

Research Article

# Conversations for Change: Grassroots Effort to Reduce Overdose and Deaths Related to Opioids

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## Abstract

**Aims:** A wide coalition of community institutions and groups led by the Dayton Police Department and East End Community Services (a neighborhood based social service organization), created a community-based opioid harm reduction program that uses evidence-based practices (EBP) to assist individuals, their family, and their friends to find local resources and support for their treatment and recovery. The program, called Conversations for Change (C4C), is a non-enforcement program focusing on opioid education and caring recovery for both the individual and their families was created.

**Design/intervention:** The essence of the brief intervention included individuals addicted to opioids and their families being invited to a 2-hour event that utilized peers in recovery, community partners specialized in drug addiction, and mediators trained in motivational interviewing techniques. Also, training in administering Naloxone is provided as well as a free kit.

**Participants:** Results were collected from 204 participants

**Results:** Findings indicate 99% satisfaction with the events and receiving the free kits and talking with someone about their recovery were the major reasons for attending.

**Conclusion:** Recently, C4C received national coverage and credited with aiding in reducing overdoses and deaths in Dayton. Events similar to C4C are suggested in other communities.

**Keywords:** evidence-based practices, Dayton, opioids, Community interventions

**Abbreviations:** C4C: Conversations for Change; CPS: Certified Peer Support; DOJ: Department of Justice; EECS: East End Community Services; MI: Motivational Interviewing; GROW: Getting Recovery Options Working; EPOD: East Patrol Operations Division; MAT: Medication-Assisted Treatment; LEAD: Law Enforcement Assisted Diversion; EBP: Evidence-Based Practices; CDT: Cross Disciplinary Teaching

## 1. Introduction

In 2016, unintentional opioid-related overdose deaths ranked highest in West Virginia (52.0 per 100,000) and

Ohio (39.1 per 100,000) [1]. In 2017, that rate in Ohio increased to 39.2 per 100,000. According to the Ohio Department of Health [2] this amounted to 4,050 deaths in 2016 and 5,149 in 2017. Looking specifically at the city of Dayton, a city located in Montgomery County; there were a total of 566 unintentional overdose deaths in 2017, hitting a peak at 81 in the month of May [3]. Montgomery County ranked highest in unintentional overdoses in Ohio. At the same time, another drug, fentanyl, was beginning to appear frequently in those that had overdosed and died [4]. Fentanyl is a powerful synthetic opioid that is similar to morphine but is 50 to 100 times more potent [5]. It is commonly used because of its low cost of production and powerful effects [6]. For pedagogical purposes, this report uses the term “opioids” to refer to a class of drugs that include heroin (an illicit drug), fentanyl, and pain relievers that are available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine.

### 1.1. Dayton: A perfect storm

Dayton was described as “a hollowed-out manufacturing center at the juncture of two major interstates,” highlighting some plausible reasons why Dayton is experiencing so many opioid-related deaths [7]. For one, Dayton is located along Interstate 75, which runs from Florida all the way through Michigan, and Interstate 70, cutting east and west across three major cities (Indianapolis, Dayton, and Columbus). Drug traffickers commonly use these interstate freeways to attract a larger population of people who may be willing to purchase or sell drugs [8]. The small-town nature of Dayton was a perfect place for Mexican cartels to ‘target’ as a source city in the mid-2000s, meaning that drugs

were supplied directly to Dayton and then distributed to other areas of the country. This direct supply led to an extraordinary increase in cheap, potent, and abundant heroin. As a consequence, overdoses claimed more and more lives in Dayton, with the city's northern and eastern neighborhoods most heavily impacted [9].

Another reason Dayton, a city known for manufacturing, was impacted by the opioid epidemic was the decline in manufacturing jobs over the past half-century [10,11]. This led to an alarming increase in the number of unemployed citizens and individuals living in poverty. As suggested by Democracy Collaborative [12], "Dayton's poverty level reached 35 percent between 2009 and 2013, more than double the state average of 16 percent" (pp. 6). In addition, the nature of the region's industry required hard work and labor, leaving many working-age residents with chronic pain or unable to work. Legal prescription of opioids was a common response. Studies suggest that as many as 1 in 4 people who are prescribed opioids for longer than a couple of weeks become addicted to those medications [4].

