

# Your Voice Ohio: Newark

**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.

About 120 people joined our community discussion in Newark on April 24, 2018, to discuss causes of the addiction crisis and possible solutions. Many mental health and medical professions, elected officials, and people in recovery talked about how addiction is impacting Licking County. Attendees agreed that addiction affects every demographic in society, and nobody is exempt. People also touched on an idea we’ve heard in a few other discussions: people in their community need better coping skills to prevent them from turning to substances. To address this, attendees suggested providing better coping skills and mental health education in schools, starting in kindergarten.

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?

- » Broken families. Crime and violence. Unmet needs.
- » Non-stop overdoses – first responders barely catch their breath between calls to scenes.
- » Like the diverse face of diverse people who are in bondage to the drug of choice leading to and often connected with child abuse, domestic violence, mental health, homeless
- » What does addiction look like in our community? Homes being torn apart. Homelessness. Abuse.
- » Addiction to me looks like broken homes, homelessness, ER full of people who have OD, more crime to support their habits. Death.
- » Opioid addiction is invisible. Nobody has died of a drug overdose. If we were the state average, 15 people would have died.
- » Stereotypical – groundhog day i.e. dress, hygiene, grooming. Overwhelming. Seems no direction one can turn to not see it. Hopeless. Lists of problems/not solutions. Fear (response to) A response which mirrors a society encumbered by a perceived inescapable fear.
- » Very ugly. Lots of theft. Jail overcrowded. Homeless people. Death.
- » Lots of people walking around late at night, with backpacks and make-shift luggage.
- » Death, orphaned children, need support
- » It is everywhere! Not just in the “bad” section of town anymore. People are dying. Living under the bridges. It is affecting everyone I know. Poverty. Homelessness. Overwork system. Evil. Heartbreaking.
- » Affected in almost every other household evil – unrecognizable – broken homes and families corrupt jails and a joke of housing addicts and getting help. Lack of facilities that can help.
- » I have no idea that’s why I’m here.
- » What does addiction look like in our community. It has taken over.
- » It has taken control of housing and families with no repercussions.
- » It looks like your average person. It looks like “the stereotype”.
- » It looks like all ages and genders
- » Hopelessness, trapped
- » Broken families



- » My neighbor. Children without parents.
- » Emotionally absent parents, neglected children, educational challenges that are pervasive in schools. Domestic violence.
- » Addiction looks normal... (everyone is affected, but we act as things are the same)
- » Child abuse, homelessness, unable to hold a job, hopeless
- » Families in crisis, children at risk
- » Overcrowded p.o. offices, homelessness, neglect, crime, lack of funds
- » Walking dead, poor healthcare and policies for treatment
- » Dead citizens, wrecked families, abused and neglected children, jailed citizens, underfunded mental health.
- » Death, hopeless, unnecessary prison, too many, not enough help, too much emphasis on Suboxone versus natural
- » Getting gradually worse
- » No boundary/crosses communities. People wanting help, but stuck in cycle of addiction.
- » Meth and crack to curb heroin. Pain 5th vital sign. Homelessness. Mental health. Foster care system. Prison. Burned out social workers. Everybody destroyed. No job, no home, old ways. Not small town. Pain relievers – dead/addiction. All hands on deck. Teachers – clothes.
- » An overworked criminal justice system which is understaffed and underfunded. System is not capable of providing the help the people coming to it in various stages of crisis need. Pockets of community which have become uninhabitable and hard to recover those neighborhoods.
- » Significant increase in kids in foster care and grandparents raising grandchildren. O.D.s in public places. Everyone carrying Narcan. Burden on resources.
- » It looks like 80% of all crime in the city. It looks like a plague that spares no citizens of the city. The face of every Newark citizen is the face of an addiction victim.
- » I don't believe addiction has a look. I believe it attacks all races, sexes, household incomes, and education levels.
- » Thieves, joblessness, unclean, dishonesty, deteriorated moral values, look of neighborhoods, and sense of community. Police are overwhelmed. Illness and pain. Addiction is a thinking problem. Insanity. Did the family do something wrong? Does not discriminate. Lack of social workers. Generational brokenness. Help us manage adulthood. Help in schools.
- » More than 500 children are in foster care. Grandparents/aunts/uncles are raising children. Not enough areas for treatment.
- » Homelessness. Broken relationships. All encompassing. Poverty. Controversial. Bleak. Complicated.
- » All classes, races. Relapses.
- » Jail is not effective. Loss. Homelessness. Lack of resources.

