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THE GRAY AREA

A FILM BY DAVID FLOYD

AN UNDERGRADUATE THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE UNIVERSITY HONORS SCHOLARS PROGRAM AT ETSU

Making “The Gray Area” :
Transitioning from Print Journalism to Documentary Filmmaking

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Introduction

During the fall and spring semester of my senior year, I set out to produce a documentary about opioid abuse in East Tennessee. The project used the debate over the placement of a methadone clinic in Gray, Tennessee, as an entry point into the discussion. I am a journalism major at East Tennessee State University, and I plan on getting a job at a newspaper following graduation. Newspapers are increasingly expecting journalists to produce multimedia content on a regular basis. Digestible video content — like 30-second videos on Facebook and Twitter — are becoming prevalent on the social media pages of major media outlets. These media outlets are also producing markets for more sophisticated video content. For example, the New York Times has a space for short documentaries on their website that has been used by filmmakers such as YouTuber Casey Neistat and others. I hope that the documentary I have produced acts on one hand as a strong resume builder and on the other as a springboard into a career in documentary filmmaking. This film could provide me with some degree of legitimacy and allow me to pursue grants that could serve as funding for future documentary projects.

I believe documentary films offer a more immediate experience for audiences than print journalism. Print journalism serves a vital role in keeping citizens informed, but members of younger generations are relying less and less on print sources for their news. According to a study released by the Media Insight Project in March 2015, more than 50 percent of Millennials turn to search engines first if they are planning on taking a deep dive into a topic (American Press Institute et al, 2015). Less than 10 percent said they turn to local newspapers or national newspapers. That is why I am interested in exploring fields beyond print journalism, a field that is increasingly being dominated by multimedia reporting. I have always enjoyed films, and I find that they can do a good job of enacting social change. As far as documentaries go, I enjoy

character pieces that explore niche aspects of people’s lives. That was the most enjoyable part of producing “The Gray Area.” I had the opportunity to interview three former opioid addicts, and documenting these characters in their natural environment felt fresh. The interviews I conducted with these subjects provided me with insight into their psyches both during addiction and after their entry into treatment. It enabled me to present details and experiences that I would be hard-pressed to dictate in a written article. Using a visual medium helped me humanize these people in ways that would be difficult in print. I would like to continue doing something like this in the future and use film to tell honest, direct stories about people’s lives.

Background

i. The Subject Matter

According to the Tennessean, health care professionals in Tennessee wrote more than 7.8 million opioid prescriptions in 2015, making Tennessee the second in the nation behind Alabama in the total number of prescriptions written (Fletcher, 2016). The Tennessee Department of Health reports that drug overdose deaths in the state increased from 1,062 to 1,451 per 100,000 people between 2011 and 2015 (Tennessee Department of Health, 2016). A report prepared by the state of Tennessee in 2015 shows an estimated 212,000 people in the state (about 4.35 percent of the population above the age of 18) used pain relievers non-medically in 2014 (Edwards, 2015). Between 2011 and 2015, upper East Tennessee had the highest rate of opioid treatment admissions per 10,000 people out of the seven planning divisions evaluated (Edwards, 2015). “Opioids” is a blanket term that includes heroin as well as prescription drugs such as OxyContin and hydrocodone. The withdrawal symptoms associated with opioid addiction can make quitting the drug without the assistance of a program difficult. Opioid withdrawal

symptoms can include anxiety, insomnia, muscle aches, nausea, vomiting, and diarrhea (Addiction and Recovery.org, 2017). Methadone falls under the umbrella of “medication-assisted treatment,” which is a treatment methodology dedicated to quelling cravings in people that are addicted to prescription drugs and heroin. Medication-assisted therapy can help curtail some of these withdrawal symptoms, making it easier for addicts to kick their addiction. Typically, the use of medication-assisted treatment works well in conjunction with behavioral therapy (National Institute of Drug Abuse, 2012).