Finally, pill mills originated on the border of southern Ohio and West Virginia, allowing easy access for people living in Dayton to obtain opioids [8,13]. In 2011, Ohio cracked down on pill mills, which the Centers for Disease Control and Prevention [1] define as "for-profit clinics that prescribe opioids to high volumes of people who do not necessarily require painkillers medically" (pp. 15). Subsequent to the state's action, the number of opioids provided to Ohioans dropped by nearly 92 million doses in the three years from 2012 to 2015 [2]. However, when state officials changed laws limiting prescriptions, essentially closing down the pill mills, people who had become physically dependent on opioids went to the streets to buy cheaper opioids [8]. Over the last decade, these factors have contributed to a perfect storm for Dayton to become the capital of overdose and deaths related to opioids [8].

### 1.2. Consequences and costs

A major consequence of the opioid epidemic on communities throughout the country is the increase in crime rates [14]. Weisbrod [14] found a pattern of criminal activities and petty crime in a concentrated area in Seattle where there was a high rate of drug activity and overdoses. Likewise, Sewell [15] had documented the relatively concentrated nature of drug crime and the opioid epidemic by mapping drug-related Emergency Medical Services (EMS) calls for service. In Dayton, the East Patrol Operations Division (EPOD) compiled data over 18 months in 2013 and 2014 and found that approximately 90% of the property crime in the area, (petty theft, burglary, etc.) was related to the opioid epidemic. This percentage included data on whether people arrested for property crimes had some known involvement with drugs.

A second major consequence of the opioid epidemic in Ohio is the financial cost. Rembert [10] estimated addiction and overdose cost Ohio \$ 6.6 billion to \$ 8.8 billion each year. Costs to Dayton and the surrounding area have been accordingly high. From 2015 to 2018, the city of Dayton distributed more than \$ 500,000 in Narcan, with the costs borne by a number of institutions. The cost of emergency response by first responders was around \$ 340,000 in 2016. By 2017, that number rose to more than \$ 610,000. In 2018, the cost was approximately half of the 2016 full year figure for the first six months of the year [16].

### 1.3. Grassroots community interventions

A wide coalition of community partners and groups led by EPOD and West Care, Inc. (doing business as East End Community Services, or EECS, a community-based nonprofit social service organization focused on breaking the cycle of poverty), decided that a strategy of engaging individuals addicted to opioids through a non-enforcement program focusing on education and caring recovery for both the person addicted to opioids and their families were needed. A number of successful national programs involving crimes and drug use were used as models to create an innovative intervention called Conversations for Change (C4C). This program was modeled after national programs including the Boston Gun Project's Operation Ceasefire [17], the Law Enforcement Assisted Diversion (LEAD) program [18], and the Angel program [19].

The Boston Gun Project was a problem-oriented crime policy initiative that was developed by the Boston Police Department and Boston's Youth Violence Strike Force. The program was first piloted in 1996 and brought several agencies, such as law enforcement, probation officers, and social workers, together in the community to address the various aspects of the city's problems that involved youth, violence, and gangs [17]. Although this project did not address drug use directly, an outcome of the project was the reduction of drugs in association with crime. Another initiative, the Law Enforcement Assisted Diversion (LEAD) program, was established in Seattle, Washington in 2011 and aimed to address low-level drug and prostitution crimes in the city. The program has shown to be effective in meeting the needs of its participants and improving the relationships between citizens and law enforcement officials. Finally, another program that helped shape the C4C community intervention was the Angel program started in Gloucester, Massachusetts in 2015 by the police department in response to a rising number of overdose deaths in the community [19]. Individuals wanting to take advantage of this program, which allows individuals to not be prosecuted for drug possession, must voluntarily, turn themselves into the police department. From there, a police officer takes the person to a nearby hospital where they are evaluated and given an "Angel" volunteer that will help the person by providing

emotional support. Since its implementation in 2015, the Angel program has been duplicated in over 28 states and 150 police departments across the country [20].