- » Addiction can be like an illness with no cure. It looks like foster care and grandparents caring for young children. Addiction knows no boundaries, demographics as it can affect every soc, economic. It looks like prescription meds, meth, heroin, alcohol, gambling, shopping. Addiction looks ugly sad, hopeless, angry, seismic, life altering. It can be genetic, can be linked to a mental illness, and childhood trauma.
- » Jail isn't a solution. Mental health. Homelessness. Unemployment. Death, loss. Parentless children.
- » Death. Loss. Jail. No real solutions (long-term). Misunderstanding of mental health. Homelessness. Lack of job availability.
- » Not enough treatment options to support to keep families together. Increased need for foster care.
- » I don't really know what it looks like. I go to Denison and live in Granville w/o car, and from Texas.
- » Under the surface for those not yet affected. Desperation, poverty, despair. Questions about where to get REAL help. Illnesses not addressed.
- » Health department run out of money for Narcan and had to ask UW for funds.
- » Poverty of soul/spirit. Broken families. Children without parents. Debt (financial). Homelessness. Crowded jails. Prostitution. Misdiagnosed mental illness. Crowded medical/ER clinics. Hopelessness. Increased crime.
- » Affecting all classes of people, killing people every day, tying up emergency services, drug related crime. Addicts have little access to treatment, counseling, more access to drugs than treatment.
- » Out of control! Horrible – deaths – loss of jobs – family – friends. It is an epidemic.
- » People
- » A multifaceted issue in every way, from the circumstances that lead individuals to drug use and abuse to the direct and indirect ways it affects people, families, and communities.
- » All of us.
- » People are going to jail. Families are broken. Drugs are in schools and workplaces. People are dying every day. Children are being taken away from their parents. Drugs are everywhere.
- » Kids are impacted, like foster care, broken families.
- » It looks like isolation. Death. Broken families.
- » Meth. Poverty. Broken families. You grow up thinking this is normal. Grandparents taking care of the children. Housing an issue if you have drug record. Meth and opioids (opioids can get to anyone)
- » Epidemic with lethal consequences that does not distinguish social status.
- » Broken families, overburdened safety services (first responders). Exponential increase in death and other related problems.
- » Anyone, anywhere, any background.

- » Young people with small children, escapism from issues, trafficked persons, mental health issues, persons in personal crisis, elderly having to raise grandkids, over-prescribed pain media/getting into wrong hands, poverty.
- » Controlling lives, leads to crime, broken families, homeless, kids in foster care.
- » Lack of good treatment hinders our ability as a community to get ahead of it. Lack of education of people in the community about addiction keeps the stigma alive. Lack of community concern about the rise of issues associated to recovery. Keeps the problem going.
- » A lot of family and friends have lost jobs, children, and lives. Theft, denial, lying. Fear.
- » Overflowing hospitals, absent parents in children lives.
- » Kids in foster care, trapped in poverty, failing in school.
- » Multi-drug – heroin, prescription opioids, meth. Intersection with poverty. Lack of resources (people not in treatment. Stigmatized. (Somewhat) Invisible – hard to see everywhere. Overburdened and insurance. Generational (mostly affects young people).
- » More meth than opiates. Lack of mental health services to treat people. Needing medication results in using non legal drugs.
- » Generational/youth addiction.
- » Like every other city. No more small towns USA which leads to prison, homelessness, poverty, and death, should focus on all addiction help us need for everyone.
- » Sickness among all types of people and death almost every day.
- » It is hitting every type of family – no matter poor, middle class or upper class. It is hitting all age levels. Increase in crime, increase in overdoses, increase in homelessness.
- » I'm not from this area, so I apologize for any over-generalizations. That being said, I don't know entirely. But it looks like frustration. I'm trying to understand if there's a connection between Newark's heroin/opioid epidemic and the rising rates of eviction. But from what I know, it looks like overdoses, it looks like homelessness, and unemployment and struggling to come back due to lack of funded rehabilitation.
- » I'm not from Ohio, so I can't speak on that. I do know what it looks like from a personal level, however. I'd say from this level it looks like brokenness. That would be in the family sphere, on your own, and brokenness in the community.
- » Hopelessness – all consuming
- » All walks of life. From, meth, heroin, alcohol, etc. Young and old.
- » Broken families. Seeing the same cycle repeating. Plague. Groundhog day. Deterioration of our moral values.
- » Loss of hope/difficulty seeing a positive “future story”. Grandparents taking care of children. Teens taking care of parents.
- » Loss. Children left behind. Health decline. Relapse. Family strain. Emotional pain. Overcrowded jails/ER.
- » People who struggle to find a way to enter in recovery. They hit a lot of barriers in their journey.