This region has a history of denying permission to construct methadone treatment centers. Throughout the years, numerous centers have attempted to settle in the region, but regional governments or local health care providers have blocked them. Washington County zoning regulations isolate methadone clinics to medical services districts. Additionally, clinics cannot be within 2,000 feet of schools, day care facilities, or parks (Baker, 2016). Some experts are skeptical of methadone and support Suboxone as an alternative because it is safer. There are already a handful of buprenorphine prescribers in Washington County, but at the moment, nobody dispenses methadone. In fact, the closest methadone clinic to Johnson City is about 50 minutes away in Weaverville, North Carolina, according to Robert Pack, a professor of community and behavioral health at East Tennessee State University. Despite the benefits of methadone programs, some experts prefer Suboxone, which contains buprenorphine, because it is safer. In an interview with the Johnson City Press, Dr. Dan Nicolau, an assistant professor in the ETSU department of Psychiatry and Behavioral Sciences, said Suboxone is safer than methadone because it is much harder to overdose on (Floyd, 2016), but a physician I talked to in the course of making this film said there are people who respond better to methadone. Dr. Stephen Loyd, who previously served as the Medical Director for Substance Abuse Services with

the Tennessee Department of Mental Health and Substance Abuse Services, said methadone is the standard treatment methodology for pregnant women and can be helpful for patients that cannot get much out of Suboxone treatment. That function makes it a helpful alternative. Despite its moderating powers, many experts do consider methadone a dangerous drug, though.

According to a study cited by the Pew Charitable Trusts, methadone accounts for only 2 percent of opioid pain reliever prescriptions but is responsible for nearly one third of opioid-related drug overdose deaths (Center for Disease Control, 2012). Overdoses can become a problem when people attempt to take methadone outside the safety of a drug treatment program or simply use it as a means to get high. The Center for Disease Control urges people to use methadone only as directed by a health care provider, which can moderate the amount of methadone people take and the frequency of their doses (Center for Disease Control, 2012).

In May 2016, three of the region's largest organizations — East Tennessee State University, Mountain States Health Alliance and Frontier Health — announced a partnership designed to bring an addiction treatment center to Gray, Tennessee. Along with a variety of other services, the center includes a methadone clinic. This addition piqued the concern of many citizens living in Gray. The Citizens to Maintain Gray, a citizen action committee started years ago to combat perceived zoning overreach by the city of Johnson City, organized a response to these efforts. Their concerns essentially boiled down to three fundamental arenas: traffic, the location of the clinic, and on a broader scale, safety. My film provides background on the clinic and medication-assisted therapy and assesses some of the concerns expressed by members of the Gray community. The film also puts a human face on addiction and includes interviews with three former addicts, using their stories as a means to craft an argument.

Representatives from the three organizations behind the clinic say that it will provide methadone treatment in conjunction with behavioral therapy, which will be supplemented by staff from Frontier Health. The center is primarily a project between ETSU and Mountain States with assistance from staff belonging to Frontier Health. The center will even offer buprenorphine treatment sometime in the future and will be associated with the ETSU Center for Prescription Drug Abuse Prevention and Treatment and will include a research component on top of its function as a patient care facility (Baker, 2016). In order to put the methadone clinic in Gray, the organizations associated with this clinic first had to convince the city to rezone the specific parcel of land where the treatment center would be located. In an approval process fraught with red tape and legal requirements, the Johnson City Commission was just one of the boards the three organizations had to approach in order to get permission to build the center. During the second of a series of three meetings, city commissioners allowed citizens to approach the podium to provide public input on the clinic. Some had very insightful comments, expressing concern about the location and some of the more problematic aspects of the drug, but others expressed negative comments about the prospect of addicts being in their community. These are arguments that I believe go beyond constructive criticism. One Gray citizen I talked to after the meeting drew a comparison between some of the drug addicts who would use the clinic with the appearance of an escaped convict in Gray in late 2016. He believed that the same sense of insecurity he and his wife felt following the appearance of the escaped convict would persist once the clinic opened.

ii. Filmmaking Influences

Having grown up on PBS documentaries, my conceptualization of a proper documentary was narrow — it must follow strict guidelines that were purely journalistic. Interviews, voiceover, and research were the building blocks of any good documentary — at least that is how I initially saw it. Shara Lange, my thesis advisor, helped me adjust some of these preconceptions. Instead of offering a simple stream of interviews and an overwhelmingly dense cloud of research, I tried to put a human face on the issue. I interviewed three former addicts — Zack Pierce, Darrell Smith and Stephen Loyd. Darrell used Suboxone to kick his habit, and Zack used methadone. All of them are now off opioids.