#### 1.4. Conversations for change

In 2014, EECS used grant money that was received from the Department of Justice [21] to team with community partners to create C4C. C4C is a community-based opioid harm reduction program that uses Evidence-Based Practices (EBP) to assist individuals, their family, and their friends to find local resources and support for their treatment and recovery. The term ‘treatment’ is defined broadly here to include inpatient, outpatient, Medication-Assisted Treatment (MAT), and Certified Peer Support (CPS). It is an interactive event where local police, multi-sector partnerships, and people in recovery gather to provide a safe place for community members struggling with addiction to come and learn about local resources that are available to them.

The two-hour event includes a hot meal, information on local resources, Narcan training, treatment options, recovery stories, and individualized conversations between the participant and a professional trained in Motivational Interviewing (MI) to discuss personal needs and recovery options. According to the American Addiction Centers [22] and others [23,24], MI techniques have shown to be very effective in working with individuals struggling with addiction. Central to the event is the MI conversation and training on the administration of Narcan. Despite C4C being in its fifth year, it is still considered a pilot program due to its ever-changing and evolutionary nature. The feedback received from participants was utilized to continuously better the program to meet participants’ needs. Despite limited resources to gather data to examine the effectiveness of C4C in helping individuals recover from opioid addiction, a short evaluation survey was created and administered after each two-hour event. The gathered data addressed the following questions and hypotheses:

1. How would you describe yourself, a person seeking resources/services or friend/family member? It was hypothesized that the majority of people attending C4C would be a person seeking recourses.
2. Are you in recovery from alcohol and/or drugs? It was hypothesized that the majority of participants would report not being in recovery.
3. What is the reason you chose to come to C4C? It was hypothesized that the gift card would be the main reason people attended.
4. What was the one most beneficial activity that you participated in? It was hypothesized that most of the participants would report that the Narcan training was the most beneficial.
5. Why was the most beneficial activity you identified so important? It was hypothesized that most of the attendees would report that receiving a free Narcan kit was the most helpful.

## 2. Method

### 2.1 Participants

Participants were invited to the event in many different ways, such as through treatment providers, probation officers, police officers that are in direct contact with those who have overdosed, community coalitions, and advertisements distributed throughout the community. A database of potential participants was created by EPOD officers and detectives through their field work and conversations with the city of Dayton’s probation department. An invitation from EECS to potential attendees provided a short summary of what the C4C event was about. Each C4C event was held at either local churches, community programs that offer 12-step meetings, or EECS. Furthermore, all of the events locations were easily accessible for participants and were located in the same neighborhoods where the drug overdose rates were the highest.

### 2.2. Procedure

The C4C event begins with a free meal and time for participants to visit with community providers who were stationed at tables with educational material, information on treatment options, hepatitis C and HIV testing, and needle exchange programs. Next, participants are trained on the use of Narcan and receive a free kit. Participants then hear from individuals who are in long-term recovery share their recovery journey to help inspire hope and change in the participants. All participants are invited to have an individual conversation with a person trained in MI to discuss individual needs and recovery options. In 2018, the events included a Certified Peer Supporter (CPS); individuals certified by the state of Ohio who have lived experiences with ‘addiction’ and are currently in recovery. The CPS helped distribute meals, facilitate activities, and ensured the completion of the evaluation at the end of the event. After the C4C events, the CPS most important task was to reconnect with attendees from the event who wanted further help, support, and services from a CPS.

### 2.3. Evaluation survey

At the completion of each C4C event, a short evaluation survey was distributed to participants to inquire about various topics such as reasons for attending the event, if the event was helpful, how satisfied they were with the activities they participated in, are they in recovery (and if so, how long), and if they would like a follow-up phone call from the CPS or EECS staff to discuss their needs (i.e., housing, food, clothing, transportation, etc.). As an incentive for participants to complete the two-hour event and complete a survey, a \$ 10 gift card to a local grocery store (which did not allow for the purchase of alcohol or tobacco) was presented to individuals. The evaluation survey was developed by a local University faculty member and EECS staff.

## 2.4. Data analysis

The data collected were entered into a database by a trained student enrolled in a graduate counseling program at a local University. All of the gathered information was kept confidential and was stored in a locked cabinet so only the researchers had access to it. To address the research questions and hypotheses, simple descriptive statistics were computed using the Microsoft Excel program.