- » It looks human. Addiction is large and overarching. It does not discriminate and is not selective.
- » Everyone, everywhere.
- » (everyone, poverty, homelessness, unemployment)





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

- » Children are getting offered it in school. Newark is right in the path of the big drug runs to the larger cities. Parents don't believe this could happen to their children – not as watchful as could be. Decrease in faith. Poor healthcare.
- » Generation having no respect or morals, they were handed too much. Not enough discipline or faith. Not enough guidance from parents or consequences for actions in homes and schools. Need classes for parents and schools on living skills, home ec, etc.
- » Lack of moral values, not spirituality or faith in anyone. Not made to believe there is a God who could help them in their addictive behavior.
- » Decrease in faith life: nothing to hold on to or to fill “the void”. Lack of recognition of objective truths: no winners/losers. Fatherless homes.
- » Kids taught there are no losers, everyone is a winner.
- » Lack of support, lack of embrace, passed down through generations.
- » Overprescribing of pain meds. Trauma.
- » Lack of help. Lack of morals. Free range of giving people ability to do it over and over again.
- » What do you see as the cause of the addiction crisis? Little or no coping skills – predisposition.
- » No singular cause, but the isolation of drug users together – denying employment, housing, etc. – creates self-reinforcing culture.
- » Lack of direction/early education and prevention. Early interventions. Lack of the sense of community.
- » There is a void in people's spiritual and moral lives. It is more difficult to connect in real life than in virtual reality. Poverty is part of the vicious cycle. Pain coping skills that are absent.
- » Untreated/undiagnosed depression and anxiety. Lack of strong family units. Overprescribed Rx drugs.
- » Poverty. Life struggles. Lack of morals/values. Changing relationships. Social media.
- » Strength of addictive properties of opioids. Availability of very addictive drugs. Customer satisfaction based practice of medicine.
- » Self-medication to treat undiagnosed mental illness and to cope with trauma.
- » Business model of this drug crisis (easy to get cheap available in all communities)
- » Hopelessness and other things that attract people to drugs. Addictive behavior/effects of these particular drugs (opioids super addictive)
- » Breakdown of family values and family systems. Parents are no longer parents but have become friends. There is no responsibility for one's self anymore instead it is given to someone or something else. Pain meds are prescribed by doctors so they must be safe leading to addiction. Furthermore, we medicate for everything to treat the problem instead of the soul.

- » Lack of available and affordable rehabs. Doctors prescribing too much, families repeating the cycle generation to generation. Lack of tools and will power. Enabling. Easy access. Lack of research.
- » Self-medicating, mental illness. Generational.
- » Cyclical, painkillers (over-prescription)
- » People self-medicate. Depression.
- » Overprescribing. Lack of treatment for certain drugs. Lack of employment. Drugs in jail/prisons.
- » Hopelessness. Easy access to cheap drugs. Peer pressure.
- » Mental health, pain as 5th vital sign. Over-prescribing by doctors. Conversion of pain meds (Ibuprofen, acetaminophen, etc.) Genetics. Addict self-medicating.
- » Lack of access to treatment/mental health services. Poverty cycle. Addiction cycle from parent to child. Healthcare providers not fully trained to ID addiction and treat it. SASSI not utilized prior to Rx's.
- » Pharmaceutical companies. Lack of education and understand of addiction as disease.
- » Poor health care, policies for addiction.
- » Pharmaceuticals, doctors, lack of treatment, insurance issues – recovery only for the rich, lack of mental health facilities, lack of support from community, economy, lack of awareness in community.
- » Treatment cycles too short. Needs long-term relationships. Prejudices, not me, those people. Insurance.
- » Ready availability of substance (over-prescription as well as street availability). Hopelessness leading to want to tune-out reality. Acceptability among peers.
- » Lack of God in culture and schools. Super addictive drugs – much more than drugs in 60s, 70s, 80s. etc. Breakdown of family – people want to escape problems. Culture of selfishness/lack of self-control/social media. Lack of healthcare. Greed!
- » Overprescribing.
- » Overprescribing of pain killers (oppression and frustration)
- » To escape. Unemployment. Peer pressure. Uneducation. To feel something. Prescription meds.
- » Trauma
- » Overworked systems – understaffed and underfunded. Inadequately prepared to handle the influx of patients mental health.
- » Greed.
- » Lack of healthcare – cheap. Back breaking work – pain. Mental stress/illness. Over use by doc. Working many jobs.
- » Availability. Generational handed down (sin). Discipleship – the church has failed. The busy life we live leaves little time for neighborhood. Sports pain in young people. Exploded video distraction.