“Frontline,” an investigative series on PBS, was initially an appealing influence because it offered an example of a very sophisticated format for investigative journalism on TV. In a series the program produced about heroin abuse titled “Chasing Heroin,” producers humanized the issue, interviewing people who had visited methadone clinics in the past and the family members of addicts who had died because of prescription drugs or heroin abuse. In one scene, the filmmakers even managed to follow one former addict to a methadone clinic, getting shots of him receiving his dose. Print journalism is similar to documentary filmmaking in many ways — good articles typically approach a topic from a human angle — but there can be some differences in the format. In my journalism classes, I have learned a simple method for structuring my articles. News articles are supposed to reflect an inverted pyramid shape, with the most important information appearing at the top of the article and the least important information appearing at the bottom. This does not have to be the case all the time. Features typically focus on a single character and use their stories to engage the audience in an examination of a particular topic. My documentary follows a similar structure. I took pains to develop three characters in particular —

Zack Pierce, Darrell Smith and Stephen Loyd. I used their stories to maintain the interest of the audience while also providing background on the theory behind medication-assisted therapy.

Self-Assessment

i. Improving My Argument

While the film is favorable to methadone, I would like to sit down with an expert who is skeptical of the drug. My purpose in putting this film together was to a) expand my knowledge of documentary filmmaking and b) explore an issue that people either ignore or stigmatize. One of the themes I picked up on during the filmmaking process was the dehumanizing effect of drug addiction — especially for the drug addicts. Stephen Loyd and Zack Pierce both expressed concern about the tendency for people to subscribe to a “Not In My Backyard” philosophy, rejecting treatment centers out of fear for the kind of people it would attract. While this assessment appears to be true based on the things I observed during the course of the filmmaking process, I believe the film does simplify some of the arguments against the clinic for the sake of coherence. One of the greatest problems I ran into while making this film was the issue of trimming information for the sake of telling a more comprehensible story. All of the considerations that went into the placement of the methadone clinic, including zoning laws and theories about treatment, are dense and difficult to visualize on the screen. Consequently, I think there are possible veins of inquiry that I can continue to pursue in the future — even if they do not bear fruit. The film would also be stronger if it included an interview with members of the law enforcement community and a detailed breakdown of the distance the clinic is from police and other medical services. These are additions I hope to make before I start thinking about distribution.

The one thing I was really hoping to include in the documentary was footage from inside a methadone clinic. I talked to Stephen Loyd about getting this done, and while we tried to set up a tour, we ran into a problem: We could not violate people's privacy by bringing a camera into the clinic. I think avoiding this pitfall was a good call. Unfortunately, methadone usage is still stigmatized, and it would have been difficult for me to shoot footage inside a methadone clinic without inadvertently including a shot of a visitor. Structurally, I think the film is fine without that addition. However, there are technical aspects of the film that could be better. As is, I think there are moments in the film that are not composed as well as they could be. The interview I did with Stephen Loyd is framed somewhat awkwardly, and some of the shots of the football game at Daniel Boone High School were shaky. However, I did manage to overcome an issue that I anticipated would be a big stumbling block: making the film visual. A yet-to-be-constructed methadone clinic is not the most visual thing to portray on screen, especially if it is not even possible to get footage of a methadone clinic outside the region. However, by using footage from a football game paired with landscape shots and personal, intimate footage of the former addicts that I interviewed, I believe the individual shots do a good job of translating a sense of place and humanity. I learned a lot about filmmaking during this process, and I think the small visual mistakes that were caused by my inexperience will be less of a problem if I decide to make another film in the near future.