## 3. Results

Although the events began in 2014, the data was not consistently collected until 2018. In 2018, there were seven events and a total of 204 participants (overall since the inception of C4C in 2014, there has been nearly 800 participants). As illustrated in Figure 1, the majority of participants were between the ages of 51 and 60, with men and women being equally likely to attend an event (48% and 50%, respectively).

When asked how a participant would classify themselves, 62% described themselves as someone seeking resources and information, 36% reported a family or friend supporting someone attending, and 2% did not answer. When asked if they were in recovery, 55% reported to be in recovery, with most reporting less than a year of recovery. This percentage aligns with the top reason given by participants for attending the event; for my own recovery, 32%. The second reported reason was the Narcan training, 23%. Figure 2 displays all the reasons given by participants for attending C4C.

Regarding hypothesis four, what activity was the most beneficial (only one choice) at the event, participants rated that receiving Narcan training (32%) was the most helpful for them. In combination, talking to a person and making contact with someone who cares in sum was 68%; talking to a treatment provider (24%), talking to a CPS (25%) and talking to the medication center (19%). Figure 3 shows other reasons given as to why the event was useful.

A follow-up question for which one activity was the most beneficial asked participants 'why' they felt this activity was helpful. Receiving the Narcan kit was the highest reported reason (31%). Learning and/or receiving information were the other reported reasons. Learning more about my own addiction (26%), receiving information from the different community providers (24%), and learning about addictions and how to help others (19%) were the reasons activities were beneficial (Figure 4).

The bottom of the survey asks participants if they would like a follow-up phone call from a CPS and/or staff from EECS. Sixty-two percent of the participants indicated that they would like a follow-up phone call to talk to someone about their needs and road to recovery. This percentage does not accurately account for all of the participants in

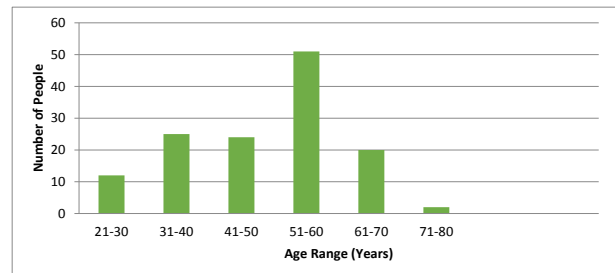


Figure 1: Ages of participants who attended C4C meetings in 2018.

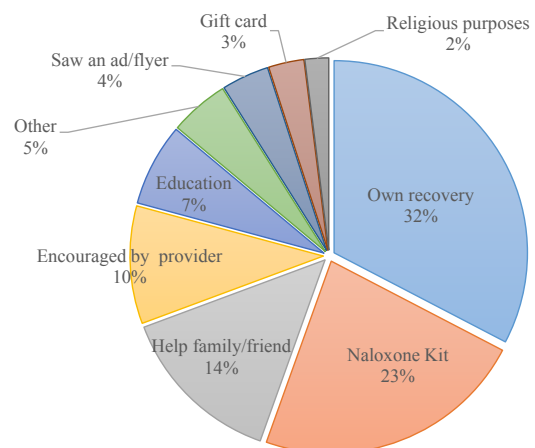


Figure 2: Ages of participants who attended C4C meetings in 2018.

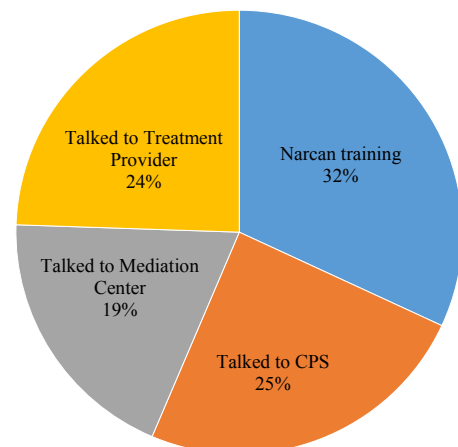


Figure 3: Activities those participants found most beneficial.