- » Addiction to prescription drugs, moving toward heroin because it's cheaper. Mental illness -> dual diagnosis, unresolved trauma. Addictive nature of drugs -> making drugs more addictive, hard to get off, makes you extremely sick, hard/long time to feel ok again. Escape mechanism. Lack of education. Easily available. Continued denial. Lack of healthcare -> insurance company issue. Working multiple jobs. Lack of long term solutions.
- » Lack of education. Prescription pain killers. Curiosity. Poverty mental illness. Predisposition to addiction. Availability.
- » Untreated mental illness. Unresolved trauma. Overprescribed pain meds. Easy availability. Continued denial.
- » Lack of representation, understanding, resources, teaching, long-term solutions, simple injuries, thinking it won't happen to you.
- » Easy access. Lack of doctors working with people to taper off of Rx. Lack of education on treatment centers/levels of care.
- » Generational poverty, lack of mental health assistance. Lack of high paying jobs. Easy to get.
- » Overprescribing medications, not talking to people enough about the dangers
- » People trying to escape pain through self-medicating. Pain could be trauma from as far back as childhood or an injury.
- » Introduction from friends/family. Pain killers. Jail? Treatment. Escape.
- » Not a great name - too individualizing. Economic breakdown. Social breakdown. Religious/spiritual breakdown. Crises of meaning.
- » Hopelessness, poverty, mental health, loss of community
- » No real control on oxy scripts (wrong classification for drugs). Lack of education. Mental health stigma. First response is drugs not empathy/discussion. Prison systems. Education system doesn't prepare students for different goals post grad.
- » Too many pain drugs prescribed when not needed. People unable to handle their problems/situations. I'm not totally sure what "caused it" to begin with just know how it is spreading and getting out of control.
- » Lies about the war on drugs. Lack of education, criminal justice reform. Lack of hope in a better future. Lack of ability to use cannabis legally and still work as productive citizen leads to use of opioids and alcohol abuse and still be legal.
- » Doctors not knowing what strength and what dosage to prescribe.
- » Despair, fear. Misinformation about painkillers (as not being addictive). Over-prescription. Not enough healthcare follow up for people for whom painkillers have been prescribed. Putting people in prison without real help for addiction. Lack of professionals, etc., to deal with individual people. A sense that life is designed to be hard, especially for poor people.
- » Poverty. Overprescription of narcotics from early childhood. Mental health issues. Breakdown of the family unit. Desire for instant gratification engrained in our young people. Drug policy causing relapse and endless cycle of addiction.