ii. Dissemination

In an article published on IndieWire, the directors of a documentary called "Age of Champions" talk about their attempts to monetize their movie. In the article, they talk about the importance of finding an audience for their film. It took a while. Their film, which was about senior athletes preparing for the Senior Olympics, did not play well for an audience of seniors or

senior athletes. Instead, it was more beneficial for businesses and non-profits in the senior health community (O’Falt, 2016). The first step in disseminating my work will involve finding an audience. Shara Lange has suggested a couple different options. One, I could set up a website and a payment system in which people pay a preset fee to get a downloadable link to the documentary. Another option involves setting up screenings for members of the healthcare industry and charging a speaking fee. However, in its current form, pursuing profits from the movie might not be viable. The film contains a creative commons licensed song that can only be used for non-commercial purposes. Before I pursue making profits on this film, it would probably be necessary to find another song for that sequence. Instead of profits, I am more interested at this point in getting my film seen. Right now I am thinking about submitting the film to several film festivals, namely the PUSH! Film Festival in late October. The regular submission deadline for that festival is June 19 and the late deadline is July 17. I am also thinking about sending the link to several public relations officers in the area, possibly Mountain States Health Alliance and Frontier Health, to see if they would be willing to sponsor it or disseminate it on their own accord.

“The Gray Area” link: <https://youtu.be/qGQy0NcnK2Q>

References

Addiction and Recovery.org (2017, March). Opioids (Narcotics): Addiction, Withdrawal and Recovery. Retrieved from <https://www.addictionsandrecovery.org/opiates-narcotics-recovery.htm>

American Press Institute, The Associated Press, NORC at the University of Chicago (2015) How Millennials Get News: Inside the Habits of America's First Digital Generation. Media Insight, 17-20. Retrieved from <http://www.mediainsight.org/PDFs/Millennials/Millennials%20Report%20FINAL.pdf>

Baker, Nathan. (2016, July) Clinic will be project of Mountain States, ETSU with staff from Frontier Health. The Johnson City Press. Retrieved from <http://www.johnsoncitypress.com/Local/2016/07/31/Clinic-will-be-project-of-Mountain-States-ETSU-with-staff-from-Frontier-Health.html?ci=content&lp=6&p=1>

Centers for Disease Control and Prevention (2012). Prescription Painkiller Overdoses: Use and Abuse of Methadone as a Painkiller. Accessed June 3, 2014, http://www.cdc.gov/vitalsigns/MethadoneOverdoses/?s_cid=bb-vitalsigns-128&utm_campaign=vital%20signs&utm_medium=banner&utm_source=external&utm_content=0712-pdo-128.

Centers for Disease Control and Prevention (2012) Vital Signs: Risk for Overdose From Methadone Used for Pain Relief—United States, 1999-2010. Morbidity and Mortality Weekly Report 61 no. 26: 493–97, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6126a5.htm?s_cid=mm6126a5_w

Edwards, K., Pennings, J. (2015, July). Opioid Abuse in Tennessee. Tennessee Department of Mental Health and Substance Abuse. Retrieved from

http://www.tennessee.gov/assets/entities/behavioral-health/p-r-f/attachments/Opioid_Abuse_in_TN_July_2015.pdf

Fletcher, Holly. (2016, September) There are more opioid prescriptions than people in Tennessee. The Tennessean. Retrieved from

<http://www.tennessean.com/story/news/health/2016/09/19/there-more-opioid-prescriptions-than-people-tennessee/90358404/>

Floyd, David. (2016, May) Could methadone be an effective treatment for opioid addiction in Johnson City? The Johnson City Press. Retrieved from

<http://www.johnsoncitypress.com/search?contenttypes=STORY%2CGALLERY&query=david+floyd+methadone>

National Institute of Drug Abuse (2012, December). Principles of Drug Addiction Treatment : A Research Based Guide. Retrieved from

<https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/what-drug-addiction-treatment>

O’Falt, Chris (2016, September). How We Made \$1.5 million Self-Distributing Our Doc: The

Six-Step Playbook. IndieWire. Retrieved from <http://www.indiewire.com/2016/09/how-to-self-distribute-documentary-age-of-champions-christopher-rufo-keith-ochwat-1201721813/>

Tennessee Department of Health. (2016, November). 1,451 Tennesseans Die from Drug

Overdoses in 2015. Retrieved from <http://tn.gov/health/news/46773>