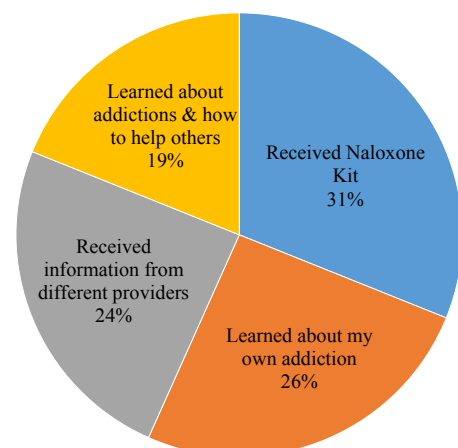


Figure 4: Reasons why participants thought the activities were helpful.

the C4C events during 2018 because this question for further help was not added to the survey evaluation until second C4C event. For those who did ask to be contacted for further help, a CPS called the individual to assist the consumer in seeking treatment, resources, and case management as needed.

#### 4. Discussion

Due to the opioid epidemic in Dayton, a wide coalition of community partners led by EPOD and EECS, decided that a strategy of engaging persons addicted to opioids through a non-enforcement program focusing on opioid education and caring recovery for both the person in active addiction and their family/friend was created. The main goals of C4C were to educate and assist individuals addicted to opioids and their families find a road to recovery. These goals are different than the three programs it was modeled after, but similar in its success and positive outcomes. Any positive change that a participant experiences from the two-hour event is difficult to measure and might be considered a “baby step” in helping a person find a path to recovery. However, the consistent attendance of individuals at the C4C events over the past few years reflects the demand for community-based programs in Dayton to help those in active addiction explore treatment options and start a road to recovery. In addition, we have anecdotal information from participants who have expressed their gratitude for the Narcan training and free kit, noting that they actually used it after attending the C4C event and they saved a life.

Recently, Dayton was highlighted as a community in recovery; providing a compassionate, collective approach to the opioid crisis [16]. C4C and other community initiatives in Dayton were highlighted as the main reasons that the rates of overdoses and deaths due to some form of opioids in Dayton was decreasing. Welch [18] stated:

This report highlights how a Midwestern city at the center of the storm became a national model for stemming opioid-related overdoses. It shows how a community came together to face down an epidemic, mounting a creative and compassionate response that has saved countless lives. And it charts a roadmap for other city leaders to follow so they too can effectively meet the needs of residents affected by addiction [3].

C4C began in early 2014 and as it evolved the partners continued to meet and brain-storm other initiatives that might help to reduce deaths and overdoses due to opioids. One of those initiatives is called Getting Recovery Options Working (GROW). GROW is a coordinated multi-disciplinary mobile crisis response team that includes Dayton Police, EMTs from the Dayton Fire Department, certified peer supporters (CPS), Public Health, Community Overdose Action Team (COAT), and EECS. The GROW team works diligently to respond to opioid overdose calls across Dayton and

connects those who have experienced an overdose and their family members and friends to treatment, recovery support services, overdose prevention education, and community outreach.

Another positive outcome resulting from C4C is an educational one. In 2018, the same year that C4C formally involved CPS, an interdisciplinary learning approach was used by two University professors, one teaching nursing students and the other teaching counselors. This novel method to training and educating the future work force allows for differing views to be expressed not possible with a unidisciplinary training. It's a technique that has been effective in integrating learning experiences [25]. The process involves a small number of students (4-5) from these two classes observing a C4C event. The students and the two Professors meet at the site of the event. The students observe the activities and then immediately after the event the students are asked to share their feelings and observations of the event with each other. Then approximately 2-3 weeks later the students meet on campus and participate in a focus group run by the two Professors to discuss their perceptions of the event. The anecdotal information gathered from students during the focus groups is overwhelmingly positive and many of the students are grateful for having the opportunity to attend the event and learn from each other.

##### 4.1. Hypotheses one

It was hypothesized that most of the participants would be people seeking resources and information; in other words for themselves. Although the majority of participants (62%) described themselves this way, a larger percentage of persons seeking help for themselves were expected. On the other hand, 32% reported being a friend or family member wanting to support the person who is in active addiction. This implies that people searching for recovery have some form of social support which is a key element that helps a person enter recovery and stay in recovery. This is a positive finding.

##### 4.2. Hypothesis two

It was hypothesized that most participants would report *not* being in recovery. An unexpected 55% of attendees reported to be in recovery. Due to the stigma around opioid addiction, it is possible that this number is inflated because participants could feel awkward about admitting that they were in active addiction. There also could be potential fear of some legal action if it was found that they were using illicit opioids.