- » Spiritual poverty, lack of identity or purpose. Prescription drugs. Single parent families. Lack of coping skills (healthy). Unrealistic expectations of self and others. Fear/loneliness. Peer pressure. Anxiety/depression/hopelessness. Lack of alternative treatments. Easy to move drugs through area due to geographical location, mafia presence. Drugs being answer for all discomfort from early age. Lack of funding for faith-based treatment. Lack of accountability/responsibility due to ease of justification for actions.
- » Prescription medication. Mental illnesses. Lack of knowledge/resources/treatment options.
- » Attitudes. Breakdown of family. Lack of jobs that pay well.
- » Poverty. Increased mental health concerns. Decrease in coping skills. Stigma. Decrease in resources for behavioral healthcare services.
- » Lack of education. Parents. Economics. How someone copers with life events.
- » Overprescription of pain pills. Lack of mental illness treatment that is accessible and affordable. Family history/cycle of abuse. Not enough prevention teaching in schools at an early age and that is ongoing throughout the years. Quick fix society.
- » Poverty. Lack of upward mobility. Hopelessness. Lack of resources. Lack of mental health care. Education. No increase in minimum wage.
- » Poverty. Unemployment. Overprescriptions. Despair. Hopelessness. Feeling like your generation is not doing as well as the one ahead of you. Generations. Addiction. Disconnection. Lack of meaning.
- » Generation use. Lack of support/hope.
- » Stagnant wages. Increased cost of living. Lack of meaningful jobs.
- » Poverty, despair, isolation.
- » Unstableness in families. Medications. Coping skills. Hopelessness.
- » One family member gives to another drinking – pain meds – people want relief or just want a way out of their situation.
- » Mental health. Trauma. Poverty. Affluence. Availability.
- » Focus on pain medically. Isolation – no support group – people to confide in. Lack of treatment/diagnosis for mental health.
- » Causes – prescription meds.
- » Prescription reliance. Lack of resources (medical, educational, emotional)
- » Stigma surrounding mental health/poverty/difference. Lack of understanding and ability to engage in discussion/listen.
- » Pain – not be able to live life on life terms, curiosity and peer pressure, ignorance of affects, lack of education on drugs, no money on cure.
- » Lack of understanding of employment people. Lack of mental health services. Lack of education about the diverse issue of addiction. Lack of education about the differences and similarities of drugs that are abused. Lack of affordable housing for all. Lack of things for our young people to do.



- » Overprescribed pain pills. Treatment centers prescribing Suboxone instead of Vivitrol. Not recognizing or acknowledging an addict. Not understanding it's a disease. Not enough education or affordable treatment. Disconnection.
- » Homelessness/evictions. Feeling hopeless/mental health – using that to cope. Hand in hand. Pharmaceuticals. Not acknowledging addiction.
- » Hospitals and physicians were graded on patient pain thus started prescribing opiates. Pharm companies pushed physicians to prescribe opiates. Mexican drug cartels formed to target small towns in America.
- » Poverty rates. Lack of employment. Lack of support/clinics. Trauma. Prescription drugs. Lack of understanding the issue. Normalizing drugs. Lack of coping skills. Seeing family members addicted increases your chances of also being addicted. Lack of affordable care. Easy access. Eviction rates.
- » Lack of mental health. Lack of education on addiction.
- » Untreated depression and anxiety and a need to treat pain with self-medication.



## WHAT STEPS MIGHT WE TAKE TO COMBAT THE ADDICTION CRISIS?

- » Prevention education, mental health counseling in schools, teach life skills and constructive coping skills
- » Treatment – availability and costs
- » Treatment versus incarceration
- » Naloxone availability to keep alive until recovery
- » Medication practice reforms
- » Addiction is a larger issue, eating disorders, cutting, depression, anxiety
- » Education – parents, children, adults
- » Reduce stigma
- » Reduce drug availability
- » Increase treatment
- » Educate. Better rehabs. Coping skills. Support group. Cheaper treatment, Jesus/faith/prayers. Activities for things to do. Help them as a community re-evaluate the policies. Prevention before they start. Spend the money on things proven to work.
- » More trainings for the pros, schools, doctors, prisons, rehabs, parents, and households. Snuff out the corruption in jails and prisons. Open more facilities for addicts and families. More public meetings to educate cities. Educate younger, have addicts be accountable for raising kids. Coping skills.
- » One-on-one care, start with children, Tyler’s Light, preach the gospel
- » Earlier screenings. Easy access to mental healthcare, easy cheap/free access to treatment. Easier to obtain housing, jobs, education. Treat the disease. Educate primary healthcare providers on tools/questions. Comprehensive support systems. Youth advocacy. Education. Peer intervention. Children. Faith. Advocacy. Leverage.
- » The “Just Say No”, mentality does not work. People want to and need to know the truth.
- » Eastern medicine not treating symptoms but treat the problem and treat the soul.
- » Mindfulness should be taught in schools, in rehab, at home
- » Adding tools to tool box
- » Full array of treatment services from prevention to after care.
- » What steps might we take to combat the addiction crisis?
- » More education in schools at home, more affordable rehabs with longer time
- » More accountability for drug companies/hospitals/doctors etc
- » Better access and affordability for in-patient treatment
- » Early ongoing education on addiction
- » Continued dialogue and conversation re: addiction
- » Prevention + intervention

