi-generational use.
- » Lack of education. Accessibility of drugs/ease of getting drugs. Lack of stuff for young people to do. Unaddressed mental health issues. Lack of resources. Familiarity. Poor alternatives. Poor examples/role models.
- » Broken education system. Breakdown of family. Irresponsible media and entertainment decision makers. Crisis of faith.
- » Breakdown of family. God taken out of classroom.
- » Over prescription, pain, emotion and physical pain. Mental health issues, that have not been treated. PTSD/military issues, not enough support and counseling.
- » Untreated/undertreated MH/MI. Fragmented systems. Slow growth of alternatives to treat chronic pain. Economic development. Stigma.
- » Over-prescription of pain meds, mental health and trauma suffered and self-medications, easy access to opiates and other drugs. Lack of resources to address SUD.
- » Depression. No love. Loneliness. World news. No quality of life. Boredom. Daily grind-never getting ahead. Generational. Evil. Rich getting richer, poor getting poorer, no god in school system, not teaching kids how to be spiritual.
- » Lack of education, pharmacies are greedy pushing meds on doctors to make a buck. Generation. Environment. Physical and emotional. Trauma. Lack of support. Lack of love in our society. People have been lied to and pushed down. Left to battle alone. Forgot about. Replacing one thing with another.
- » Untreated mental health concerns, irresponsible prescribing of opioids and Benzos. Genetic predisposition. Stigma. Lack of proper treatment. Financial depression in the community.
- » Rapid onset. Supply. Demand. Socioeconomic. Generational. Unprepared. Lack of focused response. Lack of access to mental health treatment (not enough resources, expensive, under-insured). People caught abusing drugs are more likely to be ostracized than helped – fired from jobs, discharged from doctors offices, loss of friends and family support. Serious physical injury, then long-term scripts by unknowing doctors. The purely physical addiction becomes real!
- » Family history – cycle. Mental health readily available supply. Lack of access to resources.
- » Lack of understanding. Voids. Lack of personal connections with self and others.

WHAT STEPS MIGHT WE TAKE TO COMBAT THE ADDICTION CRISIS?

- » We need a detox center in this community. Currently we are using the jail, which is causing overcrowding and staffing issues the courts and jails.
- » Al-Anon. Education. There's one.
- » Public information on the epidemic in general.
- » Providing help to those that need it instead of ostracizing them. Increased access to mental health. More rehab centers that are accessible to those who are not well insured.
- » As a nominally "Christian" nation, a lot of "Christians" have an old testament attitude to any failing. Worse, many are unwilling to listen to the new information available on addiction, and how it can be overcome. We need to enlist a cadre of moral leaders to get the word out that addiction is a disease and NOT a moral failing.
- » Safe Rx solutions. Mental health services education/childhood. Non-opioid assistance-insurance. In-patient recovery.
- » Better access to treatment – rides. Better access to treatment medications. Decrease stigma. Come together as one voice instead of many to speak to the legislators. Support families in recovery.
- » More treatment. Decriminalization. Diversion. More entry points into treatment. Fewer opioids. Limited availability of addictive substances. Better treatment of mental health. Detox center.
- » Education. More treatment for first time offenders. More restrictions on doctors. Celebrate recovery.
- » Education. Start very young (prevention). Mental health – improve. Restore hope. Living wage/meaningful work. Opioid prescription reduction.
- » Create support. Eliminate isolation and stigma. Prevention. Everyone is a potential addict.
- » Coalition effort! Stop holding meetings and take action. Follow tried and true efforts, evidence based practices. Focus on prevention!! Reduce stigma.
- » Start open communication as young as possible.
- » Money for consistent care! Community working to create an atmosphere for success.
- » Engage with those experiencing addiction and in recovery. Secure resources beyond robbing Peter to Paul. Declaring it to be a nat'l public health emergency is not enough without resources to address it as such.
- » Re-entry programs. Mental health crisis. Alcohol addiction issues. Break down the silos. Jail changes. Continue to revisit the pill issue.
- » More teachers in the family. Faith teaching.
- » Pull it together as a community. More probation folks. More addiction agencies. Demand detox – especially if pregnant. Peer recovery support.
- » Focus on addiction instead of drug. Easily available information to options. Talking to people in their language – to them instead of "at" them. Move from comfort zone – going back to the way things were before is bad.