##### 4.3. Hypothesis three

It was hypothesized that the gift card would be the main reason people attended the event. Contrary to this hypothesis, only 3% of the participants reported the gift card was the main reason. ‘My own recovery’ was reported by 32% of the participants. This was a very

positive finding. It appears that those who are struggling with an opioid addiction, a large percentage want to change *via* information, resources and services.

#### 4.4. Hypothesis four

Thirty-two percent of the participants reported the Narcan training and kit was the most *beneficial* supporting the stated hypothesis. The other responses, talking to a treatment provider, talking to a CPS, and talking with a staff member from the medication center accounted for the other 68%. As mentioned earlier, a major change occurred to the C4C events in 2018 compared to prior years. In 2018, CPS was utilized to further connect with the participants and offer follow-up calls after each event. It appears as though participants are very willing to talk and reach out to others to talk about their situation. The term ‘Conversation’ appears to be very fitting word for the events. With a large portion of participants reporting that they come for their own recovery and 68% reported talking with someone was the most beneficial activity indicates willingness to change and a desire to reach out for help.

#### 4.5. Hypothesis five

Although this hypothesis is similar to hypothesis four, it aims at getting at the *why* they felt their reported activity was beneficial. Being trained and receiving a Narcan kit was the highest percentage supported the stated hypothesis. Interestingly, similar to the findings of hypothesis four where 68% of the participants reported some form of talking with someone at the event was the most beneficial, the sum of the other reported reasons *why* (69%) this activity was beneficial was related to some form of education and learning (either learning and/or receiving information). This percentage is almost identical to the 62% of participants who describe themselves as a person seeking resources and information and the 62% who wanted a follow-up call from a CPS or EECS staff member. These findings support the need for continued community education and conversation related to the opioid epidemic is necessary.

#### 4.6. Lessons learned and implications

Over the past four years, the C4C staff and researchers that were involved in creating, implementing, and evaluating the effectiveness of C4C have learned some valuable lessons that can help others interested in building community intervention programs to combat the opioid epidemic. We learned that location and marketing of C4C was related to the total attendance at each event. In 2014, when C4C was first implemented, all of the events were held at EECS, and the attendance was lower than desired. The first 3 sessions, held at EECS attracted only 4, 9, and 3 participants respectively. It was thought transportation might be difficult and that EECS, while a community anchors in the East End area of Dayton, was not located at the heart of the overdoses and deaths. It was concluded that a change in location may aide in

supporting a higher number of participants so EECS staff initiated conversations with church officials located in a more accessible area to gauge their willingness to become involved. The churches were very receptive. They were already attracting some of the targeted population because they maintained food banks and meal programs and saw the program as another way to help. Subsequent sessions held at those churches and other more central locations were successful in attracting those recruited. In addition, probation and parole officers invited their parolees and leaders of local coalitions disseminated the invitation *via* listservs capitalizing on the benefits of using social media. The number of attendees thereafter increased to more anticipated rates, going from an average of 10 people per event in 2014 to almost triple that, at 29 people per event, in 2018. The C4C program experienced an increase in attendees between 2017 and 2018, increasing by approximately 77 individuals, with a steady increase in participant attendance throughout 2018.

It was discovered that another crucial ingredient for the success of C4C was the strong relationships that EECS held with a local University, community providers and law enforcement officers. Students enrolled in a counseling program at a large University volunteered their time to help at the C4C by assisting with signing participants in, directing them to the activities, participating in the individual MI sessions, and with the evaluations. The importance of community partner buy-in when creating C4C like events was illustrated during 2016 and 2017, when C4C was piloted in a neighboring county of Montgomery County. However, this county, which is smaller than Montgomery County, was disappointed in the draw in participants for their event. We believe that one reason for this may be due to the lack of law enforcement buy-in. In Dayton, law enforcement is a huge supporter of C4C, and officers in plain clothes volunteer at the events.