- » Collect accurate data to gain full scope of problem. Target kids in school to try and prevent addiction.
- » Funding for mental, emotional, behavioral healthcare. Provider services. Community collaborations which address issues. Decrease stigma
- » Implement policies that consider addiction as a problem of every aspect of life. More support in schools for teachers and better recognition of the work that social workers do and their potential.
- » Listening, collaboration, cooperation, open-mindedness, education
- » Decrease stigma: drug use, mental health, poverty, addiction.
- » Ask drug users/addicts what they need and how they feel.
- » Lock down rehab 6 months. Halfway house 3 months. Family rehab 3 months. Let recover
- » Repeal citizens united. Better education. Family intervention. Crisis Centers nationwide.
- » Funding accounted for. More longterm treatment. More P.O. to help monitor/direct. More drug court availability. Education. Safe injection sites. Needle exchange.
- » Increase mental health resources. Rebuild community connections. Solve poverty and hopelessness. Break the generational cycle. Note that none of these involve policing or enforcement.
- » Access to mental health services. Meaningful activities for children and families.
- » More treatment facilities. Education in school church and work. Support from the community.
- » Work with medical community to redefine how they prescribe painkillers. Expand insurance support for alternative methods of helping patients deal with or reduce pain.
- » More funding for mental health diagnosis and continuing treatment. Greater understanding and compassion from the community as a whole. No more “let them die” mentality.
- » Make addiction less profitable. Access to addiction treatment. Access to mental health treatment. Sever sanctions for entities proven to be untruthful about addictiveness.
- » Use weed/kratom for withdrawal symptoms rather than drugs that also cause further addiction and withdrawals. Education starting with kids. Better understanding of the pain people go through trying to recover. It takes years not days! More spiritual solutions. God can heal the heart.
- » Better awareness. More treatment options. Talking to our friends. Get involved. Less or no jail time for non-violent
- » Prison ministry-treatment. Government help in schools with counseling. Coping skills.
- » More access to resources -> affordable. Combine services -> many in county not working together. Stop the stigma.
- » More education about severity of the drug and awareness of its addictive quality. Rehab programs. Talking openly about it. Prison ministry. Less or no jail time. More treatment options and easier access. Ask the hard questions. Return counselors to schools.

- » Return mental health support to schools. Dr. provide pain reduction methods that aren't Rx. Provide more jail "career coaching" to instill hope for a future without drugs after release.
- » Learn. Involve. Ask the hard questions. Do more. Stop being afraid of what we don't know.
- » Greater access to more immediate care.
- » More education to be better support systems and encourages. Supportive housing. Job network. Increase treatment.
- » Increase funding for mental health. Drug/alcohol. Education, prevention, and treatment.
- » Low barrier housing for substance abusers. More \$ for the foster care system. Make it a priority over other things in local, state, and federal government. Get out of the state business of selling alcohol. More \$. Address the widening gap between rich and poor.
- » Educate, inform, increase resources, longer care, more bed availability. Treatment for mental illness as 93% of addiction is related to a co-occurring disorder: we must treat both to increase our success rates for stabilization or cure. Care that treats all aspects of the patient. Care that educations on lifestyle changes.
- » Extend Medicaid. Hold doctors, distributors, drug stores, producers accountable. Education. Intercept drugs entering country. Treatment instead of jail time. Evidence-based treatment by doctors.
- » Allow people to work and be employed / reduce drug testing of cannabis so they become employable. Continue to push HB 523 forward as doctors get certified to recommend cannabis for pain.
- » Increased funding for programs that really help – not just bandaids. Stop blaming the victims, stop using incarceration without real help as a solution. Treat this crisis as hugely important, the way we treat other, lesser crises – spend real money on rehabilitation that has been proven effective. Create humane policies that give people hope and purpose. Fund schools, teachers, and counselors. Create jobs. Fund research.
- » Drug policy reform. Drug-related sentencing reform. Needle exchanges. Awareness, treatment, community resource hub for drug-related issues. Emulate Portugal's approach. Decriminalization of cannabis.
- » Public forum dedicated to this subject with follow-up meetings that have community involvement.
- » Educate. Rehab, not jail – need good, affordable treatment options. Start in jail – have counselors, videos, group meetings, have people that have been through addiction speak individually to others. Reduce fines or recycle that money into treatment facilities. Get deals going on with local employers to give jobs and employers report to court on their progress. Wraparound services – follow through to keep people clean – halfway houses then back to society! Have cheap/free transportation for them to go to meetings, appointments, cab vouchers/bus passes/utilize LC transit – people without licenses can't get help.
- » Create a sustainable economy. Don't prosecute OD deaths – didn't work in the 19th century and it's not working now. Housing. Treatment.