- » Less judgement/more solutions. More community involvement. More acceptance there is a problem!
- » Prevent teenage drinking. Delaying the use of drug helps prevent later addiction. Local needs: detox center, additional halfway house, better education of available treatment.
- » Investing in proven recovery programs (ones that have succeeded). Discontinue “victim” language and perpetuating the addiction. Drug alternative – no euphoric drugs.
- » Put God back in classroom. Greatly increase mental health budget.
- » What is our pot of money? What are our priorities? Prevention and education. Treatment and recovery. Penalties and incarceration. Community involvement and coordination.
- » School education/counseling. Unity in judicial, police, probation. Treatment – more and effective. Counseling – younger employers offer help and opportunity. Empty houses? Weekend activities?
- » Provide EMDR, DBT, PTSD therapy. Educate the effects addiction has on the brain from birth. Be aware of addictive behavior. Create positive places to go. Build more detox and treatment centers. Communication without ego driven. Reach out programs. After care. Less punishment/more help.
- » Education. Work with medical professionals. More rehab especially residential. Mental health (increase services)
- » More addiction centered programs. Program unity and cooperation. Healthy places to go.
- » Intervention in Lieu. Get kids back in home. Lockdown with medication care and counseling. More comprehensive recovery system: extensive drug testing (Medicaid threads) and pro social (substance free) activities, case managers, immediate access to therapy providers. Faith-based programs. Businesses need to hire those with felony convictions.
- » Community effort to support and change environment. Employment opportunities for felons. Outreach networks binding together as a collective not as competition.
- » Long term planning i.e. the ability to work a part of recovery. Changes in pain management. More funding for mental health. Detox on demand. Community resource and sustained intervention. Collaborating with business community for employment for recovered addicts.
- » Support effective. Recovery treatment De-stigmatize. Mental health needs.
- » Better communication – btw addicts and service providers. More education about treatment and recovery options. Better education for doctors – impact of their prescriptions. Sustain recovery resources.
- » Keep Medicaid expansion. EB prevention programs. Drug courts expansion. Expand treatment in lieu programs. On-going funding fully of dual detox and treatment.
- » Understanding what addiction is
- » S.W.O.T.
- » Understand root is better than fruit
- » Not relax and report.

- » More counseling facilities. More education in schools. Many varieties of counseling. Real recovery. Joyful recovery. Job training. Banks.
- » Variety of recovery types. Most centers offer some treatment, just have different names.
- » Greater integration between primary care and behavioral health care. Spend more money on early childhood mental health prevention.
- » Better training of addiction in medical school.
- » Work with employers to partner with them on addressing the issue.
- » For serious people battling addiction... Serious desire to be rid of the addiction then changing their mindset. Ibogaine treatment WILL “interrupt addiction”! –Stanley Poe
- » More intentional education in the schools. Program oriented to connection to family, community, faith. Stronger punishments for sever offenders and casual dealers.
- » Arrest more dealers. Busted journal – addicts get ridiculed never live down.
- » Recovery community center
- » Need more faith based recovery. Recovery centers in our community and others to work together.
- » Multi-pronged approach. No option left out.
- » Increased visibility and pride of those in recovery. A community “resource bank” for programs, referral sources for therapy, mental health, need management or housing, funding for therapy. Increased acceptance and feeling of community within itself.
- » More awareness. Accurate representations of addiction and substance abuse. More community support. Education/creation of more pathways to recovery.
- » Education/creating a way of thinking and approaching this issue that all people understand. Transportation with the expectation. Thinking about how money is used to feed the crisis rather than helping.



FUTURE RESEARCH

Using this input, here are the major questions and ideas Your Voice Ohio journalists are setting out to answer and explore:

- What are your implicit biases that potentially factor in to being able to do your job in journalism + reporting?
- Treatment availability:
 - What is the current capacity for treatment in the area?
 - How accessible is it?
- Focus on success stories/people in recovery/their families:
 - How have individuals been successful in defeating addiction?
 - Contact treatment facilities to ask patients what helped them the most?
 - Please share positive stories to help reduce the stigma
 - What does long-term recovery look like: longer periods of clean? Connections with family? Connections back with kids?
 - How are families of addicts directly affected? (profile/newspiece)
- Include faith-based treatment programs:
 - Why is the media so afraid to touch on God and Faith-based programs?
 - Why doesn't the media offer more coverage on faith-based recovery programs?
- Explore the epidemic and local jails:
 - Investigate drugs in local jails and prisons. How do they get in?
 - What are jails offering to help the incarcerated addict?
- Local school coverage:
 - Why aren't ODs in the schools covered by media?
 - Recovery High School, good or bad?
- What are the gubernatorial candidates' plans for addressing the opioid crisis through Medicaid?
- What should those who want to volunteer do for this epidemic?
- Why is there a disconnect in community treatment organizations? Investigate why the local systems and organizations don't want to partner -- entrenched workers; public charities that want to help addicts

- Do people know about Drug Takeback Day? Why, what, where?
- I want research and numbers on the availability of treatment options: beds and when they are open, detox options, specifically available in Newark and the county.
- What are local companies willing to do to help the crisis?
- Where is the money going? Where's the money trail on both sides, i.e. when funding is provided, what services are being funded, and then on the addict side, where does their money paid for drugs go?
- What is the relative efficacy at non-profit and for-profit drug treatment providers?



YOUR VOICE OHIO PARTNERS (CENTRAL OHIO)

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.

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Marion Star

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NEWS@MARIONSTAR.COM

The Marion Star is a daily newspaper covering Marion and Marion County, Ohio.



WBNS-10TV
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WBNS-TV is a CBS-affiliated television station covering Columbus, Ohio.

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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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