#### 4.7. Evaluation survey

At the beginning of 2018, and based off of previous years of C4C event surveys, it was determined that the current evaluations being given to participants did not accurately capture pertinent information to demonstrate if C4C was effective in helping participants. We also realized that many attendees had trouble with either reading, writing, or understanding the questions being asked of them. In addition, it was always believed that the survey should be short and not take a lot of time to complete. Therefore, a new evaluation form was created and implemented during the second C4C event in 2018, and since then, the survey has been slightly adjusted to better reflect our participants and the communities’ needs. Volunteers, CPS, and EECS assist the participants with completing the form. The new survey is one page in length, has predetermined responses with clearer questions that are multiple-choice instead of extended responses, vocabulary that is at an easier reading level, and few short-answer responses (such as asking how long an individual has been in recovery).

#### 4.8. Peer-led C4C events

Finally, while developing the content for C4C, we believed that a testimony from a person in long-term recovery, or a peer, could provide hope for the participants. We felt that someone sharing their story would be a way for participants to relate to individuals in recovery because they have similar experiences. Over the past 5 years, more and more individuals in long-term recovery were becoming certified as peers and more and more events included CPS helping at the event. Given that, the event now has a more formal and deliberate manner in including CPS and the event is evolving into a predominantly peer led event. This not only initiates a relationship between a person in need and a CPS who can share their experiences and offer hope as well as linking participants to services in Dayton. Participants who attend are more open and willing to talk with someone with the same experience.

#### 4.9. Suggestions for future events and research

As mentioned above, C4C is now more peer-led than agency led. Future events should continue to evolve into a totally peer led event. For years, twelve step groups, such as Alcoholics Anonymous, have found success in suggesting that members, especially new members, have a sponsor or mentor to help them work the twelve steps and support them on their path to recovery [26,27]. In addition, space and funding are continuous issues. As a result of the program growing in size, finding larger local spaces is needed to accommodate the need for such events as well as funding to keep the events going until some form of sustainability is solidified.

To determine how effective C4C is in a participants' recovery, longitudinal research is the next step for C4C. That would help determine just how effective the event is in moving a person closer to recovery. Lastly, future research could involve focusing specifically on family members or friends of those with an addiction that are attending the C4C events to determine what help and support they would like receive to help their loved ones get treatment.

#### 5. Limitations

One of the limitations experienced during this pilot project was the increase number of individuals participating in the C4C events. While reaching more participants was the goal, it also made it more difficult for the staff members to effectively help each individual with their needs in such a short period of time and size of the space. To accommodate this, in 2014 if more people showed up at the events than the allotted number, we would connect them with a CPS so that they would receive immediate follow up the next day.

Many participants met community treatment providers at the event and expressed a need for treatment. Unfortunately, a second limitation was the lack of space

and availability at detoxification centers and treatment centers in the community. This caused many participants who were interested in some form of treatment, and in particular inpatient treatment, to not immediately receive the treatment they wanted or needed. At the beginning of C4C, it was not unheard of for inpatient treatment facilities to have a two-month waiting list just to be admitted, which is a substantial amount of time when dealing with someone that has an addiction.

One final limitation involved the lack of sustainable funding to continue these events. Funding originally came from DOJ grant and then a local mental health provider. When the national funding ended, it was difficult to identify funds to pay for that staff person to carry out the necessary coordinated events. We were always able to identify funding through local and private resources, but never enough to cover the full cost of the program. In order for the events to fully sustain, it is needed for all community partners to contribute resources to these events. This process has begun but still could be more formalized [28].

#### 6. Conclusion

One might be excused for seeing interventions such as C4C events as failures because the opioid epidemic worsened in Dayton. What is true however is that the death tolls observed in 2016, 2017, and 2018 would have been far worse without C4C. Research and data demonstrate addiction is a preventable and treatable disease. There is a need to invest in a comprehensive approach to prevention, one which emphasizes concrete and lasting policy change at national and community levels. In conclusion, the following issues should be addressed by future community programs; help those in recovery achieve their potential, reduce the stigma and misunderstanding of addiction, breakdown the barriers that delay or prevent treatment access, increase the size of individuals trained in the addiction field, leverage drug courts and diversion programs, increase employment opportunities for those in recovery, and expand access to CPS.

#### 7. Acknowledgement

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#### 8. Conflict of Interest

There are no conflicts of interest.

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