- » Diversion from incarceration to treatment (all, especially faith-based) and funding for the treatments. Resourcing for solutions proving effective. Teaching coping skills throughout schooling. New policies for insurance companies, pharmaceutical companies, businesses selling alcohol/marijuana, i.e. tax to pay for treatment. Funding for transitional facilities/housing with money for workforce re-entry skills/education. More detox facilities to work with long-term/transitional facilities. Partner with local businesses to support transition back into society.
- » Education. Affordable treatment centers. Send addicts to treatment, not jail. Stop prescribing suboxone – use vivitrol. Prevent next generation from becoming addicted.
- » 2-year treatment programs. Dual treatment for mental illness and addiction. Use jails as rehabilitation facilities. Have programs to eliminate felony records for those that complete treatment. Widespread affordable treatment that includes transportation. Sustained prevention education beginning in kindergarten.
- » Prevention: keep the next generation of addicts from ever forming. Giving kids tools, strength, and knowledge to avoid starting.
- » Educate. Longer treatment at centers.
- » Educate. Build empathy, understanding, and affordable healthcare.
- » Harsher punishment for criminals dealing drugs. Put up a border wall.
- » Cut the head of the monster off: go after cartels and distribution centers.
- » Education at all levels. Making treatment centers and help more accessible/well-known. Insurance to approve more days staying at treatment centers. Work with hospitals to change rating system. Sober living instead of jail.
- » Not putting addicts in jail, get them the treatment they need, or put more drug treatment programs in jail. More detox centers. More counselors to help with mental health.
- » Educate – For example, in schools: bring in people who have been addicted. Tell how and what it did to them and their family – make it real. Stop just talking and start sharing and showing. People who truly care.
- » Get everyone to understand it is a problem for all of us to solve. Get leaders of all the various faith, policy, health, and social welfare agencies to work together to work as a united front.
- » Educate people on addiction. Support cost-effective treatment programs. Have treatment facilities stop using addictive drugs as a solution.
- » Educating our community. Providing better treatment centers. Keep non-violent drug offenders out of jails/prisons and provide treatment. Reach out to the people addicted to drugs and help them find out why they got into addiction. Stop judging people before you know their whole story.
- » President Trump take public TV for two hours to present the crisis to people. Have professional talk in layman's terms about what addiction is, what substance disorder is, how to find help, call to action.
- » Better inform people. More rehabs that take patients regardless of last drug use and insurance counseling. More services to show that there are better options out there to help with recovery.

- » Incremental steps focused on keeping people alive and health must precede a solo focus on stopping drug use.
- » Make private jails a thing of the past! Tighter regulation on pharmaceutical company advertisement laws. Universal healthcare. Mandatory meetings with mental health professionals and doctors before and while being prescribed. Address the issue with empathy. Narcan for police. Education.
- » Emotional support across community groups: teachers, medicine, family, addicts, social workers. Listening across the community of Newark.
- » Put money into mental health. Put money into treatment centers – that is going to help the issue not hurt it more. Education on addiction.
- » Long-term resources. Continue with honest conversations: everyone must be a part of the conversation and be heard. Address all addictions. Focus on insurance and healthcare. Continue the conversation with babies and moms.
- » Cost-effective support (because insurance isn't going to get generous). Life skills/ job exploration conflict resolution taught in schools. Other types of pain management explored (holistic) meditation, etc. Faith.
- » Education (the younger the better) that keeps kids in school longer (combatting dropout rates) that look at the whole child: mental health/trauma. More resources for social worker, non-profits, schools, rehab facilities, foster care, kinship care programs. Needle exchanges in Newark! Addicts need rehab, not prison time.
- » Insurance changes – insurance for all. Hospital detox and place in treatment. Church involvement and community awareness/communication/education. Standard of care. Jail – needs to have programs that address addiction. Assist to apply for Medicare.
- » More, better, cheaper treatment options. Dedicate more police and attention to the issue. More research on what does and doesn't work. Change the way we have criminalized the problem. Better support for families caught up in the cycle.



# 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)

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# CONCLUSION

Reporters across these organizations are dividing up the questions now and reporting answers back to the community.

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